## 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	Annual Report	t Identification Information	)							
For calenda	ar plan year 2017 or f	iscal plan year beginning 01/01/2	2017		and ending 12	2/31/2017				
A This ret	urn/report is for:	X a single-employer plan			in (not multiemployer) ( ployer information in ac	-				
		a one-participant plan	a fo	oreign plan						
<b>B</b> This retu	urn/report is	the first return/report	Ħ	final return/report						
<b>0</b>		an amended return/report	∐a sh	nort plan year returr	n/report (less than 12 m	_				
C Check I	oox if filing under:	X Form 5558 special extension (enter descr	ш	omatic extension		DFVC prograr	n			
Dort II	Pasia Dlan Infe		· · ·							
Part II		ormation—enter all requested inf	itormatioi	n		1b Thron digit				
1a Name	or pian OWHERD P.C. PROI	FIT SHARING PLAN				<b>1b</b> Three-digit plan numb				
OLI I LIKO O	OWNERD F.O. FRO	THE OFFICE AND THE STATE OF THE				(PN) <b>•</b>	001			
						1c Effective d	ate of plan 01/01/1997			
<b>2a</b> Plan s	ponsor's name (emple	oyer, if for a single-employer plan)				_	dentification Number			
Mailing	address (include roo	om, apt., suite no. and street, or P.C					06-1460674			
-	own, state or proving OWHERD P.C.	ce, country, and ZIP or foreign post	tal code (	(if foreign, see instri	uctions)		telephone number 3-259-7900			
							code (see instructions)			
55 WALLS D						541110				
FAIRFIELD,	C1 06824									
3a Plan a	dministrator's name a	and address X Same as Plan Spor	nsor.			<b>3b</b> Administrati	tor's EIN			
						3c Administrat	tor's telephone number			
							ior o toropriorio riambor			
4						41				
		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 i	number of participants	s at the beginning of the plan year				5a	12			
<b>b</b> Total i	number of participants	s at the end of the plan year				5b	10			
		account balances as of the end of				5c	10			
	,	articipants at the beginning of the pl				5d(1)	2			
<b>d(2)</b> Tot	al number of active pa	articipants at the end of the plan yea	ar			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 car					
SB or Sche	edule MB completed a	other penalties set forth in the instruc- and signed by an enrolled actuary, a								
	true, correct, and com			10/10/2018	KAREN JEFFERS					
SIGN HERE Filed with authorized/valid electronic signature. 10/10/2018 KAREN JEFFERS  Signature of plan administrator Date Enter name of individual signing as plan administrator					n administrator					
SIGN		d/valid electronic signature.		10/10/2018	KAREN JEFFERS	- J				
HERE	01			Data	F					

Date

Signature of employer/plan sponsor

Enter name of individual signing as employer 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.)						X Yes ☐ No	
C	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							
Par				, , , , , ,				. (See instructions.)
	Plan Assets and Liabilities		(a) Reginning	of Voor			(b) End	of Voor
	Fotal plan assets	7a	(a) Beginning o	36452			(b) End	of Year 1952009
<del>-</del>	Fotal plan liabilities	7b		0				0
	Net plan assets (subtract line 7b from line 7a)	7c	208	36452				1952009
	ncome, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) 1	Γotal
	Contributions received or receivable from:  (1) Employers	8a(1)	, ,	0			, ,	
	2) Participants	8a(2)		5000				
(	3) Others (including rollovers)	8a(3)		0				
b	Other income (loss)	8b	19	94128				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						199128
	Benefits paid (including direct rollovers and insurance premiums o provide benefits)	8d	33	33571				
е	Certain deemed and/or corrective distributions (see instructions)	8e		0				
<u>f</u> ,	Administrative service providers (salaries, fees, commissions)	8f		0				
g	Other expenses	8g		0				
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						333571
	Net income (loss) (subtract line 8h from line 8c)	8i						-134443
J	Fransfers to (from) the plan (see instructions)	8j		0				
Par								
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 3D	feature co	ides from the List of Pla	an Cha	racteris	stic Co	odes in the ins	tructions:
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	les in the instr	uctions:
Part	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			200000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		X		
е	<b>e</b> 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	<b>f</b> Has the plan failed to provide any benefit when due under the plan?					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)	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, 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	<b>3c(1)</b> Name of plan(s): 13c(2	) EIN(s)		13c(3	<b>)</b> 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 section 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

