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.

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

Part I	Annual Repor	t identification information	n					
For calend	ar plan year 2015 or	fiscal plan year beginning 01/01/	/2015		and ending 12	2/31/2015		
A This ret	turn/report is for:	a single-employer plan			an (not multiemployer) ployer information in ac		_	
	·	a one-participant plan	af	oreign plan	•			ŕ
B This retu	urn/report is	X the first return/report	=	final return/report				
C Observed	have 'C C'P a server day	an amended return/report			/report (less than 12 m	onths)	1	
C Check	box if filing under:	Form 5558 special extension (enter desc	ш	tomatic extension			DFVC progr	ram
Part II	Rasic Plan Inf	ormation—enter all requested in	. ,					
1a Name		Officiation—enter all requested in	IIIOIIIIalio	011		1h Th	ree-digit	
	P OF GREENVALE,	INC. 401(K) PLAN					n number	
	,					(Pl	N) •	001
						1c Eff	ective date of 01/0	f plan 1/2015
Mailing	g address (include ro	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.				2b Em (EI		ication Number 968045
	town, state or proving OF GREENVALE, II	nce, country, and ZIP or foreign pos NC.	stal code	(if foreign, see instru	uctions)	2c Sp		hone number 26-7444
						2d Bus	siness code (see instructions)
160 WHEAT GREENVALI							40.40	
GREENVALI	=, NT 11346						4242	210
3a Plan a	dministrator's name a	and address Same as Plan Spon	nsor.			3b Adı	ministrator's E	ΞIN
						3c Adı	ministrator's t	elephone number
4 If the r	name and/or FINI of the	ne plan sponsor has changed since	the last	roturn/roport filed fo	r this plan antar tha	4b EIN	\1	
name	, EIN, and the plan n	umber from the last return/report.	e trie iast	return/report med to	i tilis piari, eriter tile	40 EII		
	or's name	and the best and the also are				5a	1	21
		s at the beginning of the plan year.			İ	5b		23
		s at the end of the plan year			İ	30		23
		n account balances as of the end of				5c		23
d(1) Tot	al number of active p	articipants at the beginning of the p	olan year			5d(1)		21
		articipants at the end of the plan ye				5d(2)		23
than	100% vested	at terminated employment during th				5e		0
		or incomplete filing of this return						
SB or Sche		other penalties set forth in the instru and signed by an enrolled actuary, nolete.						
SIGN		d/valid electronic signature.		09/12/2016	LAURIE LACALANDR	RA		
HERE	Signature of plan	administrator		Date	Enter name of individu	ual signin	g as plan adn	ninistrator
SIGN								

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

	Form 5500-SF 2015		Page 2								
b Are un	ere all of the plan's assets during the plan year invested in eligible you claiming a waiver of the annual examination and report of der 29 CFR 2520.104-46? (See instructions on waiver eligibility 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 must	ccount	ant (IQ	PA) Form	 5500.			X Ye	s No
	ne 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
Part I			<u> </u>								
	an Assets and Liabilities		(a) Beginning	of Ye				(b) E	nd of	Year	
	tal plan assets	. 7a			0					84	1527
	tal plan liabilities	. 7b			0					0.4	0 1527
	t plan assets (subtract line 7b from line 7a)	. 7c	(a) A	4	U			/1	\ T = 4		1321
	come, Expenses, and Transfers for this Plan Year entributions received or receivable from:		(a) Amou	ınt				<u>(r</u>) Tot	aı	
	Employers	. 8a(1)		42	2527						
(2)	Participants	. 8a(2)		42	2000						
	Others (including rollovers)	. 8a(3)			0						
	her income (loss)	. 8b			0						
	tal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c								84	527
	nefits paid (including direct rollovers and insurance premiums provide benefits)	. 8d			0						
e Ce	rtain deemed and/or corrective distributions (see instructions)	. 8e			0						
f Ad	ministrative service providers (salaries, fees, commissions)	. 8f			0						
g Ot	her expenses	. 8g			0						
h To	tal expenses (add lines 8d, 8e, 8f, and 8g)	. 8h									0
	t income (loss) (subtract line 8h from line 8c)	. 8i								84	1527
j Tra	ansfers to (from) the plan (see instructions)	8j			0						
Part I											
	the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2H 2J 3D	feature co	odes from the List of Pla	an Cha	racteris	stic Co	des in t	the ins	tructio	ons:	
	the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	acterist	ic Cod	les in th	ne instr	uctior	ns:	
Part V	Compliance Questions					1	1	T			
	Ouring the plan year:				Yes	No	N/A		,	Amount	t
(Vas there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's Vergram)	oluntary F	iduciary Correction	10a		X					
	Vere there any nonexempt transactions with any party-in-interest					V					
	eported on line 10a.)			10b		X					
	Nas the plan covered by a fidelity bond?			10c		X					
b	oid the plan have a loss, whether or not reimbursed by the plan's y fraud or dishonesty?	······		10d		X					
С	Vere any fees or commissions paid to any brokers, agents, or oth arrier, insurance service, or other organization that provides som ne plan? (See instructions.)	ne or all of	the benefits under	10e		X					
	las the plan failed to provide any benefit when due under the pla			10f		Χ					
-	oid the plan have any participant loans? (If "Yes," enter amount a					X					
h If	this is an individual account plan, was there a blackout period? 520.101-3.)	(See instru	uctions and 29 CFR	10g 10h		X					
i If	10h was answered "Yes," check the box if you either provided the xceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10ii							
	Did the plan trust incur unrelated business taxable income?			10i 10j							
Part V	Pension Funding Compliance			•	•	•					
11 Is	s this a defined benefit plan subject to minimum funding requirem 500) and line 11a below)									Ye	s X No
	inter the unpaid minimum required contribution for all years from						11a			<u> </u>	<u> </u>
	s this a defined contribution plan subject to the minimum funding		, , ,					RISA	2	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		a 11 0
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)?		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))?	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

