	rm 5500-SF	Short Form Annua	al Return/Repor Benefit Plan	t of Small Employ	ee	OMB Nos. 1210-0110 1210-0089		
Inter	Intment of the Treasury rnal Revenue Service epartment of Labor	This form is required to be filed Income Security Act of 1974	under sections 104 and			2017		
Employee B	Benefits Security Administration enefit Guaranty Corporation	-	Revenue Code (the Coc	le).		This Form is Open to Public Inspection		
Part I		Complete all entries in a  Identification Information	ccordance with the ins	tructions to the Form 5500-	-SF.			
		cal plan year beginning 01/01/20	017	and ending 12/31	/2017			
A This re	turn/report is for:	X a single-employer plan		blan (not multiemployer) (File mployer information in accord		•		
<b>D</b> This and		a one-participant plan	a foreign plan					
<b>B</b> This ret	urn/report is	the first return/report	the final return/report					
		an amended return/report	a short plan year retu	irn/report (less than 12 month	hs)			
C Check	box if filing under:	Form 5558	automatic extension	[] I	DFVC pro	ogram		
		special extension (enter descri	. ,					
Part II		rmation—enter all requested info	ormation	41	<b>ь</b> т	11.21		
1a Name GILMAN'S C	•	PROFIT SHARING PLAN AND TH	RUST		<b>b</b> Three plan n	-digit jumber		
					(PN)			
				10	C Effecti	ive date of plan 01/01/1961		
Mailing	g address (include room	ver, if for a single-employer plan) n, apt., suite no. and street, or P.O e, country, and ZIP or foreign posta			b Emplo (EIN)	yer Identification Number 14-1569233		
-	ELEANERS, INC.		a code (il loreign, see ins	20		sor's telephone number 845-343-4131		
PO BOX 189	a a			20	<b>d</b> Busine	ess code (see instructions)		
	WN, NY 10940					812320		
<b>3a</b> Plan a	administrator's name and	d address $\overline{X}$ Same $$ as Plan Spon	sor.	31	<b>b</b> Admin	istrator's EIN		
				30	<b>C</b> Admin	istrator's telephone number		
		plan sponsor or the plan name ha			<b>b</b> EIN			
	lan, enter the plan spon sor's name	nsor's name, EIN, the plan name a	nd the plan number from		<b>d</b> PN			
C Plan N								
5a Total	number of participants	at the beginning of the plan year			5a	24		
		at the end of the plan year			5b	23		
C Numb	per of participants with a	account balances as of the end of t	he plan year (only define	d contribution plans	5c	23		
<b>d(1)</b> Tot	al number of active part	ticipants at the beginning of the pla	an year		id(1)	22		
• •		ticipants at the end of the plan yea			id(2)	20		
than	100% vested	terminated employment during the			5e	0		
Under pen SB or Sche	alties of perjury and oth	or incomplete filing of this return her penalties set forth in the instruc d signed by an enrolled actuary, as	tions, I declare that I hav	e examined this return/report	t, includin	g, if applicable, a Schedule		
SIGN		valid electronic signature.	01/27/2018	MARTIN DLUGATZ				
HERE	Signature of plan ac	dministrator	Date	Enter name of individual	signing a	s plan administrator		
SIGN								
HERE	Signature of employ		Date	Enter name of individual	signing a	s employer or plan sponsor		
For Paperw	ork Reduction Act Notice	e, see the Instructions for Form 5500	-SF.			Form 5500-SF (2017) v.170203		

e Certain deemed and/or corrective distributions (see instructions)

f Administrative service providers (salaries, fees, commissions).....

h Total expenses (add lines 8d, 8e, 8f, and 8g).....

j Transfers to (from) the plan (see instructions) .....

i Net income (loss) (subtract line 8h from line 8c).....

g Other expenses.....

Part IV Plan Characteristics

0

0

0

476839

220745

15670

6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)	X Yes No
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a			
	If you answered "No" to either line 6a or line 6b, the plan cann	ot use For	m 5500-SF and must instead use	Form 5500.
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see ERISA section 4021)?	Yes No Not determined
	If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC pr	emium filing for this plan year	(See instructions.)
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	4269223	4489968
b	Total plan liabilities	7b	0	0
C	Net plan assets (subtract line 7b from line 7a)	7c	4269223	4489968
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	21145	
	(2) Participants	8a(2)	11004	
	(3) Others (including rollovers)	8a(3)	0	
b	Other income (loss)	8b	665435	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		697584
d	Benefits paid (including direct rollovers and insurance premiums	84	461169	

