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.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [X] 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:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [X] special extension (enter description) HURRICANE IRMA

Part II Basic Plan Information—enter all requested information

1a Name of plan
BERKOWITZ POLLACK BRANT ADVISORS AND ACCOUNTANTS, LLP PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1993

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)
BERKOWITZ POLLACK BRANT ADVISORS AND ACCOUNTANTS,

200 S. BISCAYNE BLVD, 6TH FLOOR
MIAMI, FL 33131

2b Employer Identification Number (EIN)
59-2742314

2c Plan Sponsor's telephone number
305-379-7000

2d Business code (see instructions)
541211

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.	01/24/2018	MARK GUTHRIE
	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**	216
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)**	179
a(2) Total number of active participants at the end of the plan year	**6a(2)**	191
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	39
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	230
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	230
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	217
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	2
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:

2A 2E 2F 2G 2J 2K 2S 2T 3D 3H

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)** [ ] **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
BERKOWITZ POLLACK BRANT ADVISORS AND ACCOUNTANTS, LLP PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BERKOWITZ POLLACK BRANT ADVISORS AND ACCOUNTANTS,

D Employer Identification Number (EIN)
59-2742314

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
PRUDENTIAL RET INSURANCE AND ANNUITY COMPAY

(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
06-1050034	93629	GA-063897	18	11/25/2016	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

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	
0	0		

(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	1406611
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 ▶

b	Premiums paid to carrier	6b	
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.	6d	

Specify nature of costs ▶

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 ▶ GUARANTEED INCOME FUND

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)	10108		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	2912		
	(4) Transferred from separate account	7c(4)	2086651		
	(5) Other (specify below)	7c(5)			
	▶				
	(6) Total additions			7c(6)	2099671
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	2099671
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)	693060		
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	693060
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	1406611

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)**	0
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)**	0
(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)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	0
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) ▶
BERKOWITZ POLLACK BRANT ADVISORS AND ACCOUNTANTS, LLP PROFIT SHARING PLAN	001
C Plan sponsor's name as shown on line 2a of Form 5500 BERKOWITZ POLLACK BRANT ADVISORS AND ACCOUNTANTS,	**D** Employer Identification Number (EIN) 59-2742314

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

PRUDENTIAL RET INS AND ANNUITY CO

06-1050034

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

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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)

RAYMOND JAMES FINAN SVCS ADVS INC

59-2937883

(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	ADVISOR	36527	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
60 64 65	RECORDKEEPER	15844	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

LANE J. GENET, CPA

59-2683018

(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	ACCOUNTANT/AUDITOR	6000	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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
AM CENT OC IN RTM IS - AMERICAN CE 44-0619208	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
AM CENT OC 2020 INST - AMERICAN CE 44-0619208	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
AM CENT OC 2025 INST - AMERICAN CE 44-0619208	0.15%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
AM CENT OC 2030 INST - AMERICAN CE 44-0619208	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
AM CENT OC 2035 INST - AMERICAN CE 44-0619208	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
AM CENT OC 2040 INST - AMERICAN CE 44-0619208	0.15%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
AM CENT OC 2045 INST - AMERICAN CE 44-0619208	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
AM CENT OC 2050 INST - AMERICAN CE 44-0619208	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
AM CENT OC 2055 INST - AMERICAN CE 44-0619208	0.15%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
BLKRK HI YLD BD INST - BNY MELLON P.O. BOX 9793 PROVIDENCE, RI 02940	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
OAKMARK INTL INV - BOSTON FINANCIA P.O. BOX 8480 BOSTON, MA 02266	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
TRP BLUE CHIP GRTH - T. ROWE PRICE 52-2269240	0.15%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
TRP SCIENCE & TECHN - T. ROWE PRIC 52-2269240	0.15%

(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 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
BERKOWITZ POLLACK BRANT ADVISORS AND ACCOUNTANTS, LLP PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BERKOWITZ POLLACK BRANT ADVISORS AND ACCOUNTANTS,

D Employer Identification Number (EIN)
59-2742314

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1454387	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	15000380	17587208
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		1406611
(15) Other	1c(15)	0	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	0
	(2) Employer real property	1d(2)	0	0
e	Buildings and other property used in plan operation	1e	0	0
f	Total assets (add all amounts in lines 1a through 1e)	1f	16454767	18993819
	Liabilities			
g	Benefit claims payable	1g	0	0
h	Operating payables	1h	0	0
i	Acquisition indebtedness	1i	0	0
j	Other liabilities	1j	0	0
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	16454767	18993819

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)	0	
	(B) Participants	2a(1)(B)	1440400	
	(C) Others (including rollovers)	2a(1)(C)	107693	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1548093
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	6046	
	(B) U.S. Government securities	2b(1)(B)	0	
	(C) Corporate debt instruments	2b(1)(C)	0	
	(D) Loans (other than to participants)	2b(1)(D)	0	
	(E) Participant loans	2b(1)(E)	0	
	(F) Other	2b(1)(F)	2912	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		8958
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
	(B) Common stock	2b(2)(B)	0	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	560508	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		560508
	(3) Rents	2b(3)		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
	(B) Other	2b(5)(B)	0	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		706955
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		2824514
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	183108	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		183108
f Corrective distributions (see instructions)	2f		43383
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	590	
(4) Other	2i(4)	58381	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		58971
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		285462
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2539052
l Transfers of assets:			
(1) To this plan	2l(1)		0
(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: LANE J. GENET, CPA PA **(2)** EIN: 59-2683018

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
BERKOWITZ POLLACK BRANT ADVISORS AND ACCOUNTANTS, LLP PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BERKOWITZ POLLACK BRANT ADVISORS AND ACCOUNTANTS,

D Employer Identification Number (EIN)
59-2742314

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**

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): 04-6568107

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 _____/_____/_____.

berkowitz pollack brant
advisors and accountants

www.bpbcpa.com

800.999.1CPA(1272)

January 24, 2018

Re: Reasonable cause for late filing for Berkowitz Pollack Brant Advisors and Accountants, LLP Profit Sharing Plan

To whom it may be concern:

Please be advised that the above referenced plan was subject to hurricane Irma and as a result is taking advantage of the penalty relief for the late filing of the 2016 Form 5500. We are in the state of Florida, Miami-Dade County.

