-	rm 5500-SF	Short Form Annual	Return/Report Benefit Plan	of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089
	nal Revenue Service	This form is required to be filed u				2017
	epartment of Labor enefits Security Administration	Income Security Act of 1974 (E	RISA), and sections 605 evenue Code (the Code		Internal	This Form is Open to Public Inspection
Pension Be	enefit Guaranty Corporation	Complete all entries in acc	ordance with the instr	uctions to the Form 55	00-SF.	Fublic inspection
Part I		dentification Information				
For calenda	ar plan year 2017 or fis	cal plan year beginning 01/01/201			/31/2017	
A This ret	turn/report is for:		list of participating em			king this box must attach a vith the form instructions.)
<b>B</b> This rote	urn/report is	a one-participant plan	a foreign plan			
			the final return/report			
		an amended return/report	a short plan year return	n/report (less than 12 mo	onths)	
C Check	box if filing under:	Form 5558	automatic extension		DFVC p	rogram
		special extension (enter descript	on)			
Part II	Basic Plan Info	mation—enter all requested inform	nation			
1a Name	of plan				1b Thre	5
COMPUTER	R EQUIPMENT AND TE	CHNOLOGIES 401K PLAN			plan (PN)	number 001
				-	. ,	ctive date of plan
<b>20</b> Dian a						03/02/2016
Mailing	g address (include room	rer, if for a single-employer plan) n, apt., suite no. and street, or P.O. E			ZD Empl (EIN)	oyer Identification Number 83-1334382
	town, state or province EQUIPMENT & TECH	e, country, and ZIP or foreign postal on NOLOGIES	code (if foreign, see instr	ructions)	2c Spor	nsor's telephone number 585-230-5013
				-	2d Busir	ness code (see instructions)
19 VALERIE SPENCERPO	TRL ORT, NY 14559-2054	19 VALERIE SPENCERP	TRL ORT, NY 14559-2054			541512
		0.2.02.0				
3a Plan a	dministrator's name an	d address 🗙 Same as Plan Sponso	r.		<b>3b</b> Admi	nistrator's EIN
					3c Admi	inistrator's telephone number
		plan sponsor or the plan name has sor's name, EIN, the plan name and			4b EIN	20-4744447
		EQUIPMENT & TECHNOLOGIES			<b>4d</b> PN	001
C Plan N	lameCOMPUTER EQU	JIPMENT & TECHNOLOGIES 401(K	) PLAN			
5a Total r	number of participants	at the beginning of the plan year			5a	7
		at the end of the plan year			5b	11
		account balances as of the end of the		•	5c	11
<b>d(1)</b> Tota	al number of active par	ticipants at the beginning of the plan	year		5d(1)	5
• •		ticipants at the end of the plan year.			5d(2)	7
than	100% vested	terminated employment during the p			5e	0
		or incomplete filing of this return/re				
SB or Sche		er penalties set forth in the instructic d signed by an enrolled actuary, as v lete.				
SIGN		valid electronic signature.	07/25/2018	SUE BRUMM		
HERE	Signature of plan ac	dministrator	Date	Enter name of individu	ual signing	as plan administrator
SIGN	Filed with authorized/	valid electronic signature.	07/25/2018	SUE BRUMM		
HERE	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 a						Yes No
	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		,				
с	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						
				,			·(,-,,-,-,-,-,-,-,-,-,-,-
	rt III Financial Information		1				
7	Plan Assets and Liabilities		(a) Beginning (				(b) End of Year
<u>a</u>	Total plan assets	7a	14	40394			201648
	Total plan liabilities	7b		0			0
C	Net plan assets (subtract line 7b from line 7a)	7c	14	40394			201648
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t	_		(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)		14331			
	(2) Participants	8a(2)	4	42411			
	(3) Others (including rollovers)	8a(3)		0			
b	Other income (loss)	8b		15799			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					72541
-	Benefits paid (including direct rollovers and insurance premiums						
	to provide benefits)	8d		8158			
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		0	_		
f	Administrative service providers (salaries, fees, commissions)	8f		1140			
	Other expenses	8g		1989			
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					11287
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i					61254
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 co	odes from the List of Pla	an Cha	racteri	stic Co	des in the instructions:
	2J 2G 2E		loo from the List of Dia	n Char	otoriot	in Cod	an in the instructional
b	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	les nom the List of Pla	n Chara	acterist		es in the instructions:
Pa	t V Compliance Questions						
10	During the plan year:				Yes	No	Amount
a	<ul> <li>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)</li> </ul>	oluntary F	Fiduciary Correction	10a		x	
k	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	include transactions	10b		х	
c	Was the plan covered by a fidelity bond?			10c		x	
c	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	ond, that was caused				

