Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans 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.**

OMB Nos. 1210-0110
1210-0089

2016

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A This return/report is for:
- ☐ a multiemployer plan
- ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- ☒ a single-employer plan
- ☐ a DFE (specify) ____

B This return/report is:
- ☐ the first return/report
- ☐ the final return/report
- ☐ an amended return/report
- ☐ a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ ☐

D Check box if filing under:
- ☒ Form 5558
- ☐ automatic extension
- ☐ the DFVC program
- ☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
KRAVET INC. 401K SAVINGS AND PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1961

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
KRAVET INC.

225 CENTRAL AVENUE SOUTH
BETHPAGE, NY 11714

2b Employer Identification Number (EIN) 11-3265273

2c Plan Sponsor's telephone number 516-293-2000

2d Business code (see instructions) 423990

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, 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.

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2017	LISA KRAVET
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Preparer's telephone number

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN	
a Sponsor's name	**4c** PN	
5 Total number of participants at the beginning of the plan year	**5**	773
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	647
a(2) Total number of active participants at the end of the plan year	**6a(2)**	570
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	115
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	685
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	11
f Total. Add lines **6d** and **6e**.	**6f**	696
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	667
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	6
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E 2F 2G 2J 2K 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 1 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
KRAVET INC. 401K SAVINGS AND PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
KRAVET INC.

D Employer Identification Number (EIN)
11-3265273

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
NEW YORK LIFE INSURANCE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5582869	66915	P38470	23	01/01/2016	12/31/2016

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ RATES APPLY TO POLICIES ISSUED TO A PLAN IN A PARTICULAR PLAN YEAR.

b	Premiums paid to carrier	**6b**	7894
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	**6d**	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below) ▶	**7c(5)**			
	(6) Total additions			**7c(6)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below) ▶	**7e(4)**			
	(5) Total deductions			**7e(5)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2016** **This Form is Open to Public Inspection.**

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan	**B** Three-digit plan number (PN) ▶	
KRAVET INC. 401K SAVINGS AND PROFIT SHARING PLAN		001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
KRAVET INC.	11-3265273	

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

PACE

36-7056204

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

OPPENHEIMER

13-2527171

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

RIDGEWORTH

58-1604573

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

AMERICAN CENTURY

44-6006315

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

AMERICAN FUNDS

95-1411037

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

T. ROWE PRICE

52-2264646

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

JP MORGAN

13-2624428

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

VICTORY

13-2700161

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

VANGUARD

23-1945930

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

PIMCO

95-2632339

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

PRUDENTIAL INVESTMENTS

22-3703799

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

METLIFE ADVISORS, LLC

04-3240897

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

CETERA ADVISORS NETWORK, LLC

95-3843820

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	81316	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

WELLS FARGO BANK, N.A.

94-1347393

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 21 49 50 60 62 64	SERVICE PROVIDER	73494	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

MARGOLIN, WINER & EVENS LLP

11-1558868

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	11500	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2016

This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
KRAVET INC. 401K SAVINGS AND PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
KRAVET INC.

D Employer Identification Number (EIN)
11-3265273

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: RELIANCE TRUST STABLE VALUE FUND

b Name of sponsor of entity listed in (a): RELIANCE TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
46-6625485-002	C	7735454

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK RU 2000 INDEX CIT N

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
52-2265233-001	C	1099339

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK S&P MC INDEX CIT N

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
52-2265235-001	C	396230

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK S&P 500 INDEX CIT N

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
94-3224211-001	C	920066

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
KRAVET INC. 401K SAVINGS AND PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
KRAVET INC.

D Employer Identification Number (EIN)
11-3265273

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	7688
(2) Participant contributions	1b(2)		66631
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	271737	457891
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	285151	150690
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	1093093	1081693
(9) Value of interest in common/collective trusts	1c(9)	9607858	10151089
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	25424055	26774247
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	**1d(1)**		
	(2) Employer real property	**1d(2)**		
e	Buildings and other property used in plan operation	**1e**		
f	Total assets (add all amounts in lines 1a through 1e)	**1f**	36681894	38689929
	Liabilities			
g	Benefit claims payable	**1g**		
h	Operating payables	**1h**		
i	Acquisition indebtedness	**1i**		
j	Other liabilities	**1j**		
k	Total liabilities (add all amounts in lines 1g through1j)	**1k**	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	**1l**	36681894	38689929

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	**2a(1)(A)**	267147	
	(B) Participants	**2a(1)(B)**	2290353	
	(C) Others (including rollovers)	**2a(1)(C)**	83654	
	(2) Noncash contributions	**2a(2)**		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	**2a(3)**		2641154
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	**2b(1)(A)**		
	(B) U.S. Government securities	**2b(1)(B)**		
	(C) Corporate debt instruments	**2b(1)(C)**		
	(D) Loans (other than to participants)	**2b(1)(D)**		
	(E) Participant loans	**2b(1)(E)**	44963	
	(F) Other	**2b(1)(F)**		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	**2b(1)(G)**		44963
	(2) Dividends: **(A)** Preferred stock	**2b(2)(A)**		
	(B) Common stock	**2b(2)(B)**	3509	
	(C) Registered investment company shares (e.g. mutual funds)	**2b(2)(C)**	328224	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	**2b(2)(D)**		331733
	(3) Rents	**2b(3)**		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	**2b(4)(A)**	228210	
	(B) Aggregate carrying amount (see instructions)	**2b(4)(B)**	228891	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	**2b(4)(C)**		-681
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	**2b(5)(A)**		
	(B) Other	**2b(5)(B)**	12838	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	**2b(5)(C)**		12838

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		564826
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1883327
c Other income	2c		59
d Total income. Add all **income** amounts in column (b) and enter total	2d		5478219
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3295976	
(2) To insurance carriers for the provision of benefits	2e(2)	7894	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		3303870
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	166314	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		166314
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3470184
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2008035
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified **(2)** ☐ Qualified **(3)** ☒ Disclaimer **(4)** ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: MARGOLIN, WINER & EVENS, LLP **(2)** EIN: 11-1558868

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. **(2)** ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n			
o	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If "Yes," enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

Part V Trust Information

6a Name of trust	**6b** Trust's EIN

6c Name of trustee or custodian	**6d** Trustee's or custodian's telephone number

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2016

This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
KRAVET INC. 401K SAVINGS AND PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
KRAVET INC.

D Employer Identification Number (EIN)
11-3265273

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 41-6257133

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes ☐ No

22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter _____/_____/_____ and the serial number _____.

22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter _____/_____/_____.