Should you have any questions please do not hesitate to contact me at 305-960-1246 or kmartinez@bpbcpa.com

Thank you,



Karina Martinez

Payroll and Benefits Manager

BERKOWITZ POLLACK BRANT ADVISORS AND ACCOUNTANTS, LLP PROFIT SHARING PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2016 AND 2015

BERKOWITZ POLLACK BRANT
ADVISORS AND ACCOUNTANTS, LLP
PROFIT SHARING PLAN

DECEMBER 31, 2016 AND 2015

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Supplemental Schedule:

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as of December 31, 2016 18-19

LANE J. GENET, C.P.A.
A PROFESSIONAL ASSOCIATION

SUITE 600 • 9300 SOUTH DADELAND BLVD. • MIAMI, FL 33156 • DADE (305) 670-2005 • FAX (305) 670-7892 • BROWARD (954) 763-4229 • E-MAIL:genetcpa@bellsouth.net

INDEPENDENT AUDITOR'S REPORT

To the Participants and Plan Administrator
of the Berkowitz Pollack Brant Advisors
and Accountants, LLP Profit Sharing Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Berkowitz Pollack Brant Advisors and Accountants, LLP 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit 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 C, which was certified by Fidelity Management Trust Company ("FMTC"), the trustee of the Plan, except for comparing such 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 a certification 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.

MEMBER: AMERICAN AND FLORIDA INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

Disclaimer of Opinion

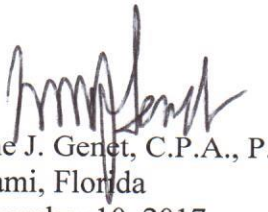
Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedule, Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2016, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on the supplemental schedule referred to above.

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.



Lane J. Genet, C.P.A., P.A.
Miami, Florida
November 10, 2017

BERKOWITZ POLLACK BRANT
ADVISORS AND ACCOUNTANTS, LLP
PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2016 AND 2015

	2016	2015
ASSETS:		
Investments – at fair value	$ 17,587,208	$ 16,454,767
Investment – at contract value	1,406,611	-
Contributions receivable – employer	232,485	-
- employee	-	91,168
TOTAL ASSETS	19,226,304	16,545,935
LIABILITIES:		
Excess contributions payable	-	44,284
NET ASSETS AVAILABLE FOR BENEFITS	$ 19,226,304	$ 16,501,651

See accompanying notes to financial statements.

BERKOWITZ POLLACK BRANT
ADVISORS AND ACCOUNTANTS, LLP
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	$ 706,955
Interest and dividends	569,466
Total investment income	1,276,421
Contributions:	
Participants	1,349,232
Employer	232,485
Rollover	107,693
Total contributions	1,689,410
TOTAL ADDITIONS	2,965,831
DEDUCTIONS:	
Benefits paid to participants	182,207
Administrative expenses	58,971
TOTAL DEDUCTIONS	241,178
NET INCREASE	2,724,653
NET ASSETS AVAILABLE FOR BENEFITS – BEGINNING OF YEAR	16,501,651
END OF YEAR	$ 19,226,304

See accompanying notes to financial statements.

BERKOWITZ POLLACK BRANT
ADVISORS AND ACCOUNTANTS, LLP
PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2016 AND 2015

NOTE A--DESCRIPTION OF PLAN

The following description of the Berkowitz Pollack Brant Advisors and Accountants, LLP Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the Plan documents for a more complete description of the Plan's provisions.

General: The Plan is a defined contribution profit sharing retirement plan, commonly referred to as a 401(k) plan, covering all qualified employees of Berkowitz Pollack Brant Advisors and Accountants, LLP, Provenance Wealth Advisors, LLC, Provenance Wealth Advisors Holdings, LLC, BayBridge Home Lending, Ltd., BayBridge Capital Advisors, LLC, BayBridge Real Estate Group, LLC and Home Mortgage Management, L.C. (collectively the "Company"). Employees are eligible to participate in the Plan as of the date of their employment with the Company on a monthly entry date. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Plan Amendments and Change of Plan Trustee: Effective December, 2015, the Plan changed trustees to Fidelity Management Trust Company ("FMTC") and a new plan document was adopted by the Plan.

The Plan is administered by a trustee who serves at the discretion of the Company. The trustee is responsible for all matters, including, but not limited to, determining eligibility, rights to benefits, interpreting Plan documents and maintaining participant accounts.

Elective Deferrals and Contributions: Each year, participants may elect to defer their compensation by a specific percentage or dollar amount and have that amount contributed to the Plan on a pre-tax or after-tax (Roth) basis as a salary deferral ("elective deferrals"). For any calendar year, a participant's elective deferrals may not exceed their compensation or a specific dollar amount ($18,000 in 2016 and 2015), as determined by the Internal Revenue Service "IRS". Participants 50 years of age or older can make additional "catch-up" deferrals of up to an additional $6,000. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans.

Each year, the Company may contribute discretionary profit sharing contributions equal to a uniform percentage of the amount of the salary reduction the participant elects to defer, which percentage the employer determines each year. In 2016, the Company elected to make an employer discretionary profit sharing contribution of $232,485, representing a match of 25% of the first 6% deferral per employee.

