Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

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2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pai	rt I Annual Repor	rt Identification Information				
For c	alendar plan year 2016 or	fiscal plan year beginning 01/01/2	2016 and ending 1	2/31/2016		
A TI	his return/report is for:	a single-employer plan	a multiple-employer plan (not multiemployer) list of participating employer information in a a foreign plan	•	-	
B Th	nis return/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 r	nonths)		
	heck box if filing under:	Form 5558 special extension (enter descriptions)	. ,	DFVC p	rogram	
Par		formation—enter all requested in	formation	T 4.	1	
	Name of plan HELF PROVISIONS INC	401(K) PLAN		1b Threplan (PN)	number	002
				1c Effec	ctive date of 01/01	plan /2004
N	Mailing address (include ro	oloyer, if for a single-employer plan) oom, apt., suite no. and street, or P.C nce, country, and ZIP or foreign post		2b Empl (EIN)		ication Number 341428
	HELF PROVISIONS INC	nce, country, and zir or foreign post	iai code (ii loreigh, see instructions)	2c Spor	nsor's telepl 631-767	hone number -7600
				2d Busir	ness code (see instructions)
	FF POINT ROAD HPORT, NY 11768				4244	00
3a ⊦	Plan administrator's name	and address X Same as Plan Spor	nsor.	3b Admi	inistrator's E	EIN
				3c Admi	inistrator's t	elephone number
	name, EIN, and the plan r	the plan sponsor has changed since number from the last return/report.	the last return/report filed for this plan, enter the	4b EIN		
a 9	Sponsor's name			4c PN		
5a ⁻	Total number of participan	its at the beginning of the plan year		5a		10
b .	Total number of participan	its at the end of the plan year		5b		10
			the plan year (only defined contribution plans	5c		1
d(1) Total number of active p	participants at the beginning of the pl	lan year	5d(1)		!
d(2	2) Total number of active p	participants at the end of the plan ye	ar	5d(2)		
е	Number of participants that than 100% vested	at terminated employment during the	e plan year with accrued benefits that were less	5e		
			n/report will be assessed unless reasonable ca			
Unde			ctions, I declare that I have examined this return/re			able, a Schedule

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

belief, it is t	true, correct, and complete.			
SIGN	Filed with authorized/valid electronic signature.	10/13/2017	RICHARD DAHLEM	
HERE	Signature of plan administrator	Date	Enter name of individu	ual signing as plan administrator
SIGN				
HERE	Signature of employer/plan sponsor	Date	Enter name of individu	ual signing as employer or plan sponsor
Preparer's	name (including firm name, if applicable) and address (include i	oom or suite number	r)	Preparer's telephone number

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	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indepe	ndent qualified public a	account	ant (IQ	PA)			X Yes	☐ No
	If you answered "No" to either line 6a or line 6b, the plan cann									
С	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	Not dete	rmined
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning (of Year				(b) End c	of Year	
а	Total plan assets	7a		4706 10)				559565	
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c		470610)				559565	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt				(b) To	otal	
а	Contributions received or receivable from:	0=(4)		21807	.					
	(1) Employers	8a(1)		19176						
	(2) Participants	8a(2)		13170						
	(3) Others (including rollovers)	8a(3)		48004						
	Other income (loss)	8b			-				88987	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c							00001	
	to provide benefits)	8d								
е	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		32						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							32	
i	Net income (loss) (subtract line 8h from line 8c)	8i							88955	
j	Transfers to (from) the plan (see instructions)	8i								
Pai	t IV Plan Characteristics	<u> </u>								
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the instr	uctions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	ctions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
а	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	iduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
С	Was the plan covered by a fidelity bond?			10c	X					75000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		X				
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		X				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i						

