Form 5500-SF Short Form Annual Return/Report of Small En Benefit Plan					oyee	OMB Nos. 1210-0110 1210-0089				
	ent of the Treasury Revenue Service	This form is required to be filed		4065 of the Employee Re	etirement	2017				
	rtment of Labor fits Security Administration	057(b) and 6058(a) of the de).	Internal	This Form is Open to Public Inspection						
Pension Benefit Guaranty Corporation Publi Complete all entries in accordance with the instructions to the Form 5500-SF.										
Part I	Annual Report	Identification Information								
For calendar	plan year 2017 or fis	cal plan year beginning 01/01/2			2/31/2017					
A This retur	n/report is for:	X a single-employer plan	list of participating e	olan (not multiemployer) (mployer information in ac		king this box must attach a /ith the form instructions.)				
B This returr	/report is	a one-participant plan	a foreign plan							
	reportis	the first return/report	the final return/report							
-		an amended return/report	a short plan year retu	urn/report (less than 12 m	onths)					
C Check bo	x if filing under:	Form 5558	automatic extension		DFVC p	rogram				
		special extension (enter descri	. ,							
		rmation—enter all requested info	ormation		-	I				
1a Name of	•				1b Thre					
E.I. ELECTRO	NICS LLC PROFIT S	SHARING PLAN			pian (PN)	number 001				
					1c Effect	ctive date of plan				
2a Plan spo	nsor's name (employ	/er, if for a single-employer plan)			07/01/1983 2b Employer Identification Number					
Mailing a	ddress (include roon	n, apt., suite no. and street, or P.O		structions)	(EIN) 11-3583316					
•	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) E.I. ELECTRONICS LLC				2c Sponsor's telephone number 516-334-0870					
					2d Business code (see instructions)					
	800 SHAMES DRIVE VESTBURY, NY 11590-1730				335900					
3a Plan adn	ninistrator's name an	d address 🗙 Same as Plan Spon	sor.		3b Admi	nistrator's EIN				
					3c Admi	nistrator's tolophone number				
					3c Administrator's telephone number					
		plan sponsor or the plan name ha			4b EIN					
this plar a Sponsor		nsor's name, EIN, the plan name a	nd the plan number from	the last return/report.	4d PN					
C Plan Nar	ne									
5a Total nu	mber of participants	at the beginning of the plan year			5a	97				
b Total nu	mber of participants	at the end of the plan year			5b	92				
	• •	account balances as of the end of t			5c	84				
d(1) Total	number of active par	ticipants at the beginning of the pla	an year		5d(1)	86				
d(2) Total number of active participants at the end of the plan year					5d(2)	83				
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested				5e	3					
Caution: A p	enalty for the late of	or incomplete filing of this return	/report will be assesse	d unless reasonable cau						
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.										
		valid electronic signature.	03/08/2018	ERRAN KAGAN						
HERE	Signature of plan a	dministrator	Date	Enter name of individu	ual signing	as plan administrator				
SIGN										
	Signature of employ	yer/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

62	Mare all of the plan's second during the plan user invested in aligib		(Cas instructions)					X Yes No
b b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							
Ň	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							
	If you answered "No" to either line 6a or line 6b, the plan cann	ot use Fo	orm 5500-SF and mus	t instea	ad use	Form	5500.	
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA se	ection 4	021)?		Yes No	Not determined
	If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC p	premium filing for this p	lan yea	r		·	(See instructions.)
Da	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning (of Voor			(b) End o	f Voor
<u>'</u>	Total plan assets	7a		73727				838444
b	Total plan liabilities	7a 7b		10121				000111
	Net plan assets (subtract line 7b from line 7a)	70 70	8	73727				838444
8	Income, Expenses, and Transfers for this Plan Year	10	(a) Amoun				(b) To	
a	Contributions received or receivable from:		(a) Alloui				(5) 10	
	(1) Employers	8a(1)						
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)						
b								
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						96054
d								
	to provide benefits)	8d	1:	31187				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e			_			
f	Administrative service providers (salaries, fees, commissions)	8f		150	_			
g	Other expenses	8g			_			
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						131337
<u> i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-35283
j	Transfers to (from) the plan (see instructions)	8j						
Ра	rt IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension $2E$ 3D	feature co	odes from the List of Pla	an Cha	racteri	stic Co	des in the instru	uctions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	des from the List of Pla	n Chara	acterist	tic Cod	les in the instruc	ctions:
Pa	t V Compliance Questions							
10	During the plan year:				Yes	No	Α	mount
-	Was there a failure to transmit to the plan any participant contribu							
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary l	Fiduciary Correction	10a		x		
k	Were there any nonexempt transactions with any party-in-interest	? (Do not	include transactions		l			
	reported on line 10a.)			10b		Х		
c	Was the plan covered by a fidelity bond?			100	X			500000

Х

Х

Х

Х

4231

Х

10d

10e

10f

10g

10h

10i

d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused

e 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.)....

f Has the plan failed to provide any benefit when due under the plan?

g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)

If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

2520.101-3.)

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.....

h

i

by fraud or dishonesty?