NOTE A--DESCRIPTION OF PLAN--Continued

Elective Deferrals and Contributions (Continued): Participants direct the investment of their contributions and any employer matching contributions into various investment options offered by the Plan. The participant must complete a year of service during the Plan year and be actively employed on the last day of the Plan year to share in any employer's discretionary profit sharing contributions. The participant will have completed a year of service for purposes of sharing in the discretionary profit sharing contribution if they are credited with at least 1,000 hours of service during a Plan Year.

Investment Options: Upon enrollment in the Plan, a participant may direct their contributions and any employer matching contributions into various investment options offered by the Plan.

Participant Accounts: Each participant's account is credited with the participant's elective deferrals and allocations of (a) the Company's profit sharing, qualified non-elective contributions and discretionary contributions (b) investment earnings or losses, and (c) they are charged with an allocation of administrative expenses, if the expenses are not paid by the Company. Allocations are based on participant account balances, as defined by the Plan documents. Certain minimum service hours requirements must be met for employees to be entitled to allocations of Company matching contributions. In order to share in a profit sharing contribution, the employee must complete one year of service, as defined as working at least 1,000 hours during the year for the Company. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

Vesting: Participants are immediately 100% vested in their elective deferrals and the qualified non-elective contributions contributed to the Plan and the actual earnings thereon. Vesting in the Company's matching and discretionary profit sharing portions of their accounts plus actual earnings thereon is based on years of continuous service. A participant is vested based on the following vesting schedule:

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

NOTE A--DESCRIPTION OF PLAN--Continued

Payment of Benefits: On termination of service due to death, 100% of the participants account balance is used to provide the participant's beneficiary with a single lump-sum payment or in installments over a period of not more than the beneficiary's assumed life expectancy. If a participant retires or becomes disabled, a participant is entitled to 100% of the account balance and payment of the disability benefits will be made as if the participant had retired. If the value of the vested benefit is less than $5,000, then a lump-sum distribution will be made and if the vested benefit exceeds $5,000 the distribution can be made in a single lump-sum payment or in installments over a period of not more than the participant's assumed life expectancy. For termination of service due to other reasons, a participant may elect to have the vested benefit distributed as soon as administratively feasible.

If a participant's vested benefit exceeds $5,000, the participant must consent to the distribution before it may be made and the benefit can be paid in a single lump-sum payment or in installments over a period not more than the participants assumed life expectancy.

Forfeited Accounts: Forfeitures of the non-vested portion of a terminated participant's account balance attributable to employer profit sharing contributions not used by the Plan will be used to pay Plan expenses, reduce the Company's contributions to the Plan or reallocated to Plan participants. Forfeitures in the Plan are generally used in the Plan year following the Plan year in which the forfeiture occurs. Forfeitures in 2016 were $14,143 and in 2015 were $15,372 and were used to pay plan expenses.

Hardship Distributions: Participants may request a distribution from the Plan prior to the participant's termination of employment in any one Plan year up to the lesser of 100% of the participant's elective salary deferrals and the participant's transfer/rollover account value as of the last valuation date or the amount necessary to satisfy the immediate and heavy financial need of the participant. In order to request a hardship distribution the participant must meet one of six conditions related to a financial hardship as defined by the Internal Revenue Service. For 2016, there was one hardship distribution totaling $3,700 and in 2015, there were four hardship distributions totaling $79,639.

NOTE B--SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting: The financial statements of the Plan are prepared using the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP").

Investment Valuation and Income Recognition: The Plan's investments are reported at their estimated fair value as described in Note D, except for fully benefit-responsive investment contacts, which are reported at contract 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. Mutual funds are valued based on the quoted market prices of the underlying investments in equities and mutual funds. See Note D for disclosures of fair value measurements.

Purchases and sales are recorded on a trade-date basis. Investment income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments brought and sold as well as held during the year.

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attributable for that portion of the net assets available for benefits of a defined contribution Plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Statement of Net Assets Available for Benefits presents fair value of the investment contracts as well as the adjustment of the fully benefit- responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

Use of Estimates: The preparation of financial statements in conformity with GAAP requires the Plan Administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Administrative Expenses: Certain operating expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Investment related expenses are included in net appreciation of fair value of investments.

NOTE B--SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES--Continued

Payment of Benefits: Benefits are recorded when paid.

Subsequent Events: Subsequent events have been evaluated for potential recognition and/or disclosure through November 10, 2017. This represents the date the financial statements were available to be issued.

Recent Accounting Pronouncements

In May, 2015, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") No. 2015-07, "Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)," which amends Accounting Standards Codification ("ASC") 820, "Fair Value Measurement." The amendments removed the requirement to categorize within the fair value hierarchy investments for which fair value is measured using the net asset value per share practical expedient. The amendments also removed the requirement to make certain disclosures for all investments that are eligible to be measured at fair value using the net asset value per share practical expedient. The Plan adopted these provisions for the 2016 plan year and retroactively applied them to the 2015 financial statements.

In July, 2015, the FASB issued ASU No. 2015-12, "Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), and Health and Welfare Benefit Plans (Topic 965); (Part 1) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient (consensuses of the FASB Emerging Issues Task Force)." The amendments required fully benefit-responsive investment contracts to be measured, presented and disclosed only at contract value, not fair value; simplified the investment disclosure requirements; and provided a measurement date practical expedient for employee benefit plans. The Plan adopted these provisions for the 2016 plan year and retroactively applied them to the 2015 financial statements.

The retroactive adoption of the two new accounting pronouncements resulted in no material difference between the carrying value and the fair value of the net assets and no material effect in the prior year.

NOTE C--INFORMATION PREPARED AND CERTIFIED BY FMTC

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, FMTC, the trustee of the Plan has certified to the completeness and accuracy of all investments and investment related information as of December 31, 2016 and 2015 and the net appreciation in fair value of investments for the year ended December 31, 2016. Information certified by the trustee does not include the following:

- Determination of the amounts to be contributed by the Company and participants;
- Determination of the amounts of benefits and distributions paid to participants;
- Tax status of the Plan; and
- Plan description and Plan amendments.

