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

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

Revenue Code (the Code).

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Part I		t Identification Information	<u> </u>						
For calend	lar plan year 2014 or	fiscal plan year beginning 01/01/2	01 <u>4</u>	and ending 12	2/31/2014				
A This re	turn/report is for:	X a single-employer plan		olan (not multiemployer) oyer information in accor	,	nis box must attach a list m instructions)			
		a one-participant plan	a foreign plan						
B This ret	urn/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year retu	rn/report (less than 12 m	nonths)				
C Check	box if filing under:	Form 5558	automatic extension		DFVC p	orogram			
		special extension (enter desc	ription)						
Part II	Basic Plan Inf	ormation—enter all requested in	formation						
1a Name ARBOR HO		MENT 401(K) RETIREMENT PLAN			1b Three-digi plan numb				
					1c Effective d				
		address; include room or suite numb GAINST POVERTY, INC.	er (employer, if for a single	e-employer plan)		dentification Number 16-1166737			
	USING & DEVELOP!	MENT			2c Sponsor's	telephone number			
BATH, NY 1					2d Business of	code (see instructions)			
3a Plan a	administrator's name	and address Same as Plan Spon	sor.		3b Administra				
			3c Administrator's telephone number						
		he plan sponsor has changed since umber from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN				
	sor's name				4c PN				
5a Total	number of participan	ts at the beginning of the plan year.			5a	105			
b Total	number of participan	ts at the end of the plan year			5b	111			
		h account balances as of the end of		•	5c	111			
d(1) Tot	tal number of active p	participants at the beginning of the p	lan year		5d(1)	97			
` ,		participants at the end of the plan ye			5d(2)	101			
		terminated employment during the			5e	C			
Under pen SB or Sch	alties of perjury and	e or incomplete filing of this reture other penalties set forth in the instrue and signed by an enrolled actuary, molete.	ctions, I declare that I have	e examined this return/re	port, including, if a	applicable, a Schedule			
SIGN Filed with authorized/valid electronic signature. 05/21/2015 JUDITH C									
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing as pla	n administrator			
SIGN HERE									
		loyer/plan sponsor	Date			ployer or plan sponsor			
Frepalet S	name (including IIIII	name, if applicable) and address (i	nolude 100m of Suite numb	οι / (υμιιστιαί)	r reparer s telep	hone number (optional)			

	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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lif you answered "No" to either line 6a or line 6b, the plan cannot be a continuous control of the plan cannot be a control of the control of the control of the plan cannot be a control of the cont	an indepe and condit	ndent qualified public accountations.)	int (IQ	PA)			X Yes	
С	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	program (see ERISA section 40	21)?		Yes	No	Not dete	rmined
Par	t III Financial Information	1			-				
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End		
	Total plan assets	7a	20905	543				2212	560
	Total plan liabilities	7b	20905	12				2212	560
	Net plan assets (subtract line 7b from line 7a)	7c) 4 0			(L) T		300
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) To	otai	
	(1) Employers	8a(1)	1550)39					
	(2) Participants	8a(2)	1269						
	(3) Others (including rollovers)	8a(3)	382						
b	Other income (loss)	8b	1364	199					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						456	717
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	3094	129					
е	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f	Administrative service providers (salaries, fees, commissions)	8f	252	271					
g	Other expenses	8g		0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						334	700
_ <u>i</u> _	Net income (loss) (subtract line 8h from line 8c)	et income (loss) (subtract line 8h from line 8c)						122	017
j	Transfers to (from) the plan (see instructions)	8j							
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2S 2T 3D If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable pension 2E 2F 2F 2G 2J 2K 2S 2T 3D								
10	During the plan year:				Yes	No		Amount	
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulation)	ıciary Cor	rection Program)	10a		X			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Χ			
C	Was the plan covered by a fidelity bond?			10c	X				140000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Χ			
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ber	nefits under the plan? (See	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	end.)	10g	X				62970
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					X			
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					
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Yes	s X No
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	dule SB (Form 5500) line 39			11a			
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	or se	ection (302 of	ERISA?	Yes	s 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 beir granting the waiver.	-			, and e	enter th Day		e letter r Year	uling