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Part	VI	Pension Funding Compliance						
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)						Yes X No
		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40						
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?						Yes X No
	(If "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	grant	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	onth _	s, and	d enter t Day		of the lette Year _	er ruling
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		1		
<u>b</u>	Enter	the minimum required contribution for this plan year			12b			
С	Enter	the amount contributed by the employer to the plan for this plan year			12c			
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l tive amount)			12d			
		he minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
Part	VII	Plan Terminations and Transfers of Assets			1			
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				Yes	s X N	lo
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year			13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougout of the PBGC?		er the			Yes	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	lan(s)) to			
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3	B) PN(s)
Part	VIII	Trust Information			•			
14a	Name	of trust			14b ⁻	Trust's E	ΞIN	
14c	Name	of trustee or custodian					s or custod ne number	lian's
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No	
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	- LL ;		n-based narbor	d [Test	ear" ADP
			ΙП '	"Curre	ent year test	<u>"</u>	N/A	
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:							verage enefit test	□ N/A
	for the	be plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	'	Yes			No	
	the le							
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rec	ent determ	ination
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		rom	Ye	s [No	
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			Ye	s	No	

Form 5500-SF

Department of the Treasury

Short Form Annual Return/Report of Small Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Internal Revenue Service		be filed under sections 104				2016
Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Income Security the Complete all entries in a	Internal Revenue Code (th	e Code).			is Open to Publi rspection
Part I Annual Report I	dentification Information		uctions to the Form 550	10-Sr.		
r calendar plan year 2016 or fisc		01/01/2016	and ending	12/	31/2016	
This return/report is for: This return/report is:	a single-employer plan a one-participant plan the first return/report an amended return/report	a list of participating a foreign plan the final return/report	plan (not multiemployer) employer information in t urn/report (less than 12 n	accordanc	ecking this b ee with the fo	ox must attach rm instructions.)
Check box if filing under:	x Form 5558 special extension (enter desc	☐ automatic extension cription)		П	DFVC progra	am .
art II Basic Plan Infor	mation enter all requested	f information				
Name of plan TOP SHELF PROVISIONS	INC 401(k) PLAN			pla	ree-digit in number N) ▶	002
				1c Eff	ective date of 101/2004	
Mailing Address (include room	er, if for a single-employer plan) n, apt., suite no. and street, or P n, country, and ZIP or foreign po	.O. Box)	structions)		nployer Ident N) 11-28	ification Number 41428
TOP SHELF PROVISIONS					onsor's telep 31) 767-	hone number 7600
1 BLUFF POINT ROAD				2d Bu	siness code 4400	(see instructions)
US NORTHPORT NY 11768 Plan administrator's name and			the state of the state of			
					ministrator's ministrator's	telephone numbe
If the name and/or EIN of the	plan sponsor has changed since	e the last return/report filed	for this plan, enter the	4b EIN	1	
name, EIN, and the plan numb Sponsor's name	per from the last return/report.			4c PN	II—	
Total number of participants a	t the beginning of the plan year			5a		10
Total number of participants a	t the end of the plan year			5b		10
Number of participants with ac	count balances as of the end of	the plan year (only define	d contribution plans	5c		11
Total number of active partic	inants at the beginning of the o	lan year		5d(1)		9
2) Total number of active partic				5d(2)	ALC: NO	9
Number of participants that ter	minated employment during the	plan year with accrued be		5e		<u> </u>
aution: A penalty for the late or	incomplete filing of this retu	rn/report will be assesse	d unless reasonable car	use is est	ablished.	
nder penalties of perjury and other B or Schedule MB completed and elief, it is true, correct, and compl	er penalties set forth in the instru d signed by an enrolled actuary,	uctions, I declare that I have	e examined this return/re	port. inclu	ding if appli	cable, a Schedule y knowledge and
IGN JOJUAN			RICHARD DAHLEM			
ERE Signature of plan admig	istrator	Date 10-12-17	Enter name of individua	l signing a	s plan admi	nistrator
IGN ATTA						
ERE Signature of employer/p	lan sponsor	Date (UTVIT	Enter name of individua	I signing a	s employer	or plan sponsor
eparer's name (including firm na kip this question	me, if applicable) and address (i	include room or suite numb	per)		s telephone nis questi	
r Paperwork Reduction Act No	stice can the instructions for i					rm 5500-SF (201

