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

Parti		identification information								
For calend	ar plan year 2015 or fi	scal plan year beginning 01/01/2	2015	and ending 12	2/31/2015					
		x a single-employer plan	a multiple-employer	plan (not multiemployer)	(Filers check	king this box must attach a				
A This ref	turn/report is for:		list of participating e	mployer information in ac	ccordance wit	th the form instructions)				
		a one-participant plan	a foreign plan							
B This retu	urn/report is	the first return/report	the final return/report							
		an amended return/report	a short plan year retu	ırn/report (less than 12 m	onths)					
C Check box if filing under:										
• Oncor	box ii iiiiig dilaci.	X Form 5558	automatic extension		Пρ	FVC program				
	-	special extension (enter desci	· ,							
Part II	Basic Plan Info	ormation—enter all requested in	formation							
1a Name	•				1b Three					
STUART A.	DITSKY, CPA, P.C. 4	01(K) PLAN				number 001				
					(PN)	<u>'</u>				
					IC Effect	ive date of plan 09/01/1990				
2a Plan s	nonsor's name (emplo	oyer, if for a single-employer plan)			2h Emplo					
		m, apt., suite no. and street, or P.C	D. Box)		(EIN)	oyer Identification Number 13-3549962				
	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)					sor's telephone number				
STUART A. I	DITSKY, CPA, P.C.				ZC Opons	212-557-2727				
					2d Busine	ess code (see instructions)				
475 PARK AVENUE SOUTH, 24TH FLOOR					Za Basiliess sous (see illettasticite)					
NEW YORK, NY 10016						541211				
3a Plan a	dministrator's name ar	nd address 🏻 Same as Plan Spons	sor.		3b Admin	nistrator's EIN				
					• • • •					
					3C Admin	nistrator's telephone number				
		e plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b EIN					
	•	mber from the last return/report.			4					
	or's name				4c PN					
5a Total	number of participants	at the beginning of the plan year				39				
b Total	number of participants	at the end of the plan year			5b	39				
C Numb	er of participants with	account balances as of the end of	the plan year (defined be	nefit plans do not	5c					
comp	lete this item)									
d(1) Tot	al number of active pa	irticipants at the beginning of the pl	an year		5d(1)	25				
d(2) Tot	al number of active pa	articipants at the end of the plan year	ar		5d(2)	26				
e Numb	per of participants that	terminated employment during the	e plan year with accrued b	enefits that were less	5e	0				
than	100% vested									
		or incomplete filing of this return ther penalties set forth in the instruc-								
		nd signed by an enrolled actuary, a								
	true, correct, and com			<u> </u>						
SIGN	Filed with authorized	/valid electronic signature.	10/11/2016	STUART A. DITSKY						
HERE	Signature of plan a	administrator	Date	Enter name of individ	ual signing a	s nlan administrator				
Olor:	Jigilatale of plaif a		Date	Enter name of marvia	a orgining a	o pian adminionator				
SIGN										
					lual signing as employer or plan sponsor					
HERE	Signature of emplo		Date							
HERE		oyer/plan sponsor name, if applicable) and address (in				s employer or plan sponsor telephone number				

Form 5500-SF 2015		Page 2							
 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 of the your answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a secon	an independand condition	dent qualified public a	ccount	ant (IQ	PA) 			□ □ .	′es No
c If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No	Not de	termined
Part III Financial Information					1				
7 Plan Assets and Liabilities		(a) Beginning					(b) End	of Year	
a Total plan assets	7a 		2417					218	37609
b Total plan liabilities	7b		2417	0				210	0 37609
Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	7c	(a) Amou		170			(b) :	Fotal	57009
a Contributions received or receivable from:		(a) Aillot	ant				(D)	ıolai	
(1) Employers	8a(1)			0					
(2) Participants	8a(2)		51	450					
(3) Others (including rollovers)	8a(3)			0					
b Other income (loss)	8b		-24	126					7004
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								27324
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		249	234					
e Certain deemed and/or corrective distributions (see instructions)	8e		4	540					
f Administrative service providers (salaries, fees, commissions)	8f		1	425					
g Other expenses	8g		1	692					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							25	56891
i Net income (loss) (subtract line 8h from line 8c)	8i							-22	29567
j Transfers to (from) the plan (see instructions)	8j								
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2R 2T 3D	feature cod	les from the List of Pla	an Cha	racteris	stic Co	ides in ti	ne instru	ctions:	
B If the plan provides welfare benefits, enter the applicable welfare for	eature code	s from the List of Plan	n Chara	acterist	ic Cod	les in the	e instruc	tions:	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amou	nt
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 Fig	duciary Correction	10a	X					40570
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					300000
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	ner persons ne or all of ti	by an insurance ne benefits under			~				
the plan? (See instructions.)			10e		X				
f Has the plan failed to provide any benefit when due under the pla			10f		X				
g Did the plan have any participant loans? (If "Yes," enter amount a	•	,	10g	X					70698
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		Χ				
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	10i						
j Did the plan trust incur unrelated business taxable income?			10i						
Part VI Pension Funding Compliance			,	<u> </u>					
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								П	′es X 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?	Y	′es 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	
Name of flustee of custodian					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)?		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	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	

