## 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.

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

	art I		t identification information	1							
For	calenda	ar plan year 2015 or	fiscal plan year beginning 01/01/2	2015		and ending 12	/31/2	015			
Α	This retu	urn/report is for:	X a single-employer plan     □			an (not multiemployer) ( ployer information in acc		-			
			a one-participant plan	∐ a t	foreign plan						
B.	This retu	rn/report is	the first return/report	× the	e final return/report						
_			an amended return/report	as	short plan year return	report (less than 12 mo	onths)	_			
С	Check b	oox if filing under:	Form 5558 special extension (enter desc		utomatic extension			DFVC prog	ram		
	- ut II	Basis Blan Inf	<u> </u>								
	art II		ormation—enter all requested in	iformatio	on		41-				
	Name of HAEL J.	•	OFIT SHARING PLAN				10	Three-digit plan number (PN) ▶	001		
							1c	Effective date of			
2a	Mailing	address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.C				2b	Employer Identif	ication Number		
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)  MICHAEL J. SACCA MD PC						ictions)	2c Sponsor's telephone number 631-321-6801				
						-	2d Business code (see instructions)				
		OULEVARD NY 11795						0044			
VLO	r ioeii ,	101 11793						6211	111		
3a	Plan ac	dministrator's name a	and address Same as Plan Spon	sor.			3b	Administrator's I	ΞIN		
							3с	Administrator's t	elephone number		
4			he plan sponsor has changed since	the last	t return/report filed fo	r this plan, enter the	4b	EIN			
2		EIN, and the plan no	umber from the last return/report.				4c	DN			
							5	1	24		
			ts at the beginning of the plan year			Ī	5		0		
C	Numbe	er of participants with	is at the end of the plan yearn account balances as of the end of	the plar	n year (defined bene	it plans do not	5		0		
اء						ſ	5d	(1)	20		
_			articipants at the beginning of the pl			Ī		` '	0		
			participants at the end of the plan ye				5d		0		
	than 1	00% vested	at terminated employment during the	·			5		0		
Un SB	der pena or Sche	lities of perjury and o	e or incomplete filing of this return other penalties set forth in the instru- and signed by an enrolled actuary, a nplete.	ıctions, I	declare that I have e	examined this return/rep	ort, iı	ncluding, if applic			
SIG	SN	Filed with authorized	d/valid electronic signature.		07/27/2016	MICHAEL J SACCA					
HE	RE	Signature of plan	administrator		Date	Enter name of individu	ıal siç	ning as plan adn	ninistrator		

Date

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

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

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<ul> <li>Were all of the plan's assets during the plan year invested in eli</li> <li>Are you claiming a waiver of the annual examination and report under 29 CFR 2520.104-46? (See instructions on waiver eligibil</li> <li>If you answered "No" to either line 6a or line 6b, the plan ca</li> </ul>	of an independ lity and condition annot use For	dent qualified public a ons.) m 5500-SF and mus	ccount	ant (IQ	PA)  <b>Form</b>	5500.		X Yes X	No No
C If the plan is a defined benefit plan, is it covered under the PBG0	C insurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No I	Not determi	ined
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End o	f Year	
a Total plan assets			1009	591					0
<b>b</b> Total plan liabilities			4000	504					0
C Net plan assets (subtract line 7b from line 7a)	7с		1009	1591					0
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b) To	tal	
(1) Employers	8a(1)								
(2) Participants	8a(2)								
(3) Others (including rollovers)	8a(3)								
<b>b</b> Other income (loss)	8b		-23	3556					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)								-23556	6
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	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								
i Net income (loss) (subtract line 8h from line 8c)	8i							-23556	6
j Transfers to (from) the plan (see instructions)	····· 8j		-986	035					
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pens	ion feature cod	des from the List of PI	an Cha	racteris	stic Co	des in th	ne instructi	ons:	
B If the plan provides welfare benefits, enter the applicable welfar	re feature code	es from the List of Pla	n Chara	acterist	ic Coc	les in the	e instructio	ns:	
in the plant provides we have sentence, of the applicable we have	To Todiaio oodo	oo nom are blocor ra	T Onarc	20101101	10 000	100 111 1110	mondono		
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amount	
Was there a failure to transmit to the plan any participant control described in 29 CFR 2510.3-102? (See instructions and DOL Program)	's Voluntary Fig	duciary Correction	10a		X				
<b>b</b> Were there any nonexempt transactions with any party-in-inter					<b>&gt;</b>				
reported on line 10a.)			10b		X				
C Was the plan covered by a fidelity bond?			10c	X				1	25000
<b>d</b> Did the plan have a loss, whether or not reimbursed by the pla by fraud or dishonesty?			10d		X				
Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides s the plan? (See instructions.)	other persons	by an insurance he benefits under	10e	X				,	16332
f Has the plan failed to provide any benefit when due under the			10f		Χ				
g Did the plan have any participant loans? (If "Yes," enter amour	•				X				
h If this is an individual account plan, was there a blackout perior			10g		^				
2520.101-3.)	•		10h		X				
i If 10h was answered "Yes," check the box if you either provide exceptions to providing the notice applied under 29 CFR 2520.			10i						
j Did the plan trust incur unrelated business taxable income?		<u></u>	10j	L					
Part VI Pension Funding Compliance									
11 Is this a defined benefit plan subject to minimum funding requir 5500) and line 11a below)								Yes	X No
11a Enter the unpaid minimum required contribution for all years from	om Schedule S	SB (Form 5500) line 4	0			11a			
12 Is this a defined contribution plan subject to the minimum fund	ling requiremer	nts of section 412 of t	he Cod	e or se	ction 3	302 of El	RISA?	Yes	X No

