Form 5500-SF Short Form Annual Return/Report of Small E Benefit Plan							C	MB Nos. 1210-0110 1210-0089			
	ment of the Treasury al Revenue Service	This form is required to be filed	d under	sections 104 and 40				2017			
	artment of Labor nefits Security Administration	Income Security Act of 1974), and sections 6057 ue Code (the Code)		This Form is Open to Public Inspection					
Pension Ben	efit Guaranty Corporation	Complete all entries in a		nce with the instru	uctions to the Form 5	500-SF.	T UDI	e inspection			
Part I		Identification Information			and an flam the						
For calendal	r plan year 2017 or fis	scal plan year beginning 01/01/2		ultiple employer ple		2/31/2017	oking this has	, must attach a			
A This retu	rn/report is for:	X a single-employer plan	list	of participating emp	in (not multiemployer) (ployer information in ac		-				
B This retur	n/rapart ia	a one-participant plan		preign plan							
	n/report is	the first return/report	the	final return/report							
		an amended return/report	a sh	ort plan year return	/report (less than 12 m	onths)					
C Check be	ox if filing under:	Form 5558	aut	omatic extension		DFVC	program				
		special extension (enter descri	ription)								
Part II	Basic Plan Info	rmation—enter all requested inf	formatior	า							
1a Name o	•					1b Thr	0				
HONEYBEE I	ROBOTICS, INC. 401	I(K) RETIREMENT PLAN					n number I) ▶	001			
								plan /1989			
	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)						ployer Identification Number				
City or t	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)					(EIN) 88-0193033 2c Sponsor's telephone number					
TIONE I DEE I	(0001100, 110						212-966				
63 ELUSHING	AVENUE UNIT 150					20 Bus		see instructions)			
BUILDING 128 BROOKLYN, I	8, SUITE 121						54199	90			
3a Plan ad	ministrator's name ar	nd address 🗙 Same as Plan Spon	nsor.			3b Adr	ninistrator's E	IN			
						3c Administrator's telephone number					
		e plan sponsor or the plan name ha				4b EIN					
this pla a Sponso	· · ·	nsor's name, EIN, the plan name a	and the p	lan number from the	e last return/report.	4d PN					
C Plan Na											
5a Total nu	umber of participants	at the beginning of the plan year				5a		102			
b Total nu	umber of participants	at the end of the plan year				5b		10			
	· ·	account balances as of the end of t	•		•	5c		10			
d(1) Total	I number of active par	rticipants at the beginning of the pla	lan year.			5d(1)		87			
d(2) Total number of active participants at the end of the plan year						5d(2)		0			
	e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 5e 0							0			
Caution: A	penalty for the late of	or incomplete filing of this return	n/report	will be assessed u	unless reasonable car						
SB or Sched		her penalties set forth in the instruc nd signed by an enrolled actuary, a plete									
		/valid electronic signature.	(04/09/2018	KIEL DAVIS						
HERE	Signature of plan a			Date	Enter name of individ	ual signing	n as plan adm	ninistrator			
SIGN											
HERE	Signature of emplo	ver/nlan snonsor		Date	Enter name of individ	ual signing	as employo	r or plan sponsor			
	Signature of emplo	Joi, piùi 1 0p011001	1	Dato		ာက် ကိုက်ကို	a cinploye	i oi piùri sporisoi			

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

Form 5500-SF (2017) v.170203

6a b c	Were all of the plan's assets during the plan year invested in eligib 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 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 indeper and condit ot use Fo Isurance p	ndent qualified public accountant (ions.) rm 5500-SF and must instead u rogram (see ERISA section 4021)	(IQPA)
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	2907285	497191
b	Total plan liabilities	7b	0	0
C	Net plan assets (subtract line 7b from line 7a)	7c	2907285	497191
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	0	
	(2) Participants	8a(2)	153267	
	(3) Others (including rollovers)	8a(3)	32583	
b	Other income (loss)	8b	436710	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		622560

