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.

2015

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Part I Annual Repor	rt Identification Informatio	on								
For calendar plan year 2015 or	fiscal plan year beginning 01/0	1/2015 and ending 12	2/31/2015							
A This return/report is for:	a single-employer 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 one-participant plan a foreign plan									
B This return/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 m	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 des	automatic extension DFVC program								
Part II Basic Plan Inf	formation—enter all requested									
1a Name of plan	ROFIT SHARING PLAN & TRUST	momaton	1b Three-digit plan number (PN) ▶ 1c Effective dat	001						
			O)1/01/1988						
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) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)		2b Employer Identification Number (EIN) 14-1636407								
LSA D. PASCUAL, MD, PC	2c Sponsor's telephone number 845-294-8817									
302 RTE. 207 OSHEN, NY 10924				de (see instructions)						
3a Plan administrator's name	and address XSame as Plan Spo	onsor.	3b Administrato	r's EIN						
			3c Administrato	r's telephone number						
name, EIN, and the plan n	the plan sponsor has changed sind number from the last return/report.	ce the last return/report filed for this plan, enter the	4b EIN							
a Sponsor's name			4c PN							
5a Total number of participan	ts at the beginning of the plan yea	r	5a	7						
b Total number of participan	ts at the end of the plan year		5b	7						
complete this item)	h account balances as of the end	of the plan year (defined benefit plans do not	5c	3						
d(1) Total number of active p	participants at the beginning of the	plan year	5d(1)	6						
d(2) Total number of active p	participants at the end of the plan	year	5d(2)	6						
than 100% vested		he plan year with accrued benefits that were less	5e	0						
		urn/report will be assessed unless reasonable car								
Under penalties of perjury and	outier penaities set forth in the inst	ructions, I declare that I have examined this return/re	port, including, if ap	phicable, 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

	Filed with authorized/valid electronic signature. 06/15/2016 ELSA D. PASCUA		ELSA D. PASCUAL		
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator		
SIGN					
HERE	Signature of employer/plan sponsor	Enter name of individual signing as employer or plan sponsor			
Preparer's name (including firm name, if applicable) and address (include room or suite nur			r) Preparer's telephone number		

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b	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 If you answered "No" to either line 6a or line 6b, the plan cann	an indepe and condit not use Fo	ndent qualified public a ions.) orm 5500-SF and mus	ccount	ant (IQ	PA) Form	5500.			X Ye	
C	f the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ection 4	021)? .		Yes	No	<u> </u>	Not dete	rmined
Par	t III Financial Information		1								
	Plan Assets and Liabilities		(a) Beginning					(b) E	nd of	Year	
	Total plan assets	. 7a		765	883					769	647
	Total plan liabilities	. 7b		705	0					760	0
	Net plan assets (subtract line 7b from line 7a)	. 7c	(5) A		883	769647					1047
	ncome, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amou	ınt				(E) Tot	tai	
	(1) Employers	. 8a(1)			0						
((2) Participants	. 8a(2)			0						
	(3) Others (including rollovers)	. 8a(3)			0						
	Other income (loss)	. 8b		7	404						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c								7	404
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d			0						
	Certain deemed and/or corrective distributions (see instructions)	. 8e			0						
f	Administrative service providers (salaries, fees, commissions)	. 8f		3	3640						
g	Other expenses	. 8g			0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h								3	640
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)									3	764
j ·	Transfers to (from) the plan (see instructions)	8j			0						
Par	IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 3D	feature co	odes from the List of Plant	an Cha	racteris	stic Co	des in t	the ins	ruction	ons:	
В	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acterist	ic Cod	les in th	ne instr	uctio	ns:	
Part	V Compliance Questions										
10	During the plan year:				Yes	No	N/A			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 V Program)	oluntary F	iduciary Correction	10a		X					
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						1000000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some	her person ne or all of	s by an insurance the benefits under			X					
f	the plan? (See instructions.) Has the plan failed to provide any benefit when due under the pla			10e		X					
-				10f							
g	Did the plan have any participant loans? (If "Yes," enter amount a			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 2520.10			10i							
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)									Ye	s 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	requirem	ents of section 412 of t	he Cod	e or se	ction 3	302 of E	RISA	,	Ye	s X No

	F	orm 5500-SF 2015 Page 3 - 1						
	_ `	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 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 1	Γrust's EIN	١		
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's	
	rianio	of tubics of suctorial		telephone number				
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan?		Ye	S	No		
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)?		Design- based safe ADP/ACP harbor test method				
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No		
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage 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	s	No		
17a	Has the	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		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

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retire

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).

