Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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 I	Annual Report lo	dentification Information				
For calend	ar plan year 2017 or fisc	al plan year beginning 01/01/20	0 <u>17</u>	and ending 12	2/31/2017	
A This ref	turn/report is for:	x a single-employer plan	a multiple-employer pla	an (not multiemployer) (Finployer information in acc	_	
R This rote	urn/report is	a one-participant plan	a foreign plan			
D IIIIS IEU	um/report is	the first return/report	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 special extension (enter descri	automatic extension		DFVC progra	m
Dort II	Pasia Dian Inform		. ,			
Part II		mation—enter all requested info	ormation		4 h = 1:	<u> T</u>
1a Name HUDSON EI	of pian NT 401(K) PROFIT SHA	RING PLAN			1b Three-dig plan numb (PN) ▶	
					1c Effective	date of plan 01/01/2015
Mailing	g address (include room,	er, if for a single-employer plan) , apt., suite no. and street, or P.O.			2b Employer (EIN)	Identification Number 45-3724636
City or HUDSON EN		country, and ZIP or foreign posta	al code (if foreign, see instr	ructions)		s telephone number 45-758-1456
					2d Business	code (see instructions)
	H BROADWAY, SUITE #	‡2				621399
RED HOOK,	NY 12571					
0		🗔			Ob. A. L. L. L.	
3a Plan a	dministrator's name and	l address X Same as Plan Spon	isor.		3b Administra	itor's EIN
				-	3c Administra	ator's telephone number
		plan sponsor or the plan name ha sor's name, EIN, the plan name ar			4b EIN	
a Spons	or's name			,	4d PN	
C Plan N	lame					
5a Total	number of participants a	t the beginning of the plan year			5a	6
b Total	number of participants a	t the end of the plan year			5b	6
		count balances as of the end of t		-	5c	6
d(1) Tota	al number of active parti	cipants at the beginning of the pla	an year		5d(1)	6
d(2) Tot	al number of active parti	cipants at the end of the plan yea	ar		5d(2)	5
than	100% vested	erminated employment during the			5e	0
Caution: A	A penalty for the late or	incomplete filing of this return	/report will be assessed	unless reasonable cau	ise is establish	ed.
SB or Sche	aities of perjury and othe edule MB completed and true, correct, and comple	er penalties set forth in the instruc I signed by an enrolled actuary, as ete.	s well as the electronic ver	examined this return/report	and to the besi	applicable, a Schedule of my knowledge and
SIGN HERE	Filed with authorized/va	alid electronic signature.	08/12/2018	KATE KORTBUS		
HENE	Signature of plan add	ministrator	Date	Enter name of individu	ual signing as pla	an administrator
SIGN						
HERE	Signature of employe	er/plan sponsor	Date	Enter name of individu	ual signing as er	nployer or plan sponsor

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b	 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.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No 						. X Yes No	
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this p	lan yea	r			(See instructions.)
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) En	d of Year
a	Total plan assets	. 7a	1	10459				195183
b	Total plan liabilities	. 7b		0			0	
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	1	10459				195183
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt			(b)	Total
а	Contributions received or receivable from: (1) Employers	. 8a(1)		8869				
	(2) Participants	8a(2)		45877				
-	(3) Others (including rollovers)	8a(3)		0				
	Other income (loss)	8b		30399				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		-				85145
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d						331.13
е	Certain deemed and/or corrective distributions (see instructions)	. 8e						
f	Administrative service providers (salaries, fees, commissions)	. 8f		421				
g	Other expenses	. 8g						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h						421
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i						84724
j	Transfers to (from) the plan (see instructions)	- 8j						
Pai	rt IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D							
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	des in the ins	tructions:
Par	t V Compliance Questions				T	T	1	
10	During the plan year:				Yes	No		Amount
а	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	Fiduciary Correction	10a		X		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X		
С	Was the plan covered by a fidelity bond?			10c	Х			22000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused fraud or dishonesty?						
е						X		
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		X		
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	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below)		В	. Y	es 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?	n 302 of			es X No
а	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 t		of the letter Year	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?		Yes	X 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, 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).