Other income (loss)	8b	436710	
Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		622560
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2935543	
Certain deemed and/or corrective distributions (see instructions)	8e	89611	
Administrative service providers (salaries, fees, commissions)	8f	7500	
Other expenses	8g	0	
Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		3032654
Net income (loss) (subtract line 8h from line 8c)	8i		-2410094
Transfers to (from) the plan (see instructions)	8j	0	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions) Other expenses Total expenses (add lines 8d, 8e, 8f, and 8g) Net income (loss) (subtract line 8h from line 8c)	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)8cBenefits paid (including direct rollovers and insurance premiums to provide benefits)

Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 3D

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

Par	V Compliance Questions				
10	During the plan year:		Yes	No	Amount
а	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 Correction Program)	10a		Х	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х	
С	Was the plan covered by a fidelity bond?	10c	Х		20000
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	
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.).	10e		х	
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		Х	
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			

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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	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 sectio SA? 'Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	on 302	of	🛛	Yes	X No
а		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 dat ay	te of the le Yea		ling
If 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?		ΧY	es	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	XN	lo
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(5)	130	:(3) P	N(s)
			<u>) = : ((</u>	,		<u>(()</u>	

					OMB Nos. 1210-0110		
	m 5500-SF	Short Form An	nual Return/Repon Benefit Plan	of Small Employee	1210-0089		
	rtment of the Treasury mal Revenue Service		filed under sections 104 and	4065 of the Employee Retireme			
	epartment of Labor enefits Security Administration		974 (ERISA), and sections 60 Revenue Code (the Code	57(b) and 6058(a) of the Interna e).	I his Form is Open to		
Pension Be	anefit Guaranty Corporation	Complete all entries	in accordance with the inst	ructions to the Form 5500-SF	Public Inspection		
Part I	Annual Repor	t Identification Informati	and some the first of the first of the state				
For calenda		fiscal plan year beginning	01/01/2017	and ending 1	2/31/2017		
A This ref	turn/report is for:	X a single-employer plan		lan (not multiemployer) (Filers c nployer information in accordan	-		
_		a one-participant plan	📋 a foreign plan				
B This retu	um/report is	the first return/report	the final return/report				
		an amended return/report	a short plan year retur	m/report (less than 12 months)			
C Check	box if filing under:	Form 5558	automatic extension		/C program		
		special extension (enter d	escription)				
Part II	Basic Plan Inf	ormation-enter all requeste	d information				
1a Name	of plan				Three-digit		
HONEYBE	E ROBOTICS, I	INC. 401(K) RETIREM	ENT PLAN		plan number 001 (PN) ▶		
					Effective date of plan		
					1/01/1989		
	ponsor's name (empl g address (include roo		2b Employer Identification Number (EIN) 88-0193033				
	town, state or provin ee Robotics,	ice, country, and ZIP or foreign p Inc.	postal code (if foreign, see inst	ructions) 2c S	2c Sponsor's telephone number		
-					12-966-0661		
63 Flus	shing Avenue	Unit 150			Business code (see instructions)		
Buildin	ng 128, Suite	121			1990		
Brookly	m	NY 11205	5				
3a Plan a	dministrator's name a	and address 🛛 Same as Plan S	Sponsor,	3b /	Administrator's EIN		
				3c /	Administrator's telephone number		
		he plan sponsor or the plan nam			EIN		
	an, enter the plan sp or's name	onsor's name, EIN, the plan nar	ne and the plan number from t	he last return/report.			
C Plan N							
		s at the beginning of the plan ye					
		s at the end of the plan year			1		
		account balances as of the end			1		
		articipants at the beginning of th			1) 8		
	al number of active p	articipants at the end of the plar	ı year	5d(2	2)		
d(2) Tota							
e Numb	per of participants wh	o terminated employment during					
e Numb than f	per of participants wh 100% vested	o terminated employment during		Je			
e Numb than Caution: A Under pena SB or Sche	per of participants wh 100% vested penalty for the late alties of perjury and o cule MB completed a	o terminated employment during a or incomplete filing of this re other penalties set forth in the ins and signed by an enrolled actua	turn/report will be assessed structions, I declare that I have	unless reasonable cause is o examined this return/report, in	 established. cluding, if applicable, a Schedule		
e Numb than Caution: A Under pena SB or Sche belief, it is t	per of participants wh 100% vested penalty for the late alties of perjury and o	o terminated employment during a or incomplete filing of this re other penalties set forth in the ins and signed by an enrolled actua	turn/report will be assessed structions, I declare that I have ry, as well as the electronic ve	unless reasonable cause is a examined this return/report, in rsion of this return/report, and t	established. Cluding, if applicable, a Schedule		
e Numb than Caution: A Under pena SB or Sche	ber of participants wh 100% vested penalty for the late alties of perjury and o edule MB completed a true, correct, and com	o terminated employment during a or incomplete filing of this re- other penalties set forth in the ins and signed by an enrolled actual notete.	turn/report will be assessed structions, I declare that I have ry, as well as the electronic ve 4/9/20/8	unless reasonable cause is of examined this return/report, in rsion of this return/report, and t KIEL DAVIS	established. Cluding, if applicable, a Schedule o the best of my knowledge and		
e Numb than Caution: A Under pena SB or Sche belief, it is t SIGN HERE	per of participants wh 100% vested penalty for the late alties of perjury and o cule MB completed a	o terminated employment during a or incomplete filing of this re- other penalties set forth in the ins and signed by an enrolled actual notete.	turn/report will be assessed structions, I declare that I have ry, as well as the electronic ve	unless reasonable cause is a examined this return/report, in rsion of this return/report, and t	established. cluding, if applicable, a Schedule o the best of my knowledge and		
e Numb than Caution: A Under pena SB or Sche belief, it is t SIGN	ber of participants wh 100% vested penalty for the late alties of perjury and o edule MB completed a true, correct, and con Signature of plan	o terminated employment during a or incomplete filing of this re- other penalties set forth in the ins and signed by an enrolled actual notete.	turn/report will be assessed structions, I declare that I have ry, as well as the electronic ve 4/9/20/8	unless reasonable cause is of examined this return/report, in rsion of this return/report, and t KIEL DAVIS Enter name of individual sign	established. cluding, if applicable, a Schedule o the best of my knowledge and		