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by the trustee.

	Amount	
	2016	2015
Investments, at fair value:		
Mutual funds	$ 17,587,208	$ 16,454,767
Investments, at contract value		
Guaranteed income account	1,406,611	-
Total investments	$ 18,993,819	$ 16,454,767
Investment income:		
Net appreciation in fair value of investments	$ 706,955	
Interest and dividends	569,466	
Total investment income	$ 1,276,421	

NOTE D--FAIR VALUE MEASUREMENTS

FASB ASC 820, *Fair Value Measurement and Disclosures*, establishes a framework for measuring fair value. The framework 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 described as follows:

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
Level 2	Inputs to the valuation methodology include: • quoted prices for similar assets or liabilities in active markets; • quoted prices for identical or similar assets or liabilities in inactive markets; • inputs other than quoted prices that are observable for the asset or liability; • inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2016 and 2015.

Mutual funds: Valued at the net asset value ("NAV") of shares held by the plan at year-end. NAV is based on the value of the underlying assets owned by the fund, minus the liabilities, divided by the number of shares outstanding. NAV is a quoted price in an active market and classified within Level 1 of the valuation hierarchy.

NOTE D--FAIR VALUE MEASUREMENTS—Continued

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2016 and 2015.

	Assets at Fair Value as of December 31, 2016			
	Level 1	*Level 2*	*Level 3*	*Total*
Investment in Mutual Funds and total assets at fair value	$17,587,208	$ -	$ -	$17,587,208

	Assets at Fair Value as of December 31, 2015			
	Level 1	*Level 2*	*Level 3*	*Total*
Investment in Mutual Funds and total assets at fair value	$16,454,767	$ -	$ -	$16,454,767

NOTE E-- GUARANTEED INCOME ACCOUNT

The Plan has entered into a benefit-responsive investment contract with Prudential, the Prudential Stable Value Fund. Prudential maintains the contributions in Prudential Retirement Insurance and Annuity Company's (PRIAC's) general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed income contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the guaranteed income account is fully benefit-responsive, contract value is the relevant measurement attributable for that portion of the net assets available for benefits attributable to the guaranteed income contract. Contract value, as reported to the Plan by Prudential, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

NOTE E-- GUARANTEED INCOME ACCOUNT--Continued

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another Plan); (2) changes to Plan's prohibition on competing investment option or deletion of equity wash provisions; (3) bankruptcy of the Plan sponsor or other Plan sponsor events (e.g., divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan; or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan Administrator does not believe the occurrence of any such event, which would limit the Plan's ability to transact at contract value with participants, is probable.

The crediting interest rate is based on a formula agreed upon with the issuer. The declared interest rate will always be greater than or equal to one and one half percent (1-1/2%) (the "Minimum Interest Rate"). There are no reserves against contract value for credit risk of the contract issuer or otherwise.

There were no guaranteed income contracts at December 31, 2015.

NOTE F—FIDELITY BOND

In accordance with Department of Labor regulations, the plan is covered by a fidelity bond of at least 10% of the net assets of the plan, with a maximum required coverage of $500,000.

NOTE G--PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, the Plan provides that participants will become 100% vested in their accounts, including all employer profit sharing contributions and actual earnings thereon.

NOTE H--TAX STATUS

The Plan obtained its latest determination letter in March, 2014, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements

Plan management is required to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to 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 tax positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The administrator believes it is no longer subject to income tax examination for years prior to 2014.

NOTE I-- RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of mutual funds at December 31, 2016 and 2015 and are managed by the trustee of the Plan, and therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for investment management services were included as a reduction of the return earned on each fund. Certain administrative fees related to the administration of the Plan were paid by the Plan or by the Company. These transactions qualify as party-in-interest transactions.

NOTE J--RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities in general are exposed to various risks such as interest rate, credit and overall volatility 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.

NOTE K– RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 as of December 31, 2016 and 2015:

	2016	2015
Net assets available for benefits per the financial statements	$ 19,226,304	$ 16,501,651
Contribution receivable – employer	(232,485)	-
Contribution receivable – employee	-	(91,168)
Excess contributions payable	-	44,284
Net assets available for benefits per Form 5500	$ 18,993,819	$ 16,454,767

The following is a reconciliation of changes in net assets available for benefits per the financial statements to Form 5500 for the year ended December 31, 2016:

Net increase in net assets available for benefits per the financial statements	$ 2,724,653
2016 employer contribution	(232,485)
2015 employee additional contribution	91,168
2015 excess contributions payable	(44,284)
Net increase in net assets available for benefits per Form 5500	$ 2,539,052

NOTE L—EXCESS CONTRIBUTIONS PAYABLE

The IRC limits the amount of contributions that a participant may defer on a pre-tax basis into the Plan during a calendar year. If a participant exceeds this statutory limit, the Plan is required to return the deferrals in excess of the limit. In addition, the IRC limits the amount of contributions that highly compensated participants may defer into the Plan during a plan year based on the amount deferred during that period by non-highly compensated participants. If deferrals made by highly compensated participants exceed the applicable limit, the Plan is required to refund the excess contributions to certain highly compensated participants. Finally, the IRC limits the amount of employer contributions and participant deferrals that may be contributed on behalf of any participant during a plan year and requires that amounts in excess of the limit either be returned to participants or forfeited, as applicable. The Plan distributed $44,284, the 2015 excess contribution amounts to the applicable participants in 2016, as required by the IRC Distributions payable to participants for amounts in excess of the statutory limits are recorded as a liability with a corresponding reduction to contributions. There were no excess contributions in 2016.