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

	t Identification Information				
For calendar plan year 2015 or f	fiscal plan year beginning	01/01/2015	and ending	12/31/2	
A This return/report is for:	a single-employer plan		lan (not multiemployer) aployer information in ac		
,	a one-participant plan	a foreign plan			
B This return/report is	the first return/report	the final return/report			
	an amended return/report	a short plan year retur	n/report (less than 12 m	onths)	
C Check box if filing under:	Form 5558	automatic extension		DFVC p	rogram
	special extension (enter desc				
	ormation—enter all requested in	ıformation		1h Thron digit	
1a Name of plan SALON POP OF GREENVA	ALE, INC. 401(k) PLAN	1		1b Three-digit plan number (PN) ▶	001
				1c Effective dat 01/01/20	e of plan
Malling address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C	O, Box)		2b Employer Ide (EIN) 26-3	entification Number 2968045
SALON POP OF GREENVA	ce, country, and ZIP or foreign post ALE , INC .	tal code (IT Toreign, see insu	uctions)	2c Sponsor's te (516) 620	· ·
160 WHEATLEY PLAZA				2d Business coo 424210	de (see instructions)
		NIV	11640		
GREENVALE 3a Plan administrator's name a	ind address XSame as Plan Spons	NY	11548	3b Administrato	r's EIN
	e plan sponsor has changed since imber from the last return/report.	the last return/report filed for	or this plan, enter the	4b EIN 4c PN	
	s at the beginning of the plan year,.			5a	21
<u>.</u>	s at the beginning or the plan years			5b	23
c Number of participants with	account balances as of the end of	the plan year (defined bene		5c	23
	articipants at the beginning of the pl		•••••	5d(1)	21
	articipants at the end of the plan year	•		5d(2)	23
e Number of participants that than 100% vested	terminated employment during the	e plan year with accrued ber	nefits that were less	5e	0
Caution: A penalty for the late	or incomplete filing of this return	n/report will be assessed	unless reasonable cau	ise is established.	all-able a Cabadula
Under penalties of perjury and of SB or Schedule MB completed at belief, it is true, correct, and comp	ther penalties set forth in the instruc and signed by an enrolled actuary, a plete.	as well as the electronic vers	examined this return/report	and to the best of	my knowledge and
SIGN O	Dral		LAURIE LACALA	NDRA	
HERE Signature of plants	udminjstrálar Wendle		Enter name of individu	ual signing as plan	administrator
SIGN HERE				- , , , , , , , , , , , , , , , , , , ,	
Signature of emplo	oyer/plan sponsor name, if applicable) and address (in	Date Clude room or suite number	Enter name of individur	ual signing as emplo Preparer's telepho	
Preparer's name (including inim n	iame, ii appiicavie) ario audress (iii	ICIDAE (OUIT OF SOILE HAITISE		Flepalor a tolepho	ne namosi

