## 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

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

Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

Part I	Annual Report	<b>Identification Information</b>	[				
For calend	dar plan year 2017 or fis	scal plan year beginning 01/01/2	2017	and ending 12	2/31/2017		
<b>A</b> This re	eturn/report is for:	x a single-employer plan		plan (not multiemployer) (lemployer information in ac			
		a one-participant plan	a foreign plan				
<b>B</b> This ret	turn/report is	the first return/report	the final return/report	t			
		an amended return/report	a short plan year retu	urn/report (less than 12 me	onths)		
C Check	box if filing under:	Form 5558	automatic extension	ı	DFVC pro	ogram	
		special extension (enter descri	· ·				
Part II	Basic Plan Info	rmation—enter all requested in	formation			-	
1a Name JET HARDV	e of plan WARE PROFIT SHARII	NG PLAN			<b>1b</b> Three-plan n (PN)	umber	001
					1c Effecti		plan /1989
		yer, if for a single-employer plan) m, apt., suite no. and street, or P.C	) Pov)			-	ication Number
		e, country, and ZIP or foreign post		structions)	(EIN)		309709
-	WARE MANUFACTURI		· -	,	2C Spons	or's teleph 718-257	none number -9600
					<b>2d</b> Busine	ess code (	see instructions)
800 HINSDA BROOKLYN						3322	10
DROOKETI	, 141 11207						
3a Plan a	administrator's name ar	nd address X Same as Plan Spor	nsor.		<b>3b</b> Admin	istrator's E	
					3c Admin	istrator's to	elephone number
					oo maniin	iotrator o t	siophono namboi
4					41		
		e plan sponsor or the plan name hansor's name, EIN, the plan name a			4b EIN		
<b>a</b> Spons	sor's name				4d PN		
C Plan N	Name						
<b>5a</b> Total	number of participants	at the beginning of the plan year			5a		7
<b>b</b> Total	number of participants	at the end of the plan year			5b		7
		account balances as of the end of		· ·	5c		5
<b>d(1)</b> To	tal number of active par	rticipants at the beginning of the pl	lan year		5d(1)		6
		rticipants at the end of the plan ye			5d(2)		6
		terminated employment during the			5e		
Caution:	A penalty for the late of	or incomplete filing of this return	n/report will be assesse	d unless reasonable cau			
SB or Sch		her penalties set forth in the instru nd signed by an enrolled actuary, a plete.					
SIGN	Filed with authorized/	/valid electronic signature.	09/07/2018	ALFRED SCHONBER	GER		
HERE	Signature of plan a	dministrator	Date	Enter name of individu	ual signing as	s plan adn	ninistrator
SIGN							
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individu	ual signing as	s employe	r or plan sponsor

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_	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	an indepei and condit	ndent qualified public a	ccount	ant (IQ	PA)		
С	If the plan is a defined benefit plan, is it covered under the PBGC ir If "Yes" is checked, enter the My PAA confirmation number from th							Not determined (See instructions.)
Pa	t III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning o	of Year			(b) End	d of Year
а	Total plan assets	. 7a	2′	13138				262953
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c	2′	13138				262953
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b)	Total
<u>а</u>	Contributions received or receivable from:  (1) Employers	8a(1)						
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	4	49815				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						49815
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d						
	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	. 8f			_			
	Other expenses	. 8g						
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						
	Net income (loss) (subtract line 8h from line 8c)	8i						49815
	Transfers to (from) the plan (see instructions)	8j						
_	t IV Plan Characteristics			01		0		
9a	If the plan provides pension benefits, enter the applicable pension 2E 2R 3D							
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	cterist	ic Cod	es in the inst	ructions:
Par	V Compliance Questions							
10	During the plan year:				Yes	No		Amount
а	Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	iduciary Correction	10a		X		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	include transactions	10b		X		
С	Was the plan covered by a fidelity bond?			10c		X		
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X		
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 person ne or all of	s by an insurance the benefits under	10e		Х		
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X		
g	Did the plan have any participant loans? (If "Yes," enter amount a		•	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 Sci (Form 5500) and line 11a below)	nedule S	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 ERISA?	n 302 o	f 	Y	′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, ar 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	<b>3c(1)</b> Name of plan(s): 13c(2	) EIN(s)		13c(3	<b>)</b> PN(s)

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Department of Labor Eurobyse francis Scurry Administration

## Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under reasons 104 and 4000 of the Employee Rathement income Security Act of 1974 (ERISA), and sections 5007(b) and 5008(a) of the Internal Revenue Code (the Gode).

2017

This Form is Open to

OMB Nov. 1210-0110 1210-0089

Part   Annual R	i k Mattieldfürmit ciliting	to accordance with me luci	ructions to the Form 6800-SF.	Lanin wehection
Lauri Millagi K	eport identification information	on		
For celendar plan year 20	17 ar fisagi pian year beginning 01/01/		grid ending 12/31/2017	
A This return/report is for		list of participating or	lan (not multiemployer) (Filere c mployer information in accordan	hecking this box must vitach a ce with the form instructions.)
D White as how form and in	a one-participant plan	a foreign plan		
B This return/report is	he first return/report	ihe final return/report		
	an amended return/report	s short plan year retur	(admon 91 nadi see) hogerar	
C Gheck box if Ring und		automatic extension	∏ D#\	/C program
	Epadal extension (enter de		•	
The state of the s	n Information—onler all requested	Information		
18 Name of plan JET HARDWARE PROFIT	Bharing Plan		ļ	Three-digit plan number (PN) (001
			16	Effective date of plan 01/01/1988
Malling address finclu	(employer, if for a single-employer plan de room, apt., suite no, and street, or f	P.O. <b>B</b> ox)	1 7	Employer Identification Number E(N) 13-2609709
City of lown, state of j JET HARDWARE MANUFA	province, country, and ZIP or foreign pa CTURING CO.	oglaj code (If loreign, <del>see</del> Inst	Zo S	Sponeor's telephone number (718) 287-4800
800 HINSDALE ST			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	dualness coda (sea insiructiona) 132210
Property it it was				
BROOKLYN, NY 11207 Se Pian administratora ru	ame and address X Game so Plan S	ponsoli	35 4	Administrator's EIN
1			36 4	Administrator's telephone number
4 If the name and/or Eth	of the plan sponsor or the plan name	tas channed since the last r	etum/report filed for 4b t	EIN
with the fraction of managed to the land	in aponeore name. EIN. the plan nem	e and the plan number from I	he last return/report.	
E Spensor's name O Plan Name	an aponeora name, EIN, the pion name	e and the plan number from t	he last return/report.  Ad 1	PN
a Sponsor's name C Plan Name	an sponsor's name, MIN, the pion name	e and the plan number from t	Ad (	
B Spansor's name C Plan Name  5 a Your number of partic	an eponeor's name, MIN, the plan name	e and the plan number from t	Ad (	7
Beginsor's name     Plan Name     Plan Name     Total number of particle at the control of partic	an eponeor's name, MIN, the plan name illustrate at the beginning of the plan year	e and the plan number from the state of the plan year (only defined	5a Strontibulian plans 5a	7
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