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Signature of plan administrator Date Enter name of individual signing as plan administrator				Date	Enter name of individu	ual signing	as plan administrator
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HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor		Signature of employ	er/plan sponsor	Date	Enter name of individu	ual signing	as employer or plan sponsor

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

Form 5500-SF (2017) v.170203

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	•			•	,		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a		,					X Yes No
~	If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC ir							Not determined
C	If "Yes" is checked, enter the My PAA confirmation number from th							. (See instructions.)
		erboor		lan yea	1			
Pa	rt III Financial Information		1					
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) En	d of Year
a	Total plan assets	7a	103	85508				11566684
b	Total plan liabilities	7b						
C	Net plan assets (subtract line 7b from line 7a)	7c	103	85508				11566684
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt			(b)	Total
а	Contributions received or receivable from:	- (1)	-					
	(1) Employers	8a(1)	50	87785				
	(2) Participants	8a(2)			_			
<u> </u>	(3) Others (including rollovers)	8a(3)			-			
	Other income (loss)	8b	16	19028	_			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						2206813
a	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	10	25637				
e	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1025637
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						1181176
j	Transfers to (from) the plan (see instructions)	8j						
Pa	rt IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension $\frac{2E}{2E}$	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in the in	structions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	les from the List of Pla	n Chara	acterist	ic Coc	les in the inst	ructions:
Pa	rt V Compliance Questions							
10	During the plan year:				Yes	No		Amount
a	1 ,1 1							
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	,	,	10a		х		
k	 Were there any nonexempt transactions with any party-in-interest 			100		~~~~		
-	reported on line 10a.)	•		10b		Х		

С	Was the plan covered by a fidelity bond?	10c	Х		500000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).	10e		x	
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		Х	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		x	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Page 3- 1

Part	VIF	ension Funding Compliance						
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete \$ 5500) and line 11a below)	Sche	dule S	SB		Ye	s 🗌 No
11a	Enter	the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sec ? 	tion	302 o	f	[Ye	s X No
а	lf a wa	iver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ig the waiver.	and	enter _ Da		of the le		uling
If y	you co	npleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
b	Enter th	e minimum required contribution for this plan year		12b				
С	Enter th	e amount contributed by the employer to the plan for this plan year		12c				
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ve amount)		12d				
е	Will th	e minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No		N/A
Part	VII F	Plan Terminations and Transfers of Assets						
13a	Has a	resolution to terminate the plan been adopted in any plan year?			Yes	6 X	No	
	lf "Yes	," enter the amount of any plan assets that reverted to the employer this year		13a				
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under I of the PBGC?				Yes	X	No
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan assets or liabilities were transferred. (See instructions.)	ו(s) י	to				
1	3c(1) ℕ	lame of plan(s): 13c	:(2)	EIN(s)		13	c(3)	PN(s)

Department of the		Short Form Annu	al Return/Report of Small Emp Benefit Plan	loyee	OMB Nos. 1210-0110 1210-0089
Internal Revenue	Service	This form is required to be file	d under sections 104 and 4065 of the Employee (ERISA), and sections 6057(b) and 6058(a) of the	Retirement	2017
Employee Benefits Securi		Income Security Act of 1974	Revenue Code (the Code).	ie Internal	This Form is Open to
Pension Benefit Guaran	nty Corporation	Complete all entries in	accordance with the instructions to the Form	5500 SE	Public Inspection
Part I Annu	al Report lo	lentification Information	accordance with the instructions to the Form	5500-SF.	
		al plan year beginning	01/01/2017 and ending	12/3	1/2017
A This return/repor	t is for:	a single-employer plan	a multiple-employer plan (not multiemployer) list of participating employer information in	(Filers check	ing this box must attach a
£.	е (a one-participant plan	a foreign plan		
B This return/report	is [the first return/report	the final return/report		
	Ē	an amended return/report	a short plan year return/report (less than 12)	nonths)	
C Check box if filing	g under:	Form 5558	automatic extension	DFVC pr	ogram
	[special extension (enter descr	ription)		
Part II Basic	Plan Inform	nation-enter all requested inf	formation		
1a Name of plan				1b Three	e-digit
Eifert, Frenc	h & Compa	ny, Inc. Amended &	Restated Profit Sharing Plan	plan r	number 001
			2	(PN)	
					ive date of plan 1/1976
2a Plan sponsor's r	ame (employe	r, if for a single-employer plan)		2b Emplo	over Identification Number
City or town, sta	(include room, te or province.	apt., suite no. and street, or P.O.). Box) al code (if foreign, see instructions)		13-0662070
Eifert, Fren	ch & Comp	any, Inc.			sor's telephone number 738-4011
330 Fifth Ave					ess code (see instructions)
550 FILLI AVE	enue			52421	
Pelham		NY 10803-1204			
3a Plan administrate Eifert, Frenc		address Same as Plan Spon	ISOF,	3b Admin 14-15	istrator's EIN
	Ŧ				istrator's telephone number
330 Fifth Ave	nue				38-4011
Pelham	:	NY 10803-1204			
4 If the name and/ this plan, enter t	or EIN of the pl	an sponsor or the plan name ha	s changed since the last return/report filed for nd the plan number from the last return/report.	4b EIN	
a Sponsor's name	ine plan openioe	o namo, ent, mo plan name a	the plan humber non the last return report.	4d PN	
c Plan Name					
5a Total number of	participants at	the beginning of the plan year		5a	47
				5b	53
C Number of partic	ipants with acc	ount balances as of the end of the	he plan year (only defined contribution plans	5c	
			n year	5d(1)	53 47
			r		53
 e Number of partie 	cipants who ter	minated employment during the	plan year with accrued benefits that were less		
than 100% vest	ed			5e	3
SB or Schedule MB c	rjury and other ompleted and s	penalties set forth in the instruct signed by an enrolled actuary, as	/report will be assessed unless reasonable ca tions, I declare that I have examined this return/re s well as the electronic version of this return/report	nort including	a if applicable a Cabadula
belief, it is true, correct SIGN	and complet	n C.	Robert G. Eif		,
HERE		s. Lafand			
0/10	re of plan adm	A A A	Date 2/20/2018 Enter name of individ	ual signing as	plan administrator
SIGN Y	atthe	10 Argurond	- Martha	E. Ha	Gulood
		/plan sponsor () ee the Instructions for Form 5500-	Date 2 120/2018 Enter name of individ	ual signing as	employer or plan sponsor Form 5500-SF (2017)