	Form 5500-SF 2015		Page <b>3</b> - 1					
	(If "Yes," complete line 12a or lines	s 12b, 12c, 12d, and 12e below, as applic	able.)					
а		standard for a prior year is being amortiz			enter the Day _		e letter rul Year	ing
If	f you completed line 12a, complete	lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to line	13.				
b	Enter the minimum required contrib	ution for this plan year			12b			
С	Enter the amount contributed by the	employer to the plan for this plan year			12c			
d		m the amount in line 12b. Enter the result			12d			
е		eported on line 12d be met by the funding				Yes	No	N/A
Part	VII Plan Terminations and	d 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 p	an assets that reverted to the employer to	nis year		13a			(
b		to participants or beneficiaries, transferr			ontrol	×	Yes	No
С	If during this plan year, any assets which assets or liabilities were tran	or liabilities were transferred from this pla sferred. (See instructions.)	an to another plan(s), identi	fy the plan(s) to				
1	13c(1) Name of plan(s):	· · · · · · · · · · · · · · · · · · ·		13c(2)	EIN(s)		13c(3) P	N(s)
GRE	EAT SOUTH BAY 401(K) PLAN			11-2636179			001	
Part								
14a	Name of trust				<b>14b</b> ⊤	rust's EIN		
14c	Name of trustee or custodian					Trustee's elephone	or custodia number	an's
Par	rt IX IRS Compliance Que	estions						
15a	Is the plan a 401(k) plan?				Yes		No	
15b		satisfy the nondiscrimination requirements le) under sections 401(k)(3) and 401(m)(			ba:	sign- sed safe bor thod	ADP test	/ACP
15c	testing method" for nonhighly comp	401(k) plan perform ADP/ACP testing for ensated employees (Treas. Reg sections	1.401(k)-2(a)(2)(ii) and 1.4	l01(m)-	Yes		No	
16a	Check the box to indicate the method	od used by the plan to satisfy the coverag	e requirements under secti	on 410(b):	Ra per tes	rcentage		rage efit test
16b		and nondiscrimination tests of sections 4 the permissive aggregation rules?			Yes	<b>i</b>	No	
17a	Has the plan been timely amended	for all required tax law changes?			Yes	3	No	N/A
17b	Date the last plan amendment/resta for tax law changes and codes).	atement for the required tax law changes	was adopted//	Enter the ap	plicable	code	_ (See inst	tructions
17c	If the plan sponsor is an adopter of advisory letter, enter the date of that	a pre-approved master and prototype (Material prototype) at favorable letter///	&P) or volume submitter pla and the letter's serial n	•	t to a fav	/orable IR	S opinion	or
17d	If the plan is an individually-designed determination letter/_	ed plan and received a favorable determin_/	nation letter from the IRS, e	nter the date of	the plan	's last fav	orable	
18		ritory (i.e., Puerto Rico (if no election und e Commonwealth of the Northern Marian			Yes		No	
19	Were in-service distributions made	during the plan year?			Yes	3	No	
	If "Yes," enter amount				19			
20		s made to 5% owners who have attained			Yes	<b>3</b>	No	N/A

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Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

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OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

