Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

| Parti | Ailliual Kepol | t identification information | | | | | | |
|--|------------------------|--|-------------------------------|------------------------|----------------------|-------------------------|--|--|
| For calenda | ar plan year 2017 or | fiscal plan year beginning 01/01/2 | 2017 | and ending 12 | /31/2017 | | | |
| A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) | | | | | | | | |
| D. Trick | , , , , | a one-participant plan | a foreign plan | | | | | |
| B This retu | urn/report is | the first return/report | the final return/report | | | | | |
| an amended return/report a short plan year return/report (less than 12 months) | | | | | | | | |
| C Check I | pox if filing under: | Form 5558 | automatic extension | | DFVC progra | am | | |
| | | special extension (enter desc | ription) | | | | | |
| Part II | Basic Plan Inf | ormation—enter all requested in | formation | | | | | |
| 1a Name | of plan | - | | | 1b Three-dig | it | | |
| | • | PROFIT SHARING PLAN | | | plan numl | | | |
| | | | | | (PN) ▶ | 001 | | |
| | | | | | 1c Effective | date of plan | | |
| | | | | | 10 Encouve | 01/01/2001 | | |
| | | oyer, if for a single-employer plan) | | | 2b Employer | Identification Number | | |
| | | om, apt., suite no. and street, or P.C | | | (EIN) | 65-0819250 | | |
| | | ice, country, and ZIP or foreign post | ai code (ir foreign, see inst | ructions) | 2c Sponsor's | s telephone number | | |
| HERSCHER | & HERSCHER, PA | | | | | 05-280-5297 | | |
| | | | | | 2d Business | code (see instructions) | | |
| 643 VALENCIA AVENUE, APT. 307 | | | | | | 541110 | | |
| CORAL GAE | BLES, FL 33134 | | | | | | | |
| 3a Dian o | dministrator's name of | and address X Same as Plan Spo | noor | | 3b Administra | ator's FIN | | |
| Ja Flalla | ummstrator s name a | and address M Same as Flan Spo | 11501. | | JD Administra | ALOI S LIIN | | |
| | | | | | 3c Administra | ator's telephone number | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | ne plan sponsor or the plan name hongor's name, EIN, the plan name a | | | 4b EIN | | | |
| • | or's name | , , , | • | , i | 4d PN | | | |
| C Plan N | lame | | | | | | | |
| | | | | | F-0 | | | |
| | | s at the beginning of the plan year. | | | 5a 5b | 2 | | |
| | | s at the end of the plan year a account balances as of the end of | | | | | | |
| | | | | - | 5c | 2 | | |
| d(1) Tota | al number of active p | articipants at the beginning of the pl | lan year | | 5d(1) | 2 | | |
| | | articipants at the end of the plan ye | | F | 5d(2) | 2 | | |
| Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | | | | | 5e | 0 | | |
| Caution: A | penalty for the late | or incomplete filing of this return | n/report will be assessed | unless reasonable cau | se is establish | ed. | | |
| SB or Sche | | other penalties set forth in the instru and signed by an enrolled actuary, a nplete. | | | | | | |
| SIGN | Filed with authorize | d/valid electronic signature. | 02/18/2018 | LARRY I. HERSCHER | | | | |
| HERE | Signature of plan | administrator | Date | Enter name of individu | ıal signing as pl | an administrator | | |
| SIGN | Filed with authorize | d/valid electronic signature. | 02/18/2018 | LARRY I. HERSCHER | | | | |
| HERE | Signature of empl | loyer/plan sponsor | Date | Enter name of individu | ıal signing as er | mployer or plan sponsor | | |

