## 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

Part I	Annual Report	Identification Information									
For calenda	ar plan year 2015 or fi	scal plan year beginning 01/01/2	2015	and ending 1	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)											
71 11110 101	a one-participant plan a foreign plan										
<b>B</b> This retu	ırn/report is										
		an amended return/report	a short plan year retu	ırn/report (less than 12 m	ionths)						
C Check b	oox if filing under:	Form 5558	automatic extension		DFVC	program					
		special extension (enter desc	• •								
Part II	Basic Plan Info	ormation—enter all requested in	formation			T					
1a Name	•				<b>1b</b> Three-digit						
THE FOCUS	S ROOM 401(K) PLAN	1			plan numbe (PN) ▶	er   001					
					1c Effective da						
						01/01/2003					
2a Plan sp	ponsor's name (emplo	yer, if for a single-employer plan)			<b>2b</b> Employer lo	dentification Number					
		m, apt., suite no. and street, or P.C		tructions)		06-1067574					
THE FOCUS		e, country, and ZIP or foreign post	ai code (ii foreign, see ins	aructions)	<b>2c</b> Sponsor's telephone number 914-428-3805						
					2d Business co	ode (see instructions)					
500 MAMAR SUITE #205	ONECK AVENUE				812990						
HARRISON,	NY 10528					012000					
3a Plan a	dministrator's name ar	nd address XSame as Plan Spon	sor.		<b>3b</b> Administrat	or's EIN					
					3c Administrat	or's telephone number					
					JC Administrati	of a relephone number					
4 If the r	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,	, EIN, and the plan nur	mber from the last return/report.	·								
<b>a</b> Sponse					<b>4c</b> PN <b>5a</b>	16					
_		at the beginning of the plan year			5a 5b						
		at the end of the plan yearaccount balances as of the end of				16					
					5c	16					
<b>d(1)</b> Tota	al number of active pa	rticipants at the beginning of the pl	lan year		5d(1)	16					
		articipants at the end of the plan ye			5d(2)	16					
Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested						0					
		or incomplete filing of this return			use is established	i.					
		ther penalties set forth in the instru									
	rue, correct, and com	nd signed by an enrolled actuary, a plete.	as well as the electronic ve	ersion of this return/repor	t, and to the best t	i my knowiedge and					
SIGN		/valid electronic signature.	07/20/2016	IRA WEINSTEIN	VEINSTEIN						
HERE	Signature of plan a	udministrator	Date	Enter name of individ	Enter name of individual signing as plan adr						
SIGN	,										
HERE	Signature of emplo	ver/nlan snonser	Date	Enter name of individ	Enter name of individual signing as employer or plan spons						
Preparer's		name, if applicable) and address (ir			Preparer's teleph						
	, <b>o</b>	, , ,		•							

