Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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).

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation ▶ Complete all entries in accordance with the instructions to the Form 5500-SF. Part I Annual Report Identification Information

i oi calellu	ar pian year 2014 or t	fiscal plan year beginning 01/01/	2014	and ending 12/3	31/2014		
A This ret	This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a long participating employer information in accordance with the form instructions)						
		a one-participant plan	a foreign plan				
B This retu	urn/report is	the first return/report	the final return/report	t			
an amended return/report a short plan year return/report (less than 12 mon							
C Check	box if filing under:	Form 5558	automatic extension		DFVC progra	am	
		special extension (enter desc					
Part II	Basic Plan Info	ormation—enter all requested in	nformation		-	1	
1a Name of plan COHEN GREVE & COMPANY, CPA, PC 401(K) PROFIT SHARING PLAN					1b Three-digit plan number (PN) ▶	001	
					1c Effective date of plan 01/01/1996		
2a Plan sp COHEN GRE	ponsor's name and ac EVE & COMPANY, CI	ddress; include room or suite num PA, PC	ber (employer, if for a singl	e-employer plan)	2b Employer Identi (EIN) 11-38	ification Number 508893	
485 JERICHO	O TPKE				2c Sponsor's telep	phone number 77-1900	
MINEOLA, N	Y 11501				2d Business code 5412	` ,	
3a Plan a	dministrator's name a	and address XSame as Plan Spor	nsor.		3b Administrator's	EIN	
					3c Administrator's	telephone number	
		ne plan sponsor has changed since	e the last return/report filed	for this plan, enter the	4b EIN		
	, EIN, and the plan ກເ or's name	umber from the last return/report.			4c PN		
		s at the beginning of the plan year			5a		
_		s at the end of the plan year		-	5b	10	
	•	s at the end of the plan year			30	19	
		account halances as of the end o	f the plan year (defined be	nefit plans do not	_	19	
	ete this item)	account balances as of the end o			5c		
d(1) Tota	ete this item)al number of active pa	articipants at the beginning of the p	olan year		5d(1)	23 16 17	
d(1) Tota	ete this item)al number of active particles all number of active particles.	articipants at the beginning of the participants at the end of the plan ye	olan yearear.		5d(1) 5d(2)	23 16 17 22	
d(1) Tota d(2) Tota e Numbe less th	ete this item)al number of active participants that the an 100% vested	articipants at the beginning of the participants at the end of the plan yearticipants at the end of the plan year terminated employment during the	plan yearearplan year with accrued be	nefits that were	5d(1) 5d(2) 5e	23 16 17	
d(1) Tota d(2) Tota e Numbe less th Caution: A	ete this item)al number of active participants that the an 100% vested	articipants at the beginning of the participants at the end of the plan yeterminated employment during the	plan yearplan year with accrued be	nefits that were	5d(1) 5d(2) 5e se is established.	23 16 17 22 0	
d(1) Tota d(2) Tota e Number less th Caution: A Under pena SB or Sche	ete this item)al number of active participants that the an 100% vested	articipants at the beginning of the participants at the end of the plan yeterminated employment during the or incomplete filing of this return the penalties set forth in the instruction signed by an enrolled actuary,	plan year plan year with accrued be rn/report will be assesseductions, I declare that I have	nefits that were d unless reasonable cause examined this return/rep	5d(1) 5d(2) 5e se is established. ort, including, if applic	23 16 17 22 0 cable, a Schedule	
d(1) Tota d(2) Tota e Numbe less th Caution: A Under pena SB or Sche belief, it is t	ete this item)al number of active participants that it an 100% vested	articipants at the beginning of the participants at the end of the plan yeterminated employment during the or incomplete filing of this return the penalties set forth in the instruction signed by an enrolled actuary,	plan year plan year with accrued be rn/report will be assesseductions, I declare that I have	nefits that were d unless reasonable cause examined this return/rep	5d(1) 5d(2) 5e se is established. ort, including, if applic	23 16 17 22 0 cable, a Schedule	
d(1) Tota d(2) Tota e Numbe less th Caution: A Under pena SB or Sche belief, it is t	ete this item)al number of active participants that it an 100% vested	articipants at the beginning of the participants at the end of the plan yeterminated employment during the error incomplete filing of this return the penalties set forth in the instruction and signed by an enrolled actuary, applete.	plan year with accrued be plan year will be assessed uctions, I declare that I have as well as the electronic version.	nefits that were d unless reasonable cause examined this return/report,	5d(1) 5d(2) 5e se is established. ort, including, if applicate and to the best of my	23 16 17 22 0 cable, a Schedule y knowledge and	
d(1) Tota d(2) Tota e Numbe less th Caution: A Under pena SB or Sche belief, it is t	al number of active participants that the an 100% vested	articipants at the beginning of the participants at the end of the plan yeterminated employment during the error incomplete filing of this return the penalties set forth in the instruction and signed by an enrolled actuary, applete.	plan year with accrued be rn/report will be assessed actions, I declare that I have as well as the electronic via 16/24/2015	d unless reasonable cause examined this return/repersion of this return/report,	5d(1) 5d(2) 5e se is established. ort, including, if applicate and to the best of my	23 16 17 22 0 cable, a Schedule y knowledge and	
d(1) Tota d(2) Tota e Number less th Caution: A Under pena SB or Sche belief, it is the SIGN HERE SIGN HERE	ete this item)	articipants at the beginning of the participants at the end of the plan yeterminated employment during the or incomplete filing of this returned by the penalties set forth in the instruction of the plan yet forth in the plan y	plan year with accrued be rn/report will be assesseductions, I declare that I have as well as the electronic volume 06/24/2015 Date Date	d unless reasonable cause e examined this return/repersion of this return/report, ELLEN R TRAGESER Enter name of individu	5d(1) 5d(2) 5e se is established. ort, including, if applic and to the best of my	23 16 17 22 0 cable, a Schedule v knowledge and	
d(1) Tota d(2) Tota e Number less th Caution: A Under pena SB or Sche belief, it is the SIGN HERE SIGN HERE	ete this item)	articipants at the beginning of the participants at the end of the plan yeterminated employment during the error incomplete filing of this return the penalties set forth in the instruction and signed by an enrolled actuary, applete. Idvalid electronic signature.	plan year with accrued be rn/report will be assesseductions, I declare that I have as well as the electronic volume 06/24/2015 Date Date	d unless reasonable cause e examined this return/repersion of this return/report, ELLEN R TRAGESER Enter name of individu	5d(1) 5d(2) 5e se is established. ort, including, if applic and to the best of my	23 16 17 22 0 cable, a Schedule v knowledge and ministrator er or plan sponsor	
d(1) Tota d(2) Tota e Number less th Caution: A Under pena SB or Sche belief, it is the SIGN HERE SIGN HERE	ete this item)	articipants at the beginning of the participants at the end of the plan yeterminated employment during the or incomplete filing of this returned by the penalties set forth in the instruction of the plan yet forth in the plan y	plan year with accrued be rn/report will be assesseductions, I declare that I have as well as the electronic volume 06/24/2015 Date Date	d unless reasonable cause e examined this return/repersion of this return/report, ELLEN R TRAGESER Enter name of individu	5d(1) 5d(2) 5e se is established. ort, including, if applic and to the best of my all signing as plan adminal signing as employed.	23 16 17 22 0 cable, a Schedule v knowledge and ministrator er or plan sponsor	