KRAVET INC.
401(k) SAVINGS AND PROFIT SHARING PLAN

FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE
Year Ended December 31, 2016

KRAVET INC. 401(k) SAVINGS AND PROFIT SHARING PLAN

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Margolin, Winer & Evens LLP
CERTIFIED PUBLIC ACCOUNTANTS

REPORT OF INDEPENDENT AUDITORS

Kravet Inc. 401(k) Savings
and Profit Sharing Plan
Bethpage, New York

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Kravet Inc. 401(k) Savings and Profit Sharing Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015, and the related statement of changes in net assets available for benefits for the year ended December 31, 2016, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Wells Fargo Bank, N.A., the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes

investment transactions. The plan administrator has obtained certifications from the trustee as of December 31, 2016 and 2015 and for the year ended December 31, 2016, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedule of assets held for investment purposes as of December 31, 2016 is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management. Other than comparing the supplemental information to the information certified by the trustee, the supplemental schedule has not been subjected to auditing procedures, and accordingly, we do not express an opinion on the supplemental schedule.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Margolin, Winer & Evens LLP

Garden City, New York
October 11, 2017

KRAVET INC. 401(k) SAVINGS AND PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31,	**2016**	2015
ASSETS		
Investments, at fair value	**$ 37,533,916**	$ 35,588,800
Notes Receivable from Participants	**1,089,148**	1,147,768
Participants Contributions Receivable	**66,631**	-
Employer Contributions Receivable	**7,688**	-
Net Assets Available for Benefits	**$ 38,697,383**	$ 36,736,568

See report of independent auditors.
The accompanying notes are an integral part of these statements.

KRAVET INC. 401(k) SAVINGS AND PROFIT SHARING PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year Ended December 31,	2016
Additions to Net Assets Attributed to:	
Investment income:	
Net appreciation in fair value of investments (Note 2)	$ 2,460,312
Interest and dividends	331,837
	2,792,149
Interest income - notes receivable from participants	44,963
Proceeds received on surrender of allocated insurance contract (Note 5)	1,552
Participant contributions (including rollovers of $82,102)	2,372,455
Employer contributions	267,146
Total Additions	5,478,265
Deductions from Net Assets Attributed to:	
Benefits paid to participants	3,343,243
Administration expenses	166,313
Life insurance premiums on allocated contracts (Note 5)	7,894
Total Deductions	3,517,450
Net Increase	1,960,815
Net Assets Available for Benefits - beginning of year	36,736,568
Net Assets Available for Benefits - end of year	$ 38,697,383

See report of independent auditors.
The accompanying notes are an integral part of this statement.

1. **Description of Plan**

The following description of the Kravet Inc. 401(k) Savings and Profit Sharing Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

General - The Plan is a defined contribution plan established in 1961 covering all eligible employees, as defined, of Kravet Inc. (the "Company"). Employees are eligible after completing three months of service and having attained the age of twenty-one. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Contributions - Participants may elect to defer at least 1% of their compensation subject to statutory limitations under the Internal Revenue Code. Effective July 1, 2013 the Plan provides for automatic enrollment on behalf of employees hired or first eligible to participate in the Plan after July 1, 2013.

The Company may make matching contributions equal to a discretionary percentage, as it may determine, of the participant's elective deferral, however, participant catch-up contributions will not be matched. In order to be eligible to receive employer matching contributions the participant must complete one year of service (minimum 1,000 hours). The Company's matching contribution for the year ended December 31, 2016 was $267,146.

The Company may, in its sole discretion and in such amounts as it may determine make a profit sharing contribution on behalf of participants who are eligible, as defined. Any profit sharing contribution shall be allocated in the proportion that each eligible participant's compensation for the Plan year bears to total compensation of all eligible participants for the Plan year. The Company elected not to make a profit sharing contribution for the year ended December 31, 2016.

Participant accounts - Each participant's funds are kept in their own separate accounts. Each participant's pre-tax account is credited with the participant's contribution and the Company's contributions are credited to the participant's company contribution account. Participants direct the investment of their accounts in one or more of the available funds or in a self-directed brokerage account held by Wells Fargo Advisors, LLC. Net investment gain or loss in each mutual fund, stable value fund or common collective trust and administrative expenses, other than self-directed brokerage accounts, are allocated to each participant's account in proportion to account balances, as defined. Net investment gain or loss on participant self-directed brokerage accounts are credited or charged to their individual accounts. Forfeitures of terminated

participants' nonvested Company contributions are used to pay Plan administrative expenses and to reduce the Company's future contributions.

Vesting - Participants are always 100% vested in their elective 401(k) contributions plus actual earnings thereon. Vesting in Company contributions plus earnings thereon is determined as follows:

Years of Service	Vested Percentage
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6 or more years	100%

Payment of benefits - The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. On termination of service before retirement, a participant with a vested interest in their account balance of $5,000 or greater will receive the value of the vested interest in their account upon giving written consent to the Plan Trustee. Participants with a vested interest in their account balance of less than $5,000 will receive the value of the vested interest in their account in a lump-sum payment as soon as feasible following the date of termination.

Termination of Plan - While the Company has not expressed any intent to discontinue its contributions or terminate the Plan, it is free to do so at any time. In the event of complete discontinuance of employer contributions or the termination of the Plan, each participant will become fully vested in all amounts credited to his or her individual participant accounts.

Notes receivable from participants - Participants may borrow from their accounts a minimum of $1,000 up to a maximum of the lesser of $50,000 or 50% of their vested account balance. Loan transactions are treated as a transfer from the participant investment fund to the participant loan receivable category. Loan terms generally are up to five years except in the case of a loan used to acquire a principal residence, and are secured with the participants' vested accounts. Interest rates are determined by the plan administrator by reference to the prevailing interest rates charged by commercial lenders under similar circumstances on the date the loan is made. There is no allowance for loan losses at December 31, 2016 and 2015.

2. **Summary of Significant Accounting Policies**

Basis of accounting - The Plan prepares its financial statements on the accrual basis of accounting.

Investment valuation and income recognition - Investments in all funds and common collective trusts are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation or depreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of benefits - Benefits are recorded when paid.

Estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the amounts reported in the financial statements and the accompanying notes. Actual results could differ from those estimates.

Notes receivable from participants - Participant loans are classified as notes receivable from participants and are measured at their unpaid principal balance plus any accrued but unpaid interest. Notes receivable from participants are reported as investments on Form 5500. Delinquent notes receivable from participants are reclassified as distributions based upon the terms of the Plan document.

Subsequent events - The Plan has evaluated events and transactions for potential recognition or disclosure through October 11, 2017, the date the financial statements were available to be issued.

3. **Fair Value Measurements**

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurement,* establishes a framework for measuring fair value that provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are summarized as follows:

Level 1 - Valuations based on unadjusted quoted prices in active markets for identical assets or liabilities that the Plan can access. Since valuations are based on quoted prices that are readily and regularly available in an active market, valuation of these securities does not entail a significant degree of judgment. Level 1 investments of the Plan consist of common stocks which are valued at the closing price reported on the active market on which the individual security is traded, registered investment companies (mutual funds) which are valued at the net asset value (NAV) of shares held by the Plan at year end where NAV is publicly available, and interest bearing cash accounts which are valued at cost, which approximates fair value.