P	art I Annual Repor	rt Identification Information	n						
For	calendar plan year 2017 or			/01/2017	and ending	12/3	31/2017		
	This return/report is for: This return/report is:	a single-employer plan  a one-participant plan the first return/report an amended return/report	a list o	f participating en gn plan al return/report		accordanc	ecking this box must attach e with the form instructions.)		
С	Check box if filing under:	Form 5558 special extension (enter des	لبا	atic extension			DFVC program		
P	art II Basic Plan Inf	formation enter all requeste	ed information						
	Name of plan	.C. PROFIT SHARING PLAN				pla (Pl	ree-digit an number N) ▶ 001 fective date of plan		
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing Address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) JEFFERS COWHERD P.C.  55 WALLS DRIVE				01 2b Em (El 2c Sp (2	01/01/1997  2b Employer Identification Number (EIN) 06-1460674  2c Sponsor's telephone number (203) 259-7900  2d Business code (see instructions)			
3a	Us FAIRFIELD CT 06824  3a Plan administrator's name and address X Same as Plan Sponsor					3b Administrator's EIN  3c Administrator's telephone number			
4	If the name and/or EIN of t this plan, enter the plan sp	the plan sponsor or the plan name consor's name, EIN, the plan name	has changed and the plan	since the last re number from the	turn/report filed for e last return/report.	4b Ell	N		
a c	Sponsor's name Plan Name					4d PN	ı		
<u></u>	Tatal mumber of participant	to at the beginning of the place yes				. 5a	12		
b		its at the beginning of the plan year its at the end of the plan year	A LOOGHEZERGER HOUGHEROU				10		
C	Number of participants with	th account balances as of the end of	of the plan ye	ar (only defined o	contribution plans	5c	10		
d(	1) Total number of active p	participants at the beginning of the	plan year .			5d(1)	2		
d(	2) Total number of active p	participants at the end of the plan ye	ear		,	5d(2)	2		
е	Number of participants who terminated employment during the plan year with accrued benefits that were			50	0				
Un	Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.  Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.								
121000	IGN DO VI	dinjaistator	Date	- Jiuju	KAREN JEFFERS Enter name of Individ	ual signing	as plan administrator		
Con 41	SIGN HERE Signature of employer/plan/sponsor Date Enter name of individual signing as employer or plan sponsor								

