## 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).

2017

This Form is Open to **Public Inspection** 

OMB Nos. 1210-0110

1210-0089

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

Part I		Identification Information	1						
For calenda	ar plan year 2017 or fi	iscal plan year beginning 01/01/	<u>2017</u>	and ending 1	2/31/2017				
A This ret	urn/report is for:	X a single-employer plan		er plan (not multiemployer) g employer information in a					
<b>B</b> This retu	urn/report is	a one-participant plan	a foreign plan						
D IIIIS IELU	in/report is	the first return/report	the final return/rep	ort					
		an amended return/report	a short plan year re	eturn/report (less than 12 n	nonths)				
C Check b	oox if filing under:	X Form 5558 Special extension (enter desc	automatic extension	on	DFVC progra	m			
Dort II	Pasia Plan Infa								
Part II		ormation—enter all requested in	nformation		1h Thron dia	:.			
1a Name TOP SHELF	PROVISIONS INC 40	01(K) PLAN			<b>1b</b> Three-dig plan numb (PN) ▶				
					1c Effective of	date of plan 01/01/2004			
Mailing	address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.0			<b>2b</b> Employer (EIN)	Identification Number 11-2841428			
-	town, state or province PROVISIONS INC	ce, country, and ZIP or foreign pos	tal code (if foreign, see	instructions)	· ·	stelephone number 31-767-7600			
					2d Business	code (see instructions)			
1 BLUFF PO NORTHPOR						424400			
TOTALL OR	1,111								
3a Plan ad	dministrator's name a	nd address X Same as Plan Spo	nsor.		<b>3b</b> Administra	ator's EIN			
					<b>3c</b> Administrator's telephone number				
		e plan sponsor or the plan name honsor's name, EIN, the plan name			4b EIN				
<b>a</b> Sponso					4d PN				
C Plan N	ame								
<b>5a</b> Total r	number of participants	s at the beginning of the plan year.			. 5a	14			
<b>b</b> Total r	number of participants	s at the end of the plan year			. 5b	10			
		account balances as of the end of			. 5c	10			
<b>d(1)</b> Tota	al number of active pa	articipants at the beginning of the p	lan year		5d(1)	10			
		articipants at the end of the plan ye			5d(2)	10			
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested				5e					
		or incomplete filing of this retur							
SB or Sche	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.								
SIGN	Filed with authorized	d/valid electronic signature.	10/15/2018	RICHARD DAHLEM					
HERE	Signature of plan a	administrator	Date	Enter name of individ	dual signing as pla	an administrator			
SIGN									
HERE For Papersus	Signature of emplo	oyer/plan sponsor	Date	Enter name of individ	dual signing as er	nployer or plan sponsor			

Form 5500-SF 2017 Page **2** 

	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							X Yes No			
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.										
С	If the plan is a defined benefit plan, is it covered under the PBGC in		-					Not determined			
								(See instructions.)			
Pa	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning				(b) End	of Year			
<u>a</u>	Total plan assets	7a	55	59565				790719			
<u>b</u>	Total plan liabilities	7b									
	Net plan assets (subtract line 7b from line 7a)	7c		59565				790719			
8_	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total			
_а 	Contributions received or receivable from: (1) Employers	8a(1)		23520							
	(2) Participants	8a(2)	•	18692							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	19	90222							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						232434			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		1189							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f		91							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1280			
i	i Net income (loss) (subtract line 8h from line 8c)							231154			
j	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 3D	feature co	des from the List of Pla	an Cha	racteris	stic Co	des in the ins	tructions:			
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	cterist	ic Cod	les in the insti	uctions:			
Par	t V Compliance Questions										
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	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			75000			
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	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	n?n		10f		Χ					
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											

Form 5500-SF 2017	Page <b>3-</b> 1		
-------------------	------------------	--	--

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	<b>a</b> If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver							
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			
<b>c</b> If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)								
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 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