SUPPLEMENTAL INFORMATION

BERKOWITZ POLLACK BRANT
ADVISORS AND ACCOUNTANTS, LLP
PROFIT SHARING PLAN

SCHEDULE H, PART IV, LINE 4i --
SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2016

EIN# 59-2742314 PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost **	(e) Current Value
*	American Funds American Balanced Fund Class R-6	Mutual Fund		$6,788,090
*	T. Rowe Price Blue Chip Growth Fund	Mutual Fund		2,308,170
*	Prudential Guaranteed Income Fund	Stable Value Fund		1,406,611
*	Vanguard 500 Index Fund Admiral Class	Mutual Fund		1,353,340
*	T. Rowe Price Science and Technology Fund	Mutual Fund		852,549
*	Vanguard Mid-Cap Index Fund Admiral Shares	Mutual Fund		850,000
*	Pioneer Bond Fund Class K	Mutual Fund		755,801
*	American Century Investments One Choice 2020 Portfolio Institutional Class	Mutual Fund		633,917
*	Oakmark International Fund Class I	Mutual Fund		604,080
*	American Century Investments One Choice 2030 Portfolio Institutional Class	Mutual Fund		566,310
*	American Century Investments One Choice 2050 Portfolio Institutional Class	Mutual Fund		363,648
*	Prudential Jennison Small Company Fund Class Q	Mutual Fund		360,114
*	American Funds Washington Mutual Investors Fund Class R-6	Mutual Fund		245,500
*	BlackRock High Yield Bond Portfolio Institutional Shares	Mutual Fund		216,608
*	Oppenheimer Developing Markets I Fund	Mutual Fund		211,879
*	American Century Investments One Choice 2055 Portfolio Institutional Class	Mutual Fund		203,131
*	American Century Investments One Choice 2040 Portfolio Institutional Class	Mutual Fund		199,274
*	Oppenheimer International Growth Fund Cl I	Mutual Fund		195,555
*	American Century Investments One Choice 2035 Portfolio Institutional Class	Mutual Fund		179,862
*	Fidelity Ext Mkt Index Fund	Mutual Fund		151,833
	Subtotal			$18,446,272

* - Represents a party in interest ** - Cost omitted for participant directed accounts.
The above information has been certified by Fidelity Management Trust Company as complete and accurate.

See accompanying independent auditor's report.

BERKOWITZ POLLACK BRANT
ADVISORS AND ACCOUNTANTS, LLP
PROFIT SHARING PLAN

SCHEDULE H, PART IV, LINE 4i --
SCHEDULE OF ASSETS (HELD AT END OF YEAR) (Continued)

AS OF DECEMBER 31, 2016

EIN# 59-2742314 PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost **	(e) Current Value
	Balance continued from the previous page			$18,446,272
*	Fidelity Total Market Index Fund	Mutual Fund		149,910
*	American Century Investments One Choice 2045 Portfolio Institutional Class	Mutual Fund		145,798
*	Vanguard Small-Cap Index Fund Admiral Shares	Mutual Fund		116,204
*	American Century Investments One Choice 2025 Portfolio Institutional Class	Mutual Fund		91,829
*	C&S Real Estate Fund Z Shares	Mutual Fund		42,870
*	TMPL Global Bond Fund Class R6	Mutual Fund		790
*	American Century Investments One Choice Income Rtm IS Fund	Mutual Fund		146
				$ 18,993,819

* - Represents a party in interest
** - Cost omitted for participant directed accounts.

The above information has been certified by Fidelity Management Trust Company as complete and accurate.

See accompanying independent auditor's report.

BERKOWITZ POLLACK BRANT ADVISORS AND ACCOUNTANTS, LLP PROFIT SHARING PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2016 AND 2015

BERKOWITZ POLLACK BRANT
ADVISORS AND ACCOUNTANTS, LLP
PROFIT SHARING PLAN

DECEMBER 31, 2016 AND 2015

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for the year ended December 31, 2016 5

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Supplemental Schedule:

Schedule H, Part IV, Line 4i -- Schedule of Assets (Held at End of Year)
as of December 31, 2016 18-19

LANE J. GENET, C.P.A.
A PROFESSIONAL ASSOCIATION

SUITE 600 • 9300 SOUTH DADELAND BLVD. • MIAMI, FL 33156 • DADE (305) 670-2005 • FAX (305) 670-7892 • BROWARD (954) 763-4229 • E-MAIL:genetcpa@bellsouth.net

INDEPENDENT AUDITOR'S REPORT

To the Participants and Plan Administrator
of the Berkowitz Pollack Brant Advisors
and Accountants, LLP Profit Sharing Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Berkowitz Pollack Brant Advisors and Accountants, LLP 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit 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 C, which was certified by Fidelity Management Trust Company ("FMTC"), the trustee of the Plan, except for comparing such 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 a certification 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.

MEMBER: AMERICAN AND FLORIDA INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

Disclaimer of Opinion

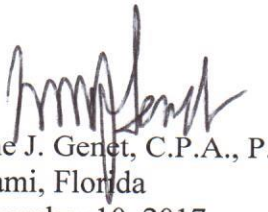
Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedule, Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2016, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on the supplemental schedule referred to above.

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.



Lane J. Genet, C.P.A., P.A.
Miami, Florida
November 10, 2017

BERKOWITZ POLLACK BRANT
ADVISORS AND ACCOUNTANTS, LLP
PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2016 AND 2015

	2016	2015
ASSETS:		
Investments – at fair value	$ 17,587,208	$ 16,454,767
Investment – at contract value	1,406,611	-
Contributions receivable – employer	232,485	-
- employee	-	91,168
TOTAL ASSETS	19,226,304	16,545,935
LIABILITIES:		
Excess contributions payable	-	44,284
NET ASSETS AVAILABLE FOR BENEFITS	$ 19,226,304	$ 16,501,651

See accompanying notes to financial statements.

