Form	5500-SF	Short Form Annual Return/Report of Small Employee					OMB Nos. 1210-0110 1210-0089			
	ent of the Treasury Revenue Service	Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee F			etirement	2015				
Department of Labor Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of th Employee Benefits Security Administration Revenue Code (the Code).						This Fe	orm is Open to ic Inspection			
		 Complete all entries in lentification Information 		structions to the Form 5	500-SF.					
		al plan year beginning 01/01/		and ending 1	2/31/2015					
A This return	n/report is for:	a single-employer plan a one-participant plan		r plan (not multiemployer) employer information in a	•	0				
B This return/	/report is	the first return/report an amended return/report	the final return/report	rt :urn/report (less than 12 m	nonths)					
C Check box	if filing under:	Form 5558	FVC progr	am						
Dant II [special extension (enter desc								
Part II Basic Plan Information—enter all requested information 1a Name of plan PREMIER TRUST RETIREMENT PLAN 401(K) & TRUST						Three-digit blan number PN) ▶ 001 Effective date of plan				
		r, if for a single-employer plan) apt., suite no. and street, or P.			01/01/2010 2b Employer Identification Number (FIN) 13:3569261					
	wn, state or province,	country, and ZIP or foreign pos		structions)	(EIN) 13-3569261 2C Sponsor's telephone number 914-937-9337					
200 CLEARBROOK ROAD ELMSFORD, NY 10523						2d Business code (see instructions) 442210				
3a Plan administrator's name and address Same as Plan Sponsor. ERISA WISE, LLC P.O. BOX 3395 STEPHANIE A. BANISTER LIVERMORE, CA 94551					3b Administrator's EIN 45-2945096 3c Administrator's telephone number 925-337-6069					
						920-33	7-0009			
	N, and the plan numb	lan sponsor has changed since per from the last return/report.	the last return/report file	d for this plan, enter the	4b EIN 4c PN					
		the beginning of the plan year.				56				
		the end of the plan year					55			
C Number of	of participants with ac	count balances as of the end of	the plan year (defined be	enefit plans do not	5c	5c				
•	,	cipants at the beginning of the p			5d(1)		43			
()	•	cipants at the end of the plan ye			5d(2)		44			
e Number than 100	of participants that te 0% vested	rminated employment during th	e plan year with accrued	benefits that were less	5e		0			
Under penaltie SB or Schedu	es of perjury and othe	incomplete filing of this return r penalties set forth in the instru- signed by an enrolled actuary, etc.	ictions, I declare that I have	ve examined this return/re	port, includir	ng, if applica				
	led with authorized/va	valid electronic signature. 10/12/2016 STEPHANIE BANIS			TER					
	Signature of plan adr	ninistrator	Date	Enter name of individ	vidual signing as plan administrator					
SIGN HERE	Signature of complexe	ar/nlan snonsor	Date	Enter name of individ	name of individual signing as employer or plan sponso					
	Signature of employed me (including firm nar	ne, if applicable) and address (i			Preparer's					
For Paperwork	Reduction Act Notice	and OMB Control Numbers, see ti	ne instructions for Form 55	00-SF.			Form 5500-SF (2015)			

			1 ugo =								
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Image: Second											
C	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	program (see ERISA se	ection 4	021)?		Yes	No Not determined			
Pa	Part III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning	g of Yea	ar		(b) End of Year				
a	Total plan assets	7a		1682	683		1775875				
b	Total plan liabilities	7b	22				19232				
C	Net plan assets (subtract line 7b from line 7a)	7c	1682661				1756643				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	unt			(b) Total				
	Contributions received or receivable from: (1) Employers	8a(1)									
	(2) Participants	8a(2)		144	353						
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b		-30	256						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						114097			
	Benefits paid (including direct rollovers and insurance premiums			1	935						
	to provide benefits)	8d			889	_					
-	Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions)	8e 8f			.889 291						
				10	1231						
	Other expenses Total expenses (add lines 8d, 8e, 8f, and 8g)	8g				-		40115			
		8h				-	73982				
- <u>+</u>	Net income (loss) (subtract line 8h from line 8c)					_		10002			
,		8j									
9a	t IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension	footuro co	adas from the List of Di	on Cho	ractoria	etie Ce	doc in t	the instructions:			
	2E 2F 2G 2J 2S 2T 3D										
B	If the plan provides welfare benefits, enter the applicable welfare f	eature coo	des from the List of Plai	n Chara	acterist	ic Coc	ies in tr	ne instructions:			
Par	V Compliance Questions				•						
10	During the plan year:				Yes	No	N/A	Amount			
а	Was there a failure to transmit to the plan any participant contribution and POL's A	itions withi	in the time period								
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)			10a		x					
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					x					
С								1000000			
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					x					
e	e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)					X					
f	f Has the plan failed to provide any benefit when due under the plan?					х					
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)							12291			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			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	•		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? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)				۱ _	′es 🗙	No		
11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40)			11a				
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of th	ne Code	e or se	ction 3	302 of E	RISA?	ı ا	′es X	No

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	(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, see instructions, and enter the date of the letter ruling granting the waiver									
If 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									
-		the amount contributed by the employer to the plan for this plan year		12c					
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative 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?			Υe	es X No			
		es," enter the amount of any plan assets that reverted to the employer this year		13a					
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou							
	of th	e PBGC?	-						
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th assets or liabilities were transferred. (See instructions.)	fy the plan(s) to						
1	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)		
Part	VIII	Trust Information	-						
14a	Name	e of trust		14b Trust's EIN					
14c Name of trustee or custodian					14d Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions							
15a	Is th	e plan a 401(k) plan?		Ye	es	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)?				Design- based safe harbor method			ADP/ACP test		
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))?					Yes		No		
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):				Цр	atio ercentage est		erage nefit 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	es	No	N/A		
	17b Date the last plan amendment/restatement for the required tax law changes was adopted/ Enter the applicable code (See instructions for tax law changes and codes).								
17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter/ and the letter's serial number									
17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter/									
18	B 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)?				🗌 Yes				
19 Were in-service distributions made during the plan year?					es	No			
If "Yes," enter amount									
20	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)?					No	N/A		



PO BOX 3395 LIVERMORE CA 94551-3395 PHONE 925.337.6069 EMAIL sbanister@premier-trust.com

October 12, 2016

RE: Premier Trust Retirement Plan 401(k) & Trust – EIN: 45-2945096 Participating Employer: RD Weis & Company Inc – EIN:13-3569261

To Whom It May Concern:

This Plan Year 2015 IRS Form 5500 is for the above referenced Participating Employer's single plan having adopted into Premier Trust Retirement Plan 401(k) & Trust on January 1, 2011. Premier Trust Retirement Plan 401(k) & Trust is a Multiple Employer Plan (MEP) under Code § 413(c) with a favorable determination letter (DLN: 17007040900023) issued on January 30, 2014. As the Plan Administrator of Premier Trust Retirement Plan 401(k) & Trust, I am following the Department of Labor's issued Advisory Opinion 2012-04A petition that a separate IRS Form 5500 be filed for each participating employer.

Premier Trust Retirement Plan 401(k) & Trust will provide a full listing of all participating employers within its cumulative IRS Form 5500 filing by its deadline for Plan Year 2015.

If you have any questions, please feel free to contact me at 925.337.6069.

Sincerely,

Stephanie A. Banister, EA, ERPA, QPA Premier Trust