Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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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 Report	t Identification Information								
For calenda		fiscal plan year beginning 01/01/2		2/31/2015)					
A This ret	urn/report is for:	X a single-employer plan☐ a one-participant plan	a multiple-employer plan (not multiemployer) list of participating employer information in a a foreign plan		_					
B This retu	ırn/report is	the first return/report an amended return/report	X the final return/report a short plan year return/report (less than 12 m	12 months)						
C Check b	pox if filing under:	Form 5558 special extension (enter desc	automatic extension		DFVC progr	am				
Part II	Basic Plan Info	ormation—enter all requested in	formation							
1a Name				pla	nree-digit an number N)	002				
				1c Ef	fective date of	plan 1/2013				
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 Employer Identification Number (EIN) 06-1680059					
VS TRADIN		ce, country, and ZIP or foreign post	tal code (if foreign, see instructions)	2c S _F	oonsor's telepl 212-59	none number 90-1031				
ONE NORTH RD FLOOR IEW YORK,				2d Bu	siness code (: 5231	see instructions) 40				
3a Plan administrator's name and address Same as Plan Sponsor.				3b Administrator's EIN						
				3c Ad	lministrator's t	elephone number				
		ne plan sponsor has changed since umber from the last return/report.	the last return/report filed for this plan, enter the	4b EI	N					
a Sponso	•	·		4c PN	N					
5a Total r	number of participants	s at the beginning of the plan year		5a		2				
b Total r	number of participants	s at the end of the plan year		5b		0				
C Number	er of participants with	account balances as of the end of	the plan year (defined benefit plans do not	5c		0				
d(1) Total number of active participants at the beginning of the plan year)	2				
						0				
e Numb	er of participants tha	t terminated employment during the	e plan year with accrued benefits that were less	5e		0				
			n/report will be assessed unless reasonable ca							
SB or Sche		and signed by an enrolled actuary, a	ctions, I declare that I have examined this return/re as well as the electronic version of this return/repor							
SIGN	Filed with authorized	d/valid electronic signature.	05/25/2016 JOSEPH SOLAZZO							

Date

Date

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

Signature of plan administrator

Signature of employer/plan sponsor

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

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 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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cannot be a second or line 6b. 	an indepen and condition not use For	dent qualified public a ons.) m 5500-SF and mus	ccount	ant (IQ	PA) Form	5500.		×	Yes Yes	No 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	Not o	determin	ned
Part III Financial Information					-					
7 Plan Assets and Liabilities		(a) Beginning					(b) En	d of Yea		
a Total plan assets	7a		2	177					0	
b Total plan liabilities	7b			4.77					0	
C Net plan assets (subtract line 7b from line 7a)	7с			177	-				0)
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	unt				(b)	Total		
(1) Employers	8a(1)									
(2) Participants	8a(2)									
(3) Others (including rollovers)	8a(3)									
b Other income (loss)	8b			-70						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								-70)
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		2	107						
Certain deemed and/or corrective distributions (see instructions)	+ +									
f Administrative service providers (salaries, fees, commissions)	8f									
g Other expenses										
h Total expenses (add lines 8d, 8e, 8f, and 8g)									2107	7
i Net income (loss) (subtract line 8h from line 8c)	8i								-2177	7
j Transfers to (from) the plan (see instructions)	·· 8j									
Part IV Plan Characteristics					•					
9a If the plan provides pension benefits, enter the applicable pension	n feature cod	des from the List of Pl	an Cha	racteris	stic Co	des in t	the instr	uctions:		
B If the plan provides welfare benefits, enter the applicable welfare	facture and	as from the List of Dis	n Char		io Coo	ام نم داه	o inotru	ation or		
in the plan provides welfare benefits, enter the applicable welfare	reature code	es nom the List of Pla	II Cilaia	acterist	.10 000	162 111 111	ie iristrut	JUIIS.		
Part V Compliance Questions										
10 During the plan year:				Yes	No	N/A		Amo	unt	
Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary Fi	duciary Correction	10a		X					
b Were there any nonexempt transactions with any party-in-interes	st? (Do not in	nclude transactions			V					
reported on line 10a.)			10b		X					
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's by fraud or dishonesty?			10d		X					
Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides sor the plan? (See instructions.)	me or all of t	he benefits under	10e		X					
f Has the plan failed to provide any benefit when due under the pla			10f		X					
g Did the plan have any participant loans? (If "Yes," enter amount a	as of year e	nd.)	10g		Χ					
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ctions and 29 CFR	10g 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	the required	notice or one of the	10ii							
j Did the plan trust incur unrelated business taxable income?			10j							
Part VI Pension Funding Compliance			10)	I	<u> </u>	<u> </u>	<u>I</u>			
11 Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)									Yes	X No
11a Enter the unpaid minimum required contribution for all years from						11a		· <u> </u>		
12 Is this a defined contribution plan subject to the minimum funding							RISA?.	П	Yes	X No