Level 2 - Valuations based on quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in markets that are not active or inputs other than quoted prices that are observable, either directly or indirectly. Level 2 investments of the Plan consist of common collective trusts (exclusive of the stable value fund) which are valued at net asset value (NAV) based on the fair value of the underlying investments held by the common collective trusts at year end and certain common stocks. Unlike shares of registered investment companies, the NAV of common collective trusts is not publicly available.

Level 3 - Valuations based on inputs that are unobservable and significant to the overall fair value measurement that reflect the assumptions that market participants would use.

In certain cases, the inputs used to measure fair value may fall into different levels of the fair value hierarchy. In such cases, for disclosure purposes, the level in the fair value hierarchy within which the fair value measurement falls in its entirety is determined by the lowest level input that is significant to the fair value measurement. Although the degree of judgment exercised by the Plan in determining fair value is greatest for investments categorized in Level 3, the inputs or methodology used for valuing investments are not necessarily an indication of the risk associated with those investments.

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2016 and 2015:

	Investments at Fair Value as of December 31, 2016			
	Level 1	Level 2	Level 3	Total
Investments in Fair Value Hierarchy:				
Mutual funds	$ 26,774,249	$ -	$ -	$ 26,774,249
Common collective trusts	-	2,415,634	-	2,415,634

Self-directed brokerage accounts:				
Cash - interest bearing	$ 457,889	$ -	$ -	$ 457,889
Common stocks	123,062	27,628	-	150,690
Total self-directed brokerage accounts	580,951	27,628	-	608,579
Subtotal	27,355,200	2,443,262	-	29,798,462
Investments Measured at Net Asset Value -				
Stable value fund (Note 4)	-	-	-	7,735,454
Total Investments, at fair value	$ 27,355,200	$ 2,443,262	$ -	$ 37,533,916

	Investments at Fair Value as of December 31, 2015			
	Level 1	Level 2	Level 3	Total
Investments in Fair Value Hierarchy:				
Mutual funds	$ 25,424,056	$ -	$ -	$ 25,424,056
Common collective trusts	-	2,436,004	-	2,436,004
Self-directed brokerage accounts:				
Cash - interest bearing	271,733	-	-	271,733
Common stocks	258,816	26,336	-	285,152
Total self-directed brokerage accounts	530,549	26,336	-	556,885
Subtotal	25,954,605	2,462,340	-	28,416,945
Investments Measured at Net Asset Value -				
Stable value fund (Note 4)	-	-	-	7,171,855
Total Investments, at fair value	$ 25,954,605	$ 2,462,340	$ -	$ 35,588,800

4. Investments

Wells Fargo Bank, N.A. ("Wells Fargo"), the trustee and custodian of the Plan, has certified to the accuracy and completeness of investments and related income as reported in the accompanying financial statements and supplemental schedule of assets held for investment purposes.

The following is a summary of the financial data certified by the trustee as of December 31, 2016 and 2015 and for the year ended December 31, 2016:

	December 31,	
	2016	2015
Investments at fair value	$ 37,533,916	$ 35,588,800

See report of independent auditors.

Net appreciation in fair value of investments	$ 2,460,312
Interest and dividends (including interest on notes receivable from participants)	376,800

At December 31, 2016 and 2015, the Plan has an investment in the Reliance Trust Company Stable Value Fund Collective Investment Trust - MetLife Series 25157 (the "Fund"). The Fund was formed for the purpose of allowing participating plan sponsors, who maintain qualified defined contribution plans, to invest in the MetLife Group Annuity Contract (the "Contract") issued by MetLife to the Reliance Trust Company. MetLife guarantees the contract value of the Fund's investment which represents contributions, plus interest, less participant-initiated withdrawals or transfers. There are no reserves against contract value for credit risk of the contract issuer or otherwise. MetLife provides a fixed interest rate which applies to the contract that is reset every quarter with consideration of various factors, including capital market developments, the yield-to-worst performance of the benchmark indices of the separate accounts backing the contract, the expected withdrawals of all of the participating plans indirectly participating in the contract through the Fund and all contract charges and fees. The Fund invests in fully benefit-responsive investment contracts with MetLife. Under the contracts, deposits by the Fund are invested by MetLife in separate accounts. The investments held in the separate accounts are owned by MetLife. The Plan's investment in the Fund is not an investment in a fully benefit-responsive investment contract and is therefore measured and reported at fair value. The net asset value reported by the Fund is used by the Plan as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the Plan will sell the investment for an amount different from the reported net asset value. Participant transactions (purchases and sales) may occur daily. If the Plan initiates a full redemption of its investment in the Fund, the issuer reserves the right to require 60 days notification in order to ensure that securities liquidations will be carried out in an orderly business manner. There are no unfunded commitments as of December 31, 2016 and 2015. The ability to transact at net asset value may be limited in certain significant circumstances, specifically employer initiated events such as plan termination, bankruptcy or reorganization, early retirement incentive programs or tax disqualifications.

5. Insurance Premiums Paid on Allocated Contracts

Certain participants in the Plan have individual life insurance policies for which the premiums have been paid from the participant's plan assets. The insurance policies are not reported in the statements of net assets available for benefits as they are classified as allocated contracts. Under generally accepted accounting principles allocated contracts are

excluded from the Plan's financial statements because the purchase of the contract transfers the obligation to pay the benefit and the related risk to the insurance company. During 2016, one Plan participant surrendered their allocated insurance contract and the Plan received cash surrender proceeds of $1,552, which were credited to the account of the participant.

6. Tax Status

The plan administrator adopted a prototype plan that received a favorable determination letter from the Internal Revenue Service, dated March 31, 2014. Although the Plan has been subsequently amended, the plan administrator believes that the Plan is designed and is being operated in compliance with the applicable requirements of ERISA and the Internal Revenue Code and therefore fulfills the criteria for exemption from federal and state income taxes.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2016, there are no uncertain positions taken or expected to be taken by the Plan that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2013.

7. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits between that shown on the financial statements and on the Form 5500:

	December 31, 2016	December 31, 2015
Net Assets Available for Benefits per the Financial Statements	$ 38,697,383	$ 36,736,568
Less: Deemed distribution of participant loans	(7,454)	(54,674)
Net Assets Available for Benefits per the Form 5500	$ 38,689,929	$ 36,681,894

The following is a reconciliation between net increase per the statement of changes in net assets available for benefits and the Form 5500 for the year ended December 31, 2016:

Net Increase in Net Assets Available for Benefits per the Financial Statements	$ 1,960,815
Add: Deemed distributed loans December 31, 2015	54,674
Less: Deemed distributed loans December 31, 2016	(7,454)
Net Increase in Net Assets Available for Benefits per the Form 5500	$ 2,008,035

Loans to participants per the statement of net assets available for benefits differ from loans to participants per the Form 5500 as of December 31, 2016 and 2015, because certain conditions apply which cause certain loans to be reported as a deemed distribution for tax purposes.

These loans are properly reported as Plan assets for financial statement purposes as determined by the written terms of the Plan document, related Plan policies and procedures and the loan documents.

