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

Part I	Annual Report	Identification Information									
For calend	lar plan year 2015 or fis	scal plan year beginning 01/01/2	2015	and ending 12	/31/2015						
A This re	turn/report is for:	a single-employer plan		olan (not multiemployer) mployer information in acc							
		a one-participant plan	a foreign plan								
<b>B</b> This ret	urn/report is	the first return/report	the final return/report								
		an amended return/report	a short plan year retu	rn/report (less than 12 mo	onths)						
C Check	box if filing under:	Form 5558	automatic extension DFVC program								
Dant II	Dania Dian Info	special extension (enter descr	· /								
Part II		rmation—enter all requested inf	formation			Т					
1a Name SALVATOR	of plan RE E. BENISATTO PC	PENSION PLAN			1b Three-digit plan number (PN) ▶	er 001					
	1c Effective da										
		yer, if for a single-employer plan) m, apt., suite no. and street, or P.C	) Box)			lentification Number					
City or	r town, state or provinc	e, country, and ZIP or foreign post		ructions)	(=)						
SALVATORI	E E. BENISATTO PC					elephone number 16-935-1903					
OZE NODTU	BBOADWAY SUITE	204			2d Business co	ode (see instructions)					
JERICHO, N	BROADWAY, SUITE : IY 11753	201				541110					
<b>3a</b> Plan a	administrator's name ar	nd address XSame as Plan Spons	sor.		<b>3b</b> Administrate	or's EIN					
					<b>3c</b> Administrate	or's telephone number					
4 If the	name and/or EIN of the	e plan sponsor has changed since	the last return/report filed	for this plan, enter the	<b>4b</b> EIN						
name	e, EIN, and the plan nur	mber from the last return/report.	•	' '							
	sor's name				<b>4c</b> PN <b>5a</b>	2					
_		at the beginning of the plan year		Ī	5b	2					
		at the end of the plan yearaccount balances as of the end of		i i							
					5c	2					
		rticipants at the beginning of the pl		ĺ	5d(1)	2					
		rticipants at the end of the plan year			5d(2)	2					
than	100% vested	terminated employment during the			5e	0					
		or incomplete filing of this returr									
SB or Scho		her penalties set forth in the instruction and signed by an enrolled actuary, a plete.									
SIGN	Filed with authorized/	valid electronic signature.	07/19/2016	SALVATORE E. BENI	SATTO						
HERE	Signature of plan a	dministrator	Date	Enter name of individu	ual signing as plar	administrator					
SIGN											
HERE	Signature of emplo		Date	Enter name of individu							
Preparer's	name (including firm n	name, if applicable) and address (in	nclude room or suite numb	er)	Preparer's teleph	ione number					

	Form 5500-SF 2015		Page <b>2</b>							
<b>b</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 a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann	an indepe and condi	ndent qualified public a	ccount	ant (IQ	PA)				Yes No
C I	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA se	ection 4	021)? .		Yes	No	Not de	etermined
Part	t III Financial Information									
<b>7</b> F	Plan Assets and Liabilities		(a) Beginning	of Yea	ar			(b) End	of Yea	r
a T	Fotal plan assets	7a		540	568				5	547626
b	Total plan liabilities	7b			0					0
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c		540	568				5	547626
	ncome, Expenses, and Transfers for this Plan Year		(a) Amou	ınt				(b) <sup>-</sup>	Γotal	
	Contributions received or receivable from:  (1) Employers	8a(1)			0					
	2) Participants	8a(2)			0					
	3) Others (including rollovers)	8a(3)			0					
b	Other income (loss)	8b		7	058					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								7058
	Benefits paid (including direct rollovers and insurance premiums	0.4			0					
	o provide benefits)  Certain deemed and/or corrective distributions (see instructions)	8d			0					
	Administrative service providers (salaries, fees, commissions)	8e 8f			0					
	Other expenses	8g			0					
	Fotal expenses (add lines 8d, 8e, 8f, and 8g)	8h								0
	Net income (loss) (subtract line 8h from line 8c)	8i								7058
	Fransfers to (from) the plan (see instructions)	8i			0					
Part	IV Plan Characteristics	-,	. <b>J</b>			•				
9a	If the plan provides pension benefits, enter the applicable pension ${\color{red}^{2}}{\color{blue}C}$	feature co	odes from the List of Plant	an Cha	racteris	stic Co	odes in	the instru	ctions:	
В	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Chara	acterist	ic Coc	des in th	ne instruc	tions:	
Part	V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amou	unt
а	Was there a failure to transmit to the plan any participant contribut 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				
С	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				
e	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.)	e or all of	the benefits under	10e		X				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	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			,		<u> </u>				
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							(Form		Yes No
11a	Enter the unpaid minimum required contribution for all years from	Schedule	SB (Form 5500) line 4	0			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 (	302 of E	ERISA?	X	Yes No

