## 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 Report	t Identification Information							
For calenda	ar plan year 2015 or f	iscal plan year beginning 01/01/20	15	and ending 12	/31/2015				
A This ret	turn/report is for:	a single-employer plan  a one-participant plan		an (not multiemployer) ployer information in acc		ing this box must attach a h the form instructions)			
<b>B</b> This retu	urn/report is	the first return/report an amended return/report	the final return/report	n/report (less than 12 mo	onths)				
		an amended retain/report	a short plan your rotan	Wichout (1000 that) 12 me	Jii(10)				
C Check I	box if filing under:	X Form 5558 Special extension (enter descrip	automatic extension		DF	FVC program			
Part II	Racic Plan Info	ormation—enter all requested info	,						
1a Name	of plan	/ LLP PROFIT SHARING PLAN	IIIIaliUII		1b Three- plan nu (PN)	umber 001			
					1C Effective	ve date of plan 01/01/1994			
Mailing	g address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O.			2b Employ (EIN)	yer Identification Number 46-5683458			
	Town, state or proving TANCHUM & LEVY	ce, country, and ZIP or foreign postal LLP	code (if foreign, see instr	uctions)	2c Spons	or's telephone number 212-599-0777			
	SENBERG, ESQ.				2d Business code (see instructions)				
	HESTER AVENUE NS, NY 10604					541110			
3a Plan a	dministrator's name a	and address XSame as Plan Sponso	r.		<b>3b</b> Admini	strator's EIN			
					3c Admini	strator's telephone number			
		ne plan sponsor has changed since thumber from the last return/report.	ne last return/report filed fo	or this plan, enter the	4b EIN	13-3273343			
	•	G TANCHUM & LEVY			4c PN	001			
<b>5a</b> Total i	number of participants	s at the beginning of the plan year			5a	7			
<b>b</b> Total i	number of participants	s at the end of the plan year			5b	6			
		account balances as of the end of th		-	5c	6			
<b>d(1)</b> Tota	al number of active pa	articipants at the beginning of the plar	n year		5d(1)	4			
		articipants at the end of the plan year		Ī	5d(2)	4			
<b>e</b> Numb	per of participants tha	t terminated employment during the p	olan year with accrued ber	nefits that were less	5e	0			
Caution: A	penalty for the late	or incomplete filing of this return/	report will be assessed	unless reasonable cau					
SB or Sche		ther penalties set forth in the instructi and signed by an enrolled actuary, as aplete.							
SIGN		l/valid electronic signature.	10/17/2016	RICHARD EISENBER	G				
HERE	Signature of plan	administrator	Date	Enter name of individu	ıal signing as	plan administrator			
SIGN									
HERE	Signature of empl	oyer/plan sponsor	Date	Enter name of individu	ıal signing as	employer or plan sponsor			
Dronaror's	name (including firm	name if applicable) and address (incl	lude room or suite numbe	r )	Preparer's to	elenhone number			

Form 5500-SF 2015		Page <b>2</b>								
<ul> <li>Were all of the plan's assets during the plan year invested in eligible</li> <li>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</li> </ul>	an independand condition	dent qualified public a	ccount	ant (IQ	PA)			[	X Yes X Yes	
<b>c</b> 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	☐ No	t deter	mined
Part III Financial Information										
7 Plan Assets and Liabilities		(a) Beginning	•				(b) En	d of \		
a Total plan assets	7a 		1541		-				15224	
b Total plan liabilities	7b		1541	210					15224	0
Net plan assets (subtract line 7b from line 7a)      Income, Expenses, and Transfers for this Plan Year	7c	(a) Amou		219			/b	) Tota		-39
a Contributions received or receivable from:		(a) Amou	ant				(D)	) 10ta	<u> </u>	
(1) Employers	8a(1)		37	500						
(2) Participants	8a(2)			0						
(3) Others (including rollovers)	8a(3)			0						
<b>b</b> Other income (loss)	8b		5	5561						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								430	61
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		61	771						
e Certain deemed and/or corrective distributions (see instructions)	8e			0						
f Administrative service providers (salaries, fees, commissions)	8f			50						
g Other expenses	8g			0						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								618	321
i Net income (loss) (subtract line 8h from line 8c)	8i								-187	'60
j Transfers to (from) the plan (see instructions)	8j			0						
Part IV Plan Characteristics										
B If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Pla	n Chara	acterist	ic Cod	les in th	ie instru	ıctions	:	
Part V Compliance Questions										
10 During the plan year:				Yes	No	N/A		Ar	nount	
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>b</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?					Х					
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bon	d, that was caused	10c		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.)	ner persons ne or all of t	by an insurance he benefits under	10e		X					
f Has the plan failed to provide any benefit when due under the plan					X					
g Did the plan have any participant loans? (If "Yes," enter amount as			10f		X					
h If this is an individual account plan, was there a blackout period? (	(See instruc	ctions and 29 CFR	10g		X					
i If 10h was answered "Yes," check the box if you either provided the	ne required	notice or one of the	10h							
j Did the plan trust incur unrelated business taxable income?			10i 10j							
Part VI Pension Funding Compliance			IUJ	<u> </u>	]					
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									Yes	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						302 of E	RISA?		Yes	X No