8e

8f

8g

8h

8i

8j

9a		plan provides pension benefits, enter the applicable pension feature codes from the List of PI 2E 2J 3D	an Cha	racteri	stic Co	des in the instructions:
b	If the p	plan provides welfare benefits, enter the applicable welfare feature codes from the List of Pla	n Chara	acterist	ic Cod	es in the instructions:
Par	t V	Compliance Questions				
10	Durin	g the plan year:		Yes	No	Amount
а	desc	there a failure to transmit to the plan any participant contributions within the time period ribed in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction gram)	10a		x	
b		there any nonexempt transactions with any party-in-interest? (Do not include transactions ted on line 10a.)	10b		х	
С	Was	the plan covered by a fidelity bond?	10c	Х		425000
d		ne plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused and or dishonesty?	10d		x	
e	carrie	any fees or commissions paid to any brokers, agents, or other persons by an insurance er, insurance service, or other organization that provides some or all of the benefits under an? (See instructions.)	10e		x	
f	Has t	he plan failed to provide any benefit when due under the plan?	10f		x	
g	Did th	ne plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	Х		83491
h		is an individual account plan, was there a blackout period? (See instructions and 29 CFR .101-3.)	10h		Х	
i		n was answered "Yes," check the box if you either provided the required notice or one of the otions to providing the notice applied under 29 CFR 2520.101-3	10i			

r

Г

Page 3- 1

Part	VI	Pension Funding Compliance					
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch rm 5500) and line 11a below)	nedule	SB		Yes	s 🗙 No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11a				
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sectic SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	on 302	of		Yes	s 🗙 No
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an nting the waiver		r the date	e of the le Yea		uling
lf y	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
b	Ente	r the minimum required contribution for this plan year	12b				
С	Ente	r the amount contributed by the employer to the plan for this plan year	12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ative amount)	12d				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No		N/A
Part '	VII	Plan Terminations and Transfers of Assets					
13a	Has	a resolution to terminate the plan been adopted in any plan year?		Ye	es X	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year	13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the trol of the PBGC?	•		Yes	1 ×	No
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s ch assets or liabilities were transferred. (See instructions.)	) to				
1	3c(1	) Name of plan(s): 13c(2	) EIN(s	5)	130	<b>:(3)</b> P	'N(s)

Form 5500-SF Department of the Treasury	Short Form Annu	Benefit Plan	t of Small Employee	OMB Nos. 1210-01 1210-00
Internal Revenue Service	This form is required to be file	ed under sections 104 and	4065 of the Employee Retiremen	2017
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974	4 (ERISA), and sections 60 Revenue Code (the Code	57(b) and 6058(a) of the Internal e).	This Form is Open to Public Inspection
Pension Benefit Guaranty Corporation			ructions to the Form 5500-SF.	Public inspection
Part I Annual Report	Identification Information			
-or calendar plan year 2017 or fi	iscal plan year beginning 01/01/20		and ending 12/31/2017	
A This return/report is for:	X a single-employer plan		lan (not multiemployer) (Filers che mployer information in accordance	
	a one-participant plan	a foreign plan		
This return/report is	the first return/report	the final return/report		
	an amended return/report	H	rn/report (less than 12 months)	
Charleber Heller and the				
Check box if filing under:	Form 5558	automatic extension	DFVC	program
	special extension (enter desc	ription)		
Part II Basic Plan Info	ormation-enter all requested in	formation		and the second s
a Name of plan			1b Th	ree-digit
LMAN'S CLEANERS, INC. 401	K PROFIT SHARING PLAN AND	TRUST		an number 001
				N) 🖡
				fective date of plan
a Plan sponsor's name (emplo Mailing address (include roo	over, if for a single-employer plan) om, apt., suite no. and street, or P.0	O Box)	2b En	nployer Identification Number
City or town, state or province MANS CLEANERS, INC.	ce, country, and ZIP or foreign pos	tal code (if foreign, see inst	tructione)	N) 14-1569233 consor's telephone number
				(845) 343-4131
POV 100				siness code (see instructions 2320
BOX 189			01	2320
DDLETOWN, NY 10940				
a Plan administrator's name a	nd address X Same as Plan Spo	nsor.	3b Ad	ministrator's EIN
			3c Ad	ministrator's telephone numb
If the name and/or FIN of th	e plan sponsor or the plan name h	an observed since the last	return/report filed for 4b EI	
this plan, enter the plan spo	onsor's name, EIN, the plan name a	and the plan number from t	the last return/report.	N
a Sponsor's name c Plan Name			4d Pr	•
a Total number of participants	at the beginning of the plan year.		5a	24
				23
C Number of participants with	at the end of the plan year account balances as of the end of	the plan year (only defined	contribution plans	23
				2
	inticipants at the beginning of the pl			
	articipants at the end of the plan ye			20
than 100% vested	terminated employment during the	e plan year with accrued be	enefits that were less 5e	1
aution: A penalty for the late	or incomplete filing of this return	n/report will be assessed	unless reasonable cause is es	tablished.
nder penalties of perjury and ot B or Schedule MB completed a lief, it is true, correct, and com	ther penalties set forth in the instru- nd signed by an enrolled actuary, a	ctions, I declare that I have as well as the electronic ve	examined this return/report, inclu rsion of this return/report, and to t	iding, if applicable, a Schedu he best of my knowledge and
	Diete.	1/27/2018	MARTIN DLUGATZ	
GN ERE			and get and the second s	
	dministrator	Date	Enter name of individual signin	g as plan administrator
Signature of plan a		the second se	A REAL PROPERTY OF A REAL PROPER	
IGN Signature of plan a		and the second se		
Signature of plan a	ver/plan sponsor	Date	Enter name of individual signin	g as employer or plan sponse