Short Form Annual Return/Report of Small Employee

Complete all entries in accordance with the instructions to the Form 5500-SE

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

D	A I D	Complete an entires in		uctions to the Form 55	00•3F.			
Part I		Identification Information						
For calenda	ar plan year 2015 or fi	scal plan year beginning 01/01/20	15	and ending 12/31	1/2015			
A This sat		a single-employer plan	a multiple-employer plan (not multiemployer) (Filers checking this box mus list of participating employer information in accordance with the form instru					
A This ret	urn/report is for:	a one-participant plan	a foreign plan	iployer information in acc	cordance with the	form instructions)		
B This retu	ırn/report is	the first return/report	the final return/report					
		an amended return/report	a short plan year return	n/report (less than 12 mo	onths)			
C Check	oox if filing under:	Form 5558	automatic extension		DFVC p	rogram		
		special extension (enter descr						
Part II	Basic Plan Info	rmation-enter all requested inf	formation					
1a Name ELSA D. PA	•	FIT SHARING FLAN & TRUST			1b Three-digit plan number (PN) ▶	r 001		
			1c Effective da 01/01/1988	te of plan				
	ponsor's name (emplo g address (include roo		2b Employer Id (EIN) 14-163	entification Number				
-	town, state or provinc SCUAL, MD, PC	e, country, and ZIP or foreign post	al code (if foreign, see instr	uctions)	2c Sponsor's to	elephone number		
					2d Business co	45) 294-8817 de (see instructions)		
3302 RTE. 2					621111			
GOSHEN. N								
3a Plan ad	dministrator's name ar	id address 🏻 Same as Plan Spons	sor.		3b Administrate	or's EIN		
		-						
					3c Administrate	r's telephone number		
4 If the n	ame and/or EIN of the	plan sponsor has changed since	the last return/report filed fo	or this plan, enter the	4b EIN			
name,	EIN, and the plan nur	nber from the last return/report.	·		-	_		
a Sponso	or's name				4c PN			
		at the haringing of the plantage			5a	7		
		at the beginning of the plan year		_				
		at the end of the plan year			5b	7		
		account balances as of the end of t		-	5c	3		
d(1) Tota	al number of active par	ticipants at the beginning of the pla	an year		5d(1)	6		
d(2) Tota	al number of active pa	rticipants at the end of the plan yea	ar		5d(2)	6		
		terminated employment during the			5e	0		
Caution: A	penalty for the late	or incomplete filing of this return	/report will be assessed	unless reasonable caus	se is established	<u> </u>		
		ner penalties set forth in the instruc						
SB or Sche		nd signed by an enrolled actuary, a						
SIGN	Elsn &.	Paxeual	6-15-2016	ELSA D. PASCUAL				
HERE	Signature of plan a	dministrator	Date	Enter name of individua	al signing as plan	administrator		
SIGN								
HERE	Signature of emplo	ver/plan sponsor	Date	Enter name of individua	al signing as emp	over or plan sponsor		
Preparer's r		ame, if applicable) and address (in			Preparer's teleph			
,,		,						

