## 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.

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection** 

Annual Report Identification Information For calendar plan year 2016 or fiscal plan year beginning and ending 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** This return/report is for: a one-participant plan a foreign plan the final return/report B This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: DFVC program Form 5558 automatic extension special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit EISENBERG TANCHUM & LEVY LLP PROFIT SHARING PLAN plan number 001 (PN) • 1c Effective date of plan 01/01/1994 2a Plan sponsor's name (employer, if for a single-employer plan) **2b** Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) 46-5683458 (EIN) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Sponsor's telephone number EISENBERG TANCHUM & LEVY LLP 212-599-0777 RICHARD EISENBERG, ESQ. 2d Business code (see instructions) 707 WESTCHESTER AVENUE 541110 WHITE PLAINS, NY 10604 **3a** Plan administrator's name and address X Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 5a 6 5a Total number of participants at the beginning of the plan year ...... 5 5b **b** Total number of participants at the end of the plan year..... Number of participants with account balances as of the end of the plan year (only defined contribution plans 5 5c complete this item)..... 5d(1) d(1) Total number of active participants at the beginning of the plan year..... 5d(2) 4 d(2) Total number of active participants at the end of the plan year..... Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested .....

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and

belief, it is t	true, correct, and complete.							
SIGN HERE	Filed with authorized/valid electronic signature.	09/21/2017	RICHARD EISENBERG					
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN								
HERE	Signature of employer/plan sponsor	dual signing as employer or plan sponsor						
Preparer's	name (including firm name, if applicable) and address (include	room or suite numbe	r )	Preparer's telephone number				

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<b>6a</b> Were all of the plan's assets during the plan year invested in eligib	ole assets?	(See instructions.)					X Yes □ N		
<b>b</b> Are you claiming a waiver 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 cann  C If the plan is a defined benefit plan, is it covered under the PBGC ir					_	-	No ☐ Not determined		
	isurance p	Togram (See LINIOA Se	CCIIOII 4	021):		163			
Part III Financial Information			41/				#N = 1 #N		
7 Plan Assets and Liabilities	_	(a) Beginning	of Year 522459				(b) End of Year 1667749		
a Total plan assets	7a	'	022400	-			1007743		
b Total plan liabilities	7b	1	522459				1667749		
Net plan assets (subtract line 7b from line 7a)      Income, Expenses, and Transfers for this Plan Year	7c								
a Contributions received or receivable from:		(a) Amour	(a) Amount				(b) Total		
(1) Employers	8a(1)		50000	)					
(2) Participants	8a(2)								
(3) Others (including rollovers)	8a(3)								
<b>b</b> Other income (loss)	8b		95679	)					
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						145679		
<b>d</b> Benefits paid (including direct rollovers and insurance premiums			364						
to provide benefits)	8d		304						
Certain deemed and/or corrective distributions (see instructions).      Administrative service providers (salaries, fees, commissions)	8e								
	8f		25						
b Total symposos (add lines 2d, 2e, 2f, and 2g)	8g						389		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				145290				
i Net income (loss) (subtract line 8h from line 8c) i Transfers to (from) the plan (see instructions)	8i								
	8j								
Part IV Plan Characteristics  9a If the plan provides pension benefits, enter the applicable pension	footuro oo	doe from the List of D	on Cho	rootori	otio Co	odoo in	the instructions:		
2A 2E 2F 2G 2T 3D	reature co	des from the List of Pi	an Cha	racien	Suc Co	Jues III	the instructions.		
<b>b</b> If the plan provides welfare benefits, enter the applicable welfare f	eature cod	es from the List of Pla	n Char	acteris	tic Cod	des in t	he instructions:		
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A	Amount		
a Was there a failure to transmit to the plan any participant contribu									
described in 29 CFR 2510.3-102? (See instructions and DOL's \ Program)			10a		X				
<b>b</b> Were there any nonexempt transactions with any party-in-interest			100						
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 fidelity bond, that was caused by fraud or dishonesty?								
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.)	10e		X						
f Has the plan failed to provide any benefit when due under the pla	10f								
g 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		X				
i If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10			10i						