8. Party-in-Interest Transactions

Certain administrative expenses of the Plan are paid by the Company. Certain services are rendered to the Plan by the Company at no cost to the Plan. Wells Fargo is the trustee, custodian and the recordkeeper for the Plan and manages the common collective trusts. Revenue sharing rebate income received by the Plan from the mutual funds is credited to an administrative account and used to satisfy administrative expenses.

9. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

KRAVET INC. 401(k) SAVINGS AND PROFIT SHARING PLAN

FORM 5500 - SCHEDULE H
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
EIN: 11-3265273 - PLAN NUMBER 001

December 31, 2016

	Number of Shares or Units	Current Value
Cash - interest bearing*	457,889	$ 457,889
Mutual Funds:		
American Century Value Fund	30,321	268,342
American Funds - Fundamental Investors - Class R3	52,665	2,860,256
American Funds Europacific Growth - Class R3	5,401	238,978
American Funds - Growth Fund of America - Class R3	127,239	5,257,501
JPMorgan Mid Cap Value Fund A	35,816	1,276,467
Victory Munder Mid-Cap Core Growth A	22,269	746,224
Oppenheimer Developing Markets Fund A	3,377	109,491
Oppenheimer Global Fund A	32,786	2,449,807
RidgeWorth Large Cap Value Equity I	219,694	3,635,928
T. Rowe Price Blue Chip Growth Adv	3,591	257,407
Vanguard Small Cap Growth Index	24,178	904,984
Vanguard Small Cap Value Index	9,199	266,780
Pace Government Secs Fix-Income Y	30,652	392,036
Prudential Total Ret Bond	249,398	3,511,528
Amer Cent One Choice in Retirement	67,701	842,875
Amer Cent One Choice 2020	52,161	606,115
Amer Cent One Choice 2025	70,283	960,070
Amer Cent One Choice 2030	38,442	452,847
Amer Cent One Choice 2035	56,297	821,943
Amer Cent One Choice 2040	7,460	90,790
Amer Cent One Choice 2045	27,775	420,239
Amer Cent One Choice 2050	16,095	196,364
Amer Cent One Choice 2055	15,994	207,277
Total Mutual Funds		26,774,249

See report of independent auditors.
The accompanying notes are an integral part of this schedule.

KRAVET INC. 401(k) SAVINGS AND PROFIT SHARING PLAN

FORM 5500 - SCHEDULE H
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
EIN: 11-3265273 - PLAN NUMBER 001

December 31, 2016

	Number of Shares or Units	Current Value
Common Collective Trusts:		
WF/BlackRock Russell 2000 Index*	34,764	$ 1,099,338
WF/BlackRock S&P Mid-Cap Index*	9,975	396,230
WF/BlackRock S&P 500 Index*	10,248	920,066
Total Common Collective Trusts		2,415,634
Common Stocks:		
Apple Inc.	205	23,732
Cardconnect Corp.	1,000	12,700
Dow Chemical Co.	102	5,819
Facebook, Inc.	250	28,762
FMC Corp. Com	101	5,695
Oracle Corporation	500	19,225
Walt Disney Company	101	10,573
Whiting USA Trust II	1,000	1,000
Whole Foods Mkt Inc.	202	6,206
3M CO	52	9,350
LG Display CO LTD - ADR	1,000	12,850
Ocean Rig UDW Inc.	250	435
Volkswagen AG - ADR	500	14,343
Total Common Stocks		150,690
Reliance Trust Company Stable Value Fund Collective Investment Trust -		
Metlife Series 25157	72,928	7,735,454
Participant Loans Receivable - 4.25% - 4.50%		1,089,148
Total of All Assets Held for Investment		$ 38,623,064

* Party-in-Interest

See report of independent auditors.
The accompanying notes are an integral part of this schedule.

KRAVET INC.
401(k) SAVINGS AND PROFIT SHARING PLAN

FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE
Year Ended December 31, 2016

KRAVET INC. 401(k) SAVINGS AND PROFIT SHARING PLAN

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Margolin, Winer & Evens LLP
CERTIFIED PUBLIC ACCOUNTANTS

REPORT OF INDEPENDENT AUDITORS

Kravet Inc. 401(k) Savings
and Profit Sharing Plan
Bethpage, New York

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Kravet Inc. 401(k) Savings and Profit Sharing Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015, and the related statement of changes in net assets available for benefits for the year ended December 31, 2016, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

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investment transactions. The plan administrator has obtained certifications from the trustee as of December 31, 2016 and 2015 and for the year ended December 31, 2016, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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Other Matter

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The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Margolin, Winer & Evens LLP

Garden City, New York
October 11, 2017

KRAVET INC. 401(k) SAVINGS AND PROFIT SHARING PLAN

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December 31,	**2016**	2015
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KRAVET INC. 401(k) SAVINGS AND PROFIT SHARING PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

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1. **Description of Plan**

The following description of the Kravet Inc. 401(k) Savings and Profit Sharing Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

General - The Plan is a defined contribution plan established in 1961 covering all eligible employees, as defined, of Kravet Inc. (the "Company"). Employees are eligible after completing three months of service and having attained the age of twenty-one. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Contributions - Participants may elect to defer at least 1% of their compensation subject to statutory limitations under the Internal Revenue Code. Effective July 1, 2013 the Plan provides for automatic enrollment on behalf of employees hired or first eligible to participate in the Plan after July 1, 2013.

The Company may make matching contributions equal to a discretionary percentage, as it may determine, of the participant's elective deferral, however, participant catch-up contributions will not be matched. In order to be eligible to receive employer matching contributions the participant must complete one year of service (minimum 1,000 hours). The Company's matching contribution for the year ended December 31, 2016 was $267,146.

The Company may, in its sole discretion and in such amounts as it may determine make a profit sharing contribution on behalf of participants who are eligible, as defined. Any profit sharing contribution shall be allocated in the proportion that each eligible participant's compensation for the Plan year bears to total compensation of all eligible participants for the Plan year. The Company elected not to make a profit sharing contribution for the year ended December 31, 2016.

Participant accounts - Each participant's funds are kept in their own separate accounts. Each participant's pre-tax account is credited with the participant's contribution and the Company's contributions are credited to the participant's company contribution account. Participants direct the investment of their accounts in one or more of the available funds or in a self-directed brokerage account held by Wells Fargo Advisors, LLC. Net investment gain or loss in each mutual fund, stable value fund or common collective trust and administrative expenses, other than self-directed brokerage accounts, are allocated to each participant's account in proportion to account balances, as defined. Net investment gain or loss on participant self-directed brokerage accounts are credited or charged to their individual accounts. Forfeitures of terminated

participants' nonvested Company contributions are used to pay Plan administrative expenses and to reduce the Company's future contributions.