by fraud or dishonesty? .....
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.....

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10d

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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	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	1 ×	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> P	'N(s)

	rm 5500-SF	Short Form Annu	ual Return/Repor Benefit Plan	t of Small Emp	loyee	ON	AB Nos. 1210-0110 1210-0089		
Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee			2 1 Adilentimit		017				
Department of Labor Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of Engline Breats Security Attractation Revenue Code (the Code).					e Internal	m is Open to Inspection			
	enelit Guaranty Corporation	<ul> <li>Complete all entries in</li> </ul>	accordance with the inst	ructions to the Form 5	5500-SF.	1. startis	mapaanan		
Part I		Identification Information	n						
For calend	lar plan year 2017 or fi	iscal plan year beginning 01/01/	2017	and ending	2/31/2017				
225	turn/report is for: urn/report is	X a single-employer plan	ist of participating er	lan (not multiemployer) nployer information in a					
	the first return/report	the final return/report		00036030					
		an amended return/report	a short plan year retu	m/report (less than 12 n	nonths)				
C Check	box if filing under:	Form 5558	eutomatic extension		DFVC pr	ogram			
B		special extension (enter desc							
Part II	and the second	prmation-enter all requested in	nformation		44	2000			
1a Name COMPUTER	and the second s	ECHNOLOGIES 401K PLAN			1b Three plan r (PN)	umber	001		
					1c Effect	ive date of p 03/02/2			
		yer, if for a single-employer plan) m, apt., suite no. and street, or P.	O. Box)		2b Emplo	2b Employer Identification Number			
	town, state or province EQUIPMENT & TECH	e, country, and ZIP or foreign poe HNOLOGIES	tal code (if foreign, see inst	ructions)	2c Sponsor's telephone number 585-230-5013				
	10 mm	100000			2d Busine		e instructions)		
9 VALERIE PENCERPO	ORT, NY 14559-2054	19 VALE SPENCE	RPORT, NY 14559-2054			541512			
	design the based on the second second	nd address 🕅 Same as Plan Spo	insor.		3h Admin	istrator's Elf	4		
3a Plan à	dministrator's name ar	a analese 🖸 vanne de l'anne spe			SU AUTIM	realized o En	80		
3a Plan à	dministrator s name ar						abpoue unmper		
		s plan sponsor or the plan name h	as changed since the last r	eturn/report filed for			aphone number		
4 If the n this plu a Sponso	name and/or EIN of the an, enter the plan spo or's name COMPUTES		and the plan number from t		3c Admin	istrator's tele 20-474-	aphone number		
4 If the n this plu a Sponse c Plan N	name and/or EIN of the an, enter the plan spo or's name COMPUTER lame COMPUTER EOR	a plan sponsor or the plan name h nsor's name, EIN, the plan name i R EQUIPMENT & TECHNOLOGIES 40	and the plan number from t ES 1(K) PLAN	he last return/report.	3c Admin 4b EIN 4d PN	istrator's tele 20-474-	ephone number 4447 001		
4 If the n this pli a Sponso C Plan N 5a Total n	name and/or EIN of the an, enter the plan spo or's name COMPUTER Name COMPUTER EOP number of participants	a plan sponsor or the plan name h rsor's name, EIN, the plan name a R EQUIPMENT & TECHNOLOGIES 40 uIPMENT & TECHNOLOGIES 40 at the beginning of the plan year .	and the plan number from t IS 1(K) PLAN	he last return/report.	3c Admin 4b EIN 4d PN 5a	istrator's tele 20-474-	ephone number 4447 001 7		
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