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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)

Form 5500-SF Short Form Annual Return/Report of Small Emplo Benefit Plan					OMB Nos. 1210-0110 1210-0089				
Department of the Treasury Internal Revenue Service	This form is required to be filed	under sections 104 and			2017				
Department of Labor Employee Benefits Security Administrat	57(b) and 6058(a) of the e).	e Internal	This Form is Open to						
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.									
Part I Annual Repo	ort Identification Information	condunce with the mat	ructions to the rolling	500-51.					
For calendar plan year 2017 of		01/01/2017	and ending	12/3	1/2017				
	X a single-employer plan	_			ing this box must attach a				
A This return/report is for:	a one-participant plan				ith the form instructions.)				
B This return/report is	the first return/report	the final return/report							
	an amended return/report		rn/report (less than 12 m	an 12 months)					
C Check box if filing under:	Form 5558	automatic extension	•	DFVC pr	ourom				
3	special extension (enter descri				ogram				
Part II Basic Plan Ir	nformation—enter all requested info								
1a Name of plan				1b Three	-digit				
	LC PROFIT SHARING PLAN				number 001				
					tive date of plan 1/1983				
Mailing address (include r	ployer, if for a single-employer plan) room, apt., suite no. and street, or P.O.			2b Employer Identification Number (EIN) 11-3583316					
	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) E.I. ELECTRONICS LLC				2c Sponsor's telephone number 516-334-0870				
1800 SHAMES DRIVE				2d Business code (see instructions)					
				33590	50				
WESTBURY 3a Plan administrator's name	NY 11590-1730 and address X Same as Plan Spons	sor.		3b Admir	nistrator's EIN				
				3c Admir	istrator's telephone number				
this plan, enter the plan s	the plan sponsor or the plan name has ponsor's name, EIN, the plan name an			4b EIN					
a Sponsor's namec Plan Name				4d PN					
5a Total number of participar	nts at the beginning of the plan year			5a	97				
	nts at the end of the plan year			5b	92				
c Number of participants wi	th account balances as of the end of th	e plan year (only defined	contribution plans	5c	84				
	participants at the beginning of the plar			5d(1)	86				
	participants at the end of the plan year			5d(2)	83				
	ho terminated employment during the p								
than 100% vested				5e	3				
Under penalties of perjury and SB or Schedule MB completed	te or incomplete filing of this return/ other penalties set forth in the instructi and signed by an enrolled actuary, as	ons, I declare that I have	examined this return/re	port, includin	g, if applicable, a Schedule				
belief, it is true, correct, and complete.									
SIGN HERE	1 m		rran Kagan						
Signature of plan	n administrator	Date 3/8/18	Enter name of individ	ual signing a	s plan administrator				
SIGN HERE	I contrat I and and a contration								
Signature of emp	oloyer/plan sponsor otice, see the Instructions for Form 5500-S	Date SF.	Enter name of individe	ual signing as	s employer or plan sponsor Form 5500-SF (2017)				

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	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	X Yes No
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	X Yes 🗌 No
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	
C	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.)
Da	rt III Einancial Information	

a Total plan assets	ning of Yea	r		(b) End of Year
	072			
h Tatal plan liabilition	073	727		838,444
b Total plan liabilities 7b				
C Net plan assets (subtract line 7b from line 7a) 7c	873,	727		838,444
8 Income, Expenses, and Transfers for this Plan Year (a) A	(a) Amount			(b) Totai
a Contributions received or receivable from: (1) Employers				····· • •••
(2) Participants				
(3) Others (including rollovers)			_	17 - 1 1
b Other income (loss) 8b	96,	054	_	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c				96,054
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	131,	187		
e Certain deemed and/or corrective distributions (see instructions) 8e				
f Administrative service providers (salaries, fees, commissions) 8f		150		
g Other expenses				
h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h				131,337
i Net income (loss) (subtract line 8h from line 8c) 8i				-35,283
j Transfers to (from) the plan (see instructions)				
Part IV Plan Characteristics				
9a If the plan provides pension benefits, enter the applicable pension feature codes from the Lis 2E 3D	t of Plan Cha	racteri	istic Co	odes in the instructions:
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List	of Plan Char	acteris	tic Coo	les in the instructions:
Part V Compliance Questions				
10 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? (See instructions and DOL's Voluntary Fiduciary Correct Program)	ion		x	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	ons		x	
C Was the plan covered by a fidelity bond?	10c	x		500,000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was cau by fraud or dishonesty?	sed		x	
e 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 und the plan? (See instructions.).	e er		x	
f Has the plan failed to provide any benefit when due under the plan?	10f		x	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	······ 10g	х		4,231
h If this is an individual account plan, was there a blackout period? (See instructions and 29 C 2520.101-3.)			х	
i If 10h was answered "Yes," check the box if you either provided the required notice or one o				······································

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Part	VI	Pension Funding Compliance				
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch m 5500) and line 11a below)		SB		Yes 🗌 No
11a	Ente	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a			
12	ERI	nis a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sectio SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	n 302 c	of 		Yes 🛛 No
a	_	the date o	of the lette Year	er ruling		
lf	you d	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b	Enter	the minimum required contribution for this plan year	12b			
C	Enter	the amount contributed by the employer to the plan for this plan year	12c			
d	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)					
e	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?		Yes	XN	lo
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year	13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the rol of the PBGC?] [] Yes 🕅 No	
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s th assets or liabilities were transferred. (See instructions.)	to			
1	3c(1)	Name of plan(s): 13c(2)	EIN(s)		13c(3) PN(s)
				ſ		