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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 a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann	an indepe and condit	ndent qualified public accountations.)	int (IQ	PA)			<u> </u>	es 🗌	No No
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 det	ermine	d
Par	t III Financial Information	1	1							
7	Plan Assets and Liabilities		(a) Beginning of Yea		_		(b) End			
	Total plan assets	7a	20222	213				233	2118	
	Total plan liabilities	7b	20222	212	+			223	2118	
	Net plan assets (subtract line 7b from line 7a)	7c		-10	+		(b) T		2110	
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) T	otai		
	(1) Employers	8a(1)	100							
	(2) Participants	8a(2)	2124							
	(3) Others (including rollovers)	8a(3)	4000	0						
	Other income (loss)	8b	1383	334				200	0750	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c						36	0758	
	to provide benefits)	8d	506	887						
е	Certain deemed and/or corrective distributions (see instructions)	8e		0						
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f	1	166						
	Other expenses	8g						_	2050	
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							0853 9905	
	Net income (loss) (subtract line 8h from line 8c)	8i						30	9905	
Par	, , , , , , , , , , , , , , , , , , , ,	8j								
b	2E 2G 2J 2K 2F 3D If the plan provides welfare benefits, enter the applicable welfare fe V Compliance Questions	eature cod	les from the List of Plan Chara	cterist	ic Cod	les in t	he instructi	ons:		
10	During the plan year:			1	Yes	No		Amoun	t	
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	ıciary Cor	rection Program)	10a		X				
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X				
<u>c</u>	Was the plan covered by a fidelity bond?			10c	X				2500)00
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 a	s of year e	end.)	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 the exceptions to providing the notice applied under 29 CFR 2520.10			10i						
Part										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Y	es X	No
	Enter the unpaid minimum required contribution for current year fr					11a	<u> </u>			_
12										
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is being			ctions	and a	enter th	l ne date of th	ne letter	ruling	
а	granting the waiver	-			, and 6	Day		Year _	-uiiig	