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6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) b 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. C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?								<u> </u>	Yes [No No	
	vered under the PBGC in	nsurance p	rogram (see ERISA s	ection 4	1021)?		Yes	∐No	Not	determined	<u>1</u>
Part III Financial Information		T				_					
7 Plan Assets and Liabilities	-		(a) Beginnin			_		(b) En			
a Total plan assets		7a		7658		+			769647		
b Total plan liabilities		7b		7658	0	+				0 69647	
Net plan assets (subtract line 7b from line Income, Expenses, and Transfers for this	,	7c	(2) \$		00	+		4.		09047	
8 Income, Expenses, and Transfers for this a Contributions received or receivable from (1) Employers		8a(1)	(a) Amo	unt	0			(b) Total			
(2) Participants		8a(2)			0						
(3) Others (including rollovers)		8a(3)	-		0						
b Other income (loss)		8b	_	740	04						
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								7404	
d Benefits paid (including direct rollovers and to provide benefits)		8d			0						
e Certain deemed and/or corrective distribu	tions (see instructions)	8e			0						
f Administrative service providers (salaries,	fees, commissions)	8f	_	364		+					
g Other expenses		8g			0	+					
h Total expenses (add lines 8d, 8e, 8f, and		8h				+		_		3640	
i Net income (loss) (subtract line 8h from line) i Transfers to (from) the plan (see instruction)		8i	_		^	+				3764	
		8j			0						
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter	er the applicable pension	feature co	des from the List of Pl	an Cha	racteri	stic Co	ndes in 1	the instri	ıctions		
2A 2E 3D					i doloi i		, acs III		2000113		
B If the plan provides welfare benefits, enter	r the applicable welfare fe	eature cod	es from the List of Pla	n Chara	acterist	ic Cod	les in th	e instruc	tions:		
Part V Compliance Questions											
10 During the plan year:					Yes	No	N/A		Amo	ount	
Was there a failure to transmit to the pla described in 29 CFR 2510.3-102? (See Program)	instructions and DOL's V	oluntary F	iduciary Correction	10a		x					
b Were there any nonexempt transactions				10b		Х					
reported on line 10a.) C Was the plan covered by a fidelity bond					х					100000	10
<u> </u>				10c	 ^					100000	
by fraud or dishonesty?				10d		Х					
Were any fees or commissions paid to a carrier, insurance service, or other organ the plan? (See instructions.)	ization that provides som	e or all of	the benefits under	10e		x					
f Has the plan failed to provide any benefit	t when due under the plar	า?		10f		Х					
g Did the plan have any participant loans?	(If "Yes," enter amount as	s of year e	nd.)	10g		Х					
h If this is an individual account plan, was 2520.101-3.)	. ,			10h		х					
i If 10h was answered "Yes," check the bo exceptions to providing the notice applied				10i							
j Did the plan trust incur unrelated busines	ss taxable income?			10j							
Part VI Pension Funding Complian	nce										
11 Is this a defined benefit plan subject to m 5500) and line 11a below)	inimum funding requirem									Yes 1	No
11a Enter the unpaid minimum required contr	ibution for all years from	Schedule	SB (Form 5500) line 4	0			11a				
12 Is this a defined contribution plan subject	t to the minimum funding	requireme	nts of section 412 of t	he Cod	e or se	ction 3	302 of E	RISA?		Yes X 1	No

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	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ingranting the waiver.	Month	enter the Day	date of the	ne letter ru Year	ling	
<u> If</u>	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	<u></u>	12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)		12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	<u></u>		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		13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broughthe PBGC?	ght under the co	ontrol		Yes X	No	
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi which assets or liabilities were transferred. (See instructions.)						
	13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) F	N(s)	
Part	VIII Trust Information						
14a	Name of trust		14b ⊺	rust's EIN			
14c	Name of trustee or custodian	-	14d Trustee's or custodian's telephone number				
Par	t IX IRS Compliance Questions						
15a	Is the plan a 401(k) plan?		Yes	6	No		
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based safe harbor method		ADP/ACP test		
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "citesting method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.42(a)(2)(ii))?	01(m)-	Yes		No		
16a	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section	on 410(b):	Ra pe	rcentage		rage efit test	
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by complete plan with any other plans under the permissive aggregation rules?		Yes	s 	No		
17a	Has the plan been timely amended for all required tax law changes?		Yes	6	No	N/A	
17b	Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes).	Enter the a	pplicabl	e code	(See in:	structions	
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter planted advisory letter, enter the date of that favorable letter and the letter's serial	number		<u> </u>		or	
	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, edetermination letter		the plan	'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)(2) made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes		No		
19	Were in-service distributions made during the plan year?		Yes	8	No		
	If "Yes," enter amount		19				
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of what retired), as required under section 401(a)(9)?		Yes		No	□ N/A	