Foi	rm 5500-SF	Short Form Annua	al Return/Repor Benefit Plan	t of Small Employee	OMB Nos. 1210-0110 1210-0089					
	rtment of the Treasury rnal Revenue Service	This form is required to be filed		4065 of the Employee Retireme	nt <b>2017</b>					
	epartment of Labor Benefits Security Administration		Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). Public Inspection							
Pension Be	enefit Guaranty Corporation		ccordance with the inst	tructions to the Form 5500-SF.						
Part I	Annual Report I ar plan year 2017 or fisc	dentification Information cal plan year beginning 01/01/20	017	and ending 12/31/20	17					
		x a single-employer plan		lan (not multiemployer) (Filers c						
A This ret	turn/report is for:									
<b>B</b> This ret	urn/report is									
		the first return/report an amended return/report	the final return/report	rn/report (less than 12 months)						
C Charle	have if filling a supplement									
C Check	box if filing under:	Form 5558	automatic extension		'C program					
Part II	Pasia Plan Infor	special extension (enter descri								
1a Name		mation—enter all requested info	ormation	1b 1	hree-digit					
	RPORATION PROFIT-S	SHARING PLAN		A L	lan number					
					PN)   004 Effective date of plan					
					01/01/2012					
Mailing	ponsor's name (employ g address (include room r town, state or province	(	Employer Identification Number EIN) 06-1319124							
,	RPORATION	<b>2c</b> S	2c Sponsor's telephone number 914-764-0202							
P. O. BOX 2					<b>2d</b> Business code (see instructions)					
	oge, NY 10576				541990					
3a Plan a	idministrator's name and	d address 🗙 Same as Plan Spon	sor.	<b>3b</b> A	dministrator's EIN					
				<b>3</b> c A	dministrator's telephone number					
4 If the	name and/or FIN of the	plan sponsor or the plan name ha	s changed since the last	return/report filed for <b>4b</b> E	IN					
this pl	lan, enter the plan spon	sor's name, EIN, the plan name a		the last return/report.						
<b>a</b> Spons <b>C</b> Plan N	sor's name Name			4d F	N.					
5a Total	number of participants a	at the beginning of the plan year		5a	12					
_		at the end of the plan year			12					
C Numb	per of participants with a	ccount balances as of the end of t	he plan year (only defined	d contribution plans 5c	13					
		icipants at the beginning of the pla			) 11					
<b>d(2)</b> Tot	tal number of active part	icipants at the end of the plan yea	ır		?) 11					
than	than 100% vested									
		r incomplete filing of this return er penalties set forth in the instruc								
SB or Sche		d signed by an enrolled actuary, as								
SIGN	Filed with authorized/v	alid electronic signature.	05/25/2018	EDUARD K. KLEINER						
HERE	Signature of plan ad	Iministrator	Date	Enter name of individual sign	ing as plan administrator					
SIGN										
HERE	Signature of employ		Date	Enter name of individual sign	ing as employer or plan sponsor					
For Paperw	TOTA REDUCTION ACT NOTICE	e, see the Instructions for Form 5500	-эг.		Form 5500-SF (2017) v.170203					

		an indeper and condit <b>ot use Fo</b> nsurance p	ndent qualified public accountant (IQ ions.) <b>rm 5500-SF and must instead use</b> rogram (see ERISA section 4021)?	PA) Yes ☐ No Form 5500. Yes ☐ No ☐ Not determined
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	1329515	1863610
b	Total plan liabilities	7b		
С	Net plan assets (subtract line 7b from line 7a)	7c	1329515	1863610
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	110670	
	(2) Participants	8a(2)	211465	
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	239004	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		561139
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	18860	
е	Certain deemed and/or corrective distributions (see instructions)	8e		
f	Administrative service providers (salaries, fees, commissions)	8f		
g	Other expenses	8g	8184	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		27044
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i		534095
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 feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2T 3D

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

Part	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		X	
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		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		7872
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		X	
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			

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	×I	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> F	'N(s)