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| | Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 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.) | | | | | | | s No |
|------------|---|--|--------------------------|----------|---------|----------|--------------------------|----------|
| С | 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 th | nsurance p | rogram (see ERISA se | ection 4 | 021)? | | Yes No Not de | termined |
| Pa | rt III Financial Information | | | | | | | |
| 7 | Plan Assets and Liabilities | | (a) Beginning (| of Vear | | | (b) End of Year | |
| <u>-</u> а | Total plan assets | 7a | | 77894 | | | 1244993 | 3 |
| b | Total plan liabilities | 7b | | 0 | 1 | | (|) |
| С | Net plan assets (subtract line 7b from line 7a) | 7c | 133 | 77894 | | | 1244993 | 3 |
| | Income, Expenses, and Transfers for this Plan Year | | (a) Amoun | nt | | | (b) Total | |
| а | Contributions received or receivable from: (1) Employers | 8a(1) | | 0 | | | | |
| | (2) Participants | 8a(2) | | 0 | | | | |
| | (3) Others (including rollovers) | 8a(3) | | 0 | | | | |
| b | Other income (loss) | 8b | - | 77225 | | | | |
| С | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | 77225 | 5 |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | 19 | 98400 | | | | |
| е | Certain deemed and/or corrective distributions (see instructions) | 8e | | 0 | _ | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | | 0 | | | | |
| g | Other expenses | 8g | , | 11726 | _ | | | |
| <u>h</u> | Total expenses (add lines 8d, 8e, 8f, and 8g) | al expenses (add lines 8d, 8e, 8f, and 8g) | | | | | 210126 | 5 |
| <u> </u> | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | -132901 | | |
| | Transfers to (from) the plan (see instructions) | 8j | | 0 | | | | |
| | t IV Plan Characteristics | _ | | | | | | |
| 9a | If the plan provides pension benefits, enter the applicable pension 2A 2E 3D | feature co | des from the List of Pl | an Cha | racteri | istic Co | des in the instructions: | |
| b | If the plan provides welfare benefits, enter the applicable welfare for | eature cod | les from the List of Pla | n Chara | acteris | tic Cod | es in the instructions: | |
| Par | t V Compliance Questions | | | | | | | |
| 10 | During the plan year: | | | | Yes | No | Amount | |
| а | 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 F | iduciary Correction | 10a | | X | | 0 |
| b | Were there any nonexempt transactions with any party-in-interest reported on line 10a.) | | | 10b | | X | | 0 |
| С | Was the plan covered by a fidelity bond? | | | 10c | | X | | 0 |
| d | Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? | | | 10d | | X | | 0 |
| е | 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 | | X | | 0 |
| f | Has the plan failed to provide any benefit when due under the pla | n? | | 10f | | X | | 0 |
| g | Did the plan have any participant loans? (If "Yes," enter amount a | s of year- | end.) | 10g | | Χ | | 0 |
| h | If this is an individual account plan, was there a blackout period? 2520.101-3.) | | | 10h | | X | | |
| i | If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 | | | 10i | | | | |

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| Part | VI Pension Funding Compliance | | | | | |
|---|--|----------|----------|------------------------|----------------|--|
| 11 | B | Y | ′es X 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 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | | | | | | |
| а | If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an granting the waiver | | | of the lette Year _ | r ruling | |
| lf y | 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 | | | | |
| С | 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 ' | VII Plan Terminations and Transfers of Assets | | | | | |
| 13a | Has a resolution to terminate the plan been adopted in any plan year? | | Ye | s X N | 0 | |
| | 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 X | 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 |) PN(s) | |
| | | | | | | |

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

| Part | | t identification information | | and anding | 40/04/0047 | | | |
|---|-------------------------------------|--|---|---|--|--------------------------------------|--|--|
| For calend | dar plan year 2017 or t | fiscal plan year beginning | 1/1/2017 | and ending | 12/31/2017 | | | |
| A This re | eturn/report is for: | a single-employer plan | list of participating er | an (not multiemployer) (aployer information in ac | | | | |
| D This was | Augustia | a one-participant plan | a foreign plan | | | | | |
| D this re | turn/report is | the first return/report | the final return/report | | | | | |
| | | an amended return/report | a short plan year retur | n/report (less than 12 m | ionths) | | | |
| C 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 | | | | | |
| 1a Name Herschei | e of plan r & Herscher, PA Profi | t Sharing Plan | | | 1b Three-digit plan number | 001 | | |
| | | | | | (PN) | | | |
| | | | | | 1c Effective date of 1/1/200 | • | | |
| | | oyer, if for a single-employer plan) | | | 2b Employer Ident | ification Number | | |
| Mailin | ng address (include roc | om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post |). Box) | ructions) | (EIN) 65-0819 | 250 | | |
| | & Herscher, PA | ce, country, and zir or foreign post | ar code (ir foreign, see mac | acaons) | 2c Sponsor's telep 305-2 | phone number 80-5297 | | |
| 643 Valer | ncia Avenue, Apt. 307 | | | | 2d Business code | (see instructions) | | |
| Coral Gat | bles | FL | | | 541110 | | | |
| 33134 | | | | | | | | |
| 3a Plan a | administrator's name a | nd address 🛮 Same as Plan Spor | nsor. | | 3b Administrator's | EIN | | |
| | | | | | 3c Administrator's telephone number | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | e plan sponsor or the plan name he onsor's name, EIN, the plan name a | | | 4b EIN | | | |
| | sor's name | moor s name, Env, the plan name s | and the plan namber nem t | io laot rotalim sport. | 4d PN | | | |
| C Plan N | | | | | | | | |
| | | | | | | | | |
| 5a Total | number of participants | at the beginning of the plan year. | | | 5a | 2 | | |
| | | at the end of the plan year | | | 5b | 2 | | |
| | | account balances as of the end of | | | 5c | 2 | | |
| d(1) Tot | tal number of active pa | irticipants at the beginning of the pl | an year | | 5d(1) | 2 | | |
| | | articipants at the end of the plan yea | | | 5d(2) | 2 | | |
| Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | | | | | 0 | | | |
| Caution: A | A penalty for the late | or incomplete filing of this return | /report will be assessed | | | | | |
| SB or Sche | edule MB completed a | her penalties set forth in the instructed actuary, a | ctions, I declare that I have us well as the electronic ve | examined this return/report sion of this return/report | port, including, if appli t, and to the best of m | cable, a Schedule y knowledge and | | |
| | true, correct and com | piete | | | 41 - 1 | | | |
| SIGN | - Comment | | 21.12 | CIA | 71215 La | | | |
| 1 Hard Nin | Signature of plan a | dministrator | Date //6/10 | Enter name of Individu | ual signing as plan adi | ninistrator | | |
| SIGN | NO | | | Lon | Here | | | |
| HERE | Signature of comple | warinian caarear | De //8/18 | Enter name of individu | ual eigning ae amploya | r or plan enoneor | | |