Form 5500-SF 2016		Page 2	bi.		_		
6a Were all of the plan's assets during the plan year invested in eligibl b Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann c If the plan is a defined benefit plan, is it covered under the PBGC in	an independe and condition ot use Form	nt qualified public acts.)	counta	int (IC	PA)	5500.	XYes 🗀
Part III Financial Information	roundince pro	Jiani (See ENION Sec		021)!	*******	res	☐ NO ☐ Not detern
7 Plan Assets and Liabilities		(a) Beginning	of Vo				(b) End of Year
a Total plan assets	7a		470,			2	and the contract of the contra
b Total plan liabilities	7b	TO A LENS THEO PER	270,	010			559,565
C Net plan assets (subtract line 7b from line 7a)	7c	STATE OF STREET	470,	510		-	559,565
8 Income, Expenses, and Transfers for this Plan Year	Service 1	(a) Amou		010			(b) Total
a Contributions received or receivable from: (1) Employers	8a(1)		21,8	807			(b) Total
(2) Participants	8a(2)		19,	176	188	Hanne	
(3) Others (including rollovers)	8a(3)		1		128		
b Other income (loss)	8b		48,0	004	791	3000	AND LEASE FOR THE SECOND
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						88,987
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d						
Certain deemed and/or corrective distributions (see instructions)	8e						
f Administrative service providers (salaries, fees, commissions)	8f			32			
g Other expenses	8g		a y-i		2000		在 图
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		40.0				32
i Net income (loss) (subtract line 8h from line 8c)	81		JAMES .		M		88,955
Transfers to (from) the plan (see instructions) Part IV Plan Characteristics	8j				100	Burney.	有多点的性态的
b If the plan provides welfare benefits, enter the applicable welfare fea	ture codes f	om the List of Plan C	haract	eristi	c Code	es in the i	nstructions:
					-	Telephone	
During the plan year: a Was there a failure to transmit to the plan any participant contribut	lone within the	o time and a	т —	Yes	No	N/A	Amount
described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	luntary Fiduo	iary Correction	10a		x		
Program)	(Do not incl	ude transactions	10а		x		
b Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10c	x		13.52	75,0
Ware there any nonexempt transactions with any party-in-interest? reported on line 10a.)		AND VARIABLE OF THE STATE OF		18	х		
b Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	idelity bond,		10d		1.5	0.17	
b Ware there any nonexempt transactions with any party-in-interest? reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some	idelity bond, er persons b	an insurance	10d		x		
b Ware there any nonexempt transactions with any party-in-interest? reported on line 10a.) C Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.)	er persons be or all of the	an insurance benefits under			x		
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan	er persons be or all of the	an insurance benefits under	10e		х		
b Ware there any nonexempt transactions with any party-in-interest? reported on line 10a.) C Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.)	er persons by or all of the	y an insurance benefits under	10e		-		