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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 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

2014

This Form is Open to Public Inspection

		t identification information fiscal plan year beginning		and anding					
1 of Caleffu	ar plan year 2014 or	T T	01/01/2014	and ending	12/31/2014				
A This return/report is for: a multiple-employer plan (not multiemployer) (Filers chromation in accordance with									
		a one-participant plan	a foreign plan						
B This reti	urn/report is	the first return/report the final return/report							
an amended return/report a short plan year return/report (less than 12 months)									
C Check box if filling under: Form 5558 automatic extension					DFVC program				
		special extension (enter desc	ription)						
Part II	Pagis Dian Inf								
1a Name	of plan	ormation—enter all requested in	formation						
	45	any, CPA, PC 401(k) P:	rofit		1b Three-digit plan number (PN) ▶	001			
Sharin					1c Effective date of	001 plan			
2- 01				***************************************	01/01/1996				
	ponsors name and a Greve & Compa	ddress; include room or suite numb any, CPA, PC	er (employer, if for a single-	-employer plan)	2b Employer Identification Number (EIN) 11-3508893				
					2c Sponsor's telepho				
405 70	DIOUG MALL				(516) 877-1				
485 JE.	RICHO TPKE				2d Business code (se				
MINEOL				11501	541211				
3a Plan a	dministrator's name a	nd address Same as Plan Spons	sor.		3b Administrator's El	N			
name,	, EIN, and the plan ກເ	ne plan sponsor has changed since Imber from the last return/report.	the last return/report filed fo	or this plan, enter the	4b EIN				
	sor's name				4c PN				
		s at the beginning of the plan year			5a	19			
b Total r	number of participants	s at the end of the plan year		***************************************	5b	23			
C Number	er of participants with ete this item)	account balances as of the end of	the plan year (defined bene	efit plans do not	5c	16			
d(1) Tota	al number of active pa	articipants at the beginning of the pl	an year		5d(1)	17			
d(2) Tota	al number of active pa	articipants at the end of the plan yea	ar	*******************************	5d(2)	22			
	r of participants that t an 100% vested	erminated employment during the p	plan year with accrued bene	fits that were	5e				
Caution: A	penalty for the late	or incomplete filing of this return	report will be accessed	Unlace reasonable sev		0_			
Under pena SB or Sche	alties of perjury and o	ther penalties set forth in the instruc and signed by an enrolled actuary, a	tions. I declare that I have	evamined this return/ren	ort including if applied	ole, a Schedule nowledge and			
SIGN	0108	Trageser	6/23/15	ELLEN R TRA	CECED				
HERE	Signature of plan	, ,							
	Signature of plan a	ummistrator	Date	Enter name of individu	ual signing as plan admir	nistrator			
SIGN HERE									
	Signature of emple	oyer/plan sponsor	Date	Enter name of individu	ual signing as employer	or plan sponsor			
rieparers	naine (including firm i	name, if applicable) and address (in	iclude room or suite numbe	r) (optional)	Preparer's telephone n	umber (optional)			