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Part	VI	Pension Funding Compliance							
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)					[] `	∕es X No	
		the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
12		s a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?					<b>│</b>	res X No	
	(lf "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
	grant	aiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	/lonth _	s, and	d enter t Day		of the lette Year _	er ruling	
If	you co	empleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		1			
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		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the live amount)			12d				
	e Will the minimum funding amount reported on line 12d be met by the funding deadline?						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?				Yes	s X N	lo	
	If "Y€	s," enter the amount of any plan assets that reverted to the employer this year			13a				
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougol of the PBGC?		er the			Yes	No	
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	olan(s)	) to				
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		<b>13c(3)</b> PN(s)		
Part	VIII	Trust Information							
14a	Name	of trust			14b <sup>-</sup>	Trust's E	EIN		
14c	Name	of trustee or custodian					s or custod ne number	ian's	
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No		
		lid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	IШ		n-based narbor	d [	Prior ye test	ear" ADP	
				"Curre	rent year" N/A test				
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply: Ratio percentest				entage Average benefit test N/A					
	<b>16b</b> Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?						No		
	the le								
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rece	ent determi	nation	
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		rom	Ye	s [	No		
19	Was a	any plan participant a 5% owner who had attained at least age 70 $^{1\!\!/}$ during the prior plan year?			Ye	s	No		

## 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

2016

This Form is Open to Public Inspection

Part I Ar	nual Report l	dentific	ation Information								
For calendar pla	an year 2016 or fisc		ear beginning	01/01/2016	and ending		12/31/201				
A This return/r		X a sing	le-employer plan	ist of participating	plan (not multiemployer) employer information in a	(Filers ccorda	checking this box ance with the form	r must attach a i instructions.)			
	•	a one	-participant plan	a foreign plan							
B This return/re	eport is	the fir	st return/report	the final return/repor							
		an am	ended return/report	a short plan year ret	urn/report (less than 12 n	nonths	<del>;</del> )				
C Check box i	f filing under:	Form		automatic extension	1		FVC program				
			al extension (enter descri								
		mation	—enter all requested in	formation		16	Thurs digit				
1a Name of place EISENBERG		EVY L	LP PROFIT SHAR	ING PLAN		IB	Three-digit plan number (PN)	001			
						10	Effective date of 01/01/199	plan			
Mailing add	iress (include room	. apt su	a single-employer plan) ite no. and street, or P.C	). Box)		2b	Employer Identif				
City or town	n, state or province TANCHUM & L	, country	, and ZIP or foreign post	al code (if foreign, see in	structions)	2c	Sponsor's teleph				
						2d	Business code (				
	SENBERG, ES ESTER AVENU						541110				
WHITE PLAI					Y 10604	1					
3a Plan administrator's name and address X Same as Plan Sponsor.						3b Administrator's EIN					
						3C	Administrator's t	elephone number			
4 If the name	and/or FIN of the	plan spo	nsor has changed since	the last return/report file	d for this plan, enter the	4b	EIN	<del></del>			
name, EIN <b>a</b> Sponsor's	i, and the plan num	ber from	the last return/report.	•		4c PN					
		at the bed	inning of the plan year.			5a					
							5b	5			
C Number of	f participants with a	ccount b	alances as of the end of	the plan year (only defin	ed contribution plans	5c					
-						50	d(1)	4			
• •				ar			1(2)	4			
e Number of	of participants that t % vested	erminate	d employment during the	e plan year with accrued	benefits that were less		5e	0			
Caution: A ner	nalty for the late o	r incomi	olete filing of this retur	n/report will be assess	ed uniess reasonable c	ause i	s established.	anhla a Cahadula			
SB or Schedule	s of perjury and oth MB completed an correct and comp	d signæd	ies set forth in the instru by an enrolled actuary,	ctions, I declare that I ha as well as the electronic	ve examined this return/reportersion of this return/reporters	report, ort, an	d to the best of my	y knowledge and			
SIGN 9/10/17 RICHARD EISE						NBER	G				
L HEDE	gnature of plan ac	lministra	itor	Date	igning as plan adı	ministrator					
SIGN HERE		·	<u></u>		- C - 12-11	labarah a	11love	ar ar plan apagar			
1 1 51	gnature of employ	er/plan	sponsor onlicable) and address (i	Date nclude room or suite nur	Enter name of indivi		igning as employe eparer's telephone				
riepalei s nair	le (IIICluding IIIII II	aitie, ii aț	phicable) and address (i	Holddo (doll) of dallo flat	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						

