Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Annual Report Identification Information

Part I

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.

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

For calendar	plan year 2014 or fis	scal plan year beginning 01/01/2	2014	and ending 12	/31/2014				
A This retur	n/report is for:	a single-employer plan		plan (not multiemployer) loyer information in accor	,				
	·	a one-participant plan	a foreign plan						
B This return	/report is	the first return/report	the final return/report	t					
	·	an amended return/report	a short plan year retu	urn/report (less than 12 m	onths)				
C Check bo	x if filing under:	Form 5558	automatic extension DFVC program						
		special extension (enter desc	ription)						
Part II	Basic Plan Info	rmation—enter all requested in	formation						
1a Name of	•				1b Three-digit				
SEVEN-B CORPORATION 401(K)PROFIT SHARING PLAN					plan numb				
					(PN)	001			
					1c Effective date of plan 12/01/2013				
2a Plan spo	nsor's name and add	dress; include room or suite numb	per (employer, if for a singl	e-employer plan)	2b Employer Identification Number				
SEVEN-B COR	PORATION				(EIN) 20-2188579				
					2c Sponsor's telephone number				
300 WAVERLY MAMARONEC	AVENUE, SPC 3 K NY 10543				914-834-7234				
	1, 11 100 10				2d Business code (see instructions) 442299				
3a Plan adn	ninistrator's name an	nd address XSame as Plan Spon	sor.		3b Administrat	tor's EIN			
					3C Administrat	tor'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.			4c PN				
Sponsor's name Total number of participants at the beginning of the plan year									
_		at the end of the plan year			5b				
		account balances as of the end of							
				•	5c				
d(1) Total number of active participants at the beginning of the plan year				5d(1)					
d(2) Total number of active participants at the end of the plan year					5d(2)	1			
Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested			5e	1					
Caution: A p	enalty for the late of	or incomplete filing of this retur	n/report will be assesse	d unless reasonable car	use is established	 d.			
Under penalt	ies of perjury and oth	ner penalties set forth in the instru	ctions, I declare that I hav	e examined this return/re	port, including, if a	pplicable, a Schedule			
	ule MB completed ar e, correct, and comp	nd signed by an enrolled actuary, blete.	as well as the electronic ve	ersion of this return/repor	t, and to the best o	of my knowledge and			
		valid electronic signature.	02/17/2015	DAVID M SALKO					
HERE	Signature of plan a	dministrator	Date	Date Enter name of individual signing as plan administrator					
SIGN	-				<u>.</u>				
HERE	Signature of emplo	ver/plan sponsor	Date	Enter name of individ	lual signing as emi	ployer or plan sponsor			
		ame, if applicable) and address (i				hone number (optional)			
					I				