This Form is Open to

2017

OMB Nos. 1210-0110

1210-0089

Public Inspection

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

Part I Annu	al Report I	dentification Information				tions to the Form			
		cal plan year beginning	01/01,	(2017		and ending	12/	/31/2017	X.
A This return/repo		X a single-employer plan			•	(not multiemployer oyer information in	, ,		
·		a one-participant plan	a for	eign plan					
B This return/repor	t is	the first return/report	the fir	nal return/rep	ort				
		an amended return/report	a sho	rt plan year re	etu r n/r	eport (less than 12	months)		
C Check box if filin	ig under:	X Form 5558 ☐ special extension (enter de		matic extensi	on		DFVC	program	
Part II Basio	Dlan Infor	mation—enter all requested							
1a Name of plan	, Flail IIIIOI	mation—enter all requested	miormation				1b Thi	ree-digit	
	01(k) Pro	fit Sharing Plan					pla	n number	001
								ective date o	f plan
		er, if for a single-employer plar , apt., suite no. and street, or F						ployer Identi N) 45-372	fication Number
		, apt., suite no. and street, or r , country, and ZIP or foreign po		foreign, see	instruc	tions)	-		phone number
Hudson ENT								5-758-14	
7385 South B	roadway,	Suite #2						siness code 399	(see instructions)
Red Hook		NY 12571							
3a Plan administra	itor's name and	d address 🗓 Same as Plan Si	ponsor.				3b Adr	ministrator's	EIN
							3c Adr	ministrator's	telephone number
		plan sponsor or the plan name sor's name, EIN, the plan nam					4b EIN	٧	
a Sponsor's nam		soi s fiame, Life, the plan fiam	e and the pie	in namber no)III tilo	iast retarmreport.	4d PN		
c Plan Name									
5a Total number of	of participants a	at the beginning of the plan yea	ar				5a		6
_		at the end of the plan year					E la		6
c Number of part	ticipants with a	ccount balances as of the end	of the plan y	ear (only defi	ined co	ntribution plans	5c		6
d(1) Total numbe									
1(0) -		icipants at the beginning of the	plan year				5d(1)		6
d(2) Total number	r of active part	icipants at the beginning of the					E-1(0)		5
e Number of par than 100% ve	er of active part er of active part ticipants who t sted	icipants at the end of the plan erminated employment during	year the plan yea	r with accrue	d bene	fits that were less	5d(2) 5e		
e Number of par than 100% ve Caution: A penalty	er of active parter of active parteticipants who to steed	icipants at the end of the plan erminated employment during	yearthe plan yea	r with accrue	d bene	fits that were less	5d(2) 5e ause is est	tablished.	5
e Number of par than 100% ve Caution: A penalty Under penalties of p	er of active part er of active part ticipants who t sted	icipants at the end of the plan erminated employment during rincomplete filing of this reter penalties set forth in the inst disigned by an enrolled actuary	yearthe plan yea	r with accrue	d bene	fits that were less	5d(2) 5e ause is est	ding, if appli	5 0 cable, a Schedule
e Number of parthan 100% ve Caution: A penalty Under penalties of partha penalties of	er of active part er of active part ticipants who t sted	icipants at the end of the plan erminated employment during rincomplete filing of this reter penalties set forth in the inst disigned by an enrolled actuary	yearthe plan yea	r with accrue	d bene sed un ave ex c versio	fits that were less	5d(2) 5e ause is est	ding, if appli	5 0 cable, a Schedule
e Number of parthan 100% ve Caution: A penalty Under penalties of pSB or Schedule MB belief, it is true, corr	er of active part er of active part ticipants who t sted	icipants at the end of the plan erminated employment during r incomplete filing of this reter penalties set forth in the inst d signed by an enrolled actuary ete.	the plan yea urn/report w ructions, I de y, as well as	r with accrue	d bene sed un ave ex c versio	fits that were less less reasonable of amined this return/rep	5d(2) 5e cause is est report, inclu ort, and to the	ding, if appli he best of m	5 cable, a Schedule y knowledge and
e Number of parthan 100% ve Caution: A penalty Under penalties of pSB or Schedule MB belief, it is true, corr	er of active part er of active part ticipants who t sted	icipants at the end of the plan erminated employment during r incomplete filing of this reter penalties set forth in the inst d signed by an enrolled actuary ete.	the plan yea urn/report w ructions, I de y, as well as	r with accruential be assessed are that I had the electronic	d bene sed un ave ex c versio	fits that were less less reasonable of amined this return/on of this return/rep ate Kortbus	5d(2) 5e cause is est report, inclu- ort, and to the ridual signing	ding, if appli he best of m g as plan ad	cable, a Schedule y knowledge and ministrator

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Ρ	а	a	е	Z

	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	an indepen	dent qualified public a	ccount	ant (IC	PA)			Yes No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a							X	Yes [] No
_	If you answered "No" to either line 6a or line 6b, the plan cann					_		□ Not	determined
C	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	e PBGC pr	emium filing for this pi	an yea				_ (See I	nstructions.)
Pa	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning o	of Year			(b) En	d of Year	
а	Total plan assets	7a		110,	459				195,183
b	Total plan liabilities	7b			0				0
С	Net plan assets (subtract line 7b from line 7a)	7c		110,	459				195,183
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b)	Total	
а	Contributions received or receivable from:			0	0.00				
	(1) Employers	8a(1)			869				
	(2) Participants	8a(2)		45,	_				
	(3) Others (including rollovers)	8a(3)			0				
b	Other income (loss)	8b		30,	399			H ₁ ×	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							85,145
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f			421				
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							421
i	Net income (loss) (subtract line 8h from line 8c)	8i							84,724
j	Transfers to (from) the plan (see instructions)	8j				1			
Pai	t IV Plan Characteristics	-7_1							
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Pla	an Cha	racteris	stic Code	es in the in:	structions	3:
	2E 2F 2G 2J 2K 3D								
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Plan	n Chara	acterist	ic Code:	s in the inst	ructions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amoun	
a	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)	olunta r y Fi	iduciary Correction	10a		Х			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not i	nclude transactions	10b		Х			
С	Was the plan covered by a fidelity bond?			10c	Х				22,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х			
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.)	ner persons ne or all of t	s by an insurance the benefits under	10e		Х			
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-e	nd.)	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 the exceptions to providing the notice applied under 29 CFR 2520.10	ne required	notice or one of the	10i					1

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art '	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sc (Form 5500) and line 11a below)					Yes 📗 N
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	118	1			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or secti ERISA?					Yes X N
а	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, at granting the waiver. Month		er tl Day		I of the lett Year	
lf y	rou 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	12	ь			
C	Enter the amount contributed by the employer to the plan for this plan year	12	С			
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)	120	d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	☐ N/A
art \	/II Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?			Yes	X	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, or brought under the control of the PBGC?	9			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(which assets or liabilities were transferred. (See instructions.)	s) to				
1	3c(1) Name of plan(s): 13c() EIN	(s)		13c(3) PN(s)