## 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

2015

This Form is Open to Public Inspection

Pa	rt I Annual Report	<b>Identification Information</b>								
For (	calendar plan year 2015 or fi	scal plan year beginning 01/01/2	2015 and ending 12	2/31/2	015					
<b>A</b> 1	his return/report is for:	a single-employer plan     a one-participant plan	list of participating employer information in accordance with the form instructions)							
<b>B</b> T	nis return/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 me							
C	Check box if filing under:	Form 5558 special extension (enter descr	automatic extension DFVC program							
Pa	rt II Basic Plan Info	prmation—enter all requested inf	formation							
1a	Name of plan A & SAVINO, LLP 401(K) Pl	·	omation	1b	Three-digit plan number (PN)	003				
				1c	C Effective date of plan 01/01/1995					
	Mailing address (include roo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.O e, country, and 7IP or foreign posts			Employer Identification Number (EIN) 11-3238703					
	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)  UIDA & SAVINO, LLP			2c Sponsor's telephone number 631-422-3541						
73 SUNRISE HIGHWAY VEST BABYLON, NY 11704				2d Business code (see instructions) 621111						
3a	Plan administrator's name a	nd address XSame as Plan Spons	sor.	3b	Administrator's EIN					
						elephone number				
	name, EIN, and the plan nu	e plan sponsor has changed since mber from the last return/report.	the last return/report filed for this plan, enter the		EIN					
а	Sponsor's name			4c						
5a	Total number of participants	at the beginning of the plan year		5		53				
	• •	at the end of the plan year		5	b	50				
С	Number of participants with complete this item)	account balances as of the end of	the plan year (defined benefit plans do not	5		50				
d(	1) Total number of active pa	rticipants at the beginning of the plant	an year	5d		35				
			ar	5d	(2)	35				
	than 100% vested		plan year with accrued benefits that were less	5		0				
			n/report will be assessed unless reasonable cau			able a Schadula				
SBc		nd signed by an enrolled actuary, a	ctions, I declare that I have examined this return/report as well as the electronic version of this return/report							
	, , , , , , , , , , , , , , , , , , , ,									

Filed with authorized/valid electronic signature.

Signature of plan administrator

Date

Enter name of individual signing as plan administrator

Signature of employer/plan sponsor

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Preparer's telephone number

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Form 5500-SF 2015		Page <b>2</b>								
<ul> <li>Were all of the plan's assets during the plan year invested in eligib</li> <li>Are you claiming a waiver of the annual examination and report of 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 be a second to the plan cannot be a second t</li></ul>	an indepen and conditi	dent qualified public a	ccount	ant (IQ	PA)			2	Yes Yes	
C If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No	No	t deterr	nined
Part III Financial Information	1				-					
7 Plan Assets and Liabilities		(a) Beginning					(b) En	d of Y		
a Total plan assets	7a		5931						57835	70
<b>b</b> Total plan liabilities	7b		5004	0					57005	70
C Net plan assets (subtract line 7b from line 7a)	7c		5931	125	-				57835	70
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b)	Total		
(1) Employers	8a(1)		190	005						
(2) Participants	8a(2)		114	200						
(3) Others (including rollovers)	8a(3)									
<b>b</b> Other income (loss)	8b		-385	5557						
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								-813	52
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		66	203						
e Certain deemed and/or corrective distributions (see instructions)	8e			0						
f Administrative service providers (salaries, fees, commissions)	8f			0						
g Other expenses	8g			0						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								662	03
i Net income (loss) (subtract line 8h from line 8c)	8i								-1475	55
j Transfers to (from) the plan (see instructions)	8j			0						
Part IV Plan Characteristics										
9a If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 3D	feature cod	des from the List of PI	an Cha	racteris	stic Co	des in t	the insti	uction	s:	
B If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Pla	n Chara	acterist	ic Coc	les in th	ne instru	ıctions		
— In the plant provides from the solutions, office the appropriate from the contract of	odiaio oodi	oo nom the List of Fia	T Onarc	20101101		.00	io motre	10110110	•	
Part V Compliance Questions										
10 During the plan year:				Yes	No	N/A		An	nount	
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 Fi	duciary Correction	10a		X					
<b>b</b> Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X					
C 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					
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 persons	by an insurance the benefits under	10e		X					
f Has the plan failed to provide any benefit when due under the pla			10f		Χ					
g Did the plan have any participant loans? (If "Yes," enter amount a				X						7400
h If this is an individual account plan, was there a blackout period?		,	10g	^	X					7188
i If 10h was answered "Yes," check the box if you either provided the	he required	notice or one of the	10h		^					
exceptions to providing the notice applied under 29 CFR 2520.10  j Did the plan trust incur unrelated business taxable income?			10i	-						
			10j				<u> </u>			
Part VI Pension Funding Compliance	onto? /If IIV	(00    000 instruction -	and se	nnlat-	Cab -	lule CD	/E0===			
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)				········					Yes	No
11a Enter the unpaid minimum required contribution for all years from						11a	<u> </u>	1 -	7 .,	
12 Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of t	he Cod	e or se	ection 3	302 of E	RISA?	<u>l</u> L	Yes	X No

