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**

Annual Report Identification Information For calendar plan year 2014 or fiscal plan year beginning and ending 05/08/2014 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the first return/report the final return/report **B** This return/report is an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Part II 1a Name of plan **1b** Three-digit NEW HOPE MILLS MANUFACTURING, INC. 401(K) PSP plan number (PN) ▶ 002 1c Effective date of plan 01/01/1994 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number NEW HOPE MILLS MFG INC 04-3700671 (EIN) Sponsor's telephone number 315-252-2676 181 YORK STREET AUBURN, NY 13021 Business code (see instructions) 311200 3b Administrator's EIN **3a** Plan administrator's name and address | Same as Plan Sponsor. 04-3700671 NEW HOPE MILLS MFG INC 181 YORK STREET **AUBURN. NY 13021 3c** Administrator's telephone number 315-252-2676 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. a Sponsor's name 4c PN Total number of participants at the beginning of the plan year 5a 20 **b** Total number of participants at the end of the plan year..... 5b 0 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c 0 complete this item) d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 18 d(2) Total number of active participants at the end of the plan year..... 5d(2) 0 e Number of participants that terminated employment during the plan year with accrued benefits that were 0 5e 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 true, correct, and complete Filed with authorized/valid electronic signature 06/25/2015 SHELLEY POKLEMBA **SIGN HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN **HERE** Enter name of individual signing as employer or plan sponsor Signature of employer/plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional) Preparer's telephone number (optional)

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b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								X Yes No		
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40)21)?		Yes	No	Not det	ermine	ed	
Par	t III Financial Information	1	Г								
	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End	of Year			
	Total plan assets	7a	3878	0	-				0		
	Total plan liabilities	7b	3878						0		
	Net plan assets (subtract line 7b from line 7a)	7c)00			4 > -				
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) T	otal			
	(1) Employers	8a(1)	872								
	(2) Participants	8a(2)	1202								
	(3) Others (including rollovers)	8a(3)		0							
b	Other income (loss)	8b	161	192							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						18	3266		
	Benefits paid (including direct rollovers and insurance premiums	1 1		143							
	Certain deemed and/or corrective distributions (see instructions)	ovide benefits)		0							
	Administrative service providers (salaries, fees, commissions)	8f		-34							
	Other expenses		0								
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8g 8h						10	9109		
	Net income (loss) (subtract line 8h from line 8c)	8i						-90	0843		
	Transfers to (from) the plan (see instructions)	010									
Par	t IV Plan Characteristics	8j									
b	If the plan provides welfare benefits, enter the applicable welfare for 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:				Yes	No		Amoun	t		
	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)			10a		X					
	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					X					
<u>c</u>	Was the plan covered by a fidelity bond?				X				40	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?					X					
e	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.)					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 of year end.)			10g		X					
h	f this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 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	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Ye	es	No	
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	lule SB (Form 5500) line 39			11a					
12	2 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.)										
а	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. Day Year										

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If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 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 (enter a negative amount)	12d									
е	Will the minimum funding amount reported on line 12d be met by the funding deadline	e?		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?		X Yes No								
	If "Yes," enter the amount of any plan assets that reverted to the employer this year .		13a								
b	Were all the plan assets distributed to participants or beneficiaries, transferred to and of the PBGC?										
С	If during this plan year, any assets or liabilities were transferred from this plan to ano which assets or liabilities were transferred. (See instructions.)										
13c(1) Name of plan(s):				V(s)	13c(3) PN(s)						
CAYUGA COUNTY CHAMBER OF COMMERCE PENSION PLAN 15-0		5250		001							
Part	VIII Trust Information (optional)										

14b Trust's EIN

14a Name of trust