## 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 I		t Identification Information							
For calenda	ar plan year 2017 or	fiscal plan year beginning 01/01/2	0 <u>17</u>	and ending 12	2/31/2017				
A This ret	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>b</b> This retu	urn/report is	the first return/report	the final return/report						
C Observed	have 'f f'll a sound as	an amended return/report		urn/report (less than 12 m	_				
C Check	box if filing under:	X Form 5558  special extension (enter description)	automatic extension		DFVC progra	m			
Part II	Rasic Plan Inf	ormation—enter all requested inf	. ,						
1a Name		ormation—enter all requested in	omation		<b>1b</b> Three-digi	t			
		P. DEFINED BENEFIT PENSION P	LAN		plan numb	per			
					(PN) •	001			
					1c Effective of	01/01/2009			
Mailing	g address (include ro	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O		deve the second	2b Employer Identification Number (EIN) 11-3123501				
•	T INDUSTRIES COR	ce, country, and ZIP or foreign posta P.	ai code (il foreign, see ins	structions)		telephone number 8-392-3636			
					2d Business	code (see instructions)			
40 RANICK F HAUPPAUG					322200				
3a Plan a	dministrator's name a	and address X Same as Plan Spon	sor.		<b>3b</b> Administra	itor's EIN			
					<b>3c</b> Administra	tor's telephone number			
		ne plan sponsor or the plan name ha onsor's name, EIN, the plan name a			4b EIN				
•	or's name				4d PN				
C Plan N	lame								
<b>5a</b> Total r	number of participant	s at the beginning of the plan year			5a	21			
<b>b</b> Total r	number of participant	s at the end of the plan year			5b	17			
		account balances as of the end of t			5c				
<b>d(1)</b> Tota	al number of active p	articipants at the beginning of the pla	an year		5d(1)	4			
d(2) Total number of active participants at the end of the plan year					5d(2)	0			
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					<b>5e</b> 0				
		or incomplete filing of this return							
SB or Sche		other penalties set forth in the instruction and signed by an enrolled actuary, a supplete.							
SIGN	Filed with authorize	d/valid electronic signature.	10/10/2018	SAMUEL BRACH					
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as pla	an administrator			
SIGN									
HERE	Signature of empl	oyer/plan sponsor	Date	Enter name of individ	e of individual signing as employer or plan sponsor				

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b	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 indeper and condit	ndent qualified public a	ccount	ant (IC	(PA)	X Yes ☐ N	No No
	If the plan is a defined benefit plan, is it covered under the PBGC in							h
Ū	If "Yes" is checked, enter the My PAA confirmation number from the		-					
		о. Воор 	roman ming for the pr	ian you			( <b>666</b> mondono	٠,
Par	t III Financial Information	1						
7	Plan Assets and Liabilities		(a) Beginning o	of Year			(b) End of Year	
а	Total plan assets	7a	Ę	59071			20359	
b	Total plan liabilities	7b		0			424	
С	Net plan assets (subtract line 7b from line 7a)	7с	Ę	59071			19935	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total	
	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		1150				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					1150	
	Benefits paid (including direct rollovers and insurance premiums			40000				
	to provide benefits)	8d		40286				
	Certain deemed and/or corrective distributions (see instructions)	8e	0					_
	Administrative service providers (salaries, fees, commissions)	8f	0					
	Other expenses	8g	0				40000	
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					40286	
	Net income (loss) (subtract line 8h from line 8c)	8i					-39136	
	Transfers to (from) the plan (see instructions)	8j	0					
Par								
	If the plan provides pension benefits, enter the applicable pension 1A 1I 3D							
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plar	n Chara	acteris	tic Cod	les in the instructions:	
Par	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		
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		
	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		
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 a			10g		X		
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h				
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	В	Yes 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?			Yes X No
	(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, and granting the waiver			of the letter ruling Year
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?		X 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, 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)		<b>13c(3)</b> PN(s)

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Presision Benefit Quaranty 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 I   Annual Repor	t Identification information			
For calendar plan year 2017 or	liscal plan year beginning	01/01/2017	and ending	12/32/2011
A This return/report is for:	a single-employer plan	list of participating empl	(not multiemployer) (F oyer information in ac	liers checking this box must attach a cordance with the form instructions.)
	a one-participant plan	a foreign plan		
B This return/report is	the first return/report	[] the final return/report		::
	an amended return/report	a short plan year return/	report (less than 12 mi	onths)
C Check box if filling under:	Form 6558	automatic extension		DFVQ program
14.28.6.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.	special extension (enter desc			
Part II   Basic Plan Inf	formation—enter all requested in	iformation	umammumimor altarentsi saistavimuoonee	
1a Name of plan		There is a second of the secon	* * * * **	1b Three-digit plan number
POLYCRAFT INDUSTRI				(PN) P 001
BENEFIT PENSION PL	AN			1c Effective date of plan 01/01/2009
				2b Employer Identification Number
Maillen addrago (includa re	oloyer, if for a sirigle-employer plan) oom, apt., sulte no. end street, or P.4	O. Box)		(EIN)11-3123501
Cily or town, state or provi	nce, country, and ZIP or foreign pos	ital code (If foreign, see instru	ctions)	<b>2c</b> Sponsor's telephone number (718) 392-3636
				2d Business code (see instructions)
40 RANICK ROAD				
		NY	11788	322200
HAUPPAUGE	and address X Same as Plan Spo	and the second	agamani ann mising agamani misina ananana ani bahari i	3b Administrator's EIN
4 If the name and/or EIN of	the plan sponsor or the plan name.) ponsor's name, EIN, the plan name	has changed since the last re	turn/repert filed for e last return/report.	4b EIN
a Sponsor's name	bouson a training trans, one brain month	Selling the family and the selling the sel		48 PN
© Plan Name				
W. W. L. L. C. Salara and Salara	nts at the beginning of the plan year	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<b>5a</b> 21
	nts at the end of the plan year			
c Number of participants w	ith account balances as of the end o	of the plan year (only defined	contribution plans	5c
	participants at the beginning of the			
d(1) Total number of active	participants at the deginning of the	man Assi ····	X20443XX 4494494 (44 14 6 44 7)	in tent
d(2) Total number of ective	participants at the end of the plan y who terminated employment during t	ha nign yaar with accross ha	nellts that were less	50
Number of participants with the second se	vno terminated employment doming i	160 hitti Arm 11111 1000 1000	***************************************	
Gaution: A penalty for the la	ite or incomplete filing of this retu	irn/report will be assessed	Oversiand this return/	ause is established. report, including, if applicable, a Schedule. ort, and to the best of my knowledge and
Under penalties of perjury and SB or Schedule MB complete belief, it is true, correct, and or	d and signed by an enrolled actuary	ructions, i deciare that i have r, as well as the electronic ver	sion of this return/repo	ort, and to the best of my knowledge and
		lioliali 8	HAN.	
SIGNSIQ		Date	Enc	is plan administrator
Sign	in Administrator	Date		
HERE Signature of em	ployer/plan sponsor	Date	Enter name of indiv	idual signing as employer or plan sponsor Form 5500-SF (2017)
For Paperwork Reduction Act N	lotice, see the instructions for Form 5	500-af.		v.170203

