## 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

For calendar plan year 2014	or fiscal plan year beginning 01/01/							
	— — —	<u>/2014</u>	and ending 12	2/31/2014				
A This return/report is for:	a single-employer plan		plan (not multiemployer) loyer information in accor					
	a one-participant plan	a foreign plan						
<b>B</b> This return/report is	the first return/report	the final return/repor	t					
	an amended return/report	a short plan year ret	urn/report (less than 12 m	nonths)				
C Check box if filing under:	Form 5558	automatic extension	1	DFVC p	rogram			
	special extension (enter des							
Part II Basic Plan I	nformation—enter all requested i	information						
1a Name of plan	CORD 404K DROEIT SHARING DI	ANI		<b>1b</b> Three-digit plan numb				
EVOLVING TECHNOLOGIES CORP. 401K PROFIT SHARING PLAN				(PN)	001			
				1c Effective d	ate of plan 01/01/2004			
2a Plan sponsor's name and	d address; include room or suite num	ber (employer, if for a sing	le-employer plan)	_	dentification Number			
EVOLVING TECHNOLOGIES				(EIN) 11-3183661				
27 TRUESDALE LAKE DRIVE					telephone number			
SOUTH SALEM, NY 10590-13	17				code (see instructions)			
3a Plan administrator's nam	ne and address XSame as Plan Spo	nsor.		<b>3b</b> Administra				
					tor's telephone number			
A 16th								
		a tha last not my /non ant files	d for this plant and such that	4h cu				
name, EIN, and the plar	of the plan sponsor has changed sinc in number from the last return/report.	e the last return/report filed	f for this plan, enter the	4b EIN				
name, EIN, and the plan  a Sponsor's name	n number from the last return/report.	· 	· 	4c PN	14			
name, EIN, and the plan a Sponsor's name 5a Total number of participa	ants at the beginning of the plan year	·		4c PN 5a				
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<b>b</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 cunder 29 CFR 2520.104-46? (See instructions on waiver eligibility a figure answered "No" to either line 6a or line 6b, the plan cannot the contraction of the plan cannot waited th	an indepe and condi ot use Fo	ndent qualified public accounta tions.) orm 5500-SF and must instead	nt (IQ	PA)  <b>Form</b>	5500.	
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA section 40	121)? .		Yes	No Not determined
Par					1		
	Plan Assets and Liabilities		(a) Beginning of Yea		-		(b) End of Year
	Fotal plan assets	7a	12483	869	-		1326665
	Fotal plan liabilities	7b	40400	200	-		1326665
	Net plan assets (subtract line 7b from line 7a)	7c	12483	909	-		
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from:  1) Employers	8a(1)					
	2) Participants	8a(2)	460	000			
	3) Others (including rollovers)	8a(3)					
-	Other income (loss)	8b	820	)77			
C	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					128077
d I	Benefits paid (including direct rollovers and insurance premiums		407	70.4			
	o provide benefits)	8d	497	'81			
	Certain deemed and/or corrective distributions (see instructions)	8e					
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f					
<u>g</u> (	Other expenses	8g					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					49781
	Net income (loss) (subtract line 8h from line 8c)	8i					78296
	Fransfers to (from) the plan (see instructions)	8j					
b	2E 2G 2J 2A 2R 3D 2F  If the plan provides welfare benefits, enter the applicable welfare fe  V Compliance Questions	eature coo	les from the List of Plan Charad	cterist	ic Coc	les in t	he instructions:
10	During the plan year:				Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	ıciary Cor	rection Program)	10a		X	
D	on line 10a.)	`	•	10b		X	
С	Was the plan covered by a fidelity bond?			10c	Χ		200000
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 oth insurance service, or other organization that provides some or all instructions.)	of the ber	efits 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	
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 2520.107			10i			
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
11a	Enter the unpaid minimum required contribution for current year from	om Sched	dule SB (Form 5500) line 39			11a	<u> </u>
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	or se	ction	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						
а	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.	-			, and 6	enter th Day	

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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):		<b>13c(2)</b> EI	N(s)	<b>13c(3)</b> 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 Guerarty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4085 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

Part I	Annual Repor	t Identification Information				-			
For calen	idar plan year 2014 or	fiscal plan year beginning	01/01/2014	and ending	12/31,	2014			
A This r	return/report is for:	X a single-employer plan		plan (not multiemployer oyer information in acco		this box must attach a list			
		a one-participant plan	a foreign plan	Oyel montacon in acco	Huance with the ro	m) listiucions)			