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<ul> <li>Were all of the plan's assets during the plan year invested in eligible.</li> <li>Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of your answered "No" to either line 6a or line 6b, the plan can</li> </ul>	of an independ ty and condition	dent qualified public a	ccount	ant (IQ	PA)			<u>□</u>	es No
<b>c</b> If the plan is a defined benefit plan, is it covered under the PBGC	insurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No	Not det	ermined
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End	of Year	
a Total plan assets	7a		36	105				3	6105
<b>b</b> Total plan liabilities	7b								
C Net plan assets (subtract line 7b from line 7a)	7с		36	3105				3	6105
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	ınt				(b) 1	otal	
Contributions received or receivable from:     (1) Employers	8a(1)								
(2) Participants									
(3) Others (including rollovers)	8a(3)								
<b>b</b> Other income (loss)	8b								
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								0
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)									
Certain deemed and/or corrective distributions (see instructions).									
f Administrative service providers (salaries, fees, commissions)									
g Other expenses									
h Total expenses (add lines 8d, 8e, 8f, and 8g)									0
i Net income (loss) (subtract line 8h from line 8c)									0
j Transfers to (from) the plan (see instructions)	···· 8j								
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension	on feature cod	des from the List of Pl	an Cha	racteris	stic Co	des in th	ne instru	ctions:	
B If the plan provides welfare benefits, enter the applicable welfare	a facture and	on from the List of Dis	n Char	- at a ri at	io Coo	loo in the	inatruot	ionai	
If the plan provides welfare benefits, enter the applicable welfare	e lealure code	es nom the List of Pla	ii Cilaia	acterist	ic Coc	es III lile	HISHUCI	10115.	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amour	nt
Was there a failure to transmit to the plan any participant contril described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	s Voluntary Fi	duciary Correction	10a		X				
<b>b</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	Х					100000
d Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?			10d		X				100000
Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides so the plan? (See instructions.)	other persons ome or all of t	by an insurance he benefits under	10e		X				
f Has the plan failed to provide any benefit when due under the p			10f		Х				
g Did the plan have any participant loans? (If "Yes," enter amount			10g		X				
h If this is an individual account plan, was there a blackout period 2520.101-3.)	l? (See instru	ctions and 29 CFR	10g		X				
i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1	d the required	notice or one of the	10ii						
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 require 5500) and line 11a below)								Пү	es No
11a Enter the unpaid minimum required contribution for all years fro						11a			<u></u> l
12 Is this a defined contribution plan subject to the minimum funding						302 of El	RISA?	Υ	es X 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	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_		Toal	
b	Enter th	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			
	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	s $\square$ No	
		," 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 brou	ght under the co			Yes X	No
С	If durin	PBGC?  ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi				<u> </u>	
		assets or liabilities were transferred. (See instructions.)  lame of plan(s):	13c(2)	FIN(e)		13c(3) F	PN(e)
	100(1)	uno oi piuntoj.	130(2)	L114(3)		130(3)	· <b>v</b> (3)
Dant		Turnet hafe amount on					
Part	Name o	Trust Information		14b Trust's EIN			
ı <del>T</del> a	Name 0	ii iiust		140	TUSES EII	14	
14c	Name	of trustee or custodian		<b>14d</b> Trustee's or custodian's telephone number			
			telephone number				
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		Ye	s	No	
				Design-			
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)?		based safe ADP/ACP harbor test			
450				method			
150		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 1.401(k)-2(a)(2)(ii) and 1.401(k)-2(a)(b) and 1.401(k)		Yes No			
	2(a)(2)	(ii))?		□ Ra	atio		
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under section	on 410(b):		ercentage		erage efit test
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by comin with any other plans under the permissive aggregation rules?		Ye	s	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 ination 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	\$	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

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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	Annual Report	Identification Information	1									
For calenda	ar plan year 2015 or f	iscal plan year beginning	01/01/2015	and ending	12/31/	2015						
		X a single-employer plan		an (not multiemployer)								
A This ret	urn/report is for:		list of participating em	form instructions)								
		a one-participant plan	a foreign plan									
D		the first valuum/nament	The final return/report									
<b>B</b> This retu	ırn/report is	the first return/report										
		an amended return/report a short plan year return/report (less than 12 months)										
C Check box if filing under: Form 5558 automatic extension DFVC program												
		special extension (enter desc	cription)									
Part II	Basic Plan Info	ormation—enter all requested in	· · ·									
1a Name		ormation—enter an requested in	Hormation		1b Three-digit							
	CUS ROOM 401 (	K) PLAN			plan numb							
			(PN)									
					1c Effective d							
					01/01/2	2003						
		oyer, if for a single-employer plan) om, apt., suite no. and street, or P.	O Roy)			dentification Number						
		ce, country, and ZIP or foreign pos		uctions)	1 1	1067574						
-	ocus Room	, , , , , , , , , , , , , , , , , , , ,		,		telephone number						
					914-428	ode (see instructions)						
500 Ma	maroneck Ave	nue			812990	ode (see instructions)						
Suite	#205											
Harris	on	NY 10528										
3a Plan ad	dministrator's name a	nd address XSame as Plan Spon	isor.		3b Administrator's EIN							
					2							
					3C Administrat	tor's telephone number						
		e plan sponsor has changed since	the last return/report filed for	or this plan, enter the	4b EIN							
a Sponse	e)	mber from the last return/report.			4c PN							
		- 44 Ab - b - winning - 45 Ab - wlong young				16						
		s at the beginning of the plan year.										
		at the end of the plan year			30	16						
		account balances as of the end of	. , ,	,	5c	16						
		articipants at the beginning of the p				16						
						16						
		articipants at the end of the plan ye terminated employment during the										
		terminated employment during the			5e	(						
Caution: A	penalty for the late	or incomplete filing of this retur	n/report will be assessed	unless reasonable ca	use is establishe	d.						
		ther penalties set forth in the instrund actuary,										
	rue, correct, and com		as well as the electronic ver	sion of this return/repor	rt, and to the best t	of the knowledge and						
SIGN (	00	and original to	07/20/2016	IRA WEINSTEIN	[							
HERE												
	Signature of plan a	administrator	Date	Enter name of individ	iuai signing as piai	administrator						
SIGN												
HERE	Signature of emplo		Date			ployer or plan sponsor						
Preparer's	name (including firm r	name, if applicable) and address (i	nclude room or suite numbe	r )	Preparer's telept	none number						
						VELIE - XVS						
				- 8								