		•	
Jar	OF	,	

b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-467 (See instructions on waiver eligibility and conditions).    Yes   No   No   Yes   No   No   No   No   No   No   No   N	60	Mare all of the plants assets during the plan user invested in clinible	accepted (Co	no instructions V		~~~~	**********		Cart Sancon	x Yes	ПNо
under 28 CFR 252.01-04-407 (See instructions on waiver eligibility and conditions.)  If you answered "No" to other line 6a or line 6, the plan cannot use Form 5500-5F 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)?										[X] Tes	
c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISAs section 4021)?		under 29 CFR 2520.104-46? (See instructions on waiver eligibility ar	nd condition	s.)						XYes	□No
Part III   Financial Information   Financial Information							100	7.5	Secured:	15	
Part III	С	f the plan is a defined benefit plan, is it covered under the PBGC ins	surance prog	gram (see ERISA sectio	n 402	1)?		Yes	☐ No	☐ Not o	determined
Plan Assets and Liabilities		f "Yes" is checked, enter the My PAA confirmation number from the	PBGC prer	nium filing for this year						See instru	uctions.)
Plan Assets and Liabilities	Pa	t III Financial Information									
b Total plan liabilities	_		CHUE!	(a) Beginning of	Year				(b) End	of Year	-
C Net plan assets (subtract line 7b from line 7b)	а	Total plan assets	7a	2,08	6,45	52				1,952	,009
8 Income. Expenses, and Transfers for this Plan Year  1 Contributions received or receivable from: (1) Employers	b	Fotal plan liabilities	7b			0					0
a Contributions received or receivable from: (1) Employers	С	Net plan assets (subtract line 7b from line 7a)	7c	2,08	6,45	52				1,952	,009
(1) Employers		- "		(a) Amount					(b) T	otal	
(2) Participants		And the state of t	90/4)			0					
(3) Others (including rollovers)  88(3) 0  b Other income (loss)					5 00				E IN LE		
b Other income (loss)	-				5,00	89	3614				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	•			19	4 12		ME.				N. C. S. A.
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	-		- 40	P. V. S. DE P. D. HELLES		200	1	PO CONTRACTOR		100	128
e Certain deemed and/or corrective distributions (see instructions) 8e	d	Benefits paid (including direct rollovers and insurance premiums	2	.33	3,5	71					,120
f Administrative service providers (salaries, fees, commissions) 8f			8e			0					ON TAXABLE !!
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f			0	BENCH STREET, SWARD				Salvan in Sa
h Total expenses (add lines 8d, 8e, 8f, and 8g)	g	Other expenses	8g			0	The state of the s				UNIVELLEAD
Transfers to (from) the plan (see instructions)   8]   0		Total expenses (add lines 8d, 8e, 8f, and 8g)			HE	19 01	333,571				,571
Part IV   Plan Characteristics	i	Net income (loss) (subtract line 8h from line 8c)	8i	· · · · · · · · · · · · · · · · · · ·			(134,443)				443)
Part V   Compliance Questions	j	Transfers to (from) the plan (see instructions)	8j			0	145			Sunta .	napole.
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:  Part V Compliance Questions  10 During the plan year:  a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)  c Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  e 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.)  h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	Pa	rt IV Plan Characteristics									
Part V   Compliance Questions	9a	f the plan provides pension benefits, enter the applicable pension fe	eature codes	from the List of Plan C	harac	terist	ic Cod	es in th	ne instruc	tions:	
Part V Compliance Questions  10 During the plan year:  a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)  c Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  e 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.)  h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  i If 10h was answered "Yes," check the box if you either provided the required notice or one of the		2A 2E 2J 3D									
10 During the plan year:  a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)  c Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  e 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.)  h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	b	f the plan provides welfare benefits, enter the applicable welfare fea	ature codes	from the List of Plan Ch	aracte	eristic	Code	s in the	instructi	ons:	
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X  c Was the plan covered by a fidelity bond? 10c X 200,000  d 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  e 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 as of year end.) 10g X  h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X  i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	Pa	rt V Compliance Questions									
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10	During the plan year:				Yes	No	N/A		Amount	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	a										
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	luntary Fidu	ciary Correction	12000						
reported on line 10a.)					10a		X	NEW AND			
C Was the plan covered by a fidelity bond?	a	지원을 즐겁게 하는 것은 것이 있는데 가는데 가는데 가는데 가는데 가는데 가는데 가는데 가는데 가는데 가			10Ь		х				
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  e 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.)  t If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  10d					10c	х					200,000
e 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?		d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused			10d		х				
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	е	carrier, insurance service, or other organization that provides some or all of the benefits under			10e		х				
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	f	Has the plan failed to provide any benefit when due under the plan	1?		10f		х	Jin is			
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	g				10g		х				
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	12-00	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR			102520		x				
	j	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	ne required i	notice or one of the	10i						

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Part	VI	Pension Funding Compliance						
11		defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c				☐ Yes	x	No
11a	Enter th	ne unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERISA?	a defined contribution plan subject to the minimum funding requirements of section 412 of the Co				☐ Yes	x	No
а		ver of the minimum funding standard for a prior year is being amortized in this plan year, see inst a the waiver		ind enter Day		of the let Year	er rulir	ng 
lf y	ou com	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3					
b	Enter th	ne minimum required contribution for this plan year		12b				
С	Enter th	ne amount contributed by the employer to the plan for the plan year		12c				
d		t the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the e 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 r	esolution to terminate the plan been adopted in any plan year?			Yes	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 control of the PBGC?					□ Y	es 🗓	No	
С		g this plan year, any assets or liabilities were transferred from this plan to another plan(s), identifiesets or liabilities were transferred. (See instructions.)	fy the plan	(s) to				
1:	c(1) Na	me of plan(s):	13c(2) E	IN(s)		13c(3	PN(s)	

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