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.

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I		<u>t Identification Information</u>	•			
For calend	dar plan year 2014 or	fiscal plan year beginning 01/01/	2014	and ending 12	2/31/2014	
A This re	eturn/report is for:	a single-employer plan		er plan (not multiemployer) ployer information in accor		
		a one-participant plan	a foreign plan			
B This ref	turn/report is	the first return/report	the final return/repo	ort		
		an amended return/report	a short plan year re	eturn/report (less than 12 m	nonths)	
C Check	box if filing under:	Form 5558	automatic extension	on	DFVC p	orogram
	3	special extension (enter des	cription)			
Part II	Basic Plan Inf	formation—enter all requested in	nformation			
1a Name		·			1b Three-digi	t
JVS TRADI	ING CORP. PROFIT	SHARING PLAN			plan numb	
					(PN) •	002
					1c Effective d	01/01/2013
2a Plan s		address; include room or suite num	ber (employer, if for a sing	gle-employer plan)		Identification Number
000 1100011	10 00111 .				(=)	06-1680059 telephone number
ONE NORT	H END AVE.					12-590-1031
3RD FLOOF NEW YORK						code (see instructions) 523140
3a Plan a	administrator's name	and address XSame as Plan Spor	nsor.		3b Administra	
		ь .				
					3c Administra	itor's telephone number
						,
		he plan sponsor has changed since	e the last return/report file	ed for this plan, enter the	4b EIN	
name	e, EIN, and the plan r	the plan sponsor has changed since umber from the last return/report.	e the last return/report file	ed for this plan, enter the	4b EIN	
name a Spons	e, EIN, and the plan r sor's name	number from the last return/report.		· 	4b EIN 4c PN	
a Spons 5a Total	e, EIN, and the plan r sor's name number of participan	ts at the beginning of the plan year			4b EIN 4c PN 5a	2
a Spons 5a Total b Total	e, EIN, and the plan r sor's name number of participan number of participan	ts at the beginning of the plan year ts at the end of the plan year			4b EIN 4c PN 5a 5b	2
a Spons 5a Total b Total c Numl	e, EIN, and the plan r sor's name number of participan number of participan ber of participants wit lete this item)	ts at the beginning of the plan year ts at the end of the plan yearh account balances as of the end of	f the plan year (defined b	penefit plans do not	4b EIN 4c PN 5a	2
a Spons 5a Total b Total c Numl	e, EIN, and the plan r sor's name number of participan number of participan ber of participants wit lete this item)	ts at the beginning of the plan year ts at the end of the plan year	f the plan year (defined b	penefit plans do not	4b EIN 4c PN 5a 5b	2
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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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a se	an independ and condition	dent qualified public accounta	nt (IQ	PA)				—	es [No
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA section 40	21)?		Yes	No		Not de	termiı	ned
Par	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) E	nd of	Year		
a	Total plan assets	7a	22	277						2177	
<u>b</u>	Total plan liabilities	. 7b		0	_						
С	Net plan assets (subtract line 7b from line 7a)	. 7с	22	277	_					2177	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(k) To	tal		
	Contributions received or receivable from: (1) Employers	8a(1)		0							
	(2) Participants			0							
	(3) Others (including rollovers)										
b	Other income (loss)	8b	-1	00							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c								-100	1
	Benefits paid (including direct rollovers and insurance premiums	0.4									
	to provide benefits)	8d 8e									
	Administrative service providers (salaries, fees, commissions)										
_	Other expenses										
	Total expenses (add lines 8d, 8e, 8f, and 8g)									0	
	Net income (loss) (subtract line 8h from line 8c)									-100	
	Transfers to (from) the plan (see instructions)	. 8i									
Par	t IV Plan Characteristics	1 -, 1									
b	If the plan provides welfare benefits, enter the applicable welfare f V Compliance Questions	feature code	s from the List of Plan Charac	cterist	ic Coc	les in t	he instr	uction	ns:		
10	During the plan year:				Yes	No		Α	moun	ıt	
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid			10a		X					
b	Were there any nonexempt transactions with any party-in-interes on line 10a.)			10b		X					
С	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 or dishonesty?			10d		X					
е	Were any fees or commissions paid to any brokers, agents, or other organization that provides some or all instructions.)	her persons I of the bene	by an insurance carrier, fits under the plan? (See	10e		X					
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year er	nd.)	10g		X					
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		X					
ī	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	the required	notice or one of the	10ii							
Part											
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Пү	es ×	No.
11a	Enter the unpaid minimum required contribution for current year f					11a			<u> </u>	<u> </u>	
12	Is this a defined contribution plan subject to the minimum funding						ERISA1	?	П	es ×	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 bei granting the waiver.	ing amortize	d in this plan year, see instruc		, and e	enter th Day			e letter 'ear _	rulin	g