BERKOWITZ POLLACK BRANT
ADVISORS AND ACCOUNTANTS, LLP
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	$ 706,955
Interest and dividends	569,466
Total investment income	1,276,421
Contributions:	
Participants	1,349,232
Employer	232,485
Rollover	107,693
Total contributions	1,689,410
TOTAL ADDITIONS	2,965,831
DEDUCTIONS:	
Benefits paid to participants	182,207
Administrative expenses	58,971
TOTAL DEDUCTIONS	241,178
NET INCREASE	2,724,653
NET ASSETS AVAILABLE FOR BENEFITS – BEGINNING OF YEAR	16,501,651
END OF YEAR	$ 19,226,304

See accompanying notes to financial statements.

BERKOWITZ POLLACK BRANT
ADVISORS AND ACCOUNTANTS, LLP
PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2016 AND 2015

NOTE A--DESCRIPTION OF PLAN

The following description of the Berkowitz Pollack Brant Advisors and Accountants, LLP Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the Plan documents for a more complete description of the Plan's provisions.

General: The Plan is a defined contribution profit sharing retirement plan, commonly referred to as a 401(k) plan, covering all qualified employees of Berkowitz Pollack Brant Advisors and Accountants, LLP, Provenance Wealth Advisors, LLC, Provenance Wealth Advisors Holdings, LLC, BayBridge Home Lending, Ltd., BayBridge Capital Advisors, LLC, BayBridge Real Estate Group, LLC and Home Mortgage Management, L.C. (collectively the "Company"). Employees are eligible to participate in the Plan as of the date of their employment with the Company on a monthly entry date. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Plan Amendments and Change of Plan Trustee: Effective December, 2015, the Plan changed trustees to Fidelity Management Trust Company ("FMTC") and a new plan document was adopted by the Plan.

The Plan is administered by a trustee who serves at the discretion of the Company. The trustee is responsible for all matters, including, but not limited to, determining eligibility, rights to benefits, interpreting Plan documents and maintaining participant accounts.

Elective Deferrals and Contributions: Each year, participants may elect to defer their compensation by a specific percentage or dollar amount and have that amount contributed to the Plan on a pre-tax or after-tax (Roth) basis as a salary deferral ("elective deferrals"). For any calendar year, a participant's elective deferrals may not exceed their compensation or a specific dollar amount ($18,000 in 2016 and 2015), as determined by the Internal Revenue Service "IRS". Participants 50 years of age or older can make additional "catch-up" deferrals of up to an additional $6,000. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans.

Each year, the Company may contribute discretionary profit sharing contributions equal to a uniform percentage of the amount of the salary reduction the participant elects to defer, which percentage the employer determines each year. In 2016, the Company elected to make an employer discretionary profit sharing contribution of $232,485, representing a match of 25% of the first 6% deferral per employee.

NOTE A--DESCRIPTION OF PLAN--Continued

Elective Deferrals and Contributions (Continued): Participants direct the investment of their contributions and any employer matching contributions into various investment options offered by the Plan. The participant must complete a year of service during the Plan year and be actively employed on the last day of the Plan year to share in any employer's discretionary profit sharing contributions. The participant will have completed a year of service for purposes of sharing in the discretionary profit sharing contribution if they are credited with at least 1,000 hours of service during a Plan Year.

Investment Options: Upon enrollment in the Plan, a participant may direct their contributions and any employer matching contributions into various investment options offered by the Plan.

Participant Accounts: Each participant's account is credited with the participant's elective deferrals and allocations of (a) the Company's profit sharing, qualified non-elective contributions and discretionary contributions (b) investment earnings or losses, and (c) they are charged with an allocation of administrative expenses, if the expenses are not paid by the Company. Allocations are based on participant account balances, as defined by the Plan documents. Certain minimum service hours requirements must be met for employees to be entitled to allocations of Company matching contributions. In order to share in a profit sharing contribution, the employee must complete one year of service, as defined as working at least 1,000 hours during the year for the Company. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

Vesting: Participants are immediately 100% vested in their elective deferrals and the qualified non-elective contributions contributed to the Plan and the actual earnings thereon. Vesting in the Company's matching and discretionary profit sharing portions of their accounts plus actual earnings thereon is based on years of continuous service. A participant is vested based on the following vesting schedule:

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

NOTE A--DESCRIPTION OF PLAN--Continued

Payment of Benefits: On termination of service due to death, 100% of the participants account balance is used to provide the participant's beneficiary with a single lump-sum payment or in installments over a period of not more than the beneficiary's assumed life expectancy. If a participant retires or becomes disabled, a participant is entitled to 100% of the account balance and payment of the disability benefits will be made as if the participant had retired. If the value of the vested benefit is less than $5,000, then a lump-sum distribution will be made and if the vested benefit exceeds $5,000 the distribution can be made in a single lump-sum payment or in installments over a period of not more than the participant's assumed life expectancy. For termination of service due to other reasons, a participant may elect to have the vested benefit distributed as soon as administratively feasible.

If a participant's vested benefit exceeds $5,000, the participant must consent to the distribution before it may be made and the benefit can be paid in a single lump-sum payment or in installments over a period not more than the participants assumed life expectancy.

Forfeited Accounts: Forfeitures of the non-vested portion of a terminated participant's account balance attributable to employer profit sharing contributions not used by the Plan will be used to pay Plan expenses, reduce the Company's contributions to the Plan or reallocated to Plan participants. Forfeitures in the Plan are generally used in the Plan year following the Plan year in which the forfeiture occurs. Forfeitures in 2016 were $14,143 and in 2015 were $15,372 and were used to pay plan expenses.

Hardship Distributions: Participants may request a distribution from the Plan prior to the participant's termination of employment in any one Plan year up to the lesser of 100% of the participant's elective salary deferrals and the participant's transfer/rollover account value as of the last valuation date or the amount necessary to satisfy the immediate and heavy financial need of the participant. In order to request a hardship distribution the participant must meet one of six conditions related to a financial hardship as defined by the Internal Revenue Service. For 2016, there was one hardship distribution totaling $3,700 and in 2015, there were four hardship distributions totaling $79,639.