<b>B</b> This re	eturn/report is	the first return/report	the final return/report	r ·					
		an amended return/report	H '	rn/report (less than 12 r	mantho)				
				•	·				
C Check	k box if filing under:	Form 5658	automatic extension		☐ DFVC	program			
		special extension (enter descri	iption)						
Part II	Basic Plan Infe	ormation—enter all requested info	esmation		<del> </del>				
1a Name	e of plan	Manager - enter an requested an	umanon		1b Three-digi	(F			
		ES CORP. 401K PROFIT	SHARING PLAN		plan numb				
	•				(PN) ▶				
					1c Effective of 01/01/				
2a Plan : EVOLVI	sponsor's name and action of the control of the con	ddress; include room or suite numbe ES CORP .	r (employer, if for a single	⊱employer plan)		Identification Number -3183661			
		•			2c Sponsor's telephone number				
27 TRU	JESDALE LAKE D	RIVE			914-450-9974				
COTTON	47 T TOM	2000 101				ode (see instructions)			
SOUTH		NY 10590-131			541330				
Ja Piana	administrators name a	nd address XSame as Plan Spons	or.		3b Administra	tor's EIN			
			•		3C Administra	tor's telephone number			
4 If the	nome and/or FIN of th	e plan sponsor has changed since th	- An an an an annual transition of the		<u> </u>				
name	e, EIN, and the plan nu sor's name	e plan sponsor has changed since to mber from the last return/report.	16 last return/report bleu i	or this plan, enter the	45 EIN	and the state of t			
<u> </u>		at the beginning of the plan year			4c PN 5a	7.4			
		at the end of the plan year			5b	14			
C Numb	per of participants with	account balances as of the end of the				2.5			
compl	lete this item)		on then weer (defined bene	-Et-turn da mot		1.3			
			**********	elit plans do not	5c				
<b>d(1)</b> Tot	tal number of active pa	rticipants at the beginning of the plan	**********	elit plans do not	5c	13			
<b>d(1)</b> Tot	tal number of active per	rticipants at the beginning of the plan	n year	elit plans do not	5c 5d(1)	13 5			
d(1) Tot d(2) Tot	tal number of active par tal number of active par	rticipants at the beginning of the plan	n year	efit plans do not	5c 5d(1) 5d(2)	13 5			
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d(1) Tot d(2) Tot e Number less th Caution: A Under pent SB or Sche bellef, it is t SIGN HERE	tal number of active partial number of active parter of participants that to nan 100% vested	ricipants at the beginning of the plan ricipants at the end of the plan year eminated employment during the plan per incomplete filling of this return/interpenalties set forth in the instruction disigned by an enrolled actuary, as plete.  Bailly dministrator  Bailly yer/plan sponsor	report will be assessed ions, I declare that I have well as the electronic ven	efit plans do not  efits that were  unless reasonable cau examined this return/report  HENRY BAIETTO  Enter name of individe  HENRY BAIETTO	5c 5d(1) 5d(2) 5e se is established port, including, if a and to the best of a signing as plant and signing as empty as empty and signing as empty as emp	13  15  16  17  18  19  19  19  19  19  19  19  19  19			
d(1) Tot d(2) Tot e Number less th Caution: A Under pent SB or Sche bellef, it is t SIGN HERE	tal number of active partial number of active parter of participants that to nan 100% vested	rticipants at the beginning of the plan rticipants at the end of the plan year eminated employment during the plan or incomplete filling of this returning the penalties set forth in the instruction of signed by an enrolled actuary, as plate.  Bailly dministrator	report will be assessed ions, I declare that I have well as the electronic ven	efit plans do not  efits that were  unless reasonable cau examined this return/report  HENRY BAIETTO  Enter name of individe  HENRY BAIETTO	5c 5d(1) 5d(2) 5e se is established port, including, if a and to the best of a signing as plant and signing as empty as empty and signing as empty as emp	13  L  pplicable, a Schedule f my knowledge and administrator			
d(1) Tot d(2) Tot e Number less th Caution: A Under pent SB or Sche bellef, it is t SIGN HERE	tal number of active partial number of active parter of participants that to nan 100% vested	ricipants at the beginning of the plan ricipants at the end of the plan year eminated employment during the plan per incomplete filling of this return/interpenalties set forth in the instruction disigned by an enrolled actuary, as plete.  Bailly dministrator  Bailly yer/plan sponsor	report will be assessed ions, I declare that I have well as the electronic ven	efit plans do not  efits that were  unless reasonable cau examined this return/report  HENRY BAIETTO  Enter name of individe  HENRY BAIETTO	5c 5d(1) 5d(2) 5e se is established port, including, if a part to the best of	13 0 1. pplicable, a Schedule f my knowledge and administrator			