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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

Form 5500-SF

Department of the Treasury Internat Revenue Service

Department of Labor Employee Benefits Socurity Administration Pension Benefit Guerenty 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 section 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

2014

This Form is Open to Public Inspection

	t identification information		Solitoria - The Control of the Contr		myramore annumanaman canada			
For calendar plan year 2014 or	Profit 1000 (2000) TO 10 WEARING WARMSTON WARMST	01/01/2014	and ending	12/31	THE STATE OF THE S			
A This return/report is for:	x a single-employer plan	of participating empir	oyer plan (not multiemployer) (Filers checking this box must attach a list employer information in accordance with the form instructions)					
D This action from muting	a one-participant plan	e foreign plan						
B This return/report is:	the first return/report	the final return/report						
	an amended return/report	j a short plan year retu	rn/report (less than 12 m	onths)				
C Check box if filing under:	Form 5558	automatic extension		DF	VC program			
	land	MANUSAROSTANION AND AND AND AND AND AND AND AND AND AN	THE RESIDENCE OF THE PROPERTY	oraniamananan (Mgamman	······································			
	formation enter all requested infe	ormation	**************************************	di L	AA . 1			
1a Name of plan				1b Three	e-digit number			
JVS Trading Corp.	Profit Sharing Plan			(PN)				
		MAD HORES		1c Effective date of plan 01/01/2013				
	address; include room or suite number	(employer, if for a single	-employer plan)	2b Empl	over Identification Number			
JVS Trading Corp.				(EIN)	06-1680059			
					sor's telephone number			
One North End Ave.					2) 590-1031			
3rd Floor				20 Busir 523:	ress code (see instructions)			
US New York MY 10282	The state of the s	mannamas response and the second		TO THE PARTY OF TH	·			
3a Plan administrator's name	and address 🗓 Same as Plan Spons	or Name		3D Admi	nistrator's EIN			
4 If the name and/or EIN of t	he plan sponsor has changed since the	last return/report filed t	or this plan, enter the	4b EIN				
name, EIN, and the plan n	umber from the lest return/report.	inat felonineport mee i	os ima prant, enter inte	4c PN	WALKER BELLEVILLE BERKER BELLEVILLE BE			
a Sponsor's name 5a Total number of participan		<u> </u>	***************************************	5a	2			
_	ts at the beginning of the plan year ts at the end of the plan year			5b	2			
	h account balances as of the end of the							
•	***************************************	- •	•	5c	1			
d(1) Total number of active p	articipants at the beginning of the plant	/eaf	1 	5d(1)	2			
d(2) Total number of active p	articipants at the end of the plan year	**********	********************************	5d(2)	2			
e Number of participants tha	t terminated employment during the pla	n year with accrued ber	efits that were	5e	O			
Caution: A penalty for the la	te or Incomplete filing of this return/r	eport will be assessed	uniess reasonable cau	use is estab	lished.			
Under penalties of perjury and	other penalties set forth in the instruction and signed by an enrolled actuary, as	ons, I declare that I have	examined this return/rep	port, includin	g, if applicable, a Schedule			
VEC25000000	A STATE OF THE STA		Joseph Solazzo	***************************************	annual			
SIGN HERE Signature of plan ac								
nene (spenature or plan ag	ministrator	Date 7/7//	Enter name of individue	ai signing as	plan soministrator			
BIGN /			Joseph Solazzo	mansanan anasanan				
HERE Signature of employ	Company Compan	Date 7/7// 3	THE PERSON NAMED IN THE PE	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	employer or plan sponsor			
Preparer's name (including firm	n name, if applicable) and address; incli	ude room of syste numb	er (optional)	Preparer's	telephone number (optional)			
MARKANIA MA	The state of the s	costoost tea management turn factions is label of thirt debinations		1 de la company de la comp				