	Form 5500-SF 2015	···	Page 2								
b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a walver 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 be a second to the plan cannot be a se	an indepe and condi ot use Fo	ndent qualified public a tions.) r m 5500-SF and mus	account t instea	ant (IC	PA) Form	5500.		X	Yes [No No
C	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	∐ No [Not a	etermin	<u></u>
Pa	rt III Financial Information	I:	1	····		·					
7	Plan Assets and Liabilities		(a) Beginning	g of Ye		ö		(b) En	d of Yea		,527
a	Total plan assets	7a								04	, 527
b	Total plan liabilities	7b				0			·····		
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	7c				0				84	,527
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	unt				(b)	Total		
а	Contributions received or receivable from: (1) Employers	8a(1)		4.	2,52	7					
	(2) Participants	8a(2)		4.	2,00	0	**				
	(3) Others (including rollovers)	8a(3)				0	·	,			
b	Other income (ioss)	8b				0	."				
	Total Income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								84	,527
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d				0					<u></u>
е_	Certain deemed and/or corrective distributions (see instructions),	8e				0					<u></u>
f_	Administrative service providers (salaries, fees, commissions)	8f				Q.	·			.	
g	Other expenses	8g			.,,,,	0					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			 					0.4	
	Net income (loss) (subtract line 8h from line 8c)	8i		·	· · · · · · · · · · · · · · · · · · ·			······································		84	,527
<u>j</u>	Transfers to (from) the plan (see instructions)	8j				0	· · · · · ·	·	<u> </u>	· · · · ·	<u> </u>
Par	t IV Plan Characteristics										
9a 	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2H 2J 3D								,		
В	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	ic Co	des in th	ne instruc	ctions:		
Pari	V Compliance Questions				T	T	1	T			
10	During the plan year:				Yes	No	N/A		Amou	ınt	
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		Х_					
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	include transactions	10b	:	X ·					
С	Was the plan covered by a fidelity bond?	.,.,,	,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10c		Х					
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		Х				,,,,,,	
е	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		Х				,	
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year o	end.)	10g		Х					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	See instru	ictions and 29 CFR	10h		Х					
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	ne require	notice or one of the	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 requirements 5500) and line 11a below)	ents? (If "	Yes," see instructions a	and cor	nplete	Sched	lule SB	(Form		Yes X	No
11a	Enter the unpaid minimum required contribution for all years from										
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the	he Cod	e or se	ction :	302 of E	ERISA?		Yes X	No

	Form 5500-SF 2015 Page 3 -					
-	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			<u> </u>		
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, granting the waiver	and e	nter th Dav	e date of	the letter ru Year	ling
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
	Enter the minimum required contribution for this plan year		12b		-	
	Enter the amount contributed by the employer to the plan for this plan year	,	12c			
di	to the left of a		12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
art	Plan Terminations and Transfers of Assets			*	,	
13a	Has a resolution to terminate the plan been adopted in any plan year?			Ye	s 🛭 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 brought under of the PBGC?		ntrol	<u>.</u>	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 which assets or liabilities were transferred. (See instructions.)					
	3c(1) Name of plan(s):	3c(2) [EIN(s)		13c(3) F	PN(s)
	Two t Information					
W	Trust Information Name of trust		14b	Trust's Ell	V	
			44-1			· · ·
14c	Name of trustee or custodian		140	Trustee's telephone	or custodi e number	an's
Par	IRS Compliance Questions			 .		
15a	Is the plan a 401(k) plan?		<u> </u>	esign-	No	
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employee matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	∍r	☐ b	ased safe arbor nethod	ADf test	P/ACP
15c	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)(ll) and 1.401(m)-2(a)(2)(li))?	r	Y	es	No	
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b)	: ,	□р	atio ercentage est		erage refit 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?		Y	es	No	
17a	Has the plan been timely amended for all required tax law changes?		Y	98	☐ No	N/A
	Date the last plan amendment/restatement for the required tax law changes was adopted Enter t for tax law changes and codes).				(See ins	
17c	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is sadvisory letter, enter the date of that favorable letter and the letter's serial number	ubject	t to a f	avorable l 	KS opinion	or
17d	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the dedetermination letter		the pla	n's last fa	vorable	
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has beer made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	1	Ye	s	∏ No	
19	Were in-service distributions made during the plan year?		Ye	es	☐ No	
	If "Yes," enter amount	.,	19			
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or retired), as required under section 401(a)(9)?		Ye	es	No	□ N/A