	F	orm 5500-SF 2015 Page <b>3</b> - 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	date of t	he letter ru Year	ing
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_		1001	
b	Enter t	he minimum required contribution for this plan year		12b			0
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c			0
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d			0
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?	X	Yes	No 🗌	N/A	
Part		Plan Terminations and Transfers of Assets		1			
		resolution to terminate the plan been adopted in any plan year?			X Yes	s No	
		s," enter the amount of any plan assets that reverted to the employer this year		13a			(
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou PBGC?		ontrol		Yes X	No
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)	fy the plan(s) to	ı			
1	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)
Part	· VIII	Trust Information					
	Name c			14b 1	Γrust's EIN	1	
140	Nome	of trustee or custodian		114	Tructoo's	or custodia	
140	Name	of trustee of custodian			telephone		3115
Par	t IX	IRS Compliance Questions		ı			
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)?		ba ha	esign- ased safe arbor ethod	ADF test	P/ACP
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))?	401(m)-	Yes No			
16a		the box to indicate the method used by the plan to satisfy the coverage requirements under secti		Ra pe		rage efit test	
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by comount 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 plant plant plant plant plant plant the letter's serial representation of the letter's serial representation.		t to a fa	vorable II	RS opinion	or
17d	If the p	olan 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 i	n-service distributions made during the plan year?		Ye	s	No	
		," 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

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Pension Benefit Guaranty Corporation

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> 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

		Identification Information					
For calendar	plan year 2015 or f	iscal plan year beginning	01/01/201	5	and ending	12/31/2	015
▲ This retu	rn/report is for:	X a single-employer plan		. , .	n (not multiemployer) loyer information in acc		
rt ma reter		a one-participant plan	a foreign pla	, ,	•		,
B This retur	n/report is	the first return/report	the final retu	rn/report			
		an amended return/report	a short plan	year return/i	report (less than 12 mo	onths)	
C Check be	ox if filing under:	Form 5558	automatic e	xtension		☐ DFVC p	rogram
		special extension (enter desc					
Part II	Rasic Plan Info	ormation—enter all requested in					
1a Name o		Offitation—enter an requested in	mornation			1b Three-digit	
		tto PC Pension Plan				plan numbe (PN)	r 001
						1c Effective da 01/01/1	
Mailing	address (include ro	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.	O. Box)			2b Employer Id (EIN) 11-	entification Number 2979790
-	town, state or provin ore E. Benis	ice, country, and ZIP or foreign pos satto_PC	stal code (if foreign	n, see instru	ctions)		elephone number
241140	0.000.000000000000000000000000000000000					516-935	
375 No	rth Broadway	, Suite 201				20 Business co 541110	ode (see instructions)
Jerich		NY 11753					
3a Plan ad	lministrator's name	and address XSame as Plan Spor	nsor.			3b Administrate	or's EIN
						3c Administrate	or's telephone number
		he plan sponsor has changed sincumber from the last return/report.	e the last return/re	port filed fo	r this plan, enter the	4b EIN	
a Sponso	or's name					4c PN	
5a Total r	number of participan	ts at the beginning of the plan year	۲			5a	2
<b>b</b> Total r	number of participan	ts at the end of the plan year				5b	2
		h account balances as of the end o				5c	2
	,	participants at the beginning of the				5d(1)	2
d(2) Tota	al number of active;	participants at the end of the plan y	/ear			5d(2)	2
	' '	at terminated employment during the	' '			5e	.0
Caution: A	penalty for the lat	e or incomplete filing of this retu	urn/report will be	assessed i	unless reasonable ca	use is established	d
SB or Sche		other penalties set forth in the instr and signed by an enrolled actuary mplete.					
SIGN	13 1/2	<b>≫</b>			Salvatore E.	Benisatto	
HERE	Signature of plan	n administrator	Date	2/19/16	Enter name of individ	dual signing as plai	n administrator
SIGN							
HERE		oloyer/plan sponsor	Date				ployer or plan sponsor
Preparer's	name (including firm	n name, if applicable) and address	(include room or s	suite numbe	r)	Preparer's telep	none number

Page 2									
instructions.) qualified public ac	counta	nt (IQF	A)	5500.			Yes [	] No	
m (see ERISA see	ction 40	21)?		Yes [	No 📗	Not d	letermi	ned	
									_
(a) Beginning	of Yea	r			(b) End (	of Yea	ar		
	54	0568	3				54	762	6
	_								0
	54	10568	3				54	762	6
(a) Amou				(b) T	otal			_	
		(							
	_	-	0		_	_			_
		-							_
		705	8						_
								705	8
			0						_
			0			_			
	_		0						_
			$\top$						0
				_				705	8
			0						_
									_
from the List of Pla	an Char	acteris	stic Co	des in t	he instruc	tions			
om the List of Plan	n Chara	cterist	ic Cod	es in th	e instructi	ions:			
		Yes	No	N/A		Λ			
time period		162	NO	IV/A		Amo	ount		
iary Correction			X						
da transactions	10a								
de transactions	10b		Х						
	10c		Х						
hat was caused	10d		Х						
an insurance benefits under			х						
	10e			_					