Vesting - Participants are always 100% vested in their elective 401(k) contributions plus actual earnings thereon. Vesting in Company contributions plus earnings thereon is determined as follows:

Years of Service	Vested Percentage
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6 or more years	100%

Payment of benefits - The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. On termination of service before retirement, a participant with a vested interest in their account balance of $5,000 or greater will receive the value of the vested interest in their account upon giving written consent to the Plan Trustee. Participants with a vested interest in their account balance of less than $5,000 will receive the value of the vested interest in their account in a lump-sum payment as soon as feasible following the date of termination.

Termination of Plan - While the Company has not expressed any intent to discontinue its contributions or terminate the Plan, it is free to do so at any time. In the event of complete discontinuance of employer contributions or the termination of the Plan, each participant will become fully vested in all amounts credited to his or her individual participant accounts.

Notes receivable from participants - Participants may borrow from their accounts a minimum of $1,000 up to a maximum of the lesser of $50,000 or 50% of their vested account balance. Loan transactions are treated as a transfer from the participant investment fund to the participant loan receivable category. Loan terms generally are up to five years except in the case of a loan used to acquire a principal residence, and are secured with the participants' vested accounts. Interest rates are determined by the plan administrator by reference to the prevailing interest rates charged by commercial lenders under similar circumstances on the date the loan is made. There is no allowance for loan losses at December 31, 2016 and 2015.

2. **Summary of Significant Accounting Policies**

Basis of accounting - The Plan prepares its financial statements on the accrual basis of accounting.

Investment valuation and income recognition - Investments in all funds and common collective trusts are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation or depreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of benefits - Benefits are recorded when paid.

Estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the amounts reported in the financial statements and the accompanying notes. Actual results could differ from those estimates.

Notes receivable from participants - Participant loans are classified as notes receivable from participants and are measured at their unpaid principal balance plus any accrued but unpaid interest. Notes receivable from participants are reported as investments on Form 5500. Delinquent notes receivable from participants are reclassified as distributions based upon the terms of the Plan document.

Subsequent events - The Plan has evaluated events and transactions for potential recognition or disclosure through October 11, 2017, the date the financial statements were available to be issued.

3. **Fair Value Measurements**

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurement,* establishes a framework for measuring fair value that provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are summarized as follows:

Level 1 - Valuations based on unadjusted quoted prices in active markets for identical assets or liabilities that the Plan can access. Since valuations are based on quoted prices that are readily and regularly available in an active market, valuation of these securities does not entail a significant degree of judgment. Level 1 investments of the Plan consist of common stocks which are valued at the closing price reported on the active market on which the individual security is traded, registered investment companies (mutual funds) which are valued at the net asset value (NAV) of shares held by the Plan at year end where NAV is publicly available, and interest bearing cash accounts which are valued at cost, which approximates fair value.

Level 2 - Valuations based on quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in markets that are not active or inputs other than quoted prices that are observable, either directly or indirectly. Level 2 investments of the Plan consist of common collective trusts (exclusive of the stable value fund) which are valued at net asset value (NAV) based on the fair value of the underlying investments held by the common collective trusts at year end and certain common stocks. Unlike shares of registered investment companies, the NAV of common collective trusts is not publicly available.

Level 3 - Valuations based on inputs that are unobservable and significant to the overall fair value measurement that reflect the assumptions that market participants would use.

In certain cases, the inputs used to measure fair value may fall into different levels of the fair value hierarchy. In such cases, for disclosure purposes, the level in the fair value hierarchy within which the fair value measurement falls in its entirety is determined by the lowest level input that is significant to the fair value measurement. Although the degree of judgment exercised by the Plan in determining fair value is greatest for investments categorized in Level 3, the inputs or methodology used for valuing investments are not necessarily an indication of the risk associated with those investments.

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2016 and 2015:

	Investments at Fair Value as of December 31, 2016			
	Level 1	Level 2	Level 3	Total
Investments in Fair Value Hierarchy:				
Mutual funds	$ 26,774,249	$ -	$ -	$ 26,774,249
Common collective trusts	-	2,415,634	-	2,415,634

Self-directed brokerage accounts:				
Cash - interest bearing	$ 457,889	$ -	$ -	$ 457,889
Common stocks	123,062	27,628	-	150,690
Total self-directed brokerage accounts	580,951	27,628	-	608,579
Subtotal	27,355,200	2,443,262	-	29,798,462
Investments Measured at Net Asset Value -				
Stable value fund (Note 4)	-	-	-	7,735,454
Total Investments, at fair value	$ 27,355,200	$ 2,443,262	$ -	$ 37,533,916

	Investments at Fair Value as of December 31, 2015			
	Level 1	Level 2	Level 3	Total
Investments in Fair Value Hierarchy:				
Mutual funds	$ 25,424,056	$ -	$ -	$ 25,424,056
Common collective trusts	-	2,436,004	-	2,436,004
Self-directed brokerage accounts:				
Cash - interest bearing	271,733	-	-	271,733
Common stocks	258,816	26,336	-	285,152
Total self-directed brokerage accounts	530,549	26,336	-	556,885
Subtotal	25,954,605	2,462,340	-	28,416,945
Investments Measured at Net Asset Value -				
Stable value fund (Note 4)	-	-	-	7,171,855
Total Investments, at fair value	$ 25,954,605	$ 2,462,340	$ -	$ 35,588,800

4. Investments

Wells Fargo Bank, N.A. ("Wells Fargo"), the trustee and custodian of the Plan, has certified to the accuracy and completeness of investments and related income as reported in the accompanying financial statements and supplemental schedule of assets held for investment purposes.

The following is a summary of the financial data certified by the trustee as of December 31, 2016 and 2015 and for the year ended December 31, 2016:

	December 31,	
	2016	2015
Investments at fair value	$ 37,533,916	$ 35,588,800

See report of independent auditors.

Net appreciation in fair value of investments	$ 2,460,312
Interest and dividends (including interest on notes receivable from participants)	376,800

At December 31, 2016 and 2015, the Plan has an investment in the Reliance Trust Company Stable Value Fund Collective Investment Trust - MetLife Series 25157 (the "Fund"). The Fund was formed for the purpose of allowing participating plan sponsors, who maintain qualified defined contribution plans, to invest in the MetLife Group Annuity Contract (the "Contract") issued by MetLife to the Reliance Trust Company. MetLife guarantees the contract value of the Fund's investment which represents contributions, plus interest, less participant-initiated withdrawals or transfers. There are no reserves against contract value for credit risk of the contract issuer or otherwise. MetLife provides a fixed interest rate which applies to the contract that is reset every quarter with consideration of various factors, including capital market developments, the yield-to-worst performance of the benchmark indices of the separate accounts backing the contract, the expected withdrawals of all of the participating plans indirectly participating in the contract through the Fund and all contract charges and fees. The Fund invests in fully benefit-responsive investment contracts with MetLife. Under the contracts, deposits by the Fund are invested by MetLife in separate accounts. The investments held in the separate accounts are owned by MetLife. The Plan's investment in the Fund is not an investment in a fully benefit-responsive investment contract and is therefore measured and reported at fair value. The net asset value reported by the Fund is used by the Plan as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the Plan will sell the investment for an amount different from the reported net asset value. Participant transactions (purchases and sales) may occur daily. If the Plan initiates a full redemption of its investment in the Fund, the issuer reserves the right to require 60 days notification in order to ensure that securities liquidations will be carried out in an orderly business manner. There are no unfunded commitments as of December 31, 2016 and 2015. The ability to transact at net asset value may be limited in certain significant circumstances, specifically employer initiated events such as plan termination, bankruptcy or reorganization, early retirement incentive programs or tax disqualifications.

