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).

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Part I		rt Identification Information							
For calend	dar plan year 2014 or	fiscal plan year beginning 01/01/	2014	and ending 12	/31/2014				
A This re	eturn/report is for:	X a single-employer plan			r) (Filers checking this box must attach a list ordance with the form instructions)				
		a one-participant plan	a foreign plan						
B This re	turn/report is	the first return/report	the final return/repor	t					
		an amended return/report	a short plan year ret	urn/report (less than 12 m	onths)				
C Check	box if filing under:	X Form 5558	automatic extension	1	DFVC p	rogram			
	Ü	special extension (enter des	cription)						
Part II	Basic Plan Inf	formation—enter all requested in	nformation						
1a Name					1b Three-digit				
SALVATOR	RE E. BENISATTO PO	C PENSION PLAN			plan numbe	er 001			
					(PN) 1c Effective da				
						01/01/1989			
	sponsor's name and a	address; include room or suite num	ber (employer, if for a sing	le-employer plan)		dentification Number			
SALVATOR	E E. BENISATTO PC	,			(=:)	11-2979790			
375 NORTH	H BROADWAY					telephone number 6-935-1903			
JERICHO, N					2d Business code (see instructions)				
					541110				
3a Plan	administrator's name	and address Same as Plan Spor	nsor.		3b Administrat	or's EIN			
					3c Administrator's telephone number				
					JC Administrati	or a releptione number			
		the plan sponsor has changed since	e the last return/report filed	I for this plan, enter the	4b EIN				
name		the plan sponsor has changed since number from the last return/report.	e the last return/report filed	I for this plan, enter the	4b EIN 4c PN				
name a Spons	e, EIN, and the plan r sor's name		·		4c PN	2			
a Spons 5a Total	e, EIN, and the plan r sor's name I number of participan	number from the last return/report.			4c PN				
a Spons 5a Total b Total c Num	e, EIN, and the plan r sor's name number of participan number of participan ber of participants wit	number from the last return/report. Its at the beginning of the plan year Its at the end of the plan year	f the plan year (defined be	nefit plans do not	4c PN 5a	2			
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b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a cunder 29 CFR 2520.104-46? (See instructions on waiver eligibility a figure answered "No" to either line 6a or line 6b, the plan cannot will be a first the control of the plan cannot will be a first the control of the plan cannot will be a first the control of the plan cannot will be a first the control of the plan cannot will be a first the plan cannot will be a fir	an indepe and condit ot use Fo	ndent qualified public accounta tions.) rm 5500-SF and must instead	nt (IQ	PA) Form	5500.	X Yes No
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA section 40	121)? .		Yes	No Not determined
Par					-		
7	Plan Assets and Liabilities		(a) Beginning of Yea		-		(b) End of Year
	Fotal plan assets	7a	5215		-		540568
	Fotal plan liabilities	7b	5045	0			
	Net plan assets (subtract line 7b from line 7a)	7c	5215	044	_		540568
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from: 1) Employers	8a(1)	129	919			
	2) Participants	8a(2)		0			
	3) Others (including rollovers)	8a(3)		0			
	Other income (loss)	8b	61	05			
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					19024
	Benefits paid (including direct rollovers and insurance premiums			_			
1	o provide benefits)	8d		0			
_ 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					0
	Net income (loss) (subtract line 8h from line 8c)	8i					19024
<u> </u>	Fransfers to (from) the plan (see instructions)	8j		0			
Par	IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension to						
b	If the plan provides welfare benefits, enter the applicable welfare fe V Compliance Questions	eature coo	les from the List of Plan Charad	cterist	ic Cod	les in t	he instructions:
10	During the plan year:				Yes	No	Amount
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Cor	rection Program)	10a		X	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	·····	'	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 or dishonesty?			10d		Χ	
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ber	efits under the plan? (See	10e		X	
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as	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 2520.101			10i			
Part							
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)						
11a	Enter the unpaid minimum required contribution for current year fro					11a	
12	Is this a defined contribution plan subject to the minimum funding					302 of	ERISA? X Yes No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						, , , , , , , , , , , , , , , , , , , ,
а	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	ng amortiz	ed in this plan year, see instruc		, and e	enter th Day	

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lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule Mi	B (Form 5500), and skip to line 13.					
b	Enter the minimum required contribution for this plan year			12b			12919
С	Enter the amount contributed by the employer to the plan for this plan	year		12c			12919
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)		12d		(
е	Will the minimum funding amount reported on line 12d be met by the f	unding deadline?			X 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	lo	
	If "Yes," enter the amount of any plan assets that reverted to the empl	oyer this year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, tra of the PBGC?	, ,		ontrol		Ye	es X No
С	If during this plan year, any assets or liabilities were transferred from t which assets or liabilities were transferred. (See instructions.)	this plan to another plan(s), identify t	he plan(s) t	0			
1	3c(1) Name of plan(s):		13	3c(2) ⊟	IN(s)	13c(3) PN(s)
Port	VIII Trust Information (optional)						
rait	viii Trust information (optional)						

14b Trust's EIN

14a Name of trust

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

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2014

• Complete all entries in accordance with the Instructions to the Form 5500-SF.