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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 cannot lift the plan is a defined benefit plan, is it covered under the PBGC in	an indeper and condit not use Fo	ndent qualified public a ions.) rm 5500-SF and must	ccount	ant (IQ ad use	PA) Form	5500.		X Yes X Yes X	-10
	t III Financial Information							J., []		_
			() 5			1		MIXE		
-	Plan Assets and Liabilities	E-50,00	(a) Beginning			+		(b) End of		105
	Total plan assets	7a		3	6,10	3			30,	103
	Total plan liabilities			2	C 10	-			2.6	105
	Net plan assets (subtract line 7b from line 7a)	. 7c			6,10	2				105
	Income, Expenses, and Transfers for this Plan Year		(a) Amou	ınt		The state of the s		(b) Tot	al	Jane -
	Contributions received or receivable from:  (1) Employers	8a(1)				10/2				
-	(2) Participants	8a(2)				100	115			8, 16
	(3) Others (including rollovers)	8a(3)					TV II			TDA:
	Other income (loss)	8b				1			ngio Lani A	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	1	19.4 P. V. V. S. P. V. P	α Λ=iνi	158					0
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	E SAINLES IS M. CO. SQU			TV:	XX.78			
	Certain deemed and/or corrective distributions (see instructions)	8e					1 Tall 1			
	Administrative service providers (salaries, fees, commissions)	. 8f				1,0		to his		E.S.
	Other expenses	. 8g								11.
	Total expenses (add lines 8d, 8e, 8f, and 8g)			IRJAUI	Winds.	6				0
	Net income (loss) (subtract line 8h from line 8c)									0
-	Transfers to (from) the plan (see instructions)	1			y 1111\ 1	201	Y.W. 3	1928, 57		
Par		oj				1700			7,187	
B	2E 2F 2G 2J 3D 2T  If the plan provides welfare benefits, enter the applicable welfare f  V Compliance Questions	eature cod	es from the List of Plan	n Chara	acterist	ic Cod	les in the	e instruction	18:	
10	During the plan year:				Yes	No	N/A	1	Amount	
	Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's Normal)	/oluntary F	iduciary Correction	10a		Х				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х	2, 2			
	Was the plan covered by a fidelity bond?			10c	Х				100	0,00
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х				
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides son the plan? (See instructions.)	her person ne or all of	s by an insurance the benefits under	10e		Х				
f	Has the plan failed to provide any benefit when due under the pla	in?		10f		Х	8, 9			
g				10g		Х				
	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ictions and 29 CFR	10g		Х	w.1			
ī	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10	he required	notice or one of the	10ii						
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	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						302 of E	RISA?	Yes X	No

	Form 5500-SF 2015 Page <b>3</b> -						
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, a granting the waiver	nd enter th Day		e letter ruling Year			
lf	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	12c					
d 	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d					
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		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?		X Yes No				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		0			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the PBGC?			Yes X No			
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	) to					
1	3c(1) Name of plan(s): 13c	<b>(2)</b> EIN(s)		13c(3) PN(s)			
Part	VIII Trust Information						
14a N	Name of trust	14b	14b Trust's EIN				
File all and	Name of trustee or custodian	14d	14d Trustee's or custodian's telephone number				
Part	IX IRS Compliance Questions						
15a	Is the plan a 401(k) plan?	Ye	es	No			
	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)?	ba	esign- ased safe arbor aethod	ADP/ACP test			
	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))?	Y6	es	No			
16a	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b): .	Ц р	Ratio Ave				
	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?	Ye	es	No			
	Has the plan been timely amended for all required tax law changes?			□ No □ N/A			
	Date the last plan amendment/restatement for the required tax law changes was adopted			(See instructions			
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is su advisory letter, enter the date of that favorable letter and the letter's serial number						
	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date determination letter	of the pla	n's last favo	orable ——————————			
	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)?	Ye	S	No			
19	Were in-service distributions made during the plan year?	Ye	es	No			
	If "Yes," enter amount	19					
	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or no retired), as required under section 401(a)(9)?		28	□ No □ N/A			