5. Insurance Premiums Paid on Allocated Contracts

Certain participants in the Plan have individual life insurance policies for which the premiums have been paid from the participant's plan assets. The insurance policies are not reported in the statements of net assets available for benefits as they are classified as allocated contracts. Under generally accepted accounting principles allocated contracts are

excluded from the Plan's financial statements because the purchase of the contract transfers the obligation to pay the benefit and the related risk to the insurance company. During 2016, one Plan participant surrendered their allocated insurance contract and the Plan received cash surrender proceeds of $1,552, which were credited to the account of the participant.

6. Tax Status

The plan administrator adopted a prototype plan that received a favorable determination letter from the Internal Revenue Service, dated March 31, 2014. Although the Plan has been subsequently amended, the plan administrator believes that the Plan is designed and is being operated in compliance with the applicable requirements of ERISA and the Internal Revenue Code and therefore fulfills the criteria for exemption from federal and state income taxes.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2016, there are no uncertain positions taken or expected to be taken by the Plan that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2013.

7. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits between that shown on the financial statements and on the Form 5500:

	December 31, 2016	December 31, 2015
Net Assets Available for Benefits per the Financial Statements	$ 38,697,383	$ 36,736,568
Less: Deemed distribution of participant loans	(7,454)	(54,674)
Net Assets Available for Benefits per the Form 5500	$ 38,689,929	$ 36,681,894

The following is a reconciliation between net increase per the statement of changes in net assets available for benefits and the Form 5500 for the year ended December 31, 2016:

Net Increase in Net Assets Available for Benefits per the Financial Statements	$ 1,960,815
Add: Deemed distributed loans December 31, 2015	54,674
Less: Deemed distributed loans December 31, 2016	(7,454)
Net Increase in Net Assets Available for Benefits per the Form 5500	$ 2,008,035

Loans to participants per the statement of net assets available for benefits differ from loans to participants per the Form 5500 as of December 31, 2016 and 2015, because certain conditions apply which cause certain loans to be reported as a deemed distribution for tax purposes.

These loans are properly reported as Plan assets for financial statement purposes as determined by the written terms of the Plan document, related Plan policies and procedures and the loan documents.

8. Party-in-Interest Transactions

Certain administrative expenses of the Plan are paid by the Company. Certain services are rendered to the Plan by the Company at no cost to the Plan. Wells Fargo is the trustee, custodian and the recordkeeper for the Plan and manages the common collective trusts. Revenue sharing rebate income received by the Plan from the mutual funds is credited to an administrative account and used to satisfy administrative expenses.

9. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

KRAVET INC. 401(k) SAVINGS AND PROFIT SHARING PLAN

FORM 5500 - SCHEDULE H
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
EIN: 11-3265273 - PLAN NUMBER 001

December 31, 2016

	Number of Shares or Units	Current Value
Cash - interest bearing*	457,889	$ 457,889
Mutual Funds:		
American Century Value Fund	30,321	268,342
American Funds - Fundamental Investors - Class R3	52,665	2,860,256
American Funds Europacific Growth - Class R3	5,401	238,978
American Funds - Growth Fund of America - Class R3	127,239	5,257,501
JPMorgan Mid Cap Value Fund A	35,816	1,276,467
Victory Munder Mid-Cap Core Growth A	22,269	746,224
Oppenheimer Developing Markets Fund A	3,377	109,491
Oppenheimer Global Fund A	32,786	2,449,807
RidgeWorth Large Cap Value Equity I	219,694	3,635,928
T. Rowe Price Blue Chip Growth Adv	3,591	257,407
Vanguard Small Cap Growth Index	24,178	904,984
Vanguard Small Cap Value Index	9,199	266,780
Pace Government Secs Fix-Income Y	30,652	392,036
Prudential Total Ret Bond	249,398	3,511,528
Amer Cent One Choice in Retirement	67,701	842,875
Amer Cent One Choice 2020	52,161	606,115
Amer Cent One Choice 2025	70,283	960,070
Amer Cent One Choice 2030	38,442	452,847
Amer Cent One Choice 2035	56,297	821,943
Amer Cent One Choice 2040	7,460	90,790
Amer Cent One Choice 2045	27,775	420,239
Amer Cent One Choice 2050	16,095	196,364
Amer Cent One Choice 2055	15,994	207,277
Total Mutual Funds		26,774,249

See report of independent auditors.
The accompanying notes are an integral part of this schedule.

KRAVET INC. 401(k) SAVINGS AND PROFIT SHARING PLAN

FORM 5500 - SCHEDULE H
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
EIN: 11-3265273 - PLAN NUMBER 001

December 31, 2016

	Number of Shares or Units	Current Value
Common Collective Trusts:		
WF/BlackRock Russell 2000 Index*	34,764	$ 1,099,338
WF/BlackRock S&P Mid-Cap Index*	9,975	396,230
WF/BlackRock S&P 500 Index*	10,248	920,066
Total Common Collective Trusts		2,415,634
Common Stocks:		
Apple Inc.	205	23,732
Cardconnect Corp.	1,000	12,700
Dow Chemical Co.	102	5,819
Facebook, Inc.	250	28,762
FMC Corp. Com	101	5,695
Oracle Corporation	500	19,225
Walt Disney Company	101	10,573
Whiting USA Trust II	1,000	1,000
Whole Foods Mkt Inc.	202	6,206
3M CO	52	9,350
LG Display CO LTD - ADR	1,000	12,850
Ocean Rig UDW Inc.	250	435
Volkswagen AG - ADR	500	14,343
Total Common Stocks		150,690
Reliance Trust Company Stable Value Fund Collective Investment Trust -		
Metlife Series 25157	72,928	7,735,454
Participant Loans Receivable - 4.25% - 4.50%		1,089,148
Total of All Assets Held for Investment		$ 38,623,064

* Party-in-Interest

See report of independent auditors.
The accompanying notes are an integral part of this schedule.