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b	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 If you answered "No" to either line 6a or line 6b, the plan cann	an indepe and condi ot use Fo	ndent qualified public a tions.) orm 5500-SF and must	ccounta instea	ant (IQ d use	PA) Form	5500.	X Yes No
	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA se	ction 40	321)?.	····· <u> </u>	Yes	No Not determined
7	Plan Assets and Liabilities		(a) Beginning o	f Year				b) End of Year
	Total plan assets	7a		522,4	159			1,667,749
	Total plan liabilities	7b			0			
	Net plan assets (subtract line 7b from line 7a)	7c	1,	522,4	159			1,667,749
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t .				(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)		50,0	000			
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)			_			
b	Other income (loss)	8b		95,6	579			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						145,679
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		;	364			
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g			25			
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						389
i_	Net income (loss) (subtract line 8h from line 8c)	8i						145,290
<u>j</u>	Transfers to (from) the plan (see instructions)	8j						
	t IV Plan Characteristics							
9a 	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2T 3D							
b	If the plan provides welfare benefits, enter the applicable welfare f	eature co	des from the List of Plar	n Chara	cterist	ic Cod	les in t	he instructions:
Par	t 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 contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary l	Fiduciary Correction	10a	·	Х		
d	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		Х		
С	Was the plan covered by a fidelity bond?			10c		Х		
d		fidelity bo	ond, 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 son the plan? (See instructions.)	ne or all o	f the benefits under	10e		Х		
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		Χ		
g				10g		Х		
h	2520.101-3.)			10h		Х		
i	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10	he require 11-3	ed notice or one of the	10i				

Form 5500-SF 2016

				****		
Part '				T		
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete (Form 5500) and line 11a below)		 	<u> </u>	Yes X	No No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40					
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or s ERISA?				Yes 🛚	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	s and anton	the date	of the left	or ruline	
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver.	s, and enter Da	y	Year	er runn	<del>-</del>
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	1 405	1			
	Enter the minimum required contribution for this plan year	40-	<u> </u>			
	Enter the amount contributed by the employer to the plan for this plan year	******	ļ			
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)	1	<u> </u>	<b>—</b>	П	
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	<u> </u>	Yes	No	∐ N/	<u> </u>
Part	VII Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	X M	No.	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13а				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought unde			Yes	X No	
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the p which assets or liabilities were transferred. (See instructions.)	olan(s) to				
1	13c(1) Name of plan(s): 1	1 <b>3c(2)</b> EIN(s	)	13c(	3) PN(s	s)
Part	VIII Trust Information					<del></del>
14a	Name of trust	14b	Trust's E	IN		
14c	Name of trustee or custodian	14d	Trustee's telephon	or custo e number		
Par	t IX IRS Compliance Questions				4.00	
		Yes		No		
15b	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section	Design-base safe harbor	ed [	"Prior y test	/ear" A	DP
		"Current yea ADP test	ar"	N/A		
16a	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	Ratio percentage test		rerage nefit test		N/A
	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes	[	No		
	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion the letter and the serial number					
	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the letter	date of the	most rece	nt detern	ninatior	ו 
18	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated f service?	from Y	es [	] No		
19	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?	Т	es	No		