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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 a under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the your answered "No" to either line 6a or line 6b, the plan cannot the plan is a defined benefit plan, is it covered under the PBGC in	an indeper and condi ot use Fo	ndent qualified public account tions.) rm 5500-SF and must instea	ant (IC	QPA) Forn	n 5500		
Pa	rt III Financial Information				×			
7	Plan Assets and Liabilities		(a) Beginning of Ye	ar		1.24	(b) End of Year	
a	Total plan assets	7a	2,02	and sections	13		2,332,118	
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c	2,02	2,21	L3		2,332,118	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
a	Contributions received or receivable from: (1) Employers	8a(1)	1	0,00	00			
ra l IN	(2) Participants	8a(2)	21	2,42	24			
	(3) Others (including rollovers)	8a(3)		*******	0	-		
	Other income (loss)	8b	13	8,33	34			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				***	360,758	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	5	0,68	37		400	
	Certain deemed and/or corrective distributions (see instructions)	8e			0)		
9000	Administrative service providers (salaries, fees, commissions)	8f		16	56			
	Other expenses	8g						
1000	Total expenses (add lines 8d, 8e, 8f, and 8g)				-	50,853		
-	Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)	8i				309,905		
	t IV Plan Characteristics	8j						
9a b	If the plan provides pension benefits, enter the applicable pension to 2E 2G 2J 2K 2F 3D. If the plan provides welfare benefits, enter the applicable welfare fe							
Part	V Compliance Questions				N			
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 Fidu	ciary Corr	ection Program)	10a		Х		
<u>b</u>	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х		
С	Was the plan covered by a fidelity bond?			10c	Х		250,000	
d	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 cinstructions.)	of the beni	efits 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 of year end.)			10g				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR			10g		X.		
ì	2520.101-3.) 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					Х		
Part		- m		10i	,		<u></u>	
11	Is this a defined benefit plan subject to minimum funding requirements 5500 and line 11a below)	ents? (If "	es," see instructions and com	plete	Schedu	de SB		
11a	Enter the unpaid minimum required contribution for current year fro						Yes X No	
ris-	The state of the s	wwelledl	22 (1 2111 0000) IIIE 33	********		11a		

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

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

Day

Year

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

granting the waiver.

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If you completed line 12a, complete lines 3, 9, and 1	0 of Schedule MB (Form 5500), and skip to line 13.		
b Enter the minimum required contribution for this plan	л уеаг	12b	
C Enter the amount contributed by the employer to the	e plan for this plan year	12c	
d Subtract the amount in line 12c from the amount in li	ine 12b. Enter the result (enter a minus sign to the left of a	12d	
	2d be met by the funding deadline?		Yes No N/A
Part VII Plan Terminations and Transfers of			<u> </u>
13a Has a resolution to terminate the plan been adopted in	n any plan year?	Г	es X No
	verted to the employer this year		
b Were all the plan assets distributed to participants or of the PBGC?	r beneficiaries, transferred to another plan, or brought under t	he control	Yes X No
C If during this plan year, any assets or liabilities were which assets or liabilities were transferred. (See inst	transferred from this plan to another plan(s), identify the plan	(s) to	
13c(1) Name of plan(s):		13c(2) El	N(s) 13c(3) PN(s)
Projection (C. 1984)			
Part VIII Trust Information (optional)			
14a Name of trust		14b Tr	ust's EIN