KRAVET INC.
401(k) SAVINGS AND PROFIT SHARING PLAN

FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE
Year Ended December 31, 2016

KRAVET INC. 401(k) SAVINGS AND PROFIT SHARING PLAN

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Margolin, Winer & Evens LLP
CERTIFIED PUBLIC ACCOUNTANTS

REPORT OF INDEPENDENT AUDITORS

Kravet Inc. 401(k) Savings
and Profit Sharing Plan
Bethpage, New York

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Kravet Inc. 401(k) Savings and Profit Sharing Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015, and the related statement of changes in net assets available for benefits for the year ended December 31, 2016, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Wells Fargo Bank, N.A., the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes

investment transactions. The plan administrator has obtained certifications from the trustee as of December 31, 2016 and 2015 and for the year ended December 31, 2016, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedule of assets held for investment purposes as of December 31, 2016 is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management. Other than comparing the supplemental information to the information certified by the trustee, the supplemental schedule has not been subjected to auditing procedures, and accordingly, we do not express an opinion on the supplemental schedule.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Margolin, Winer & Evens LLP

Garden City, New York
October 11, 2017

KRAVET INC. 401(k) SAVINGS AND PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31,	**2016**	2015
ASSETS		
Investments, at fair value	**$ 37,533,916**	$ 35,588,800
Notes Receivable from Participants	**1,089,148**	1,147,768
Participants Contributions Receivable	**66,631**	-
Employer Contributions Receivable	**7,688**	-
Net Assets Available for Benefits	**$ 38,697,383**	$ 36,736,568

See report of independent auditors.
The accompanying notes are an integral part of these statements.

KRAVET INC. 401(k) SAVINGS AND PROFIT SHARING PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year Ended December 31,	2016
Additions to Net Assets Attributed to:	
Investment income:	
Net appreciation in fair value of investments (Note 2)	$ 2,460,312
Interest and dividends	331,837
	2,792,149
Interest income - notes receivable from participants	44,963
Proceeds received on surrender of allocated insurance contract (Note 5)	1,552
Participant contributions (including rollovers of $82,102)	2,372,455
Employer contributions	267,146
Total Additions	5,478,265
Deductions from Net Assets Attributed to:	
Benefits paid to participants	3,343,243
Administration expenses	166,313
Life insurance premiums on allocated contracts (Note 5)	7,894
Total Deductions	3,517,450
Net Increase	1,960,815
Net Assets Available for Benefits - beginning of year	36,736,568
Net Assets Available for Benefits - end of year	$ 38,697,383

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Contributions - Participants may elect to defer at least 1% of their compensation subject to statutory limitations under the Internal Revenue Code. Effective July 1, 2013 the Plan provides for automatic enrollment on behalf of employees hired or first eligible to participate in the Plan after July 1, 2013.

The Company may make matching contributions equal to a discretionary percentage, as it may determine, of the participant's elective deferral, however, participant catch-up contributions will not be matched. In order to be eligible to receive employer matching contributions the participant must complete one year of service (minimum 1,000 hours). The Company's matching contribution for the year ended December 31, 2016 was $267,146.

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Participant accounts - Each participant's funds are kept in their own separate accounts. Each participant's pre-tax account is credited with the participant's contribution and the Company's contributions are credited to the participant's company contribution account. Participants direct the investment of their accounts in one or more of the available funds or in a self-directed brokerage account held by Wells Fargo Advisors, LLC. Net investment gain or loss in each mutual fund, stable value fund or common collective trust and administrative expenses, other than self-directed brokerage accounts, are allocated to each participant's account in proportion to account balances, as defined. Net investment gain or loss on participant self-directed brokerage accounts are credited or charged to their individual accounts. Forfeitures of terminated

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Level 2 - Valuations based on quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in markets that are not active or inputs other than quoted prices that are observable, either directly or indirectly. Level 2 investments of the Plan consist of common collective trusts (exclusive of the stable value fund) which are valued at net asset value (NAV) based on the fair value of the underlying investments held by the common collective trusts at year end and certain common stocks. Unlike shares of registered investment companies, the NAV of common collective trusts is not publicly available.

Level 3 - Valuations based on inputs that are unobservable and significant to the overall fair value measurement that reflect the assumptions that market participants would use.

In certain cases, the inputs used to measure fair value may fall into different levels of the fair value hierarchy. In such cases, for disclosure purposes, the level in the fair value hierarchy within which the fair value measurement falls in its entirety is determined by the lowest level input that is significant to the fair value measurement. Although the degree of judgment exercised by the Plan in determining fair value is greatest for investments categorized in Level 3, the inputs or methodology used for valuing investments are not necessarily an indication of the risk associated with those investments.

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2016 and 2015:

	Investments at Fair Value as of December 31, 2016			
	Level 1	Level 2	Level 3	Total
Investments in Fair Value Hierarchy:				
Mutual funds	$ 26,774,249	$ -	$ -	$ 26,774,249
Common collective trusts	-	2,415,634	-	2,415,634

Self-directed brokerage accounts:				
Cash - interest bearing	$ 457,889	$ -	$ -	$ 457,889
Common stocks	123,062	27,628	-	150,690
Total self-directed brokerage accounts	580,951	27,628	-	608,579
Subtotal	27,355,200	2,443,262	-	29,798,462
Investments Measured at Net Asset Value -				
Stable value fund (Note 4)	-	-	-	7,735,454
Total Investments, at fair value	$ 27,355,200	$ 2,443,262	$ -	$ 37,533,916

	Investments at Fair Value as of December 31, 2015			
	Level 1	Level 2	Level 3	Total
Investments in Fair Value Hierarchy:				
Mutual funds	$ 25,424,056	$ -	$ -	$ 25,424,056
Common collective trusts	-	2,436,004	-	2,436,004
Self-directed brokerage accounts:				
Cash - interest bearing	271,733	-	-	271,733
Common stocks	258,816	26,336	-	285,152
Total self-directed brokerage accounts	530,549	26,336	-	556,885
Subtotal	25,954,605	2,462,340	-	28,416,945
Investments Measured at Net Asset Value -				
Stable value fund (Note 4)	-	-	-	7,171,855
Total Investments, at fair value	$ 25,954,605	$ 2,462,340	$ -	$ 35,588,800

4. Investments

Wells Fargo Bank, N.A. ("Wells Fargo"), the trustee and custodian of the Plan, has certified to the accuracy and completeness of investments and related income as reported in the accompanying financial statements and supplemental schedule of assets held for investment purposes.

The following is a summary of the financial data certified by the trustee as of December 31, 2016 and 2015 and for the year ended December 31, 2016:

	December 31,	
	2016	2015
Investments at fair value	$ 37,533,916	$ 35,588,800

See report of independent auditors.