	F	orm 5500-SF 2015 Page <b>3</b> - 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 trustee 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)-	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 Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Benefit Plan Department of the Treasury Internal Revenue Service

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

Short Form Annual Return/Report of Small Employee

Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to **Public Inspection** 

Pension Benefit Guaranty Corporation		accordance with the instr	uctions to the Form 5	500-SF.							
	t Identification Information										
For calendar plan year 2015 or	fiscal plan year beginning	01/01/2015	and ending	12/31	L/2015						
A This return/report is for:	a single-employer plan			oyer) (Filers checking this box must attach a in accordance with the form instructions)							
·	a one-participant plan	a foreign plan									
<b>B</b> This return/report is	the first return/report	the final return/report									
C Observe have ## ## condens	an amended return/report	☐ a short plan year return/report (less than 12 months) ☐ automatic extension ☐ DFVC program									
C Check box if filing under:	<ul><li>☒ Form 5558</li><li>☒ special extension (enter desc</li></ul>	automatic extension cription)		∏ DEA	'C program						
Part II Basic Plan Inf	ormation—enter all requested in										
1a Name of plan EISENBERG TANCHUM &	-			1b Three-di plan nun (PN)							
		1c Effective date of plan 01/01/1994									
Mailing address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.				er Identification Number 6-5683458						
City or town, state or provin EISENBERG TANCHUM &	ice, country, and ZIP or foreign pos LEVY_LLP	stal code (if foreign, see instr	uctions)		's telephone number 599-0777						
RICHARD EISENBERG,	FQA			2d Business	s code (see instructions)						
707 WESTCHESTER AVE				54111	0						
WHITE PLAINS	and address XSame as Plan Spor	ЙА	10604	3b Administrator's EIN							
				3c Administ	rator's telephone number						
4 If the name and/or EIN of the name, EIN, and the plan no	he plan sponsor has changed since umber from the last return/report.	the last return/report filed for	or this plan, enter the	<b>4b</b> EIN 13	3-3273343						
a Sponsor's name				4c PN 00	7						
<u>.</u>	s at the beginning of the plan year.			5a							
	s at the end of the plan year			5b	6						
	account balances as of the end of			5c	6						
d(1) Total number of active p	articipants at the beginning of the p	olan year		5d(1)	4						
d(2) Total number of active p	articipants at the end of the plan ye	ear		5d(2)	4						
than 100% vested	t terminated employment during th			5e	0						
Caution: A penalty for the late Under penalties of perjury and of	e or incomplete filing of this return other penalties set forth in the instru- and signed by an enrolled actuary,	rn/report will be assessed uctions, I declare that I have	unless reasonable cau examined this return/rep	port, including, i	if applicable, a Schedule						
	5 (	10/17/16	RICHARD EISEN	BERG							
Nove Totale											
Signature of plan administrator  Date  Enter name of individual signing as plan administrator  SiGN  Light Color of the co											
HERE /	oyer/plan sponsor	Date	Enter name of individu	ual signing as e	employer or plan sponsor						
	name, if applicable) and address (i				ephone number						