EIN: 13-3549962

2015 Form 5500SF Line 10a - Schedule of Delinquent Participant Contributions

Participant Contributions Transferred Late to Plan \$ 40,570.00	Tota	al That Constitute Nonexer Prohibited Transactions		
Check here if Late Participant Loan Repayments are included:	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
LXI	\$0.00	\$40,570.00	\$0.00	\$40,570.00

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4085 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

Pension Bonefit Guarant	Ponsion Bonofit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.									
Patric Annua	Report I	dentification Information			0-01.					
		cal plan year beginning	01/01/2015	and ending	12/3	1/2015				
A This return/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 one-participant plan a foreign plan a foreign plan 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 special extension (enter dese	automatic extension			OFVC progra	m			
Par Basic	Plan Infor	mation enter all requester	d information							
1a Name of plan Stuart A. D	itsky, C		1b Throe-digit plan number (PN) ► 001 1c Effective date of plan							
	5			2		/01/1990	pian			
Mailing Address	(include roor	yer, if for a single-employer plan m, apt., suite no. and street or P e, country, and ZIP or foreign po	O. Box)	structions)		ployor identi N) 13-354	lication Number 19962			
Stuart A. D	itsky, C	PA, P.C.		·		onsor's telepi 12) 557-2	none number 2727			
475 Park Av	enue Sou	th, 24th Floor				ilness code (1211	see instructions)			
US New York NY		id address X Same as Plan S								
38 Plan administrator's name and address X Same as Plan Sponsor Name 3b Administrator's EIN 3c Administrator's telephone number										
		plan sponsor has changed since the from the last return/report.	o the last return/report filed	for this plan, ontor the	4b EIN					
_a Sponsor's name					4¢ PN					
		at the beginning of the plan year			5a		39			
C Number of partic	ipants with a	ot the end of the plan year eccount balances as of the end o	f the plan year (defined bei	efit plans do not	5b 5c		39			
	•	icipants at the beginning of the p			5d(1)		25			
d(2) Total number of	f active parti	icipants at the end of the plan ye	96		5d(2)		26			
	pants that te	orminated employment during the			5e		0			
Caution: A penalty i	or the late o	or incomplete filing of this retu	rn/report will be assesse	d unioss reasonable car	use is est	ablished.				
Under penalties of pe	rjury and oth completed ar	her penalties set forth in the instr nd signed by an anrollod actuary	uctions, I declare that I have	o examined this return/re	port, inclu	ding, if applic				
ASIGN.	U		14/1/16	Stuart A. Ditsky	7	< 4	Grangithing			
FIRE Signature	Lplan admi	inistrator	Date	Enter name of individua	l signing a	ıs plan admir	nistrator			
	2		10/11/16	Stuart A. Ditsky	15 3930	- 4	ng say ne nadaphi kina na na naka			
Signature of	f employer/	plan sponsor	Dato	Enter name of Individua	l signing a	s emplo	经制度的 医阴影之间			
	Signature of employer/plan sponsor Dato Enter name of individual signing as employer plan sponsor Preparer's name (including firm name, if applicable) and address; include room or suite number Preparer's telephone number									

