## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

less than 100% vested.

## 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 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 final return/report **B** This return/report is the first return/report 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) Part II Basic Plan Information—enter all requested information 1a Name of plan **1b** Three-digit ISEMAN, CUNNINGHAM, RIESTER & HYDE, LLP RETIREMENT PLAN plan number (PN) ▶ 001 1c Effective date of plan 01/01/1992 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number ISEMAN, CUNNINGHAM, RIESTER & HYDE, LLP (EIN) 14-1740336 Sponsor's telephone number 518-462-3000 9 THURLOW TERRACE ALBANY, NY 12203 Business code (see instructions) 541110 **3a** Plan administrator's name and address XSame as Plan Sponsor. Administrator's EIN **3c** Administrator's telephone number 4b EIN If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name Total number of participants at the beginning of the plan year ...... 44 5a Total number of participants at the end of the plan year..... 5b Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c 47 complete this item) ..... d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 38

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

d(2) Total number of active participants at the end of the plan year.....

e Number of participants that terminated employment during the plan year with accrued benefits that were

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 t	true, correct, and complete.			
SIGN	Filed with authorized/valid electronic signature.	07/22/2015	JOHN QUEENAN	
HERE	Signature of plan administrator	Date	Enter name of individ	ual signing as plan administrator
SIGN				
HERE	Signature of employer/plan sponsor	Date	Enter name of individ	ual signing as employer or plan sponsor
Preparer's	name (including firm name, if applicable) and address (include r	oom or suite number	r ) (optional)	Preparer's telephone number (optional)

5d(2)