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OMB Nos. 1210-0110 1210-0089

C	Annual Repor	rt Identification Information							
For calenda	r plan year 2014 or	fiscal plan year beginning	01/01/2014	and ending	12/31/2014	4			
A This retu	urn/report is for:		r) (Filers checking this box must attach a list ordance with the form instructions)						
		a one-participant plan	a foreign plan						
B This retu	rn/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year return	/report (less than 12 n	nonths)				
C Check b	ox if filing under:		DFVC program						
		special extension (enter desc	ription)						
Part II	Basic Plan Int	formation—enter all requested in	formation						
1a Name o			001						
					1c Effective date of 01/01/1989				
	oonsor's name and a	address; include room or suite numb	per (employer, if for a single-	employer plan)	2b Employer Identifi (EIN) 11-297	fication Number			
					2c Sponsor's telep				
375 Nor	th Broadway				516-935-19				
Jericho		NY 11753			2d Business code (541110	(see instructions)			
		and address XSame as Plan Spor	nsor.		3b Administrator's EIN				
		_							
					SC Administrator's	3c Administrator's telephone number			
		the plan sponsor has changed since number from the last return/report.	e the last return/report filed for	or this plan, enter the	4b EIN				
	or's name				4c PN 5a				
5a Total r	number of participar	nts at the beginning of the plan year	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5a Total number of participants at the beginning of the plan year					
b Total i	number of participar	nts at the end of the plan year	b Total number of participants at the end of the plan year						
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)					5b	2			
comple			of the plan year (defined bene	efit plans do not	5c				
	ete this item)		of the plan year (defined bene	efit plans do not	5c	2			
d(1) Tota	ete this item)al number of active		of the plan year (defined bene plan year	efit plans do not	5c	2			
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b	Were all of the plan's assets during the plan year invested in eligible. 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 lf you answered "No" to either line 6a or line 6b, the plan cannot fit the plan is a defined benefit plan, is it covered under the PBGC instructions.	in indepen ind conditi ot use For	dent qualified public accountanons.)	t (IQP/	A) or m 5	5500.		X Yes X Yes	No No nined
Par	t III Financial Information				_				
7	Plan Assets and Liabilities		(a) Beginning of Year				(b) End o	of Year	
	Total plan assets	7a		1544			<u> </u>		40568
b	Total plan liabilities	7b		0					0
С	Net plan assets (subtract line 7b from line 7a)	7c	52	1544				5	40568
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal	
а	Contributions received or receivable from:								
	(1) Employers	8a(1)	1	2919					
	(2) Participants	8a(2)		0	1				
	(3) Others (including rollovers)	8a(3)		0					
b	Other income (loss)	8b		6105	-				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_				19024
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		C	,				
	Certain deemed and/or corrective distributions (see instructions)	8e			,				_
	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g					_		
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							0
i	Net income (loss) (subtract line 8h from line 8c)	8i							19024
j	Transfers to (from) the plan (see instructions)	8j							
Pa	rt IV Plan Characteristics	<u> </u>		_		_			
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Chara	cteristi	ic Cod	des in t	he instruc	tions;	
	2C								
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Charac	teristic	Code	es in th	ie instructi	ons:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	uciary Cor	rection Program)	10a		х			
k	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	• • • • • • • • • • • • • • • • • • • •	10ь		Х			
C	Was the plan covered by a fidelity bond?		·····	10c		Х			
C	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х			
6	Were any fees or commissions paid to any brokers, agents, or other								
	insurance service, or other organization that provides some or all instructions.)			10e		X			
f	Has the plan failed to provide any benefit when due under the pla			10f		Х			
ç	Did the plan have any participant loans? (If "Yes," enter amount a	as of year	end.)	10g		Х			
}	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		Х			
ī	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10			101					
Par	t VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)							Yes	 s ∏ No
11	Enter the unpaid minimum required contribution for current year f					11a			
12							ERISA?	X Yes	No
_	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below								
	If a waiver of the minimum funding standard for a prior year is bei granting the waiver.	-			and e	enter th Day		he letter re Year	uling

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If	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		129	19
С	Enter the amount contributed by the employer to the plan for this plan year	12c		129	19
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			0
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		X Yes	No N/	Α
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 of the PBGC?	control		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			
	13c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3) PN(s	 s)
Part	VIII Trust Information (optional)				
14a	Name of trust	14b T	rust's EIN		