	F	orm 5500-SF 2015 Page 3 - 1					
	(If "Ye	s," 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 in: ng the waiver		enter the Day	e date of	the letter ru Year	ling
If		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_		Τσαι	
b	Enter ti	he 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			
	Subtra	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the	left of a	12d			
		ve amount)			Yes	No	N/A
Part		e minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets			163	NO	IN/A
		resolution to terminate the plan been adopted in any plan year?			X Ye	sПNo	
		s," enter the amount of any plan assets that reverted to the employer this year		13a		<u> </u>	(
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou PBGC?	ght under the co	ontrol	×	Yes	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		Trust Information					
14a	Name o	f trust		14b 1	rust's Ell	N	
14c	Name	of trustee or custodian				s or custodi	an's
					telepnon	e number	
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		☐ Ye	s	No	
	10 110			_ D	esign-		
15b		"," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ha	sed safe arbor ethod	ADF test	P/ACP
15c		DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c		Ye		No	
		method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?					
16a		the box to indicate the method used by the plan to satisfy the coverage requirements under section			atio ercentage		erage efit test
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye		No	
17a		e plan been timely amended for all required tax law changes?		Ye	S	No	N/A
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions
17c	If the p	lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play letter, enter the date of that favorable letter/ and the letter's serial r		t to a fa	vorable I	RS opinion	or
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e lination letter/		the plai	 n's last fa	vorable	
18	Is the I	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	S	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

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

2015

This Form is Open to Public Inspection

	art I Annual Repor	rt Identification Information	<u> </u>			· · · · · · · · · · · · · · · · · · ·				
For	calendar plan year 2015 or t	fiscal plan year beginning	01/01/2015	and ending	12/31/201	5				
A 7	This return/report is for:									
В	This return/report is:	the first return/report an amended return/report	a foreign plan the final return/report a short plan year return/report (less than 12 months)							
C	Check box if filing under:	Form 5558 special extension (enter desc	automatic extension ription)		DFVC pr	ogram				
	Ittll Basic Plan Inf	formation enter all requested	information							
1a	Name of plan	ormation enter all requested	IIIIOIIIIation	<u></u>	1b Three-digit					
	•	Profit Sharing Plan			plan numbe (PN) ▶	002				
					1C Effective date of plan 01/01/2013					
2a	Mailing Address (include ro	loyer, if for a single-employer plan) com, apt., suite no. and street or P.C nce, country, and ZIP or foreign pos	•	ructions)	2b Employer Identification Number (EIN) 06-1680059					
	JVS Trading Corp.	•			2C Sponsors to (212) 59	elephone number 0-1031				
	One North End Ave. 3rd Floor	•			2d Business code (see instructions) 523140					
3a	US New York NY 10282	and address X Same as Plan Sp	oneor Namo		3b Administrate	ada EINI				
ou	i ian administrator s name	and address 1221 Same as man Sp	OHSOF NAME		JD Auministrati	DI S EIIN				
					3c Administrate	or's telephone number				
4		he plan sponsor has changed since umber from the last return/report.	the last return/report filed for	or this plan, enter the	4b EIN	····				
<u>a</u>	Sponsor's name				4c PN					
5a	Total number of participant	ts at the beginning of the plan year	***************************************	***************************************	. 5a	2				
b	Total number of participant	ts at the end of the plan year	••••••••••	***************************************	. 5b	0				
С	•	h account balances as of the end of	•	•	. 5c	0				
d(1) Total number of active pa	articipants at the beginning of the pl	an year	***************************************		2				
d (2		articipants at the end of the plan year the		ofite that wara	. 5d(2)	0				
е —	less than 100% vested	t terminated employment during the	pian year with accided ben	······································	. 5e	0				
Car	ution: A penalty for the lat	te or incomplete filing of this retu	rn/report will be assessed	unless reasonable ca	ause is established	•				
SB		other penalties set forth in the instruence and signed by an enrolled actuary, mplete.	_		• • • • • • • • • • • • • • • • • • • •	•				
	GN // //		. iF	Joseph Solazzo						
	HE Signature Man ad	min	Date 5/25/16	Enter name of individu	ual signing as plan a	dministrator				
Joseph Solazzo						,				
	Signature of employ	ual signing as emplo	vor or plan aponeor							
		n name, if applicable) and address; i	Date 5/23//L		Preparer's telepho	· 				
	paror 3 Janes (molutaling min	Tiagre, ii applicable, alla addiess, i								