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Form 5500-SF 2017

Page 2

	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	iot use Forr	ns.) n 5500-SF and mus	st inste	ad us	e Form 550	·····	X Yes
С	If the plan is a defined benefit plan, is it covered under the PBGC ir						_	Not determine
ĩ.	If "Yes" is checked, enter the My PAA confirmation number from th							See instructions
Pa	rt III Financial Information	· · · · · ·						
7	Plan Assets and Liabilities		(a) Beginning	of Yea	- 1		(b) End of	Voor
а	Total plan assets	7a		,385,				11,566;6
b	Total plan liabilities	7b		_				11,000,0
С	Net plan assets (subtract line 7b from line 7a)	70	10,	,385,	508			11,566,6
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	_			(b) Tot	
a	Contributions received or receivable from:		(d) Alloui		-	in the second	(0) 100	ai
_	(1) Employers	8a(1)		587,	785			
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)						am in i
b	Other income (loss)	8b	1,	619,	028			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		1.1.1	1			2,206,8
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1,	025,	637			
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
	Other expenses	8g						
g								
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			2.11			1,025,6
h i j Pai	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h Bi 8j	s from the List of Pl	an Cha	racteri	stic Codes	in the instruc	1,181,1
h j Pai 9a b	Total expenses (add lines 8d, 8e, 8f, and 8g) Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions) t IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E If the plan provides welfare benefits, enter the applicable welfare fer	8h 8i 8j feature code						1,181,1
h j Pai 9a b	Total expenses (add lines 8d, 8e, 8f, and 8g) Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions) t IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E If the plan provides welfare benefits, enter the applicable welfare feet t V Compliance Questions	8h 8i 8j feature code			acterist	ic Codes in		1,181,1
h j Par 9a b Par 0	Total expenses (add lines 8d, 8e, 8f, and 8g) Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions) t IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E If the plan provides welfare benefits, enter the applicable welfare feet t V Compliance Questions During the plan year:	8h Bi Bj feature codes	from the List of Pla				n the instructi	1,181,1
h j Pai Đa b	Total expenses (add lines 8d, 8e, 8f, and 8g) Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions) t IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E If the plan provides welfare benefits, enter the applicable welfare feet t V Compliance Questions During the plan year:	8h 8i 8j feature codes eature codes	from the List of Plan		acterist	ic Codes in	n the instructi	1,181,1 tions:
h j Pai 9a b Par 0 a	Total expenses (add lines 8d, 8e, 8f, and 8g) Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions) t IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E If the plan provides welfare benefits, enter the applicable welfare feet t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest?	8h 8i 8j feature codes eature codes ions within t oluntary Fide ? (Do not inc	from the List of Plan he time period uciary Correction lude transactions	n Chara	acterist	ic Codes in No	n the instructi	1,181,1 tions:
h j Pai Đa b Par 0 a	Total expenses (add lines 8d, 8e, 8f, and 8g) Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions) t IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E If the plan provides welfare benefits, enter the applicable welfare fee t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest	8h 8i 8j feature codes eature codes ions within t oluntary Fide ? (Do not inc	from the List of Plan he time period uciary Correction lude transactions	n Chara 10a 10b	acterist	ic Codes in No X	n the instructi	1,181,1 tions: ons: ount
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