	Form 5500-SF 2017		Page 2			_		
D	Were all of the plan's assets during the plan year invested in eligin Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility <b>If you answered "No" to either line 6a or line 6b, the plan can</b> If the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from the	an independ and condition not use Forr nsurance pro	dent qualified public ns.) n 5500-SF and mu ogram (see ERISA s	st inste	ad us 4021)?	QPA) e Form 550	0. 1 0 01 s	Yes No
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning	of Yea	r		(b) End of Ye	ear
	Total plan assets	7a		42692	23			4489968
b		7b			0			0
	Net plan assets (subtract line 7b from line 7a)	7c		42692	23	Survey and		4489968
8	Income, Expenses, and Transfers for this Plan Year	Sec.	(a) Amou	nt			(b) Total	
a	Contributions received or receivable from: (1) Employers	8a(1)		211	45			
_	(2) Participants	8a(2)		110	04	Parenter S	- 12e-	
_	(3) Others (including rollovers)	8a(3)		1.2	0	1.000		1000
b	Other income (loss)	8b		6654	35			AS-LOWE
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						697584
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits).	8d		4611	69			
е	Certain deemed and/or corrective distributions (see instructions)	8e			0		2 Contraction	- Carteria
f	Administrative service providers (salaries, fees, commissions)	8f		156	70			
g	Other expenses	8g	N. TOSSELT		0			
	Total expenses (add lines 8d, 8e, 8f, and 8g)	the subscription of the local division of th					100.2	476839
1	Net income (loss) (subtract line 8h from line 8c)	81		1. Cafe	in the second			220745
j	Transfers to (from) the plan (see instructions)	81			0		THE HEAD	
Par	t IV Plan Characteristics			12.11	_	-		
9a b	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 3D If the plan provides welfare benefits, enter the applicable welfare for							
		eature codes		in Chara	acteris	ac Codes In	the instruction	5:
Par			- In the second	12.00			-	
10	During the plan year:			-	Yes	No	Amou	nt
	Was there a failure to transmit to the plan any participant contr bu descr bed in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fide	uciary Correction	10a		x		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.).	? (Do not inc	ude transactions	104		x		- And
С				100	x			425000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bond	that was caused	10d		x	11.000	
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	er persons b	y an insurance	10e		x		
f	A TO SERVICE AND A REAL PROPERTY AND A			10f		X		
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year-end	l.)	10g	X			83491
h	If this is an individual account plan, was there a blackout period? ( 2520.101-3.)	See instructi	ons and 29 CFR	10g		x		00131
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101	ne required n	otice or one of the	101				

Form 5500-SF 2017

Page 3- 1

Part	VI Pension Funding Compliance	-		-	
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete (Form 5500) and line 11a below)	Schedule S	B	Ye	
11a	Enter the unpaid minimum required contr butions for all years from Schedule SB (Form 5500) line 40	11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or s ERISA?	notion 202 -	f		
a	The rest, complete interize of lines 120, 120, 120, and 12e below, as applicable.)				-
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions granting the waiver	, and enter Da		of the letter i Year	ruling
If	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			1 Gui	
b	Enter the minimum required contribution for this plan year	12b			
	nter the amount contributed by the employer to the plan for this plan year				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	1000			
e Will the minimum funding amount reported on line 12d be met by the funding deadline?				No 1	N/A
art \	II Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?				-
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		Ye	s X No	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under	13a			
-	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan			Yes X	No
	which assets or liabilities were transferred. (See instructions.)	an(s) to			
	odd) Name of planta):	c(2) EIN(s)		13c(3) F	PN(s)
-					
					Tor d