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).

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

Part I		rt Identification Informatio								
For calend	dar plan year 2014 or	fiscal plan year beginning 01/01/2	2014	and ending 12/	31/2014					
A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer of participating employer information in account of participating employer plan (not multiemployer plan of participating employer plan of participating employer plan of participating employer plan (not multiemployer plan of participating employer pla										
		a one-participant plan								
B This re	turn/report is	the first return/report	the final return/report	/report						
		an amended return/report	a short plan year reto							
C Check	box if filing under:	Form 5558	automatic extension		DFVC pr	ogram				
		special extension (enter des	cription)							
Part II	Basic Plan In	formation—enter all requested in	nformation							
1a Name		·			1b Three-digit					
JAMES H.	PULVER 401(K) PLA	N.			plan numbe					
					(PN)	002				
					1c Effective da	1/01/2007				
	sponsor's name and spulver ASSOCIATE	address; include room or suite num ES, INC.	per (employer, if for a singl	e-employer plan)	2b Employer Identification Number (EIN) 20-8060945					
					2c Sponsor's t	elephone number				
	PIPE DRIVE KILL, NY 12198				518-326-1196					
					2d Business code (see instructions) 523120					
3a Plan	administrator's name	and address Same as Plan Spor	nsor.		3b Administrator's EIN					
					20. Administratorio talanhana accumban					
					3c Administrator's telephone number					
4 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					
		number from the last return/report.	tilo lage rotally roport mod	ioi and plan, other are						
	sor's name				4c PN					
5a Total	I number of participar	nts at the beginning of the plan year			5a	1				
b Total	I number of participar	nts at the end of the plan year			5b	1				
		th account balances as of the end o		-	5c	1				
d(1) To	otal number of active	participants at the beginning of the p	olan year		5d(1)	1				
d(2) Total number of active participants at the end of the plan year					5d(2)	1				
	· · ·	t terminated employment during the		nefits that were	5e	C				
		e or incomplete filing of this retu		d unless reasonable cau	se is established					
		other penalties set forth in the instru								
	nedule MB completed s true, correct, and co	and signed by an enrolled actuary, mplete.	as well as the electronic v	ersion of this return/report	, and to the best o	f my knowledge and				
SIGN		ed/valid electronic signature.	07/22/2015	JAMES H. PULVER						
HERE	Signature of plan administrator Date Enter name of individ				dual signing as plan administrator					
SIGN					0 0 1					
HERE	Ciamatura of ome				ual aigning on amn	lover or plan ananar				
Preparer's	Signature of employer/plan sponsor Date Enter name of individues name (including firm name, if applicable) and address (include room or suite number) (optional)				dual signing as employer or plan sponsor Preparer's telephone number (optional)					
	(-,, p, p.		· · · / (-F ··-··-·/		(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 cunder 29 CFR 2520.104-46? (See instructions on waiver eligibility a f you answered "No" to either line 6a or line 6b, the plan cannot with the plan cannot will be a first large to the plan cannot will be a first large to the plan cannot will be a first large.	an indepe and condit ot use Fo	ndent qualified public accounta ions.) rm 5500-SF and must instead	nt (IQ	PA) Form	5500.		X	Yes [No No
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA section 40)21)? .		Yes	No L	Not c	letermi	ined
Par -										
	Plan Assets and Liabilities		(a) Beginning of Yea		-		(b) End			
	Fotal plan assets	7a	5483	343				(513506	5
	Total plan liabilities	7b	E 400	0.40					242500	6
	Net plan assets (subtract line 7b from line 7a)	7c	5483	043	_				613506)
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) 1	otal		
	Contributions received or receivable from: 1) Employers	8a(1)	150	000						
	2) Participants	8a(2)	230	000						
	3) Others (including rollovers)	8a(3)								
-	Other income (loss)	8b	282	221						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							6622	1
d	Benefits paid (including direct rollovers and insurance premiums									
	o provide benefits)	8d								
	Certain deemed and/or corrective distributions (see instructions)	8e	4.0)FO						
	Administrative service providers (salaries, fees, commissions)	8f	I C)58						
	Other expenses	8g							4056	
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1058	
	Net income (loss) (subtract line 8h from line 8c)	8i							65163	3
	Transfers to (from) the plan (see instructions) IV Plan Characteristics	8j								
b	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: b 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									
10	During the plan year:				Yes	No		Amou	ınt	
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Cor	rection Program)	10a		X				
b	Were there any nonexempt transactions with any party-in-interest 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		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	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 2520.101			10i						
Part										
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)								Yes	No
11a	Enter the unpaid minimum required contribution for current year from					11a				
12	12 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,									
а	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.	ng amortiz	ed in this plan year, see instruc		, and e	enter th Day		he lett Year	er rulir	ng

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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