NOTE B--SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting: The financial statements of the Plan are prepared using the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP").

Investment Valuation and Income Recognition: The Plan's investments are reported at their estimated fair value as described in Note D, except for fully benefit-responsive investment contacts, which are reported at contract 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. Mutual funds are valued based on the quoted market prices of the underlying investments in equities and mutual funds. See Note D for disclosures of fair value measurements.

Purchases and sales are recorded on a trade-date basis. Investment income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments brought and sold as well as held during the year.

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attributable for that portion of the net assets available for benefits of a defined contribution Plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Statement of Net Assets Available for Benefits presents fair value of the investment contracts as well as the adjustment of the fully benefit- responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

Use of Estimates: The preparation of financial statements in conformity with GAAP requires the Plan Administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Administrative Expenses: Certain operating expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Investment related expenses are included in net appreciation of fair value of investments.

NOTE B--SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES--Continued

Payment of Benefits: Benefits are recorded when paid.

Subsequent Events: Subsequent events have been evaluated for potential recognition and/or disclosure through November 10, 2017. This represents the date the financial statements were available to be issued.

Recent Accounting Pronouncements

In May, 2015, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") No. 2015-07, "Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)," which amends Accounting Standards Codification ("ASC") 820, "Fair Value Measurement." The amendments removed the requirement to categorize within the fair value hierarchy investments for which fair value is measured using the net asset value per share practical expedient. The amendments also removed the requirement to make certain disclosures for all investments that are eligible to be measured at fair value using the net asset value per share practical expedient. The Plan adopted these provisions for the 2016 plan year and retroactively applied them to the 2015 financial statements.

In July, 2015, the FASB issued ASU No. 2015-12, "Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), and Health and Welfare Benefit Plans (Topic 965); (Part 1) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient (consensuses of the FASB Emerging Issues Task Force)." The amendments required fully benefit-responsive investment contracts to be measured, presented and disclosed only at contract value, not fair value; simplified the investment disclosure requirements; and provided a measurement date practical expedient for employee benefit plans. The Plan adopted these provisions for the 2016 plan year and retroactively applied them to the 2015 financial statements.

The retroactive adoption of the two new accounting pronouncements resulted in no material difference between the carrying value and the fair value of the net assets and no material effect in the prior year.

NOTE C--INFORMATION PREPARED AND CERTIFIED BY FMTC

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, FMTC, the trustee of the Plan has certified to the completeness and accuracy of all investments and investment related information as of December 31, 2016 and 2015 and the net appreciation in fair value of investments for the year ended December 31, 2016. Information certified by the trustee does not include the following:

- Determination of the amounts to be contributed by the Company and participants;
- Determination of the amounts of benefits and distributions paid to participants;
- Tax status of the Plan; and
- Plan description and Plan amendments.

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by the trustee.

	Amount	
	2016	2015
Investments, at fair value:		
Mutual funds	$ 17,587,208	$ 16,454,767
Investments, at contract value		
Guaranteed income account	1,406,611	-
Total investments	$ 18,993,819	$ 16,454,767
Investment income:		
Net appreciation in fair value of investments	$ 706,955	
Interest and dividends	569,466	
Total investment income	$ 1,276,421	

NOTE D--FAIR VALUE MEASUREMENTS

FASB ASC 820, *Fair Value Measurement and Disclosures*, establishes a framework for measuring fair value. The framework 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 described as follows:

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
Level 2	Inputs to the valuation methodology include: • quoted prices for similar assets or liabilities in active markets; • quoted prices for identical or similar assets or liabilities in inactive markets; • inputs other than quoted prices that are observable for the asset or liability; • inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2016 and 2015.

Mutual funds: Valued at the net asset value ("NAV") of shares held by the plan at year-end. NAV is based on the value of the underlying assets owned by the fund, minus the liabilities, divided by the number of shares outstanding. NAV is a quoted price in an active market and classified within Level 1 of the valuation hierarchy.

NOTE D--FAIR VALUE MEASUREMENTS—Continued

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2016 and 2015.

	Assets at Fair Value as of December 31, 2016			
	Level 1	*Level 2*	*Level 3*	*Total*
Investment in Mutual Funds and total assets at fair value	$17,587,208	$ -	$ -	$17,587,208

	Assets at Fair Value as of December 31, 2015			
	Level 1	*Level 2*	*Level 3*	*Total*
Investment in Mutual Funds and total assets at fair value	$16,454,767	$ -	$ -	$16,454,767

NOTE E-- GUARANTEED INCOME ACCOUNT

The Plan has entered into a benefit-responsive investment contract with Prudential, the Prudential Stable Value Fund. Prudential maintains the contributions in Prudential Retirement Insurance and Annuity Company's (PRIAC's) general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed income contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the guaranteed income account is fully benefit-responsive, contract value is the relevant measurement attributable for that portion of the net assets available for benefits attributable to the guaranteed income contract. Contract value, as reported to the Plan by Prudential, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

NOTE E-- GUARANTEED INCOME ACCOUNT--Continued

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another Plan); (2) changes to Plan's prohibition on competing investment option or deletion of equity wash provisions; (3) bankruptcy of the Plan sponsor or other Plan sponsor events (e.g., divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan; or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan Administrator does not believe the occurrence of any such event, which would limit the Plan's ability to transact at contract value with participants, is probable.

The crediting interest rate is based on a formula agreed upon with the issuer. The declared interest rate will always be greater than or equal to one and one half percent (1-1/2%) (the "Minimum Interest Rate"). There are no reserves against contract value for credit risk of the contract issuer or otherwise.

There were no guaranteed income contracts at December 31, 2015.