	F	orm 5500-SF 2015 Page <b>3</b> - 1							
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
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	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
b	Enter t	ne minimum required contribution for this plan year		12b					
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c					
d	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								
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?	П	Yes	No 🗆	N/A			
Part		Plan Terminations and Transfers of Assets			100	110	1471		
		resolution to terminate the plan been adopted in any plan year?		Yes X No					
		s," 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 brough	ght under the co	ontrol		Yes X	No		
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)							
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		<b>13c(3)</b> F	PN(s)		
Part	: VIII	Trust Information							
14a	Name o	f trust		14b Trust's EIN					
14c	Name	of trustee or custodian		14d Trustee's or custodian's					
Name of trustee of custodian				telephone number					
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan?		. Yes No					
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?					Design- based safe ADP/ACP harbor test method				
15c	<b>15c</b> If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?				s	No			
16a	16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):				atio ercentage st		rage efit test		
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?				Ye	s	No			
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A		
17b	17b Date the last plan amendment/restatement for the required tax law changes was adopted// Enter the applicable code (See instructions for tax law changes and codes).								
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or		
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable			
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No			
19	Were in	n-service distributions made during the plan year?		Ye	s	No			
	If "Yes	" enter amount	······	19					
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w ), as required under section 401(a)(9)?		Ye	s	No	N/A		

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

## 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.

2015

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I Annual Repor	t Identification Information	n	-						
For calendar plan year 2015 or	***	_01/01/2015	and ending	12/31/	2015				
A This return/report is for:	a single-employer plan		lan (not multiemployer) nployer information in a						
	a one-participant plan	a foreign plan							
B This return/report is									
an amended return/report									
C Check box if filing under:	Form 5558	automatic extension		DFVC	orogram				
	special extension (enter des								
	ormation—enter all requested i	nformation			T				
<b>1a</b> Name of plan GUIDA & SAVINO, LLP	401(K) PROFIT SHARII	NG PLAN		1b Three-digit plan number					
•				(PN)	003				
				1c Effective da 01/01/1					
	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.	O, Box)			lentification Number -3238703				
	ice, country, and ZIP or foreign pos		uctions)		elephone number				
GUIDA & SAVINO, LLP					22-3541				
				2d Business co	ode (see instructions)				
373 SUNRISE HIGHWAY				021111					
WEST BABYLON	and address Weare as Dies Ones	NY	11704	3b Administrator's EIN					
3a Plan administrator's name and address \( \overline{\text{X}} \)Same as Plan Sponsor.				3b Administrator's EIN					
				3c Administrator's telephone number					
	ne plan sponsor has changed since	the last return/report filed for	or this plan, enter the	4b EIN	<del>-</del>				
a Sponsor's name	umber from the last return/report.		•	4c PN					
5a Total number of participant	s at the beginning of the plan year		***************************************	5a	53				
<b>b</b> Total number of participant	s at the end of the plan year	***************************************		5b	50				
	account balances as of the end o			5c	50				
<b>d(1)</b> Total number of active p	articipants at the beginning of the p	olan year		5d(1)	35				
	articipants at the end of the plan ye t terminated employment during th			5d(2)	. 35				
than 100% vested	***************************************		***************************************	5e	0				
	or incomplete filing of this retue other penalties set forth in the instru								
	and signed by an enrolled actuary,								
SIGN		4/29/16	LEONARD SAVI	10					
HERE Signature of plan	administrator	Date // /	Enter name of individ	administrator					
SIGN O				<u>.</u>					
Signature of emp	oyer/plan sponsor	Date			oloyer or plan sponsor				
Preparers name (including firm	name, if applicable) and address (	include room or suite numbe	PF)	Preparer's teleph	ione number				
				1					