5e

35

3

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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 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 contracted to the plan cannot are the contracted to the plan cannot be a contracted to the contracted to the plan cannot be a contracted to the plan canno	an indeper and condit ot use Fo	ndent qualified public accounta ions.) rm 5500-SF and must instead	nt (IQ d use	PA)  <b>Form</b>	5500.	X Yes 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 Not determined
Par	t III   Financial Information						
<u>7</u>	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End of Year
<u>a</u>	Total plan assets	7a	107105	545			9942772
	Total plan liabilities	7b			_		
	Net plan assets (subtract line 7b from line 7a)	7c	107105	045	_		9942772
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from:  (1) Employers	8a(1)	3992	294			
	2) Participants	8a(2)	3143	378			
	3) Others (including rollovers)	8a(3)	50	)40			
	Other income (loss)	8b	5202	243			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					1238955
	Benefits paid (including direct rollovers and insurance premiums						
	o provide benefits)	8d	19796	521			
_ e (	Certain deemed and/or corrective distributions (see instructions)	8e		0			
f /	Administrative service providers (salaries, fees, commissions)	8f	271	107			
g	Other expenses	8g					
<u>h</u> -	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					2006728
<u>i</u> 1	Net income (loss) (subtract line 8h from line 8c)	8i					-767773
j -	Fransfers to (from) the plan (see instructions)	8j		0			
Part	IV Plan Characteristics						
b Part	2A 2E 2F 2G 2J 2K 2R 2T 3B 3D  If the plan provides welfare benefits, enter the applicable welfare fe  V Compliance Questions	eature cod	les from the List of Plan Charac	cterist	ic Coc	les in t	he instructions:
10	During the plan year:				Yes	No	Amount
а b	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?	ciary Cor	rection Program)	10a		X	
~	on line 10a.)	`	•	10b		X	
С	Was the plan covered by a fidelity bond?			10c	Χ		590000
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 cinstructions.)	er person of the ben	s by an insurance carrier, lefits under the plan? (See	10e		X	
f	Has the plan failed to provide any benefit when due under the plar	า?		10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of vear	end.)	10g	Χ		110823
	If this is an individual account plan, was there a blackout period? (2520.101-3.)	See instru	uctions and 29 CFR	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	ne require	d notice or one of the	10i			
Part							
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)						
11a	Enter the unpaid minimum required contribution for current year fro					11a	
12	Is this a defined contribution plan subject to the minimum funding						ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,				5	_ <u> </u>	
а	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	ıg amortiz	ed in this plan year, see instruc		and e	enter the 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 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 sel		t Identification Information	า						
For caler	dar plan year 2014 or	fiscal plan year beginning	01/01/2014	and ending	12/31/	2014			
A This r	eturn/report is for:	a single-employer plan	a multiple-employer	plan (not multiemployer	r) (Filers checking th	is 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								
B This re	eturn/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 filing under:	Form 5558	automatic extension	í	☐ DFVC pr	rogram			
		special extension (enter desc	cription)						
Part II	Basic Plan Inf	ormation—enter all requested in	formation						
1a Name		enter an requested in	ilorniation		1b Three-digit				
	976Y012 <b>3</b> 07/630T. U				plan numbe	r			
		, Riester & Hyde, LLP			(PN) ▶	001			
Retire	ement Plan				1c Effective da				
0					01/01/19	992			
2a Plan	sponsor's name and a	ddress; include room or suite numb	er (employer, if for a singl	e-employer plan)	2b Employer Id	entification Number			
Hyde,	n, Cunningham,	Riester &			(EIN) 14-1	740336			
117007	221				2c Sponsor's to	elephone number			
9 Thus	clow Terrace				(518) 46				
					2d Business code (see instructions)				
Albani		т. п	NY NY	12203	541110				
Ja Plan	administrator's name a	nd address Same as Plan Spons	sor.		3b Administrato	or's EIN			
4 If the	name and/or EIN of the	e plan sponsor has changed since	the last return/report filed	for this plan, enter the	4h EIN				
name	e, EIN, and the plan nu	e plan sponsor has changed since mber from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN				
a Spor	e, EIN, and the plan nu nsor's name	mber from the last return/report.			4c PN				
a Spor	e, EIN, and the plan nunsor's name number of participants	at the beginning of the plan year			4c PN . 5a	44			
a Spor	e, EIN, and the plan nu nsor's name number of participants number of participants	at the end of the plan year			4c PN 5a 5b	44 47			
a Sport 5a Total b Total c Numb	e, EIN, and the plan nu nsor's name number of participants number of participants per of participants with ete this item)	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 ber	efit plans do not	4c PN 5a 5b				
a Sports Total b Total c Number completed (1) Total	number of participants number of participants number of participants per of participants with ete this item)	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 ber an year	efit plans do not	4c PN 5a 5b	47			
a Spoi  5a Total  b Total  c Numb  compl  d(1) Tot  d(2) Tot	number of participants per of participants per of participants per of participants with ete this item) al number of active pa	at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year accounts balances as of the end of the plan year	the plan year (defined ben an year	efit plans do not	4c PN 5a 5b 5c	47 47			
a Spoi  5a Total  b Total  c Number  completed  d(1) Total  d(2) Total	number of participants per of participants per of participants with ete this item) al number of active pa ral number of active pa er of 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 accounts at the beginning of the plan year  rticipants at the beginning of the plan year accounts at the end of the plan year.	the plan year (defined ben an yearar.	efit plans do not	4c PN 5a 5b 5c 5d(1)	47 47 38 35			
a Spoi  5a Total  b Total  c Number compiled (1) Total  d(2) Total  e Number less the	number of participants or participants over of participants with ete this item)	at the beginning of the plan year	the plan year (defined ben an year	efits that were	4c PN 5a 5b 5c 5d(1) 5d(2) 5e	47 47 38 35 3			
a Spoi  5a Total  b Total  c Number completed (1) Total  d(2) Total  e Number less the Caution: A Under penson SB or Schell	number of participants over of participants over of participants over of participants over of participants with ete this item)	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  rticipants at the beginning of the plan year  criticipants at the end of the plan year  criticipants at the beginning of the plan year  criticipants at the end of the plan year  criticipants at the beginning of the plan year  criti	the plan year (defined ben an year	efits that were	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established.	47 47 38 35 3			
a Sport Spor	number of participants per of participants with ete this item)	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  rticipants at the beginning of the plan year  criticipants at the end of the plan year  criticipants at the beginning of the plan year  criticipants at the end of the plan year  criticipants at the beginning of the plan year  criti	the plan year (defined ben an year	efits that were  unless reasonable care examined this return/repor	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if apprt, and to the best of	47 47 38 35 3			
a Spoi  5a Total  b Total  c Number completed (1) Total  d(2) Total  e Number less the Caution: A Under penson SB or Schell	number of participants over of participants over of participants over of participants with ete this item)	at the beginning of the plan year  account balances as of the end of meticipants at the beginning of the plan year  ricipants at the beginning of the plan year  erminated employment during the p	the plan year (defined ber an year	efit plans do not  efits that were  unless reasonable can examined this return/re rsion of this return/repor	4c PN  5a  5b  5c  5d(1)  5d(2)  5e  use is established. sport, including, if apptt, and to the best of the delay of the d	47 47 38 35 3 Dicable, a Schedule my knowledge and			
a Spoi  5a Total  b Total  c Number compiled (1) Total  d(2) Total  d(2) Total  e Number less the Caution: A Under penson SB or Schebelief, it is  SIGN HERE	number of participants per of participants with ete this item)	at the beginning of the plan year  account balances as of the end of meticipants at the beginning of the plan year  ricipants at the beginning of the plan year  erminated employment during the p	the plan year (defined ben an year	efits that were  unless reasonable care examined this return/repor	4c PN  5a  5b  5c  5d(1)  5d(2)  5e  use is established. sport, including, if apptt, and to the best of the delay of the d	47 47 38 35 3 Dlicable, a Schedule my knowledge and			
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a Spoi  5a Total  b Total  c Number compiled (1) Total  d(2) Total  d(2) Total  e Number less the Caution: A Under penson SB or Schebellef, it is  SIGN HERE	number of participants number of participants per of participants with ete this item) all number of active participants that the participants that the participants that the participants of participants that the participants that the participants that the participants that the participants of perjury and other participants of perjury and other participants of perjury and other participants. Signature of plan and Signature of employers	at the beginning of the plan year	the plan year (defined ber an year	efits that were  unless reasonable carexamined this return/report  Carol A Hyder Enter name of individent	4c PN  5a  5b  5c  5d(1)  5d(2)  5e  use is established. Poort, including, if applet, and to the best of definition as plan and applets as plan applets.	47 47 38 35 3 Dilicable, a Schedule my knowledge and			
a Spoi  5a Total  b Total  c Number compiled (1) Total  d(2) Total  d(2) Total  e Number less the Caution: A  Under pen SB or Schebelief, it is  SIGN HERE	number of participants number of participants per of participants with ete this item) all number of active participants that the participants that the participants that the participants of participants that the participants that the participants that the participants that the participants of perjury and other participants of perjury and other participants of perjury and other participants. Signature of plan and Signature of employers	at the beginning of the plan year at the end of the plan year account balances as of the end of ricipants at the beginning of the plan year ricipants at the beginning of the plan year erminated employment during the proor incomplete filing of this return the penalties set forth in the instructed signed by an enrolled actuary, a plete.	the plan year (defined ber an year	efits that were  unless reasonable carexamined this return/report  Carol A Hyder Enter name of individent	4c PN  5a  5b  5c  5d(1)  5d(2)  5e  use is established.  port, including, if apprent, and to the best of the destablished and	47 47 38 35 3 Dilicable, a Schedule my knowledge and			