b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a walver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on walver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in	an indepe and condit ot use Fo	ndent qualified public a tions.)orm 5500-SF and must	ccount t <b>inste</b> a	ant (IQ d use	PA)  <b>Form</b>	5500.		X Yes X Yes	☐ No
Par										
	Plan Assets and Liabilities	1. 1.	(a) Baginning	of Vo				(b) End	of Voor	
		<b>-</b>	(a) Beginning	$\frac{1}{1,54}$	1,21	9		(D) End		22,45
	Total plan assets	7a				0			<u> </u>	
	Total plan liabilities	7b		1,541					1.50	22,45
	Net plan assets (subtract line 7b from line 7a)	7c			L, Z.L.	2				22,43.
	Income, Expenses, and Transfers for this Plan Year		(a) Amou	ınt		13.		(b) T	otal	11.11.11.11
	Contributions received or receivable from: (1) Employers	8a(1)		3	7,50	o				
	(2) Participants	8a(2)			-	0				
	(3) Others (including rollovers)	8a(3)			1	o				THE WILL
	Other income (loss)	8b		Ţ	5,56	1				A 4 7,700
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		1	,,,,,,,	1				13,06
	Benefits paid (including direct rollovers and insurance premiums	00					[N.11.N.5	.7 H.51154		
	to provide benefits)	8d		6:	1,77	1				
	Certain deemed and/or corrective distributions (see instructions)	8e				0				1 11 11
	Administrative service providers (salaries, fees, commissions)	8f			51	0	NE STATE OF			
	Other expenses	8g				0	. In Mari	ga Pira ma	+ 14.	
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							(	51,82
	Net income (loss) (subtract line 8h from line 8c)	8i		· · · · ·		+				18,76
	Transfers to (from) the plan (see instructions)					-	14.411	. Projection		10,70
Par		8 <u>j</u>			· · · · · · · · · · · · · · · · · · ·					
В	2A 2E 2F 2G 2T 3D  If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Chara	acterist	ic Cod	les in th	ne instruct	ons:	
Part	V Compliance Questions						r			
10	During the plan year:				Yes	No	N/A	<b> </b>	Amount	
а	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	/oluntary f	Fiduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	•	1	10b		Х		:		
	Was the plan covered by a fidelity bond?			10c		Х	<del></del>			
				100		Λ_				
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	indelity bo	mu, mai was causeu	10d		Х	, i	į		
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 benefits under	10e		X		,		
f	Has the plan failed to provide any benefit when due under the pla							-		
				10f		X				
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount a			10g		X				
h	If this is an individual account plan, was there a blackout period? 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 requirem 5500) and line 11a below)	ents? (If "	Yes," see instructions	and cor	nplete	Sched	luie SB	(Form	Yes	X No
11a	Enter the unpaid minimum required contribution for all years from						11a			
12	Is this a defined contribution plan subject to the minimum funding						302 of E	ERISA?	Yes	X No

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	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			<u> </u>			
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver.	onth	nter th Day	e date of	the letter ruli Year	ng	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.	406	<u> </u>			
<u> </u>	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					
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le negative amount)	12d	1	<u> </u>			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		L	Yes	No	N/A	
Part				m			
13a	Has a resolution to terminate the plan been adopted in any plan year?			T Ye	es 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 brough of the PBGC?			[	Yes X	No	
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)						
. 1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) P	N(s)	
Part	VIII Trust Information			I			
	Name of trust	_,,,,,,,	14b	Trust's E	IN	<u>'</u>	
174	Name of trust						
14c	Name of trustee or custodian	14d Trustee's or custodian's telephone number					
Par	IRS Compliance Questions						
15a	is the plan a 401(k) plan?		Y	es	No		
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	employer	🗌 ¦	Design- based saf narbor nethod	e ADF test		
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cutesting method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.402(a)(2)(ii))?	01(m)-	۱ ا	es			
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section	ın 410(b):	⊔	Ratio percentag est	rcentage		
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining plan with any other plans under the permissive aggregation rules?	oining	[]\	es	☐ No		
	ı Has the plan been timely amended for all required tax law changes?		L4	/es	☐ No	N/A	
	<b>b</b> Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes).				(See inst		
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pla advisory letter, enter the date of that favorable letter and the letter's serial nur	nber				or	
17d	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, er determination letter		the p	an's last t	favorable		
18	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 Mariana Islands or the U.S. Virgin	has been Islands)?	Y	es	∏ No		
19	Were in-service distributions made during the plan year?		<u> </u>	es .	No		
	If "Yes," enter amount		. 19				
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of where tired), as required under section 401(a)(9)?	ether or not		es .	∏No	∏ N/A	