Form 5500-SF 2015		Page <b>2</b>							
<ul> <li>Were all of the plan's assets during the plan year invested in eli</li> <li>Are you claiming a waiver of the annual examination and report under 29 CFR 2520.104-46? (See instructions on waiver eligibiling liftyou answered "No" to either line 6a or line 6b, the plan can be called the plan is a defined benefit plan, is it covered under the PBGC</li> </ul>	of an indepe ty and cond nnot use F	endent qualified public a itions.)orm 5500-SF and mus	account	tant (IC	QPA)  Form	5500.	X Yes No		
Part III Financial Information									
7 Plan Assets and Liabilities	- 111	(a) Beginnin					(b) End of Year		
a Total plan assets	7a	<u></u>	5,93	1,12	5		5,783,57		
b Total plan liabilities	7b				0				
C Net plan assets (subtract line 7b from line 7a)	7c		5,93	1,12	5	5,783,			
8 Income, Expenses, and Transfers for this Plan Year		(a) Amoi	unt				(b) Total		
Contributions received or receivable from:     (1) Employers	8a(1)		190,005			5 4 4 5 5 4 5 5 6 6 6 6 6 6 6 6 6 6 6 6			
(2) Participants	8a(2)		114,200						
(3) Others (including rollovers)	8a(3)								
b Other income (loss)	8b		-385,557						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					-81,35			
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		66,203						
e Certain deemed and/or corrective distributions (see instructions)	8e		0						
f Administrative service providers (salaries, fees, commissions)	8f				0 .				
g Other expenses	8g				0 ::::	Digital in the Explanation of the Explanation			
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			in in		66,20			
i Net income (loss) (subtract line 8h from line 8c)	8i		1 33		% E.	-147,55			
j Transfers to (from) the plan (see instructions)	8i				0				
Part IV Plan Characteristics  9a If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 3D  B If the plan provides welfare benefits, enter the applicable welfare									
	e leature co	des from the List of Pla	III CIIaia	actens		es in u	e instructions:		
Part V Compliance Questions		<del></del>		\ \( \)		I 51/5	······································		
10 During the plan year:				Yes	No	N/A	Amount		
Was there a failure to transmit to the plan any participant contridescribed in 29 CFR 2510.3-102? (See instructions and DOL's Program)	S Voluntary I	Fiduciary Correction	10a		Х				
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	est? (Do not	include transactions	clude transactions						
C Was the plan covered by a fidelity bond?			10c		Х	-			
d Did the plan have a loss, whether or not reimbursed by the plan	n's fidelity bo	ond, that was caused							

10d 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 Χ 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 Χ h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) Χ 10h 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..... 10i j Did the plan trust incur unrelated business taxable income? .....

	10
Part	VI Pension Funding Compliance
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)
	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?

Form 5500-SF 2015 Page <b>3</b> -						
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)  a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see granting the waiver.	Month	enter the		ne letter rut Year	ling	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to li		· ·	1	_		
b Enter the minimum required contribution for this plan year	······	12b				
c 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 to negative amount)		12d			_	
e 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?		Yes X No				
If "Yes," enter the amount of any plan assets that reverted to the employer this year						
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or beneficiaries,		*********		Yes 🛚	No	
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide which assets or liabilities were transferred. (See instructions.)	entify the plan(s) to	+				
13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) P	N(s)	
,						
Part VIII Trust Information		1				
14a Name of trust		14b Trust's EIN				
14c Name of trustee or custodian	14d Trustee's or custodian's telephone number					
Part IX IRS Compliance Questions						
15a Is the plan a 401(k) plan?		Ye	s	No		
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?				/ACP	
15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 2(a)(2)(ii))?	"current year 1.401(m)-	Yes		No		
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under se			atio ercentage st		rage efit test	
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by countries plan with any other plans under the permissive aggregation rules?	ombining	Ye	s	∏No		
17a Has the plan been timely amended for all required tax law changes?		Ye		∏ No	□ N/A	
17b Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes).				_ (See insti		
17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter advisory letter, enter the date of that favorable letter and prototype (M&P) and the letter's serial		t to a fa	vorable IR	S opinion	or	
17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS determination letter	, enter the date of	the plan	n's last fav	orable		
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Vir	)(2) has been gin Islands)?	Yes	3	No	<del></del>	
19 Were in-service distributions made during the plan year?		Ye	s	No		
If "Yes," enter amount	19			_		
Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless o retired), as required under section 401(a)(9)?	f whether or not	Ye	S	No	∏N/A	
•						