Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

HERE

MEL PIASEK

58 MARINER WAY MONSEY, NY 10952

ELITE PENSION CONSULTANTS

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

2015

OMB Nos. 1210-0110

This Form is Open to Public Inspection

Part I	Annual Report	t Identification Information									
For calenda	ar plan year 2015 or f	iscal plan year beginning 01/01/2	2015	and ending 12/31	/2015						
A This ret	urn/report is for:	x 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) a foreign plan									
B This retu	urn/report is										
C Check b	oox if filing under:	X Form 5558	automatic extension DFVC program								
	_	special extension (enter desc									
Part II	Basic Plan Info	ormation—enter all requested in	formation								
1a Name	•	SHARING PLAN & TRUST		11	b Three-digit plan number (PN)	001					
				10	C Effective date of p						
Mailing	address (include roc	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C			b Employer Identification Number (EIN) 47-2355423						
City or COHL TAX IN	•	ce, country, and ZIP or foreign post	al code (if foreign, see insti	ructions) 20	2c Sponsor's telephone number 914-310-6322						
				20	2d Business code (see instructions)						
29 PLAINVIE ARDSLEY, N					541213	3					
3a Plan ad	dministrator's name a	and address XSame as Plan Spons	sor.	31	b Administrator's EIN	l .					
				30	C Administrator's tele	ephone number					
		ne plan sponsor has changed since umber from the last return/report.	the last return/report filed for	or this plan, enter the 4	b EIN						
a Sponso	•	·		40	C PN						
5a Total r	number of participants	s at the beginning of the plan year			5a	1					
b Total r	number of participants	s at the end of the plan year			5b	1					
		account balances as of the end of		•	5c	1					
d(1) Tota	al number of active pa	articipants at the beginning of the pl	an year	5	5d(1)						
			5d(2)								
e Numb	er of participants that	t terminated employment during the	plan year with accrued be	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 cause							
SB or Sche	, , ,	ther penalties set forth in the instru- and signed by an enrolled actuary, a aplete.	•	•	, 0, 11	*					
SIGN	Filed with authorized	d/valid electronic signature.	09/06/2016	RAVPREET KOHLI							
HERE					signing as plan admin	istrator					
SIGN	J 5 51 p			3 3 1							

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

845-354-8373

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 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 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 	an indepen and conditi ot use For	dent qualified public a ons.)rm 5500-SF and mus	ccount	ant (IQ	PA) Form	5500.		×	Yes Yes	No No
C If the plan is a defined benefit plan, is it covered under the PBGC in	surance pi	rogram (see ERISA se	ction 4	021)? .		Yes	No	Not c	letermin	ed
Part III Financial Information	1 1									
7 Plan Assets and Liabilities		(a) Beginning	of Ye				(b) En	d of Yea		
a Total plan assets	7a			0					12000	
b Total plan liabilities	7b			0					12000	
Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	7c	(-) A		U			(1.)	T-4-1	12000	
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(a)	Total		
(1) Employers	8a(1)			0						
(2) Participants	8a(2)		12	2000						
(3) Others (including rollovers)	8a(3)			0						
b Other income (loss)	8b			0						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								12000	
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0						
e Certain deemed and/or corrective distributions (see instructions)	8e			0						
f Administrative service providers (salaries, fees, commissions)	8f			0						
g Other expenses	8g			0						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								0	
i Net income (loss) (subtract line 8h from line 8c)	8i								12000	
j Transfers to (from) the plan (see instructions)	8j			0						
Part IV Plan Characteristics										
9a If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 3D	feature co	des from the List of Plant	an Cha	racteris	stic Co	des in t	he instr	uctions:		
B If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Pla	n Char	octorist	ic Coc	les in the	a instru	rtions:		
In the plant provides welfare benefits, effer the applicable welfare to	catare cou	cs from the List of Flat	Onare	actorist	10 000	103 111 111	o mondi	otions.		
Part V Compliance Questions										
10 During the plan year:				Yes	No	N/A		Amo	unt	
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fi	duciary Correction	10a		X					
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		X					
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X					
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.)	ne or all of t	the benefits under	10e		X					
f Has the plan failed to provide any benefit when due under the plan			10f		Χ					
g Did the plan have any participant loans? (If "Yes," enter amount as					X					
h If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instru	ctions and 29 CFR	10g 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	ne required	notice or one of the	10ii							
j Did the plan trust incur unrelated business taxable income?			10i		X					
Part VI Pension Funding Compliance			10]	<u> </u>						
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Ιп	Yes	No
11a Enter the unpaid minimum required contribution for all years from						11a		·· <u> </u>	. [
12 Is this a defined contribution plan subject to the minimum funding							RISA?.	П	Yes 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			
The Hamile of Master of Sustainan						telephone number				
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	Design- based safe ADP/ACP harbor test method					
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	Yes 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**