	Form 5500-SF 2014	Page 3 - 1			
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 Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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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

	fiscal plan year beginning 01/0	1/2014	and ending	12/31/2014				
A This return/report is for:	a single-employer plan	a multiple-employe	r plan (not multiemployer) ployer information in accord	(Filers checking this	box must attach a l			
	a one-participant plan	a foreign plan			insuucions)			
B This return/report is	the first return/report	the final return/repo	the final return/report					
	an amended return/report	turn/report (less than 12 m	onths)					
C Check box if filing under:	Form 5558	automatic extensio		DFVC pro	Lisa (militarin) (m. gram			
	special extension (enter desc							
	ormation—enter all requested in	nformation			A Samuel L			
1a Name of plan rbor Housing & Development 40	01(k) Retirement Plan			1b Three-digit plan number (PN) > 1c Effective date	002 of plan			
2a Plan soonsor's name and ar	ddress; include room or suite numb	per (employer, if for a pinc	la amployor stan)	01/01/2008				
teuben Churchpeople Against Po	overty, Inc.	on (employer, it for a sing	iia-ompioyer pian)	2b Employer Ide (EIN) 16-116	ntification Number 3737			
rbor Housing & Development 6 West William Street		2 日本 1 日本		2C Sponsor's telephone number (607) 776-7664				
			16.17 18.17 18.17	2d Business code	e (see instructions)			
ath, NY 14810 3a Plan administrator's name ar	nd address X Same as Plan Spon	The establishment (E.S.)		624100 3b Administrator's EIN				
If the name and/or EIN of the	e plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b EIN				
If the name and/or EIN of the name, EIN, and the plan nur a Sponsor's name	e plan sponsor has changed since mber from the last return/report.	the last return/report filed	for this plan, enter the					
a Sponsor's name	mber from the last return/report.			4b EIN 4c PN 5a	105			
a Sponsor's name Total number of participants	e plan sponsor has changed since mber from the last return/report. at the beginning of the plan year at the end of the plan year			4C PN	105			
a Sponsor's name a Sponsor's name a Total number of participants b Total number of participants c Number of participants with a complete this item)	at the end of the plan year at the end of the plan year	the plan year (defined be	nefit plans do not	4c PN 5a	20,707,00			
a Sponsor's name a Sponsor's name total number of participants b Total number of participants c Number of participants with a complete this item) d(1) Total number of active participants	at the beginning of the plan year at the end of the plan year account balances as of the end of	the plan year (defined be	nefit plans do not	4c PN 5a 5b	111 man 250 111			
a Sponsor's name Total number of participants Total number of participants Number of participants with a complete this item) d(1) Total number of active participants	at the beginning of the plan year at the end of the plan year account balances as of the end of rticipants at the beginning of the plan year	the plan year (defined be	nefit plans do not	4c PN 5a 5b 5c	111 (1988) 111 (1988) 111 (1988) 111 (1988) 111 (1988) 111 (1988) 111 (1988) 111 (1988) 111 (1988) 111 (1988)			
a Sponsor's name Total number of participants Total number of participants Number of participants with a complete this item) d(1) Total number of active participants d(2) Total number of active participants that te	at the beginning of the plan year at the end of the plan year account balances as of the end of	the plan year (defined be	nefit plans do not	4c PN 5a 5b 5c 5d(1)	111 111 97			
a Sponsor's name Total number of participants Total number of participants Number of participants with a complete this item) d(1) Total number of active participants Number of participants that te less than 100% vested	at the beginning of the plan year at the end of the plan year account balances as of the end of rticipants at the beginning of the plan year ticipants at the end of the plan year minated employment during the plan year	the plan year (defined be lan yearararararblan year with accrued be	nefit plans do not	4c PN 5a 5b 5c 5d(1) 5d(2) 5e	111 111 97 101			
a Sponsor's name a Sponsor's name b Total number of participants c Number of participants with a complete this item) d(1) Total number of active participants that the less than 100% vested	at the beginning of the plan year at the end of the plan year account balances as of the end of the plants at the beginning of the plants at the beginning of the plants at the end of the plants at the penalties set forth in the instruction at signed by an enrolled actuary, a	the plan year (defined be lan year	nefit plans do not nefits that were d unless reasonable cause	4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is established.	111 111 97 101 0			
a Sponsor's name a Sponsor's name a Total number of participants b Total number of participants with a complete this item) d(1) Total number of active participants that the less than 100% vested	at the beginning of the plan year at the end of the plan year account balances as of the end of the plants at the beginning of the plants at the beginning of the plants at the end of the plants at the penalties set forth in the instruction at signed by an enrolled actuary, a	the plan year (defined be lan year	nefit plans do not nefits that were d unless reasonable cause examined this return/repersion of this return/report,	4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is established.	97 101 0			
a Sponsor's name Total number of participants Total number of participants Number of participants with a complete this item) C Number of participants with a complete this item) d(1) Total number of active participants that the less than 100% vested	at the beginning of the plan year	the plan year (defined be lan year	nefit plans do not nefits that were d unless reasonable cause	4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is established, ort, including, if appliand to the best of m	111 97 101 0 lcable, a Schedule by knowledge and			
a Sponsor's name 5a Total number of participants b Total number of participants c Number of participants with a complete this item) d(1) Total number of active participants of participants with a complete this item) d(2) Total number of active participants that the less than 100% vested. Caution: A penalty for the late of Juder penalties of perjury and off Seneral MB completed are sellef, it is true, correct, and complete than the left of the late of t	at the beginning of the plan year	the plan year (defined be lan year	nefit plans do not nefits that were d unless reasonable cause e examined this return/repersion of this return/report, Judith Celetti	4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is established, ort, including, if appliand to the best of m al signing as plan ac	111 97 101 0 lcable, a Schedule y knowledge and			