	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 a		•						X Yes	No
Ь	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a								X Yes	No
	If you answered "No" to either line 6a or line 6b, the plan cann	ot use Fo	rm 5500-SF and must	instead	d use l	Form	5500.			
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA sec	ction 40	21)?		Yes [	No 1	Not determin	ied
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Yea	r			(b) End o	f Year	
a	Total plan assets	7a	(5)		0568	3	_	3-7		7626
	Total plan liabilities	7b			(					0
	Net plan assets (subtract line 7b from line 7a)	7c		54	0568	3		_	547	7626
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	nt				(b) To	tal	
a	Contributions received or receivable from: (1) Employers	8a(1)			(	0				
	(2) Participants	8a(2)				0	_			
	(3) Others (including rollovers)	8a(3)			(	)				
b	Other income (loss)	8b			705	8				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							•	7058
d	Benefits paid (including direct rollovers and insurance premiums									
_	to provide benefits)	. 8d				0				
	Certain deemed and/or corrective distributions (see instructions)	8e				+				
f	Administrative service providers (salaries, fees, commissions)	. 8f				0				
<u>g</u>	Other expenses					4				
<u>n</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)					+				0
<u></u>	Net income (loss) (subtract line 8h from line 8c)			_						7058
]	Transfers to (from) the plan (see instructions)	· 8j				0				
<u> </u>	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2C	i feature co	odes from the List of Pla	an Char	acteris	itic Co	des in t	he instruct	ions:	
B	If the plan provides welfare benefits, enter the applicable welfare to	feature cod	des from the List of Plar	n Chara	cterist	ic Cod	es in the	e instructio	ons:	
Pai	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
ā	Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510,3-102? (See instructions and DOL's V									
	Program)	,	. ,	10a		X				
ł	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)			10b		Х				
	Was the plan covered by a fidelity bond?			10c		Х				
•	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х				
•	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	f the benefits under	10e		Х				
f	Has the plan failed to provide any benefit when due under the plan	an?		10f		Х				
Ç	Did the plan have any participant loans? (If "Yes," enter amount a	as of year	end.)	10g		Х				
	1 If this is an individual account plan, was there a blackout period? 2520.101-3.)	(		10h		Х				
i	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10	•		10i						
j	Did the plan trust incur unrelated business taxable income?			10i						
Pai	t VI Pension Funding Compliance	_			_		_			
11									Yes	No
11	a Enter the unpaid minimum required contribution for all years from									
12								RISA?	X Yes	No

Form 5	500-SF 2015 Page <b>3</b> -					
(If "Yes," co	nplete line 12a or lines 12b, 12c, 12d, and 12e below. as applicable.)					
granting the	f the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and waiver	enter the Day		e letter ru Year	ling	
If you complet	ed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
b Enter the mir	imum required contribution for this plan year	12b			0	
C Enter the am	ount contributed by the employer to the plan for this plan year	12c			0	
	amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ount)	12d			0	
e Will the min	mum funding amount reported on line 12d be met by the funding deadline?	X	Yes	No	N/A	
Part VII Plan	Terminations and Transfers of Assets					
13a Has a resolu	tion to terminate the plan been adopted in any plan year?		X Yes	No		
If "Yes," ent	er the amount of any plan assets that reverted to the employer this year	. 13a			0	
	plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the c			Yes X	No	
	s plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to s or liabilities were transferred. (See instructions.)	o		_		
13c(1) Name	of plan(s): 13c(2)	EIN(s)		13c(3)	PN(s)	
Part VIII Tru	st Information			_	_	
14a Name of trus	14b Trust's EIN					
14c Name of tru	istee or custodian	14d	Trustee's telephone		ian's	
Part IX IR:	S Compliance Questions					
15a Is the plan	a 401(k) plan?	. Y	'es	No		
	v does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer ontributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	t	Design- based safe harbor method	AD te:	P/ACP	
testing met	ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year nod" for nonhighly compensated employees (Treas, Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-	Y	res	No		
16a Check the t	pox to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):		Ratio percentage test		verage enefit test	
	an satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining the any other plans under the permissive aggregation rules?	🖳	res	No		
17a Has the pla	n been timely amended for all required tax law changes?	۱ [] [	res	No	∏N/A	
	st plan amendment/restatement for the required tax law changes was adopted Enter the changes and codes).	e applic	able code _	(See	instruction	
	ponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject, enter the date of that favorable letter and the letter's serial number				n or	
		of the ol	ian's last fa	vorable		
17d If the plan i determinati		Т				
17d If the plan in determination 18 ls the Plan		Y		□ No		
17d If the plan i determinati 18 Is the Plan made). Am	on letter	Y	'es Yes	□ No		
17d If the plan in determinate  18 Is the Plan made). Am  19 Were in-se	on letter maintained in a U.S. territory (i.e Puerto Rico (if no election under FRISA section 1022(i)(2) has been erican Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	Y	Yes			