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d(1) Tot d(2) Tot e Number less th Caution: A Under pent SB or Sche bellef, it is t SIGN HERE	tal number of active partial number of active parter of participants that to nan 100% vested	ricipants at the beginning of the plan ricipants at the end of the plan year eminated employment during the plan per incomplete filling of this return/interpenalties set forth in the instruction disigned by an enrolled actuary, as plete.  Bailly dministrator  Bailly yer/plan sponsor	report will be assessed ions, I declare that I have well as the electronic ven	efit plans do not  efits that were  unless reasonable cau examined this return/report  HENRY BAIETTO  Enter name of individe  HENRY BAIETTO	5c 5d(1) 5d(2) 5e se is established port, including, if a part to the best of	13 0 1. pplicable, a Schedule f my knowledge and administrator			

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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 or line 6b.	an indeper and conditi ot use For	ndent qualified public account ions.),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	tant (I  ad us	QPA) e Forr	n 5500.		X	Yes	∏ No
_	If the plan is a defined benefit plan, is it covered under the PBGC in rt III   Financial Information	surance p	rogram (see ERISA section 4	021)7	[	Yes	∏No [	Not	detern	nined
7					_					
<u>'</u>	Plan Assets and Liabilities  Total gion country	<u> </u>	(a) Beginning of Ye		-		(b) End	of Ye		
a	Total plan assets	7a		483	69				13	26665
	Net plan assets (subtract line 7b from line 7a)	7b		483					1.2	26665
В	Income, Expenses, and Transfers for this Plan Year	7c		7407	4				13	20000
	Contributions received or receivable from:		(a) Amount	-	+-		(6)	Total	*	
	(1) Employers	8a(1)	· · · · · · · · · · · · · · · · · · ·		$\bot$					
	(2) Participants	θa(2)		460	00					·
	(3) Others (including rollovers)	Ba(3)								
	Other income (loss)	8b		820	77		:			
	Total income (add tines 8a(1), 8a(2), 8a(3), and 8b)	8c			<u> </u>				1:	28077
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		497	81					
e	Certain deemed and/or corrective distributions (see instructions)	8e	-		一					
f	Administrative service providers (salaries, fees, commissions)	81			$\top$					
g	Other expenses	8g			+					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)			-					- 4	19781
	Net income (loss) (subtract line 8h from line 8c)	Bi .	÷							78296
J	Transfers to (from) the plan (see instructions)	Bi								
Pa	t IV Plan Characteristics			. ,						
9a	If the plan provides pension benefits, enter the applicable pension t	feature cod	es from the List of Plan Char	acter	stic Co	des in l	he instruc	ctions:		
b	2E 2G 2J 2A 2R 3D 2F									···
~	If the plan provides welfare benefits, enter the applicable welfare fe	ature cone	s from the List of Plan Chara	cteris	ic Cod	es in th	e instruct	ions:		
Par	V Compliance Questions	<u>-</u>								
10	During the plan year:				Yes	No		Amou		
а	Was there a failure to transmit to the plan any participant contribut	ions within	the time period described in	Т	700			Amou	m	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest?	ciary Corre	ction Program)	10a		Х				
	on line 10a.)		***************************************	10b		Х				
<del>c</del>	Was the plan covered by a fidelity bond?			10c	Х				20	0000
	Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?	(	***************************************	10d		x				
е	Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all of instructions.)	f the benef	its under the plan? (See	10e		х				
f	Has the plan failed to provide any benefit when due under the plan					x				
g	Did the plan have any participant loans? (If "Yes," enter amount as			10f	1					
	If this is an individual account plan, was there a blackout period? (\$	See instruct	tions and 29 CER	10g		X		<del></del>		<del></del>
i	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required r	notice or one of the	10h 10j			······			<del></del>
Part			300 1 100 100 100 100 100 100 100 100 10	101						
11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)	nts? (if "Ye	s," see instructions and com	plete	Sched	ıle SB	Form	П	es [	] No
11a	Enter the unpaid minimum required contribution for current year fro	m Schedul	e SB (Form 6500) See 20	*********	Τ.		***********	11.	<i>-</i>	1 ,40
12	Is this a defined contribution plan subject to the minimum funding re					11a	Digan	П	es X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a			୍ୟ ଓଟ	COOR 3	02 01 E	NOA(	Ц.	∞ A	140
а	If a waiver of the minimum funding standard for a prior year is being	amortized	in this plan year, see instruc	tions.	and e	nter the	date of th	e lette	ruline	
	granting the waiver.	**************		h		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		
C 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 minus sign to the left of a negative amount)	12d		
e Will the minimum funding amount reported on line 12d be met by the funding 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?		Yes X No	,
if "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes X No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	lo		
13c(1) Name of plan(s):	3c(2) E	IN(s)	13c(3) PN(s)
			[
Part VIII Trust Information (optional)			
14a Name of trust	14b т	rust's EIN	