Net appreciation in fair value of investments	$ 2,460,312
Interest and dividends (including interest on notes receivable from participants)	376,800

At December 31, 2016 and 2015, the Plan has an investment in the Reliance Trust Company Stable Value Fund Collective Investment Trust - MetLife Series 25157 (the "Fund"). The Fund was formed for the purpose of allowing participating plan sponsors, who maintain qualified defined contribution plans, to invest in the MetLife Group Annuity Contract (the "Contract") issued by MetLife to the Reliance Trust Company. MetLife guarantees the contract value of the Fund's investment which represents contributions, plus interest, less participant-initiated withdrawals or transfers. There are no reserves against contract value for credit risk of the contract issuer or otherwise. MetLife provides a fixed interest rate which applies to the contract that is reset every quarter with consideration of various factors, including capital market developments, the yield-to-worst performance of the benchmark indices of the separate accounts backing the contract, the expected withdrawals of all of the participating plans indirectly participating in the contract through the Fund and all contract charges and fees. The Fund invests in fully benefit-responsive investment contracts with MetLife. Under the contracts, deposits by the Fund are invested by MetLife in separate accounts. The investments held in the separate accounts are owned by MetLife. The Plan's investment in the Fund is not an investment in a fully benefit-responsive investment contract and is therefore measured and reported at fair value. The net asset value reported by the Fund is used by the Plan as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the Plan will sell the investment for an amount different from the reported net asset value. Participant transactions (purchases and sales) may occur daily. If the Plan initiates a full redemption of its investment in the Fund, the issuer reserves the right to require 60 days notification in order to ensure that securities liquidations will be carried out in an orderly business manner. There are no unfunded commitments as of December 31, 2016 and 2015. The ability to transact at net asset value may be limited in certain significant circumstances, specifically employer initiated events such as plan termination, bankruptcy or reorganization, early retirement incentive programs or tax disqualifications.

5. Insurance Premiums Paid on Allocated Contracts

Certain participants in the Plan have individual life insurance policies for which the premiums have been paid from the participant's plan assets. The insurance policies are not reported in the statements of net assets available for benefits as they are classified as allocated contracts. Under generally accepted accounting principles allocated contracts are

excluded from the Plan's financial statements because the purchase of the contract transfers the obligation to pay the benefit and the related risk to the insurance company. During 2016, one Plan participant surrendered their allocated insurance contract and the Plan received cash surrender proceeds of $1,552, which were credited to the account of the participant.

6. Tax Status

The plan administrator adopted a prototype plan that received a favorable determination letter from the Internal Revenue Service, dated March 31, 2014. Although the Plan has been subsequently amended, the plan administrator believes that the Plan is designed and is being operated in compliance with the applicable requirements of ERISA and the Internal Revenue Code and therefore fulfills the criteria for exemption from federal and state income taxes.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2016, there are no uncertain positions taken or expected to be taken by the Plan that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2013.

7. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits between that shown on the financial statements and on the Form 5500:

	December 31, 2016	December 31, 2015
Net Assets Available for Benefits per the Financial Statements	$ 38,697,383	$ 36,736,568
Less: Deemed distribution of participant loans	(7,454)	(54,674)
Net Assets Available for Benefits per the Form 5500	$ 38,689,929	$ 36,681,894

The following is a reconciliation between net increase per the statement of changes in net assets available for benefits and the Form 5500 for the year ended December 31, 2016:

Net Increase in Net Assets Available for Benefits per the Financial Statements	$ 1,960,815
Add: Deemed distributed loans December 31, 2015	54,674
Less: Deemed distributed loans December 31, 2016	(7,454)
Net Increase in Net Assets Available for Benefits per the Form 5500	$ 2,008,035

Loans to participants per the statement of net assets available for benefits differ from loans to participants per the Form 5500 as of December 31, 2016 and 2015, because certain conditions apply which cause certain loans to be reported as a deemed distribution for tax purposes.

These loans are properly reported as Plan assets for financial statement purposes as determined by the written terms of the Plan document, related Plan policies and procedures and the loan documents.

8. Party-in-Interest Transactions

Certain administrative expenses of the Plan are paid by the Company. Certain services are rendered to the Plan by the Company at no cost to the Plan. Wells Fargo is the trustee, custodian and the recordkeeper for the Plan and manages the common collective trusts. Revenue sharing rebate income received by the Plan from the mutual funds is credited to an administrative account and used to satisfy administrative expenses.

9. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

KRAVET INC. 401(k) SAVINGS AND PROFIT SHARING PLAN

FORM 5500 - SCHEDULE H
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
EIN: 11-3265273 - PLAN NUMBER 001

December 31, 2016

	Number of Shares or Units	Current Value
Cash - interest bearing*	457,889	$ 457,889
Mutual Funds:		
American Century Value Fund	30,321	268,342
American Funds - Fundamental Investors - Class R3	52,665	2,860,256
American Funds Europacific Growth - Class R3	5,401	238,978
American Funds - Growth Fund of America - Class R3	127,239	5,257,501
JPMorgan Mid Cap Value Fund A	35,816	1,276,467
Victory Munder Mid-Cap Core Growth A	22,269	746,224
Oppenheimer Developing Markets Fund A	3,377	109,491
Oppenheimer Global Fund A	32,786	2,449,807
RidgeWorth Large Cap Value Equity I	219,694	3,635,928
T. Rowe Price Blue Chip Growth Adv	3,591	257,407
Vanguard Small Cap Growth Index	24,178	904,984
Vanguard Small Cap Value Index	9,199	266,780
Pace Government Secs Fix-Income Y	30,652	392,036
Prudential Total Ret Bond	249,398	3,511,528
Amer Cent One Choice in Retirement	67,701	842,875
Amer Cent One Choice 2020	52,161	606,115
Amer Cent One Choice 2025	70,283	960,070
Amer Cent One Choice 2030	38,442	452,847
Amer Cent One Choice 2035	56,297	821,943
Amer Cent One Choice 2040	7,460	90,790
Amer Cent One Choice 2045	27,775	420,239
Amer Cent One Choice 2050	16,095	196,364
Amer Cent One Choice 2055	15,994	207,277
Total Mutual Funds		26,774,249

See report of independent auditors.
The accompanying notes are an integral part of this schedule.

KRAVET INC. 401(k) SAVINGS AND PROFIT SHARING PLAN

FORM 5500 - SCHEDULE H
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
EIN: 11-3265273 - PLAN NUMBER 001

December 31, 2016

	Number of Shares or Units	Current Value
Common Collective Trusts:		
WF/BlackRock Russell 2000 Index*	34,764	$ 1,099,338
WF/BlackRock S&P Mid-Cap Index*	9,975	396,230
WF/BlackRock S&P 500 Index*	10,248	920,066
Total Common Collective Trusts		2,415,634
Common Stocks:		
Apple Inc.	205	23,732
Cardconnect Corp.	1,000	12,700
Dow Chemical Co.	102	5,819
Facebook, Inc.	250	28,762
FMC Corp. Com	101	5,695
Oracle Corporation	500	19,225
Walt Disney Company	101	10,573
Whiting USA Trust II	1,000	1,000
Whole Foods Mkt Inc.	202	6,206
3M CO	52	9,350
LG Display CO LTD - ADR	1,000	12,850
Ocean Rig UDW Inc.	250	435
Volkswagen AG - ADR	500	14,343
Total Common Stocks		150,690
Reliance Trust Company Stable Value Fund Collective Investment Trust -		
Metlife Series 25157	72,928	7,735,454
Participant Loans Receivable - 4.25% - 4.50%		1,089,148
Total of All Assets Held for Investment		$ 38,623,064

* Party-in-Interest

See report of independent auditors.
The accompanying notes are an integral part of this schedule.