Perision benefit Guaranty Corporation	Complete all entries in a	ccordance with the ins	tructions to the Form 5	500-SF.	Inspection					
Part   Annual Report	l Identification Information	1								
For calendar plan year 2015 or fi	scal plan year beginning	01/01/2015	and ending	12/31/20	1.5					
A This return/report is for:  B This return/report is:	a single-employer plan a one-participant plan the first return/report	a list of participatin a foreign plan the final return/repo	g employer information ir ort	employer) (Filers checking this box must attach rmation in accordance with the form instructions)						
	an amended return/report	a short plan year re	eturn/report (less than 12	months)						
C Check box if filing under:	Form 5558 special extension (enter desc	automatic extensio	n	DFVC	program					
Part II Basic Plan Info	ormation enter all requested	100 per 200 pe								
1a Name of plan	enter all requested	mormation		1b Three-dig						
Michael J. Sacca M	D PC Profit Sharing Pla	in .		plan numb (PN) ▶	001					
				1c Effective of 01/01/2						
Mailing Address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street or P.C ce, country, and ZIP or foreign pos	). Box) tal code (if foreign, see in	structions)	2b Employer	Identification Number					
Michael J. Sacca MI	PC PC		,	2c Sponsor's telephone number (631) 321-6801						
580 Union Boulevard	1			2d Business 621111	usiness code (see instructions) 21111					
US West Islip NY 11795	nd address X Same as Plan Sp		ν							
Then definition attor o frame at	to address Same as Plan Sp	onsor Name		3b Administra	tor's EIN					
If the name and/or EIN of the name, EIN, and the plan nun	plan sponsor has changed since ober from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN	tor's telephone number					
a Sponsor's name				4c PN						
a Total number of participants	at the beginning of the plan year			Fo						
o Total number of participants	at the end of the plan year	••••••		5b	0					
complete this item)	account balances as of the end of t	he plan year (defined ber	m. i		0					
(1) Total number of active part	icipants at the beginning of the pla	n year	***************************************		20					
(2) Total number of active part	icipants at the end of the plan year	***************************************								
Number of participants that to	erminated employment during the p	olan year with accrued be	nefits that were	1	0					
1005 than 100% vested	***************************************	,		5e	0					
	or incomplete filing of this return ner penalties set forth in the instructed ad signed by an enrolled actuary, a plete.									
elief, it is true, correct, and comp	lete.	o well as the electronic v	ersion of this return/repor	rt, and to the best o	f my knowledge and					
SIGN		7/27/16	Michael J. Saco	a						
HERE Signature of plan admi	Mistrator	Date ,	Enter name of individu	al signing as plan a	dministrator					
SIGN /		7/17/16	Michael J. Saco		Ministrator					
HERE Signature of employer/	plan sponsor	Date	Enter							
Preparer's name (including firm na	ame, if applicable) and address; in	clude room or suite numb	er	Preparer's teleph						