Pa	rt I Annual Report	Identification Inf	ormation						
For c	alendar plan year 2017 or fi	scal plan year beginnir	ng	01/01/2017	and ending	12/31/2			
Ат	his return/report is for:	a single-employe		a multiple-employer p a list of participating e a foreign plan	lan (not multiemployer) mployer information in a	(Filers checking accordance with	g this box must attach In the form instructions.)		
Вт	his return/report is:	the first return/rep	F	he final return/report					
	nio rotalimopolitio.	an amended retu	- H		n/report (less than 12 m	nonths)			
		an amended retu	, .		The state of the s				
C	heck box if filing under:	X Form 5558		automatic extension		☐ DEVC	C program		
			(enter description						
		ormation enter a	III requested inform	nation		1b Three-d	igit		
Та	Name of plan					plan nur	mber 002		
	TOP SHELF PROVISIO	NS INC 401(k) F	LAN			(PN) ►	e date of plan		
						01/01	/2004		
	Plan sponsor's name (empl Mailing Address (include ro	om ant quite no and	street or P.O. Bo	x)			er Identification Number 11-2841428		
	City or town, state or provin	ce, country, and ZIP o	r foreign postal co	de (if foreign, see ins	tructions)	2c Sponso	r's telephone number		
	TOP SHELF PROVISIO	NS INC				(631)	767-7600		
	1 BLUFF POINT ROAD					2d Busines 42440	ss code (see instructions) 0		
	US NORTHPORT NY 11768								
3a	Plan administrator's name	and address X Sam	e as Plan Sponsor	•		3b Administrator's EIN			
						3c Administrator's telephone number			
4	If the name and/or EIN of the	ne plan sponsor or the	plan name has ch	anged since the last	return/report filed for	4b EIN			
2	this plan, enter the plan spo Sponsor's name	onsor's name, EIN, the	plan name and th	e plan number from t	ne last return/report.	4d PN			
a c	Plan Name								
J	Tian Name								
	= 1.1 1f History		lem vogs			5a	14		
	Total number of participant Total number of participant	s at the beginning of the plan	vear	**********************	*************************	5b	10		
c	Number of participants with complete this item)	account balances as	of the end of the p	lan year (only defined	d contribution plans	5c	10		
4/	complete this item)  1) Total number of active page	erticinants at the hegin	ning of the plan ve	ar	**************************************	5d(1)	10		
	2) Total number of active particles 3) Total number of active particles 4) Total number of active particles 5) Total number of active particles 5) Total number of active particles 6) Total number of active particles 7) Total number of active particles 8) Total number of active par					1 = 1/0\	10		
e e	Number of participants who	terminated employme	ent during the plan	year with accrued be	enefits that were	50			
_	less than 100% vested .	***************************************			dunlage roscopable c	ause is establi	Ished.		
Ca	ution: A penalty for the lat	e or incomplete filing	of this return/rep	port will be assesse	a examined this return!	report including	, if applicable, a Schedule		
SB	der penalties of perjury and or Schedule MB completed ief, it is frue, dordect, and co	and signed by an enro	h in the instruction illed actuary, as w	eli as the electronic v	ersion of this return/rep	ort, and to the b	pest of my knowledge and		
ופט	ier, it Birde, donest, and co			110117/192	RICHARD DAHLEM	*			
100	GN GN at all and a state and a	minintusto-		Date	Enter name of individu	ual signing as p	lan administrator		
H	ERE Signature of plan ad	ministrator		50.01					
898	GN Signature of employ	er/plan sponsor		Date	Enter name of individ	ual signing as e	employer or plan sponsor		

			-
⊃a	a	e	2

			See instructions \				*********	X Yes No	
6a	Were all of the plan's assets during the plan year invested in eligible	assets? (	tent qualified public accou						
	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.								
200	If you answered "No" to either line 6a or line 6b, the plan canno If the plan is a defined benefit plan, is it covered under the PBGC ins	t use For	ogram (see FRISA section	402	1)? .		Yes	☐ No ☐ Not determined	
С	If the plan is a defined benefit plan, is it covered under the PBGC life	DDOC	ogium (dee Ertie) t deete.	,	.,.	_		(See instructions.)	
	If "Yes" is checked, enter the My PAA confirmation number from the	PBGC pi	ennum ming for this year _						
Pa	rt III Financial Information							Li Food of Vone	
7	Plan Assets and Liabilities		(a) Beginning of					b) End of Year	
а	Total plan assets	7a	55	9,56	55			790,719	
b	Total plan liabilities	7b				-		700 710	
С	Net plan assets (subtract line 7b from line 7a)	7c		9,56	55	-		790,719 (b) Total	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			-		(b) Total	
а	Contributions received or receivable from: (1) Employers	8a(1)	2	3,52	20				
	(2) Parlicipants	8a(2)	1	8,69	92				
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	19	0,22	22				
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						232,434	
d	Benefits paid (Including direct rollovers and Insurance premiums to provide benefits)	8d		1,1	39				
e	Certain deemed and/or corrective distributions (see instructions)	8e				_			
f	Administrative service providers (salaries, fees, commissions)	8f			91	-			
g	Other expenses	8g				-		1 200	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				-		1,280 231,154	
i	Net income (loss) (subtract line 8h from line 8c)	81				231,134			
j	Transfers to (from) the plan (see instructions)	8j							
P	art IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension fe	eature coo	les from the List of Plan C	harac	teristi	c Cod	es in th	e instructions:	
	2A 2E 2G 2J 3D								
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature code	s from the List of Plan Ch	aracte	eristic	Code	s in the	instructions:	
P	art V Compliance Questions								
10	During the plan year:				Yes	No	N/A	Amount	
	Was there a failure to transmit to the plan any participant contribu	itions with	n the time period						
	described in 29 CFR 2510 3-1022 (See instructions and DOL's Vo	oluntary Fi	ductary Correction	40-		x			
	Program)		in de transactions	Tua		-			
	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	(Do not	IUCINOS II ALIZACIONA	10b		x			
	the state of the s		P4 6 6 6 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	10c	x			75,000	
_	- the plants	fidelity bo	nd, that was caused						
	by fraud or dishonesty?	**********	440000000000000000000000000000000000000	10d		X			
1	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		х			
	f Has the plan failed to provide any benefit when due under the plan?			10f		х			
_	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			10g		х			
	h If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instr	uctions and 29 CFR	10h		х			
	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i				1	

Page 3 -	

•

Form		

Part	: VI	Pension Funding Compliance							
11	Is this	a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions ar 5500 and line 11a below)	d complete S	chedule	SB		Yes	X	No
11a	Enter t	he unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	84000100	11a					
12	Is this	a defined contribution plan subject to the minimum funding requirements of section 412 of the	Code or sect				Yes	x	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а	in the data of the letter ruling								
If v		pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lin	e 13.						
b		he minimum required contribution for this plan year		12b					
С									
d									
е	Voc □ No □						N/A		
Pari	VII	Plan Terminations and Transfers of Assets							
13a	Has a	resolution to terminate the plan been adopted in any plan year?	***********************		Yes	X	] No		
		" enter the amount of any plan assets that reverted to the employer this year		13a					
b									
С									
		ame of plan(s):	13c(2) E	IN(s)		13	3c(3)	PN(s)	
	30(1) W	ane or plante).				***************************************	· · ·		