| Page | 2 | |
|------|---|--|
| | | |

10f

10g

10h

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|-----|---|----------------------------------|-------------------------------------|----------|----------|---------|-----------------|------------|--------------------|
| | Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility | an independ and conditio | lent qualified public | account | tant (IC | QPA) | ************* | | ′es ∏ N ′es ∏ N |
| | If you answered "No" to either line 6a or line 6b, the plan can | | | | | | | | |
| C | if the plan is a defined benefit plan, is it covered under the PBGC i | nsurance pro | ogram (see ERISA s | ection 4 | 021)? | | Yes No | Not d | ietermined |
| | If "Yes" is checked, enter the My PAA confirmation number from the | ne PBGC pre | mium filing for this p | olan yea | ır | | | . (See ins | structions.) |
| Pa | rt III Financial Information | | | | | | | | |
| 7 | Plan Assets and Liabilities | TT | (a) Beginning | of Year | T | - | (h) Enc | of Year | |
| a | Total plan assets | . 7a | (a) Deginning | | 7894 | | 10/ 1.110 | | 44993 |
| b | Total plan liabilities | 7b | | 101 | 100.1 | | | 12 | 0 |
| C | Net plan assets (subtract line 7b from line 7a) | 7c | | 137 | 7894 | | | 12 | 44993 |
| 8 | Income, Expenses, and Transfers for this Plan Year | 10 | (a) Amour | | 1 | | /h) ' | Total | .44000 |
| - | Contributions received or receivable from: (1) Employers | 8a(1) | (a) Ainour | 16 | 0 | | (0) | TOtal | |
| | (2) Participants | . 8a(2) | | | 0 | | | | |
| | (3) Others (including rollovers) | . 8a(3) | | | 0 | | | | |
| b | Other income (loss) | d8 | | 7 | 7225 | | | | |
| С | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | Sc | | | | | | | 77225 |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits). | 8d | | 19 | 8400 | | | | |
| е | Certain deemed and/or corrective distributions (see instructions) | 8e | | | 0 | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | | | 0 | | | 1 | |
| g | Other expenses | 8g | | 1 | 1726 | | | _ | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | 21 | 10126 |
| i | Net income (loss) (subtract line 8h from line 8c) | 81 | | | | | | -1: | 32901 |
| j | Transfers to (from) the plan (see instructions) | 8i | | | 0 | | | | |
| Pa | rt IV Plan Characteristics | landa da | | | | | | | |
| 9a | If the plan provides pension benefits, enter the applicable pension 2A 2E 3D | feature code | es from the List of P | lan Cha | racteri | stic Co | des in the ins | tructions: | |
| b | if the plan provides welfare benefits, enter the applicable welfare f | eature codes | s from the List of Pla | ın Chara | acterisi | tic Cod | es in the instr | uctions: | |
| Pai | t V Compliance Questions | | | | | | | | |
| 10 | During the plan year: | | | | Yes | No | | Amount | |
| a | Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's \Program) | /oluntary Fid | uciary Correction | 10a | | 1 | | | |
| k | Were there any nonexempt transactions with any party-in-interest reported on line 10a.) | t? (Do not inc | clude transactions | 10b | | 1 | | | |
| C | Was the plan covered by a fidelity bond? | | | 10c | | 1 | | | |
| C | Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? | | | 10d | | 1 | | | |
| е | Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides son the plan? (See instructions.). | her persons l ne or all of th | by an insurance e benefits under | 10e | | 1 | | | |

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

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| Part VI Pension Funding Compliance | | 70.12 | | | |
|---|---------------------------|------------------|-------|---------------------------|------|
| 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instruction (Form 5500) and line 11a below) | | | | Yes | ☑ No |
| 11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) lin | e 40 | 11a | | | |
| 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 o ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | | n 302 o | f | Yes | Ø No |
| If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, a granting the waiver. | | d enter t Day | | of the letter ruling Year | ng |
| If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to | o 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 Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign negative amount) | | 12d | | | |
| e Will the minimum funding amount reported on line 12d be met by the funding deadline? | }: <i>141</i> | | Yes | No N | V/A |
| Part VII Plan Terminations and Transfers of Assets | | | | | |
| 13a Has a resolution to terminate the plan been adopted in any plan year? | ************************* | | Yes | ✓ No | |
| 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, o control of the PBGC? | • | | | Yes 🗹 No |) |
| c If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s) which assets or liabilities were transferred. (See instructions.) |), identify the plan(s |) to | | | |
| 13c(1) Name of plan(s): | 13c(2) | EIN(s) | | 13c(3) PN(| (s) |
| 8 | | | | | |