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ometate par cini ne commission de la manifestica della manifestica				nga cara da quadr			Maria di Spray di Americano
Were all of the plan's essets during the plan year invested in eligible b. 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 cannot 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	an independ and conditio ot use Forr isurance pro	ns (qualities public acc ns (\$500-SF and must li ogram (see ERISA sect	nstead Ion 402	uso F	" orm 5500. ⊠ Yes []	8	Yes No Yes No determined retructions
Part III   Financial Information							
7 Plan Assets and Liabilities		(a) Beginning of			(b)	End of Year	
	78		59,0	71			20,359
a Total plan assets b Total plan (labilities	γь			0			424
C Nat plan assets (subtract line 7b from line 7a)	70		59,0	71			19,935
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>
Contributions received or receivable from:				ال			
(1) Employers	0n(1)			ᇷ			
(2) Participants	Ba(2)						
(3) Others (Including rollovers)	8a(3)		mirinan anan	4			
) Other income (loss)	8b		1,1	-	1.00		1,150
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		***************************************			••••••••••••••• <del>•••</del>	71000
d Benefits paid (including direct rollovers and insurance premiums to provide benefits).	8d		40,2	86			
<ul> <li>Certain deemed and/or corrective distributions (see instructions)</li> </ul>	86	~~~~~		7			
f Administrative service providers (salaries, fees, commissions)	er_					<u></u>	and the state of t
Q Other expenses	- 80						40,284
1 Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					entra de la companya	-39,13(
Net income (loss) (subtract line 8h from line 8c)	81		****	-4-	<u> </u>		
Transfers to (from) the plan (see instructions)	· 8j		manini pinganan	QL_			
9a If the plan provides pension benefits, enter the applicable pension							
b If the plan provides welfare benefits, enter the applicable welfare	i feature coo	des from the List of Pla	n Chare	icterisi	ic Codes in u	ie instruction	arini da
Part V   Compliance Questions				r (		Amol	
10 During the plan year:				Yes	No	AITIO	1111
Was there a failure to transmit to the plan any participant contri-	2 A Partition A	income a marina	10a	8	×		
Program)	est? (Do na	l include transactions	10b		X		
reported on line 10a.)	***************************************		10c		X		
C Was the plan covered by a fidelity bond?	**************************************	**************************************	100	1		******************************	

d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused 10d 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 10e the plan? (See instructions.).... f Has the plan falled to provide any benefit when due under the plan? X 10f g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) ....... Χ 10g h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 10h 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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Mr. Landon	3-	3-	
**200	×2** 1	1	
A. M. S. S. A.	The state of the s	···	

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Part	VI Pension Funding Compliance		···		<del>ننځ</del> ثاريان. سند	in management
11	Is this a defined beriefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche (Form 5500) and line 11a below).			[] Y	es X	No
11a	Enter the unpaid minimum regulred contributions for all years from Schedule SB (Form 5500) line 40	11a	<del>ikki</del> o ingrahima pangrum		quaniina	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?  (If "Yes " complete line 12s or lines 12b, 12c, 12d, and 12e below, as applicable.)	302 01	"""""	Lid	es [	No
ā	If a walver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver	l enter t Day	ne date of t	he letter Year	r rulinç	)
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
h	Enter the minimum required contribution for this plan year.	12b				in the second
*******************************	Enter the amount contributed by the employer to the plan for this plan year	12c		an and an analas		an a salatan
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			1.50	
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes [	No	] N/	<i></i>
Part						
Lumanajani.	Has a resolution to terminate the plan been adopted in any plan year?	A-12 (1914)	X Yes	<u> [] N</u>	0	
www.com/men/	If "Yes," unter the amount of any plan assets that reverted to the employer this year	13a				0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		<u> </u>	Yes (	No	
C	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.)				***************************************	
madainilli	13c(1) Name of plan(e): 13c(2)	EIN(s)	***************************************	13c(3	) PN(	8)
######################################				* "		