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Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee **Benefit Plan**

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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

Part I	Annual Report	t Identification Information							
For calend	lar plan year 2014 or f		01/01/2014	and ending	12/31/2	014			
A This re	eturn/report is for:	x a single-employer plan	a multiple-employer of participating emp	plan (not multiemployer) oyer information in acco) (Filers checking thing the control of the control	s box must attach a list i instructions)			
_		a one-participant plan	a foreign plan			•			
B This ret	turn/report is	the first return/report	the final return/report	t .					
	months)								
C Check	box if filing under:	☐ Form 5558	automatic extension		DFVC pro	ogram			
		special extension (enter description	on):						
Part II	Basic Plan Info	ormation—enter all requested inform	nation	····					
1a Name	of plan				1b Three-digit				
James 1	H. Pulver 401	(K) Plan			plan numbe	002			
				•	(PN)				
20 Dian e				•	1c Effective date of plan 01/01/2007				
James 1	H. Pulver Ass	ddress; include room or suite number (ociates, Inc.	employer, if for a single	e-employer plan)	2b Employer Ide (EIN) 20~8	entification Number 060945			
25 Ind	ian Pipe Driv	e			2c Sponsor's te 518-326				
Marine and the						de (see instructions)			
Wynant:		NY 12198 nd address XSame as Plan Sponsor.			523120				
OQ FIGH A	iuministrator s name al	nd address \(\textit{X} \text{Same as Plan Sponsor.} \)			3b Administrato				
					3c Administrator's telephone number				
				•					
	<u> </u>								
4 If the r	name and/or EIN of the	e plan sponsor has changed since the	last return/report filed	for this plan, enter the	4b EIN				
	or's name	mber from the last return/report.			4c PN				
5a Total	number of participants	at the beginning of the plan year	***************************************		5a				
		at the end of the plan year				1			
C Numb	er of participants with	account balances as of the end of the	plan year (defined ben	efit plans do not	5c	**************************************			
d(1) Tota	al number of active pa	rticipants at the beginning of the plan y	/ear	***************************************	·	1			
		rticipants at the end of the plan year			5d(1)	1			
		erminated employment during the plan			5d(2)	1			
less th	an 100% vested			**********	5e	0			
Caution: A	penalty for the late	or incomplete filing of this return/re	port will be assessed	unless reasonable cau	use is established.				
OD OF OCHE	edule MB completed ar rue correct, and comp	her penalties set forth in the instruction nd signed by an enrolled actuary, as w	s, I declare that I have ell as the electronic ve	examined this return/re rsion of this return/report	port, including, if app t, and to the best of t	olicable, a Schedule my knowledge and			
SIGN	Amus	1/ 1/ 04	7-15-15	JAMES H. PULV	ER				
HERE	Signature of plan a		Date	Enter name of individ	ual signing as plan a	dministrator			
SIGN	Same	+ Tulor	7-15-15	JAMES H. PULVI		on who deci			
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individ	ual signing as emplo	yer or plan sponsor			
Preparer's i	name (including firm n	ame, if applicable) and address (include	le room or suite numbe	er) (optional)		ne number (optional)			
For Panerus	rk Reduction Act No.	and OMB Control Numbers, see the inst			l L f				
		HILL LIMIN COntrol Numbers see the least			and the second s	!			

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6a	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 a	an indepen	dent qualified public accounta	nt (IQ	PA)				
	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						X Yes No		
С	If the plan is a defined benefit plan, is it covered under the PBGC in						No Not determined		
	rt III Financial Information	·							
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır	(b) End of Year				
а	Total plan assets	. 7a	· / · · ·	54834			613506		
b	Total plan liabilities	. 7b							
С	Net plan assets (subtract line 7b from line 7a)	. 7c	54	1834	13	613506			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
а	Contributions received or receivable from:	0-(4)	-	1500	0				
	(1) Employers	8a(1)		2300	_				
	(2) Participants	8a(2) 8a(3)	•	2000	, 0				
_	Other income (loss)	8b		2772	27				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					65727		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d							
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	. 8f		564					
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)						564		
	Net income (loss) (subtract line 8h from line 8c)						65163		
J	Transfers to (from) the plan (see instructions)	8j							
	t IV 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: 2E 2J 3D									
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Plan Charac	cterist	ic Cod	es in th	ne instructions:		
Part	t V Compliance Questions								
10	During the plan year:				Yes	No	Amount		
а	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)					Х			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					Х			
С	C Was the plan covered by a fidelity bond?					Х			
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					Х			
е	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.)					Х			
f	f Has the plan failed to provide any benefit when due under the plan?					Х			
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					Х			
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					Х			

i 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..... Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form Yes 5500) and line 11a below). 11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a Yes X Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?. No (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) 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 . Month Day granting the waiver.