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 Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes No under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 2,177 Total plan assets 72 2,277 Total plan liabilities 7b Ð Net plan assets (subtract line 7b from line 7a) 7c 2,277 2.177 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total Contributions received or receivable from: 0 (1) Employers 8a(1) 0 (2) Participants 8a(2) (3) Others (including rollovers) 8a(3) Other income (loss) 8b (100) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c (100)Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8đ Certain deemed and/or corrective distributions (see instructions) ... 8e Administrative service providers (salaries, fees, commissions) 8f Other expenses 8g Total expenses (add lines 8d, 8e, 8f, and 8g) 8h (100) Net income (loss) (subtract line 8h from line 8c) 81 Transfers to (from) the plan (see instructions) 8j Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 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 х 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported x 10b on line 10a.) Was the plan covered by a fidelity bond? 10c x Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud 10d x 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 X 10e instructions.) that the plan failed to provide any benefit when due under the plan? 10f x Did the plan have any participant loans? (If "Yes," enter amount as of year end.) x 10g If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 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 Part VI **Pension Funding Compliance** is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form Yes 🗷 No 5500) and line 11a below) 11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 Yes X No 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.)

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 Month

A	pr 10 2015 00:07:07 888-294-5658	-> Per	nsion Associates	Merrill l	Lynch		Page	009
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	Form 5500-SF 2014		Page 3-		BREDWOODS AT			
lf.	you completed line 12a, complete lines 3, 9, and 10 of S	ichedule MB (F	orm 5500), and skip to lin	0 13.				
b	Enter the minimum required contribution for this plan year	r	**************************	*******************	. 12b			
***************************************	THE PROPERTY OF THE PROPERTY O			THE STATE OF		417011701700120		
C	Enter the amount contributed by the employer to the plan	for this plan yea	ar	*******************************	. 12c			***************************************
d	Subtract the amount in line 12c from the amount in line 13		,		12d			97501111
e	Will the minimum funding amount reported on line 12d be	met by the fund	ding deadline?			Yes [□No	□ N/A
Par	VII Plan Terminations and Transfers of	Assets					1411-1511-1511-1611-1611-1611-1611-1611-	
13a	Has a resolution to terminate the plan been adopted in ar	ıy plan year?	++*************************************	PAPPANANTAN AND AND AND AND AND AND AND AND AND A		N X ae	lo	
	If "Yes," enter the amount of any plan assets that reverted	d to the employe	er this year		. 13a			
b	Were all the plan assets distributed to participants or ben- of the PBGC?	*		**			☐ Yes	X No
C	If during this plan year, any assets or liabilities were trans which assets or liabilities were transferred. (See instruction		plan to another plan(s), ide	ntify the plan(s)	to	~~~~	MANNE VILLE COLOR	
	13c(1) Name of plan(s):			1:	3c(2) EIN((\$)	13c(3	PN(s)
			THE TENENT OF TH					
Par	VIII Trust Information (optional)	DTLT ARE SOCIETIES CHICOSTURE CHICATURE FOR THE TYPE	was announced and a state of the state of th		077M901000-LUDE 2-1-1-1		· I., ;	
4.4.		manaum			14h T			