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6a	Were all of the plan's assets during the plan year invested in eligible	assets? (See instructions.)	********	******		*****		XYes	
_	Are you claiming a waiver of the annual examination and report of a		•	ountan						
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	nd conditio	ons)	•••••	******	••••••		• • • • • • • • • • • • • • • • • • • •	XYes	No
	If you answered "No" to either line 6a or line 6b, the plan canno	t use For	m 5500-SF and must in							
	If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see EHISA section	on 402	21)?	******	· Yes	No	Not de	termined
·	Financial Information			<u> </u>	-			<u></u>		
	Plan Assets and Liabilities Total elements		(a) Beginning ((b) End o	f Year	 .
h	Total plan assets	<u> </u>		2,1	177	-	<u>-</u>		<u> </u>	0
i —	Total plan liabilities			2 1	77	┼-	<u></u>		0	
	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	<u>2,1</u> it	- / /	_		(b) Total		
	Contributions received or receivable from:									
	(1) Employers									
•	(2) Participants(3) Others (including rollovers)			· . ·						
	Other income (loss)	01-		(7	0)					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	<u> </u>							<u></u>	70)
d	Benefits paid (including direct rollovers and insurance premiums									
	to provide benefits)			2,1	.07					
	Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions)	Qf								
	Other expenses				· · · · · · · · · · · · · · · · · · ·					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)							2,107		
i	Net income (loss) (subtract line 8h from line 8c)	8i						·- ··	. (2,17	
	Transfers to (from) the plan (see instructions)	8j								
	HIV Plan Characteristics		-,							
	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	from the List of Plan Ch	aracte	eristic (Code	s in the i	nstruction	5:	·
10	During the plan year.				Yes	No		···	Amount	
а	Was there a failure to transmit to the plan any participant contributi	ions within	the time period					····	- III	
	described in 29 CFR 2510.3-102? (See instructions and DOL's Volence of the contraction of	_	·	10a		x				
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	_		10b		X				
<u>c</u>			——————————————————————————————————————	10c		X				<u></u>
	Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty?	**********	*************************	10d		X				
e	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.)	or all of t	he benefits under	10e	F.	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 er	nd.)	10g		х				
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	e required	notice or one of the	10i						
]	Did the plan trust incur unrelated business taxable income?		************************	10j						
	Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)						•		Yes	X No
118	Enter the unpaid minimum required contribution for current year fro	m Schedu	le SB (Form 5500) line 4	0	*******	*****	11a			
12	Is this a defined contribution plan subject to the minimum funding r	equiremen	ts of section 412 of the C	Code c	r secti	ion 3	02 of ER	ISA?	Yes	X No

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(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						<u> </u>
a If a waiver of the minimum funding standard for a prior year is being amortized in granting the waiver.	this plan year, see inst Mont	· —	_	4 -	letter rul	ing
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500	- · · · · · · · · · · · · · · · · · · ·)ay	Year		
b Enter the minimum required contribution for this plan year			12b	<u> </u>		
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 negative amount)			12d		·	. · ·
e Will the minimum funding amount reported on line 12d be met by the funding deadl				Yes 🔲 i	۷o 🗆	N/A
Part VII Plan Terminations and Transfers of Assets						
13a Has a resolution to terminate the plan been adopted in any plan year?	***********************	*****	X Y	es No		
If "Yes," enter the amount of any plan assets that reverted to the employer this yea	r	************	13a			0
b Were all the plan assets distributed to participants or beneficiaries, transferred to a of the PBGC?	nother plan, or brought	under the co	ntrol	x	Yes [] No
C If during this plan year, any assets or liabilities were transferred from this plan to an which assets or liabilities were transferred. (See instructions.)						
13c(1) Name of plan(s):		130	(2) EIN(s)	13c(3) PI	N(s)
Part VIII Trust Information						
	· · · · · · · · · · · · · · · · · ·	<u> </u>		<u> </u>	······································	
14a Name of trust			14b T	rust's EIN		
14c Name of trustee or custodian				rustee or cus phone numbe		
Part IX IRS Compliance Questions		·		<u></u>		- .
15a Is the plan a 401(k) plan:	***************************************	************	Yes	s	No	
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for emmatching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	ployee deferrals and e	' '	bas bar	sign- sed safe bor thod	ADP/A0	CP
15c If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year usin testing method* for nonhighly compensated employees (Treas. Reg. section 1.401(k 2(a)(2)(ii))?)-2(a)(2)(ii) and 1.401(·	☐ Yes	; <u> </u>	No	
16a Check the box to indicate the method used by the plan to satisfy the coverage requi			Rat Per Tes	centage LJ	Average Benefit	
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) at this plan with any other plans under the permissive aggregation rules?	nd 401(a)(4) by combir	_	Yes	;	No	- · · · · · · · · · · · · · · · · · · ·
17a Has the Plan been timely amended for all required law changes?	***************************************	************	Yes	; <u> </u>	No [N/A
17b Date of the last plan amendment/restatement for the required tax law changes was instructions for tax law changes and codes).	· · · · · · · · · · · · · · · · · · ·		, ,	ble code	`	
17c If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volundarisory letter, enter the date of that favorable letter / and 1 17d If the plan is an individually-designed plan and recieved a favorable determination letter / /	the letter's serial numb	er.		•		
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA made), American Samoa, Guam, the Commonwealth of the Northern Mariana Island	section 1022(i)(2) has s or the U.S. Virgin Isla	s been ands)?	☐ Yes	;	No	
19 Were in-service distributions made during the plan year?		••••••	Yes		No	
If Yes, enter amount	*******************************	••••••	19		 	
Were minimum required distributions made to 5% owners who have attained age 70 not retired) as required under section 401(a)(9)?			Yes		No [□ N/A