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.

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Parti	Annual Report	i identification information	1							
For calenda	ar plan year 2015 or fi	015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015								
A This ret	turn/report is for:	x a single-employer plan	(Filers checking this box must attach a ccordance with the form instructions)							
		a one-participant plan	a foreign plan							
B This retu	urn/report is	the first return/report	the final return/report							
		an amended return/report	a short plan year retur	n/report (less than 12 mo	2 months)					
C Check b	box if filing under:	Form 5558	automatic extension	automatic extension DFVC program						
		special extension (enter desc	cription)							
Part II	Basic Plan Info	ormation—enter all requested in	nformation							
1a Name	of plan				1b Thr	ee-digit				
BROOKLYN	N AUDIOLOGY ASSO	CIATES 401 K PROFIT SHARING	PLAN TRUST		•	n number				
				}		1) 🕨	001			
					1C Effe	Effective date of plan 01/01/2002				
Mailing	g address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.0				Employer Identification Number (EIN) 11-2952691				
	AUDIOLOGY ASSOC	ce, country, and ZIP or foreign pos CIATES	tal code (if foreign, see insti	ructions)	2c Spo	2c Sponsor's telephone number 718-745-6363				
2500 4 T U AV	/E				2d Bus	Business code (see instructions)				
3502 4TH AVE BROOKLYN, NY 11209-4608						541990				
3a Plan administrator's name and address ⊠Same as Plan Sponsor.						b Administrator's EIN				
					3c Administrator's telephone number					
		e plan sponsor has changed since	the last return/report filed f	or this plan, enter the	4b EIN					
name, EIN, and the plan number from the last return/report. a Sponsor's name						4c PN				
5a Total number of participants at the beginning of the plan year							11			
b Total number of participants at the end of the plan year							9			
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)					5c	8				
d(1) Total number of active participants at the beginning of the plan year						9				
d(2) Total number of active participants at the end of the plan year							6			
Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested					5e	0				
		or incomplete filing of this retur								
SB or Sche		ther penalties set forth in the instru and signed by an enrolled actuary, aplete.								
SIGN	Filed with authorized	/valid electronic signature.	07/11/2016	RICHARD KANER	ER					
HERE	Signature of plan a	administrator	Date	Enter name of individu	vidual signing as plan administrator					
SIGN										
HERE	Signature of emple		Date		ndividual signing as employer or plan sponsor					
Preparer's	name (including firm i	name, if applicable) and address (i	nclude room or suite number	er)	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 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 be a second to the plan cannot be a second	an independand condition	dent qualified public a	ccount	ant (IQ	PA)			□ □	Yes No
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 >	Not de	etermined
Part III Financial Information	, ,								
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End	of Yea	r
a Total plan assets	7a		279	501				2	71575
b Total plan liabilities	7b			0					0
C Net plan assets (subtract line 7b from line 7a)	7c		279	501					71575
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b)	Total	
(1) Employers	8a(1)		7299						
(2) Participants	8a(2)		18	743					
(3) Others (including rollovers)	8a(3)		0						
b Other income (loss)	8b		2	332					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								28374
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		36	170					
Certain deemed and/or corrective distributions (see instructions)	8e		0						
f Administrative service providers (salaries, fees, commissions)	8f		130						
g Other expenses	8g		0						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								36300
i Net income (loss) (subtract line 8h from line 8c)	8i								-7926
j Transfers to (from) the plan (see instructions)	8i			0					
Part IV Plan Characteristics	<u>, , , , , , , , , , , , , , , , , , , </u>								
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature coo	des from the List of Pla	an Cha	racteris	stic Co	des in t	he instru	ctions:	
B If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Pla	n Chara	acterist	ic Coc	les in the	e instruc	tions:	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amou	ınt
	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)				X				
	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)				X				
C Was the plan covered by a fidelity bond?	Was the plan covered by a fidelity bond?								27950
	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?				X				
carrier, insurance service, or other organization that provides som	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.)				X				
f Has the plan failed to provide any benefit when due under the plan			10f		Х				
					-				
					X				
·	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)				X				
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?			10j						
Part VI Pension Funding Compliance			,						
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								<u>.</u> П	Yes X No
11a Enter the unpaid minimum required contribution for all years from						11a		<u>. — — — — — — — — — — — — — — — — — — —</u>	<u>—</u>
12 Is this a defined contribution plan subject to the minimum funding							RISA?		Yes X No

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	_ `	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) PN(s)					
Part	: VIII	Trust Information							
14a	Name o	f trust		14b Trust's EIN					
14c	Name	of trustee or custodian		14d	14d Trustee's or custodian's				
140 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	5c 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 percentage test Average benefit 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?					s	No			
17a Has the 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 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 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					5	No			
19	Were in-service distributions made during the plan year?				s	No			
	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		