Part VI Pension Funding Compliance	774				
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes" and instructions	and comple	te Schedu	le SB		Yes
(Form 5500 and line 11a below)					105
12 Is this a defined contribution plan subject to the minimum funding requirements of section 413 of	ha Cada as	section 20	2 of		_
ERIOA! ************************************				🗆	Yes
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, se					
granting the waiver	Month		er the di	ate of the	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to I	ine 13.				17.1/10
b Enter the minimum required contribution for this plan year.			15		
c Enter the amount contributed by the employer to the plan for the plan year		12c			
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to negative amount)					17
e Will the minimum funding amount reported on line 12d be met by the funding deadline?		E] Yes	☐ No	
Part VII Plan Terminations and Transfers of Assets					
13a Has a resolution to terminate the plan been adopted in any plan year?			Yes	s X	No
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a	70		
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or beneficiaries transferred to another plan, or beneficiaries.	rought und	er the	П	Yes [X X
C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s) is	lentify the	lan(e) to	100		
which assets or liabilities were transferred. (See instructions.)	cominy tried f	iail(a) to			
13c(1) Name of plan(s):	13c(2) EIN(s)		130	(3) P
Part VIII Trust Information - Skip These Questions 14a Name of trust		14b	Trust's I	EIN	
					dian'e
14a Name of trust		14d	Trustee	EIN or custoo ne numbe	
14a Name of trust 14c Name of trustee or custodian Part IX IRS Compliance Questions - Skip These Questions		14d	Trustee	or custoo	
14a Name of trust 14c Name of trustee or custodian Part IX IRS Compliance Questions - Skip These Questions 15a Is the plan a 401(k) plan? If "No," skip b.		14d	Trustee	or custoo ne numbe	
14a Name of trust 14c Name of trustee or custodian Part IX IRS Compliance Questions - Skip These Questions 15a Is the plan a 401(k) plan? If "No," skip b	14B. E.	14d Yes Design-b	Trustee telephor	or custod	lo Prior
14a Name of trust 14c Name of trustee or custodian Part IX IRS Compliance Questions - Skip These Questions 15a Is the plan a 401(k) plan? If "No," skip b.	14B. E.	Yes Design-b	Trustee telephor	or custod	No .
14a Name of trust 14c Name of trustee or custodian Part IX IRS Compliance Questions - Skip These Questions 15a Is the plan a 401(k) plan? If "No," skip b	14B. E.	Yes Design-b safe harb	Trustee telephor	or custoone numbe	lo Prior
14a Name of trust 14c Name of trustee or custodian Part IX IRS Compliance Questions - Skip These Questions 15a Is the plan a 401(k) plan? If "No," skip b		Yes Design-b safe harb "Current t ADP test Ratio percentas	Trustee telephor ased or year"	or custoone numbe	No Prior : est N/A
14a Name of trust 14c Name of trustee or custodian Part IX IRS Compliance Questions - Skip These Questions 15a is the plan a 401(k) plan? If "No," skip b		Yes Design-b safe harb "Current the ADP test Ratio	Trustee telephor ased or year"	or custocene number	No Prior : est N/A e
14a Name of trust 14c Name of trustee or custodian Part IX IRS Compliance Questions - Skip These Questions 15a Is the plan a 401(k) plan? If "No," skip b. 15b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply: 16a What testing method was used to satisfy the coverage requirements under section 410(b) for the playear? Check all that apply: 16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a) for the plan year by combining this plan with any other plan under the permissive aggregation rules? 17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable	in	Yes Design-b safe hard "Current y ADP test Ratio percentag test Yes	Trustee telephor	or custocene number	No Prior : est N/A e test
14c Name of trustee or custodian Part IX IRS Compliance Questions - Skip These Questions 15a is the plan a 401(k) plan? If "No," skip b. 15b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply: 16a What testing method was used to satisfy the coverage requirements under section 410(b) for the playear? Check all that apply: 16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a) for the plan year by combining this plan with any other plan under the permissive aggregation rules? 17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable the letter / / and serial number 17b If the plan is a individually-designed plan that received a favorable determination letter from the IRS letter / / /	10	Yes Design-b safe harb "Current; ADP test Ratio percentagetest Yes letter or acceptage	Trustee telephor	or custocene number	Prior :
14c Name of trustee or custodian Part IX IRS Compliance Questions - Skip These Questions 15a Is the plan a 401(k) plan? If "No," skip b	RS opinion	Yes Design-b safe harb "Current y ADP test Ratio percentagetest Yes letter or ac	Trustee telephor	or custocene number	Prior : Prior : N/A e e test
14c Name of trustee or custodian Part IX IRS Compliance Questions - Skip These Questions 15a is the plan a 401(k) plan? If "No," skip b. 15b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply: 16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply: 16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a) for the plan year by combining this plan with any other plan under the permissive aggregation rules? 17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable the letter / / and serial number 17b If the plan is an Individually-designed plan that received a favorable determination letter from the IRS letter / / / / / / / / / / / / / / / / / / /	n	Yes Design-b safe harb "Current y ADP test Ratio percentag test Yes letter or ac date of the	Trustee telephore assed for year"	or custoone number of the numb	Prior y N/A e test