Part I Annual Repo	rt Identification Information	1			
For calendar plan year 2015 or	fiscal plan year beginning	01/01/2015	and ending	12/31/	2015
A This return/report is for:	a single-employer plan a one-participant plan	list of participating e	plan (not multiemployer) employer information in a		
	a one-participant plan	a foreign plan			
B This return/report is	X the first return/report	the final return/repor	ŧ		
	an amended return/report	a short plan year retu	urn/report (less than 12 n	months)	
C Check box if filing under:	X Form 5558	automatic extension	(DFVC	program
	special extension (enter desc	cription)			
Part II Basic Plan In	formation-enter all requested in	nformation			
1a Name of plan	k) Profit Sharing Plan			1b Three-digit plan numb	
				1c Effective d	
	ployer, if for a single-employer plan) com, apt., suite no. and street, or P.	O. Box)		2b Employer I	dentification Number
	nce, country, and ZIP or foreign pos		structions)		telephone number
29 Plainview Ave.				2d Business o	ode (see instructions)
29 Flaimview Ave.				541213	
Ardsley	NY 10502 and address XSame as Plan Spor			3b Administra	tor's FIN
3a Plan administrator's name	and address Asame as Fian Spor	ISOI.		OD Administra	IOI S LIIV
				3c Administra	tor's telephone number
	the plan sponsor has changed since number from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN	
a Sponsor's name				4c PN	
5a Total number of participar	nts at the beginning of the plan year.			5a	1
	nts at the end of the plan year			5b	1
	th account balances as of the end of			5c	1
	participants at the beginning of the p			5d(1)	1
	participants at the end of the plan ye			5d(2)	1
	nat terminated employment during th			5e	0
Caution: A penalty for the la Under penalties of perjury and	te or incomplete filing of this return other penalties set forth in the instru	rn/report will be assesse actions, I declare that I have	ed unless reasonable ca ve examined this return/re	eport, including, if a	applicable, a Schedule
SB or Schedule MB completed belief, it is true, correct, and co	d and signed by an enrolled actuary, emplete.	as well as the electronic v	ersion of this return/repo	ort, and to the best	of my knowledge and
SIGN KIN		9/6/16	RAVPREET KOHI	LI	
HERE Signature of plan	n administrator	Date	Enter name of indivi	dual signing as pla	n administrator
SIGN HERE					
Signature of em	ployer/plan sponsor n name, if applicable) and address (Date		Preparer's telep	ployer or plan sponsor
MEL PIASEK ELITE PENSION CONS		include room or suite num	bei /		354-8373
58 MARINER WAY					
MONSEY	NY 10952				

	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 waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lif you answered "No" to either line 6a or line 6b, the plan cannot be a support of the plan cannot be a supp	an independ and condition	dent qualified public acons.)	counta	ant (IQI	PA)			X Ye	
	f the plan is a defined benefit plan, is it covered under the PBGC in							No 🗌	Not dete	rmined
	t III Financial Information		3 (6.6. 2							
			(-) D	- £ \/ -		1		(h) Fral a	£ V	
	Plan Assets and Liabilities	_	(a) Beginning	or rea		0		(b) End c		12,000
-	Total plan assets	7a				0				12,000
-	Total plan liabilities	7b				0				12,000
	Net plan assets (subtract line 7b from line 7a)	7c				1		(1.) T		12,000
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amou	nt				(b) To	otal	
	(1) Employers	8a(1)				0				
	(2) Participants	8a(2)		1	2,00	0				
	(3) Others (including rollovers)	8a(3)				0				
	Other income (loss)	8b				0				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								12,000
	Benefits paid (including direct rollovers and insurance premiums									
	to provide benefits)	8d				0				
e	Certain deemed and/or corrective distributions (see instructions)	8e				0				
f	Administrative service providers (salaries, fees, commissions)	8f				0				
g	Other expenses	8g				0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								0
i	Net income (loss) (subtract line 8h from line 8c)	8i								12,000
j	Transfers to (from) the plan (see instructions)	8j				0				
Par	t IV Plan Characteristics									
9a B	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare for									
Part	V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amoun	t
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 Fig	duciary Correction	10a		Х				
b	Were there any nonexempt transactions with any party-in-interest					Х				
	reported on line 10a.)			10b						
С	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				
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.)	ne or all of the	he benefits under	10e		Х				
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х				
g				10a		X				
	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instruc	ctions and 29 CFR	10h		Х				
i	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									
j	Did the plan trust incur unrelated business taxable income?			10j		Х				
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Ye	s No
11a	Enter the unpaid minimum required contribution for all years from									
12	Is this a defined contribution plan subject to the minimum funding							RISA?	Ye	s X No

	Form 5500-SF 2015 Page 3 -					
	(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, and en granting the waiver	nter the Day_	date of th	ne letter ruli Year	ng	
lf y	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	
art	VII Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	X 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 the con of the PBGC?	ntrol		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) to which assets or liabilities were transferred. (See instructions.)					
1	3c(1) Name of plan(s): 13c(2) E	IN(s)		13c(3) P	N(s)	
				,		
Part		4.41				
			Trust's EIN			
14c	Name of trustee or custodian	14d	Trustee's telephone	or custodia number	an's	
Part	IX IRS Compliance Questions					
15a	Is the plan a 401(k) plan?	Ye	S	No		
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)?	ba ha	esign- ased safe arbor ethod	e ADP/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)(ii) and 1.401(m)-2(a)(2)(ii))?	Ye		No		
16a	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	□ ре	atio ercentage st		rage efit 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?	Ye	es .	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 a for tax law changes and codes).	pplical	ole code _	(See ir	nstruction	
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject advisory letter, enter the date of that favorable letter and the letter's serial number				or	
	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the determination letter.	he pla	n's last fav	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 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	s	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 not retired), as required under section 401(a)(9)?	Ye	:S	No	N/A	