For	m 5500-SF	Short Form Annu	al Return/Report	of Small Emplo	oyee	O	MB Nos. 1210-0110 1210-0089
Depar	riment of the Treasury nal Revenue Service				2017		
De	epartment of Labor enefits Security Administration	This form is required to be file Income Security Act of 1974	(ERISA), and sections 6057 Revenue Code (the Code)	(b) and 6058(a) of the I			rm is Open to
	enefit Guaranty Corporation	-	accordance with the instru		00-SF.	Public	Inspection
Part I	Annual Report	Identification Information					
For calenda		cal plan year beginning	01/01/2017	and ending		31/2017	
A This ret	turn/report is for:	X a single-employer plan	a multiple-employer pla list of participating emp	n (not multiemployer) (F ployer information in acc			
B This rate	urn/report is	a one-participant plan	a foreign plan			1	
D This fell		the first return/report	the final return/report				)
		an amended return/report	a short plan year return	/report (less than 12 mo	onths)		
C Check	box if filing under:	Form 5558	automatic extension		DFVC pr	rogram	
		special extension (enter desc	cription)			•	
Part II	Basic Plan Info	rmation—enter all requested in	nformation			4	
1a Name	of plan	•			1b Three	•	
Dynax (	Corporation P	rofit-Sharing Plan	÷		plan r (PN)	number	004
				-		tive date of	
					01/	01/2012	2
Mailing	address (include roor	yer, if for a single-employer plan) n, apt., suite no. and street, or P.	O. Box)		and the second s	oyer Identifi 06–1319	cation Number
	r town, state or provinc Corporation	e, country, and ZIP or foreign pos	stal code (il foreign, see instri	uctions)		sor's teleph	none number )202
					- tau a second second		see instructions)
P. O.	Box 285		34 34				
				10576	541	.990	
Pound 1		nd address 🛛 Same as Plan Spo		10378		nistrator's E	IN
ou mana							
					3c Admi	nistrator's to	elephone number
		.8.		*			
4 If the	name and/or EIN of the	plan sponsor or the plan name l	has changed since the last re	turn/report filed for	4b EIN		
		nsor's name, EIN, the plan name	and the plan number from th	ie last return/report.	4d PN	0	
C Plan N	sor's name Jame				HU IN		)*
			1				
5a Total	number of participants	at the beginning of the plan year			5a		12
b Total	number of participants	at the end of the plan year		· · ·	5b		13
		account balances as of the end o			5c		13
d(1) Tot	al number of active pa	rticipants at the beginning of the	plan year		5d(1)		- 11
Arrest		rticipants at the end of the plan y			5d(2)		11
		terminated employment during the			5e		1. g
than Coution: (	100% vested	or incomplete filing of this retu	rn/report will be assessed	unless reasonable ca	2012/02/0	hlished	1
Under pen SB or Sche	alties of perjury and ot edule MB completed an	her penalties set forth in the instr nd signed by an enrolled actuary,	uctions, I declare that I have	examined this return/re	port, includi	ing, if applic	
· 这个时间,这位"中心	true, correct, and com	piete	-land. D	Eduard K. Klei	iner		
SIGN	Jui Al	men	5/25/18				
tin menterity) essentities	Signature of plan a	10	Date	Enter name of individ Eduard K. Klei	and the second se	as plan adn	ninistrator
SIGN HERE	X.	Min	.5/25/18				
$\mu_{k}(x) = (-x)(y^{k} - B_{k}(y^{k}))^{k}(y^{k})$	Signature of emplo	yer/plan sponsor	Date /	Enter name of individ	ual signing		r or plan sponsor

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

v.170203

Form 5500-SF 2017

D. Contraction	2
Page	2

10c

10d

10e

10f

10g

10h

10i

Х

Х

Х

Х

Х

Х

500,000

7,872

60	W	P							
ba	Were all of the plan's assets during the plan year invested in eligil Are you claiming a waiver of the annual examination and report of	ble assets	? (See instructions.)	••••••				X Ye	s No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and cond	itions.)	accour	ntant (I	QPA)		X Ye	s 🗌 No
	If you answered "No" to either line 6a or line 6b, the plan can	not use F	orm 5500-SF and mu	st inste	ad us	e Form 5	500.	<u>1</u>	
С	If the plan is a defined benefit plan, is it covered under the PBGC i	nsurance	program (see ERISA s	section	4021)3	Y ∏	′es ∏No	Not de	termined
	If "Yes" is checked, enter the My PAA confirmation number from the	ne PBGC	premium filing for this	plan ye	ar			. (See instr	ructions.)
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	ofVoa	r		(b) End	of Year	
а	Total plan assets	. 7a		, 329,					63,610
b	Total plan liabilities	7b		/020/	010				105,010
c	Net plan assets (subtract line 7b from line 7a)	7c	1	,329,	515			1 8	63,610
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou		010		(b) :	Fotal	105,010
а	Contributions received or receivable from: (1) Employers	8a(1)	(u) Allou	110,	670		(0)	TOTAL	
	(2) Participants	8a(2)		211,					
	(3) Others (including rollovers)	the second se							
b	Other income (loss)	8b		239,	004				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	_					5	61,139
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		18,	860	×		-	02/200
e	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g		8,	184	_			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							27,044
i	Net income (loss) (subtract line 8h from line 8c)	8i			-				34,095
j	Transfers to (from) the plan (see instructions)	8i							_
Pa	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2T 3D	feature co	odes from the List of P	lan Cha	racteri	stic Code:	s in the inst	ructions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Pla	n Char	acteris	tic Codes	in the instru	uctions:	
Par	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 V Program)	oluntary F	iduciary Correction	10a		v			
b	Were there any nonexempt transactions with any party-in-interest' reported on line 10a.)	? (Do not i	include transactions	10a		x			

c Was the plan covered by a fidelity bond? .....

by fraud or dishonesty?.....

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

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.) .....

h 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 .....

d

е

i

Form 5500-SF 2017

Page 3-

Part	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comple (Form 5500) and line 11a below)	ete Sch	edule S	В		Yes 🗙 No
11a	a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40					
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or ERISA?	sectio	n 302 o	f		Yes 🗙 No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver.	ns, an	d enter i Day		of the letter Year	er ruling
lf	you 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		_	
	Enter the amount contributed by the employer to the plan for this plan year		12c	ž.		
d		a	12d			
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	X	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 unc control of the PBGC?	der the			Yes [	< No
c	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	plan(s)	to			
1	40-2/4) News of electricity	13c(2)	EIN(s)		13c(3	B) PN(s)