Da L	vvere all of the plan's assets during the plan year invested in eligit								X Ye	es 📙	No
D	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.)										
	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 in							Пі	Not dete	ermin	had
CHARLES CO.	Financial Information		rogialii (ooo Ettio) toodioii -	.02.17			, U140		voi aci	SIIIIII (cu
7			· · · · · · · · · · · · · · · · · · ·	<u> </u>							
	Plan Assets and Liabilities		(a) Beginning of Ye			(b) End of Year					
<u>a</u>	Total plan assets		. 20905	2090543			2212560				
	Total plan liabilities										
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	. 7c	2090543			2212560					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total					
а	Contributions received or receivable from:	l									
	(1) Employers	. 8a(1)	15503								
	(2) Participants	8a(2)	1269								
	(3) Others (including rollovers)	8a(3)	3820	00							
	Other income (loss)	8b	13649	9	E3084						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				and the second			45671	7	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d .	30942	9							
	Certain deemed and/or corrective distributions (see instructions)	8e		0							
f	Administrative service providers (salaries, fees, commissions)	8f	2527	1							
g	Other expenses	. 8g		0							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							33470	00	
	Net income (loss) (subtract line 8h from line 8c)	8i							12201	7	
<u>j</u>	Transfers to (from) the plan (see instructions)	8j									
Par	Plan Characteristics							200000000000000000000000000000000000000	20 acquis 3 20003		-
9a	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:										
b	2E 2F 2G 2J 2K 2S 2T 3D	 									
	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan Chara	cterist	tic Coo	les in	the instr	uction	3:		
Pau	V Compliance Questions										
10	During the plan year:				Yes	No		Ar	nount		-
а	Was there a failure to transmit to the plan any participant contribut	tions within	the time period described in			~					
<u> </u>	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest			10a	-	X	<u> </u>				
~	on line 10a.)	יייייייייייייייייייייייייייייייייייייי	nciude transactions reported	10b		х					
C	Was the plan covered by a fidelity bond?				Х					4400	
d	Did the plan have a loss, whether or not reimbursed by the plan's			10c						1400	100
	or dishonesty?			10d		Х					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all of	er persons	by an insurance carrier,								
	instructions.)	oi me bene	mis under the plan? (See	10e		Х					
f	Has the plan failed to provide any benefit when due under the plan			10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year er	rd.)	10g	Х					629	70
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		х					
ī	If 10h was answered "Yes," check the box if you either provided th	e required	notice or one of the	1011							
	exceptions to providing the notice applied under 29 CFR 2520.101 Pension Funding Compliance	-3		10i	l						
11	Is this a defined benefit plan subject to minimum funding requirement	ents? (If "Y	es," see instructions and com	plete	Sched	ule SE	3 (Form	Τ,			
44.	5500) and line 11a below)								Yes	Х	No
	Enter the unpaid minimum required contribution for current year fro					11a					
_12	Is this a defined contribution plan subject to the minimum funding			or se	ction 3	02 of	ERISA?	للن	Yes	x	No
<u> </u>	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			41.							
a	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	y amortize	u in inis pian year, see instruc	tions, h	and e	nter th Dav		of the le Ye		ling	

	Form 5500-SF 2014 Page	3 - 1				
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500	, and skip to line 13.				
b				12b		
<u>C</u>	Enter the amount contributed by the employer to the plan for this plan year			12c		
d			12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadling				Yes	No ∏ N/A
	VII Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?		ΠY	es X No	· · · · · · · · · · · · · · · · · · ·	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a	I			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to and of the PBGC?	der the c	ontrol		☐ Yes 🗓 No	
	If during this plan year, any assets or liabilities were transferred from this plan to ano which assets or liabilities were transferred. (See instructions.)	ther plan(s), identify the	plan(s) t	0		
1	13c(1) Name of plan(s):		13	c(2) Ell	V(s)	13c(3) PN(s)
Park	VIII Trust Information (optional)					<u></u>
14a	Name of trust		1	4b Tru	ıst's EIN	

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