	Form 5500-SF 2015		Page 2			,				
6a	Wero all of the plan's assets during the plan year invested in eligible	assets?	(See instructions.)	*****	*****		**************		X Yos	No.
	Are you claiming a waiver of the annual examination and report of a			untan	t (IQF	Ά)			اب ۱۰۰۰	
	under 29 CFR 2520,104-46? (See instructions on waiver eligibility a								X Yes 🔲	No
	if you answered "No" to either line 6a or line 6b, the plan canno	st use For	m 5500-SF and must ins					- •	-	
c	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section	n 40:	21)?		Yes [No [Not dotorr	nined
Pa	Financial Information			890,0		_			- Adick C	
7	Plan Assets and Liabilities	7 1	(a) Beginning of	f Yea	r	-	(b	End of		
	Total plan assets	7a	2,41	7,1		╀			2,187,609	
	Total plan liabilities	7b			0	-				
	Net plan assets (subtract line 7b from line 7a)	7c	2,41	75	-		(b) To	2,187,609	_	
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	Plantin	(a) Amount	(a) Amount			40.02	(0) 10	all	
	(1) Employers	8a(1)			0	140	or Principal	1.00	164 L	
	(2) Participants	8a(2)		51,4			Mark	à .	والمالية	
	(3) Others (including rollovers)	8a(3)			0					1
_	Other income (loss)	8b	(24	,12	_		de de		3 3	學問
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		10		1			27,324	No. of the
	Bonofits paid (Including direct rollovers and insurance premiums to provide benefits)	8d	24	19,2	34		Jacob Charles	31	**************************************	
	Certain deemed and/or corrective distributions (see instructions)	8e		4,5	40	010	19-19		4	(30)
	Administrative service providers (salarlos, fees, commissions)	8f		1,4	25	164	The state of		1. 数字	1
9	Other expenses	8g		1,6	92		16.00		2 5 6	Park.
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		F	PA.				256,891	
<u>I</u>	Net income (loss) (subtract line 8h from line 8c)	8i	1 1 1 1 1 1		7.1	_			(229,567)	
_	Transfers to (from) the plan (see instructions)	8]							上 次和第二	1
Pa	Plan Characteristics									
9a	If the plan provides pension benefits, ontor the applicable pension for	eature cod	les from the List of Plan C	harad	cterist	c Co	des in the i	nstructio	ns:	
\dashv	2E 2F 2G 2J 2K 2R 2T 3D					_				_
ь	If the plan provides welfare benefits, enter the applicable wolfare fea	ature code	s from the List of Plan Ch	aract	oristic	Cod	es in the in	struction	S.	
	Compliance Questions			-					- 3000	100
10	During the plan year:				Yes	No	ana.	Α	mount	_
a	Was there a fallure to transmit to the plan any participant contribu	tions with	n the time period				300			
	described in 29 CFR 2510.3-102? (See Instructions and DOL's Vo								40	
_	Program)			108	х	-	1		40,	570
ь	reported on line 10a.)		***************************************	10b		х	4"			
c	Was the plan covered by a fidelity bond?		- Annual Contract of the Contr	10c	х	_			300,	000
d	Did the plan have a loss, whother or not reimbursed by the plan's by fraud or dishonosty?			10đ		x				
e		ner person	s by an insurance				v dad			
	carrier, insurance service, or other organization that provides som the plan? (See instructions.)	e or all of	the benefits under	100		x				
f				10f		x				
g	Did tho plan have any participant loans? (If "Yes," enter amount a			109	×		- 2Y		70.	698
h				109	7	_	100	SPACE TO SERVICE	5 6 3 4	13
_	2520.101-3.)		******************	10h		x		بحراكي	Trans. A	1
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3	******************************	101						<i>y</i>
j	Did the plan trust incur unrelated business taxable income?		2922-07-6 2 549-0 505-522-51-00-0-5-4-4-2-2-6-5-4-4	10j						
(Fa	Pension Funding Compliance									_
11	Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)	***************************************	************************	,,,,,,,,					☐ Yes X	No.
		om Schoo	dule SB (Form 5500) line 4	40			11a		Yes X	

	Form 5500-SF 2015 Page 3-					
	(If "Yos." 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 amerized in this plan year, see instructing the waiver. Mont	<u>п</u> п	ente ay	or the date o	f the lette ear	er ruling
_H	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13	000 00 11 000			-	
b	Entor the minimum required contribution for this plan year	- VIII-VI	12			
_ c	Enter the amount contributed by the employer to the plan for this plan year		12	<u>c</u>		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the leaning amount)		12	=	_	
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	****************	***	Yes	No	□ N/A
Par	Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan your?	*************		Yes X	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	***************************************	13	à		
b	Were all the plan assets distributed to participants or beneficiarios, transferred to another plan, or brough of the PBGC?		ontro	ol .	☐ Yes	X No
c	If during this plan year, any assets or liabilitios were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	the plan(s) to	•		,	
	I3c(1) Name of plan(s):	130	(2) E	IN(s)	13c(3) PN(5)
				<u></u>		
Paid	Trust Information				_	
14a	Name of trust		14	Trust's Ell	4	
140	Name of trustee or custodian			d Trustee or elophone nu		an's
Par	IRS Compliance Questions					
15a	is the plan a 401(k) plan:			Yes	☐ No	
15b	of "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee defenals and matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?			Dosign- basod safe harbor method	☐ AD tes	P/ACP t
150	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 1.401(2)(ii))?			Yes	□ No	
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section			Ratio Percentage Test	Ave Bo	erago nofit Test
	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by comb this plan with any other plans under the pormissive aggregation rules?	*****		Yes	□ No	
17a	Has the Plan been timely amended for all required law changes?			Yes	□ No	N√A
	Dato of the last plan amendment/restatement for the required tax law changes was adopted//_ instructions for tax law changes and codes).			plicable cod		
170	If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volume submitter plan the advisory letter, enter the date of that favorable letter. / and the fotter's serial numbers.	at is subject t ber.	o a f	avorable IRS	opinion	Of.
170	if the plan is an individually-designed plan and recieved a favorable determination letter from IRS, please determination letter	entor the dat	e of	plan's last fi	vorablo	
18	Is the Plan maintained in a U.S. territory (I.e., Puerto Rico (if no election under ERISA section 1022(I)(2) h made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Is	as been slands)?		Yos	∏ No	
19	Were in-service distributions made during the plan year?	K-1000000000000000000000000000000000000		Yes	☐ No	
	If Yes, enter amount		19	1		
20	Were minimum required distributions made to 5% owners who have attained age 70 ½ (regardless of who not retired) as required under section 401(a)(9)?			Yes	☐ No	☐ N/A