Form 5500-SF 2014		Page <b>2</b>						
<ul> <li>6a Were all of the plan's assets during the plan year invested in eliging</li> <li>b 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 plan is a defined benefit plan, is it covered under the PBGC.</li> </ul>	f an independe and condition not use Form	ent qualified public accounts.)	tant (i	QPA)	n 5500	 ).		
Part III Financial Information								
7 Plan Assets and Liabilities		(a) Paginning of V		$\overline{}$		(L) E.	- d - f V	
a Total plan assets	. 7a	(a) Beginning of Yo		4.5		(D) E	nd of Year	
b Total plan liabilities	. 7b	10,71	.0,5	45			9,942,7	
C Net plan assets (subtract line 7b from line 7a)	7c	10,71	0 5	15			9,942,77	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	.0,5	43	-	(h	) Total	
a Contributions received or receivable from:	er-sucamounts	(a) Fariount					/ Total	
(1) Employers	. 8a(1)	3.9	9,2	94				
(2) Participants	. 8a(2)	31	4,3	78				
(3) Others (including rollovers)			5,0	40				
b Other income (loss)	. 8b	52	0,2	42				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c				*****		1,238,95	
d Benefits paid (including direct rollovers and insurance premiums	0.4							
to provide benefits)  e Certain deemed and/or corrective distributions (see instructions)	. 8d	1,97	9,6	8158				
f Administrative service providers (salaries, fees, commissions)	. 8e		_	0				
	. 8f	27,107						
	. 8g							
h Total expenses (add lines 8d, 8e, 8f, and 8g)  i Net income (loss) (subtract line 8h from line 8c)	8h			-			2,006,72	
j Transfers to (from) the plan (see instructions)	. 8i				-767,77			
Part IV Plan Characteristics	- 8j			0				
9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2R 2T 3B 3D  b If the plan provides welfare benefits, enter the applicable welfare fe								
Part V Compliance Questions								
10 During the plan year:				Yes	No		Amount	
<ul> <li>a Was there a failure to transmit to the plan any participant contribut</li> <li>29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest</li> </ul>	ciary Correction	on Program)	10a		Х			
on line 10a.)			10b		Х			
C Was the plan covered by a fidelity bond?			10c	Х			590,00	
d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х			
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 benefits	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		The second secon			Λ			
h If this is an individual account plan, was there a blackout period? (2520.101-3.)	See instruction	ns and 29 CFR	10g 10h	Х	Х		110,82	
i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101	e required not	ice or one of the	10i		^			
Part VI Pension Funding Compliance								
11 Is this a defined benefit plan subject to minimum funding requirements 5500 and line 11a below)	ents? (If "Yes,"	see instructions and com	plete :	Schedu	le SB	(Form	Yes No	
11a Enter the unpaid minimum required contribution for current year fro	om Schedule S	BB (Form 5500) line 39			11a			
12 Is this a defined contribution plan subject to the minimum funding r	equirements of	of section 412 of the Code	or se	ction 3	02 of E	ERISA?	Yes No	

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

Year.

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

granting the waiver.