	Form 5500-SF 2014		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 runder 29 CFR 2520.104-46? (See instructions on waiver eligibility a figure of you answered "No" to either line 6a or line 6b, the plan cannot will be a second of the plan canno	an indepe and condit ot use Fo	ndent qualified public accounta tions.) orm 5500-SF and must instead	nt (IQ	PA) Form	5500.		X Ye	es 🗌	No No
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA section 40)21)? .		Yes	∐No ∐	Not det	ermine	∌d
Par	III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End			
	Total plan assets	7a	387	48				9:	3104	
0	Total plan liabilities	7b	00-		_				0404	
	Net plan assets (subtract line 7b from line 7a)	7c	387	48	-			9.	3104	
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal		
	Contributions received or receivable from: 1) Employers	8a(1)	339	924						
	2) Participants	8a(2)	233	848						
	3) Others (including rollovers)	8a(3)								
-	Other income (loss)	8b	-25	27						
C	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						5	4745	
d I	Benefits paid (including direct rollovers and insurance premiums									
	o provide benefits)	8d								
	Certain deemed and/or corrective distributions (see instructions)	8e		200						
	Administrative service providers (salaries, fees, commissions)	8f		889						
-	Other expenses	8g							200	
	Fotal expenses (add lines 8d, 8e, 8f, and 8g)	8h							389	
	Net income (loss) (subtract line 8h from line 8c)	8i						5	4356	
	Fransfers to (from) the plan (see instructions)	8j								
	If the plan provides pension benefits, enter the applicable pension to 2A 2E 2J 2F 2G 3D 2T If the plan provides welfare benefits, enter the applicable welfare fewer than the plan provides welfare benefits, enter the applicable welfare fewer than the plan provides welfare benefits, enter the applicable welfare fewer than the plan provides welfare benefits, enter the applicable welfare fewer than the plan provides welfare benefits, enter the applicable pension to 2A 2E 2J 2F 2G 3D 2T									
10	During the plan year:				Yes	No		Amoun	t	
а b	 Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported) 					X				
	on line 10a.)			10b		X				
С	Was the plan covered by a fidelity bond?			10c	X				10	0000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			10d		X				
е	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.)			10e		X				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			10h		X				
i	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									
Part	<u> </u>									
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)	······		· 	·····			Ye	es	No
<u>11a</u>	Enter the unpaid minimum required contribution for current year from					11a				
12	Is this a defined contribution plan subject to the minimum funding			or se	ction (302 of	ERISA?	Ye	es X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						<u> </u>			
а	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	-			, and e	enter th Day		ne letter Year	ruling	_

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lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 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 negative amount)	-	1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g 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?		🔲 Y	′es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer the	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		inder the control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify th	e plan(s) to		
1	3c(1) Name of plan(s):		13c(2) EI	N(s)	13c(3) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

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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).

OMB Nos. 1210-0110 1210-0039

2014

This Form is Open to

Man and the second seco	Complete all entries in a	iccordance with the instru	actions to the Form 5	500-SF.	· word mopeoner		
Part I Annual Repor	t Identification Information						
For calendar plan year 2014 or t	iscal plan year beginning	01/01/2014	and ending	12/31/.	2014		
A This return/report is for:	X a single-employer plan	of participating employ	an (not multiemployer) er information in accor	(Filers checking th	is box must attach a list		
	a one-participant plan a foreign plan						
B This return/report is	the first return/report	the final return/report					
	an amended return/report	a short plan year retum	/report (less than 12 m	ionths)			
C Check box if filing under:	Form 5558	automatic extension		DFVC p	rogram		
	special extension (enter descri	ption)		•	4		
Part II Basic Plan Info	ormation—enter all requested info	ormation					
1a Name of plan	ories di reguestes inte	Ji matton	·	1b Three-digit			
	401(k)Profit Sharing	Plan		plan number			
÷				1C Effective da 12/01/2			
2a Plan snonsor's name and ad	idress; include room or suite numbe	r (amployer if for a single-o	mployer plan)		 		
Seven-B Corporation	ariess, include footh of state fidinise	r (emproyer, a ror a sangre-e	mployer plant	2b Employer Identification Number (EIN) 20-2188579			
300 Waverly Avenue,	spc 3			20 Sponsor's telephone number 914-834-7234			
Mamaroneck	NY 10543			2d Business code (see instructions) 442299			
	nd address XSame as Plan Sponso	or		3b Administrator's EIN			
ea i lan actimitati atol a flame a	nd address Doaine as Flan Opons	91.		45 Auministrat	Ot \$ 1114		
			e e e e e e e e e e e e e e e e e e e	3C Administrat	or's telephone number		
	e plan sponsor has changed since the	he last return/report filed for	this plan, enter the	4b EIN			
a Sponsor's name	mber from the last return/report.			4c PN	~		
5a Total number of participants	at the beginning of the plan year	· · · · · · · · · · · · · · · · · · ·	,	5a	2		
b Total number of participants	s at the end of the plan year		***************	5b	2		
	account balances as of the end of the			5c			
	articipants at the beginning of the pla			5d(1)	2		
d(2) Total number of active pa	articipants at the end of the plan year	· ·	*************	5d(2)	. 1		
Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested			5e	1			
	or Incomplete filing of this return	leanart will be accorded to	nioce rosconship est	en la netabilehor			
Under penalties of perjury and o	ther penalties set forth in the instruct and signed by an enrolled actuary, as	tions, I declare that I have e	xamined this return/re	port, including, if a	oplicable, a Schedule		
sign //WVC		2/17/15	David M Salko				
HERE Signature of plan	administrator	Date	Enter name of Individ	ual signing as plan	administrator		
SIGN SUFT /		2/0/15	DAVIDA	SAULO			
HERE Signature of emple	pyer/plan sponsor name, if applicable) and address (ind	Date clude room or suite number			oloyer or plan sponsör none number (optional)		
	•						
-							