Form 5500-SF 2017

	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.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	X Yes 🗌 No
с	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year	Not determined (See instructions.)
Pa	rt III Financial Information	

7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) E	nd of Year	
а	Total plan assets	7a	2,	907,	285				497,191
b	Total plan liabilities	7b			0				0
С	Net plan assets (subtract line 7b from line 7a)	7c	2,	907,	285	497,1			497,191
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b) Total	
а	Contributions received or receivable from: (1) Employers	8a(1)			0				
	(2) Participants	8a(2)		153,					_
_	(3) Others (including rollovers)	8a(3)		32,					
b	Other income (loss)	8b		436,	710				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							622,560
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2,	935,	543				
e	Certain deemed and/or corrective distributions (see instructions)	8e		89,	611	_			
f	Administrative service providers (salaries, fees, commissions)	8f		7,	500				
g	Other expenses	8g			0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						3	,032,654
i	Net income (loss) (subtract line 8h from line 8c)	8i						- 2	,410,094
j	Transfers to (from) the plan (see instructions)	8j			0	_			
Pa	t IV Plan Characteristics								
9a b Par	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare f t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
a	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's N Program)	/oluntary F	iduciary Correction	10a		x		Amount	
d 	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х			
C	Was the plan covered by a fidelity bond?			10c	Х				20,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х			
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.).	ne or all of	the benefits under	10e		х			
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		Х			
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		х			
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10			10i					

Form 5500-SF 2017

Page 3-

Part '	/I Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below)				Yes 🗌 No
11a	Enter the unpaid minimum required contributions 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 section ERISA?				Yes 🔀 No
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver,	d enter Da		of the lette Year	er ruling
lfy	ou completed 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	-		
CI	Enter the amount contributed by the employer to the plan for this plan year	12c			
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)	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
Part \	/II Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?		X Yes		10
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a	_		(
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?] [] Yes [2	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.)) to			
1	3c(1) Name of plan(s): 13c(2	EIN(s)		13c(3	8) PN(s)