NOTE F—FIDELITY BOND

In accordance with Department of Labor regulations, the plan is covered by a fidelity bond of at least 10% of the net assets of the plan, with a maximum required coverage of $500,000.

NOTE G--PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, the Plan provides that participants will become 100% vested in their accounts, including all employer profit sharing contributions and actual earnings thereon.

NOTE H--TAX STATUS

The Plan obtained its latest determination letter in March, 2014, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements

Plan management is required to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to 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 tax positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The administrator believes it is no longer subject to income tax examination for years prior to 2014.

NOTE I-- RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of mutual funds at December 31, 2016 and 2015 and are managed by the trustee of the Plan, and therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for investment management services were included as a reduction of the return earned on each fund. Certain administrative fees related to the administration of the Plan were paid by the Plan or by the Company. These transactions qualify as party-in-interest transactions.

NOTE J--RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities in general are exposed to various risks such as interest rate, credit and overall volatility 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.

NOTE K– RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 as of December 31, 2016 and 2015:

	2016	2015
Net assets available for benefits per the financial statements	$ 19,226,304	$ 16,501,651
Contribution receivable – employer	(232,485)	-
Contribution receivable – employee	-	(91,168)
Excess contributions payable	-	44,284
Net assets available for benefits per Form 5500	$ 18,993,819	$ 16,454,767

The following is a reconciliation of changes in net assets available for benefits per the financial statements to Form 5500 for the year ended December 31, 2016:

Net increase in net assets available for benefits per the financial statements	$ 2,724,653
2016 employer contribution	(232,485)
2015 employee additional contribution	91,168
2015 excess contributions payable	(44,284)
Net increase in net assets available for benefits per Form 5500	$ 2,539,052

NOTE L—EXCESS CONTRIBUTIONS PAYABLE

The IRC limits the amount of contributions that a participant may defer on a pre-tax basis into the Plan during a calendar year. If a participant exceeds this statutory limit, the Plan is required to return the deferrals in excess of the limit. In addition, the IRC limits the amount of contributions that highly compensated participants may defer into the Plan during a plan year based on the amount deferred during that period by non-highly compensated participants. If deferrals made by highly compensated participants exceed the applicable limit, the Plan is required to refund the excess contributions to certain highly compensated participants. Finally, the IRC limits the amount of employer contributions and participant deferrals that may be contributed on behalf of any participant during a plan year and requires that amounts in excess of the limit either be returned to participants or forfeited, as applicable. The Plan distributed $44,284, the 2015 excess contribution amounts to the applicable participants in 2016, as required by the IRC Distributions payable to participants for amounts in excess of the statutory limits are recorded as a liability with a corresponding reduction to contributions. There were no excess contributions in 2016.

SUPPLEMENTAL INFORMATION

BERKOWITZ POLLACK BRANT
ADVISORS AND ACCOUNTANTS, LLP
PROFIT SHARING PLAN

SCHEDULE H, PART IV, LINE 4i --
SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2016

EIN# 59-2742314 PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost **	(e) Current Value
*	American Funds American Balanced Fund Class R-6	Mutual Fund		$6,788,090
*	T. Rowe Price Blue Chip Growth Fund	Mutual Fund		2,308,170
*	Prudential Guaranteed Income Fund	Stable Value Fund		1,406,611
*	Vanguard 500 Index Fund Admiral Class	Mutual Fund		1,353,340
*	T. Rowe Price Science and Technology Fund	Mutual Fund		852,549
*	Vanguard Mid-Cap Index Fund Admiral Shares	Mutual Fund		850,000
*	Pioneer Bond Fund Class K	Mutual Fund		755,801
*	American Century Investments One Choice 2020 Portfolio Institutional Class	Mutual Fund		633,917
*	Oakmark International Fund Class I	Mutual Fund		604,080
*	American Century Investments One Choice 2030 Portfolio Institutional Class	Mutual Fund		566,310
*	American Century Investments One Choice 2050 Portfolio Institutional Class	Mutual Fund		363,648
*	Prudential Jennison Small Company Fund Class Q	Mutual Fund		360,114
*	American Funds Washington Mutual Investors Fund Class R-6	Mutual Fund		245,500
*	BlackRock High Yield Bond Portfolio Institutional Shares	Mutual Fund		216,608
*	Oppenheimer Developing Markets I Fund	Mutual Fund		211,879
*	American Century Investments One Choice 2055 Portfolio Institutional Class	Mutual Fund		203,131
*	American Century Investments One Choice 2040 Portfolio Institutional Class	Mutual Fund		199,274
*	Oppenheimer International Growth Fund Cl I	Mutual Fund		195,555
*	American Century Investments One Choice 2035 Portfolio Institutional Class	Mutual Fund		179,862
*	Fidelity Ext Mkt Index Fund	Mutual Fund		151,833
	Subtotal			$18,446,272

* - Represents a party in interest ** - Cost omitted for participant directed accounts.
The above information has been certified by Fidelity Management Trust Company as complete and accurate.

See accompanying independent auditor's report.

BERKOWITZ POLLACK BRANT
ADVISORS AND ACCOUNTANTS, LLP
PROFIT SHARING PLAN

SCHEDULE H, PART IV, LINE 4i --
SCHEDULE OF ASSETS (HELD AT END OF YEAR) (Continued)

AS OF DECEMBER 31, 2016

EIN# 59-2742314 PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost **	(e) Current Value
	Balance continued from the previous page			$18,446,272
*	Fidelity Total Market Index Fund	Mutual Fund		149,910
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*	TMPL Global Bond Fund Class R6	Mutual Fund		790
*	American Century Investments One Choice Income Rtm IS Fund	Mutual Fund		146
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* - Represents a party in interest
** - Cost omitted for participant directed accounts.

The above information has been certified by Fidelity Management Trust Company as complete and accurate.

See accompanying independent auditor's report.