Form 5500-SF (2014)

. For Paperwork Reduction Act Notice and OMB Control Numbers, see the Instructions for Form 5500-SF.

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Form 5500-SF 2014 Page 2 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) X Yes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.).... X Yes No If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined Part III Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan assets...... 38748 93104 Total plan liabilities 7b C Net plan assets (subtract line 7b from line 7a) 38748 7c 93104 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total Contributions received or receivable from: (1) Employers 33924 8a(1) (2) Participants 23348 8a(2) (3) Others (including rollovers) 8a(3) b Other income (loss) d8 -2527 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).. 8c 54745 d Benefits paid (including direct rollovers and insurance premiums to provide benefits). 8d Certain deemed and/or corrective distributions (see instructions). 8e Administrative service providers (salarles, fees, commissions).... 389 86 g Other expenses..... 89 h Total expenses (add lines 8d, 8e, 8f, and 8g) ... 8h 389 Net income (loss) (subtract line 8h from line 8c) 8i 54356 Transfers to (from) the plan (see instructions)...... Part IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2J 2F 2G 3D 2T If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V | Compliance Questions During the plan year: Yes No Amount Was there a failure to transmit to the plan any participant contributions within the time period described in X 29 CFR 2510.3-102? (See instructions and DQL's Voluntary Fiduciary Correction Program) Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported X on line 10a.)..... 10b 10000 Was the plan covered by a fidelity bond?..... 10c Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud χ 100 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 Х 10a Х Has the plan failed to provide any benefit when due under the plan? 10f Х Did the plan have any participant loans? (If "Yes," enter amount as of year end.)..... 10g If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR Х 10h 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. **Pension Funding Compliance** is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form Yes 5500) and line 11a below). 11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39.....

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

Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?..

(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)

granting the waiver.

Yes X No

From: 9148339360

Page: 3/5

Date: 2/17/2015 2:15:46 PM

Form 5	500-SF 2014	Page 3 -			
If you comple	ted line 12a, complete lines 3, 9, and 10 of Schedule MB (orm 5500), and skip to line 13			
b Enter the m	inimum required contribution for this plan year			12b	
C Enter the a	mount contributed by the employer to the plan for this plan yea	ar		12c	·····
C Subtract the	e amount in line 12c from the amount in line 12b. Enter the res nount)	sult (enter a minus sign to the left	ofa	12d	
e Will the min	imum funding amount reported on line 12d be met by the fund	ling deadline?		Yes	□ No □ N/A
	1 Terminations and Transfers of Assets				
13a Has a resolu	tion to terminate the plan been adopted in any plan year?			Yes X	No
If "Yes," ent	er the amount of any plan assets that reverted to the employe	r this year		13a	
b Were all the	plan assets distributed to participants or beneficiaries, transform	erred to another plan, or brought	under the co		Yes X No
 C If during this 	s plan year, any assets or liabilities were transferred from this is or liabilities were transferred. (See instructions.)	plan to another plan(s), identify t	he plan(s) to		
13c(1) Name			130	(2) EIN(s)	13c(3) PN(s)
Part VIII Trus	t Information (optional)				· · · · · · · · · · · · · · · · · · ·
14a Name of trust			1-	1b Trust's EIN	l
	:				
	108 # 10	· ·			