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.

0045

2015

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part	I Annual Report	Identification Information							
For cale	endar plan year 2015 or fi	scal plan year beginning 01/01/2	2015 and ending 12	2/31/20	015				
A This	return/report is for:	a single-employer plan a one-participant 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) 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 months)									
C Che	ck box if filing under:	Form 5558 special extension (enter descr	automatic extension DFVC program						
Part	Basic Plan Info	ormation—enter all requested inf	formation						
1a Name of plan JOHN B LENTINELLO CPA PC 401 K PROFIT SHARING PLAN TRUST					Three-digit plan number (PN) ▶	001			
				1c	Effective date of plan 01/01/2005				
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)				2b	b Employer Identification Number (EIN) 04-3589549				
	or town, state or province CPA PC	2c Sponsor's telephone number 631-421-9239							
4 ROYAL OAK DR IUNTINGTON, NY 11743-4428					2d Business code (see instructions) 541211				
3a Pla	n administrator's name ai	nd address XSame as Plan Spons	sor.		Administrator's l	EIN elephone number			
4 If th	oo nama and/ar FINI of th		the lost return/report filed for this plan optor the	46	FIN				
na		mber from the last return/report.	the last return/report filed for this plan, enter the	4b 4c					
		at the heginning of the plant car		5		3			
_				51		3			
			the plan year (defined benefit plans do not						
CO	mplete this item)			50		2			
			an year	5d(3			
			ar	5d(3			
th	an 100% vested		plan year with accrued benefits that were less //report will be assessed unless reasonable car	5e		0			
			ctions, I declare that I have examined this return/re			able, a Schedule			
CD or C	ahadula MD aamalatad a	nd signed by an appelled catually	o wall as the alectronic varsion of this return/rener			lenguela dan and			

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/valid electronic signature.	05/13/2016	JOHN B LENTINELLO
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HFRF			

SIGN HERE
Signature of employer/plan sponsor
Preparer's name (including firm name, if applicable) and address (include room or suite number)
Preparer's telephone number

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 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 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 or line 6b. 	an indepen and condition	dent qualified public a	ccount	ant (IQ	PA)			X Yes No
C If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No X No	ot determined
Part III Financial Information								
7 Plan Assets and Liabilities		(a) Beginning					(b) End of	
a Total plan assets	7a		707	001				777274
b Total plan liabilities	7b		707	0				777074
Net plan assets (subtract line 7b from line 7a) Income. Expenses, and Transfers for this Plan Year	7c	(a) A		'001			(b) Tata	777274
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b) Tota	ll
(1) Employers	8a(1)		22	035				
(2) Participants	8a(2)		30	360				
(3) Others (including rollovers)	8a(3)			0				
b Other income (loss)	8b		17	878				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							70273
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0				
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							0
i Net income (loss) (subtract line 8h from line 8c)	8i							70273
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	feature cod	des from the List of Pl	an Cha	racteris	stic Co	ides in t	ne instruction	ns:
2E 2G 2J 2K 2T 3D	reature cod	des nom the List of the	an Ona	iacieni	Sile Oc	ues III ti	ie iristructioi	10.
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 the	e instructions	S:
Part V Compliance Questions								
During the plan year:		de a Cara a sale d		Yes	No	N/A	Aı	mount
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 Fi	duciary Correction	10a		X			
b Were there any nonexempt transactions with any party-in-interest			401		X			
reported on line 10a.)			10b		^			
C Was the plan covered by a fidelity bond?			10c	X				70700
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	ner persons	by an insurance he benefits under			X			
the plan? (See instructions.)			10e 10f					
	Has the plan failed to provide any benefit when due under the plan?				X			
					X			
·	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)				X			
i If 10h was answered "Yes," check the box if you either provided the	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
j Did the plan trust incur unrelated business taxable income?			10j					
Part VI Pension Funding Compliance			,					
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes X No
11a Enter the unpaid minimum required contribution for all years from						11a		
12 Is this a defined contribution plan subject to the minimum funding							RISA?	Yes X No

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(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing		
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui			
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		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d					
		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	s 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)		13c(3) 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	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	C 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))?					Yes No			
16a	6a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):					Ratio Average benefit t			
16b	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?					No			
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A		
17b Date the last plan amendment/restatement for the required tax law changes was adopted// Enter the applicable code (See instruction for tax law changes and codes).							tructions		
17c	17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter / and the letter's serial number								
17d	17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter								
18		Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?				No			
19	Were in-service distributions made during the plan year?			Ye	s	No			
	If "Yes	If "Yes," enter amount							
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)?					No	N/A		