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6a	Were all of the plan's assets during the plan year invested in eligible							XY	es No
b	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 canno	nd conditio	ns.)	···········				Х	es No
С	If the plan is a defined benefit plan, is it covered under the PBGC ins	surance pro	ogram (see FRISA section	tead	use F	orm	5500.	□No □No	at datarminad
P	art III Financial Information		9.4 (200 El 110, 100010	11 102	- 1 / 1		103		or determined
7	Plan Assets and Liabilities	2 10 2 1	(a) Beginning o	f Von		Т	//-	\ F=4 -4\\	
а	Total plan assets	7a		09,5		+	(L	) End of Year	
b	Total plan liabilities	7b	1,0	09,5	91	-			0
С	Net plan assets (subtract line 7b from line 7a)	7c	1,0	09,5	91				0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	-				(b) Total	
a	Contributions received or receivable from: (1) Employers	8a(1)							
	(2) Participants	8a(2)		-			No. 1		S S S
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	(2:	3,55	6)			100	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		143				(23	,556)
d	Benefits paid (Including direct rollovers and insurance premiums to provide benefits)	8d				U.		South Royal	
е	Certain deemed and/or corrective distributions (see instructions)	8e					and the second	X al V	Series .
f	Administrative service providers (salaries, fees, commissions)	8f							14,5,14,40
g	Other expenses	8g				100		THE T	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			Profes	3	0.0	and transport population (i)	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						(23	,556)
	Transfers to (from) the plan (see instructions)	8j	(986	5,03	5)	i de			
-	Int IV Plan Characteristics								
Ja	If the plan provides pension benefits, enter the applicable pension fe 2A 2E 3D 3H	ature code:	s from the List of Plan Ch	aract	eristic	Cod	es in the in	structions:	
b			nua aca maa a yansaa 25 2						
	If the plan provides welfare benefits, enter the applicable welfare feat	ture codes	from the List of Plan Cha	racte	ristic	Code	s in the ins	tructions:	
Pa	rt V Compliance Questions			-					
10	During the plan year:				Yes	No	N/A		
a	to the brain to the plan any participant continuuti	ons within	the time period		105	NO	N/A	Amoun	<u> </u>
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vol	untary Fidu	ciary Correction						
b	Were there any nonexempt transactions with any party-in-interest?	<b>15</b>		10a		Х			
	reported on line 10a.)	(Do not inc	clude transactions	10b		х			
С		**************	***************************************	10c	х	-	11814		125 000
d	Did the plan have a loss, whether or not reimbursed by the plan's fi	delity bond	, that was caused				CONTRACTOR		125,000
e	by fraud or dishonesty?	•••••		10d		X	-3.3		
-	carrier, insurance service, or other organization that provides some	or all of th	by an insurance						
	the plan? (See instructions.)	•••••		10e	x				16,332
f	Has the plan failed to provide any benefit when due under the plan	?		10f		x	P		
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year end	1.)	10g		х	14039		
h	If this is an individual account plan, was there a blackout period? (S 2520.101-3.)	ee instruct	ions and 20 CEP	10h		х	201 100		Section.
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-	required r	notice or one of the	10i				49-100	tar Hair
j	Did the plan trust incur unrelated business taxable income?			10]					
Par	t VI Pension Funding Compliance			11					
11	is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)	nts? (If "Ye	s," see instructions and o	comp	ete S	chedi	ule SB (For	rm	(a. V N
11a	Enter the unpaid minimum required contribution for current year from	m Schedule	SB (Form 5500) line 40				11a	Т	es X No
12	is this a defined contribution plan subject to the minimum funding re	quirements	s of section 412 of the Cr	ode o	r secti	on ar	2 of EDIE	42	es X No
			0, 110 00			211 00	- 01 -1110/	" "   L   Y	CO FT 1/10

Form 5500-SF 2015 Page <b>3-</b>	7		
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, segranting the waiver.	Month	d enter the	date of the letter ruling Year
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lin	ne 13.	Day	
b Enter the minimum required contribution for this plan year		12b	
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 a minus sign to the negative amount)	he left of a	12d	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes No NA
Part VII Plan Terminations and Transfers of Assets			
3a Has a resolution to terminate the plan been adopted in any plan year?		X Yes	No No
If "Yes" enter the amount of any plan assets that royalted to the	***************************************	13a	
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broof the PBGC?	ought under the c	ontrol	X Yes No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide which assets or liabilities were transferred. (See instructions.)	ntify the plan(s) to	)	THE NO
13c(1) Name of plan(s):	13	c(2) EIN(s)	13c(3) PN(s)
Great South Bay 401(k) Plan		636179	001
Part VIII Trust Information			
4a Name of trust		14b Tru	st's EIN
14C Name of trustee or custodian	7		stee or custodian's one number
Part IX IRS Compliance Questions		-	
5a Is the plan a 401(k) plan:		Yes	☐ No
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals a matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design based harbo methological	d safe ADP/ACP
15c If ADP/ACP test, 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. section 1.401(k)-2(a)(2)(ii) and 1.2(a)(2)(ii))?	101/>	☐ Yes	□ No
6a Check the box to indicate the method used by the plan to satisfy the coverage requirements under sec		Ratio Perce	ntage Average Benefit Test
6b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by co this plan with any other plans under the permissive aggregation rules?	_	Yes	☐ No
7a Has the Plan been timely amended for all required law changes?		Yes	□ No □ N//
7b Date of the last plan amendment/restatement for the required tax law changes was adopted/	Enter the	applicable	code (See
7c If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volume submitter plan advisory letter, enter the date of that favorable letter / / / and the letter's serial not followed a favorable letter / / / and the letter's serial not followed a favorable letter / / / and the letter's serial not followed a favorable letter / / / / / / / / / / / / / / / / / / /	that is subject to umber.	a favorable	e IRS opinion or
7d If the plan is an individually-designed plan and recieved a favorable determination letter from IRS, plea determination letter / / // 8 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 Mariane Islands settled 182(i)(2)		of plan's la	ast favorable
Virgin Waltaria Islands or the U.S. Virgin	) has been n Islands)?	Yes	□ No
9 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 ½ (regardless of work retired) as required under section 401(a)(9)?	hether or	Yes	□ No □ N/A