_	rm 5500-SF	Short Form Annual	Return/Report Benefit Plan	t of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089	
	rtment of the Treasury mal Revenue Service	This form is required to be filed under sections 104 and 4065 of the Employee R			etirement	2014	
Employee B	Department of Labor Employee Benefits Security Administration Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Revenue Code (the Code).					This Form is Open to Public Inspection	
Complete all entries in accordance with the instructions to the Form 5500-SF.							
For calend	Annual Report Ic ar plan year 2014 or fisc	lentification Information al plan year beginning 01/01/2014		and ending 12/	31/2014		
	turn/report is for:	a single-employer plan			Filers chec	king this box must attach a list he form instructions)	
a one-participant plan						,	
B This return/report is the first return/report the final return/report							
	[an amended return/report	a short plan year retur	m/report (less than 12 m	onths)		
C Check	box if filing under:	Form 5558	automatic extension		D	FVC program	
		special extension (enter description	,				
Part II		nation—enter all requested inform	nation				
1a Name V.I.P. COUN	of plan ITRY CLUB 401K PLAN					number	
					(PN) 1c Effect	ctive date of plan	
		ess; include room or suite number (e	employer, if for a single	-employer plan)	2b Emp	01/01/2000 loyer Identification Number	
V.I.P. COUN	TRY CLUB, LLC				(EIN)		
						914-235-1500	
NEW KOCH	ELLE, NY 10805-2111				2d Busi	ness code (see instructions) 711210	
3a Plan a	dministrator's name and	address XSame as Plan Sponsor.			3b Adm	inistrator's EIN	
					3C Adm	inistrator's telephone number	
		blan sponsor has changed since the per from the last return/report.	last return/report filed f	or this plan, enter the	4b EIN		
	or's name				4c PN		
		the beginning of the plan year			5a	33	
		the end of the plan year count balances as of the end of the			5b	0	
comple	ete this item)				5c	33	
.,		cipants at the beginning of the plan y			5d(1)	16	
		cipants at the end of the plan year ninated employment during the plan			5d(2)	16	
less th	an 100% vested		· · · · · · · · · · · · · · · · · · ·		5e		
Under pena SB or Sche	alties of perjury and othe	incomplete filing of this return/re r penalties set forth in the instructior signed by an enrolled actuary, as w ete.	ns, I declare that I have	examined this return/rep	ort, includi	ng, if applicable, a Schedule	
SIGN	Filed with authorized/va	lid electronic signature.					
HERE	Signature of plan adı	ninistrator	Date	Enter name of individu	ual signing	as plan administrator	
SIGN HERE							
	Signature of employe name (including firm nar					as employer or plan sponsor s telephone number (optional)	
						Form E500 SF (2014)	

-	 a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) c Yes No c Yes No c Yes No 								
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA section 40)21)?		Yes	No Not determined		
Pa	rt III Financial Information		1						
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year		
а	Total plan assets	. 7a	23686	695			2347089		
b							0		
С	Net plan assets (subtract line 7b from line 7a)	7c	23686	695			2347089		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
а	Contributions received or receivable from:			0					
	(1) Employers	8a(1)	166	-					
	(2) Participants	8a(2)	100	0					
	(3) Others (including rollovers)	8a(3)	972	-					
	Other income (loss)	8b	512	.47	_		440004		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_		113921		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1355	527					
е	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f	Administrative service providers (salaries, fees, commissions)	8f		0					
q	Other expenses	8g		0					
	Total expenses (add lines 8d, 8e, 8f, and 8g)						135527		
i	· · · ·				-21606				
÷									
, Do	t IV Plan Characteristics	8j		0					
b Par	2A 2E 2F 2G 2J 3D If the plan provides welfare benefits, enter the applicable welfare fe V Compliance Questions	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in t	he instructions:		
10	During the plan year:				Yes	No	Amount		
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		х			
b	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		200000		
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х			
e	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.)				х		4221		
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х			
a	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)				Х		5393		
— <u> </u>	 bit the plan have any participant loans: (if res, encl amount as of year che.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 			10g	~				
	2520.101-3.)			10h		Х			
i									
Part	VI Pension Funding Compliance								
11									
_11a	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			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,	, as applic	able.)						

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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 onegative amount)	of a	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?		· 🗆 ۲	Yes X 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 another plan, or brought u of the PBGC?	control		Yes 🗙 No			
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)						
13c(1) Name of plan(s):	1	3c(2) El	IN(s)	13c(3) PN(s)		
Part VIII Trust Information (optional)						
14a Name of trust		14b ⊺⊧	rust's EIN			

Form 5500-SF	Short Form Annua	l Return/Report of Benefit Plan	of Small Employe	e	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be filed under sections 104 and 4065 of the Employe				2014
Department of Labor Employee Benefits Security Administration	8(a) of This Form Is Open to P Inspection				
Pension Benefit Guaranty Corporation	► Complete all entries in a		uctions to the Form 5500-		
	dentification Information			10/01/0014	
For calendar plan year 2014 or fis		01/01/2014	and ending	12/31/2014	
A This return/report is for:B This return/report is:	x a single-employer plan a one-participant plan the first return/report an amended return/report	of participating emploid a foreign plan the final retum/report	plan (not multiemployer) (Fi over information in accordant t urn/report (less than 12 mor	nce with the form ir	
C Check box If filing under:	Form 5558	automatic extension		DFVC prog	ram
	special extension (enter desc				
	mation enter all requested	information	I	1h Three dials	1
1a Name of plan				1b Three-digit plan number	
V.I.P. Country Club	401K Plan			(PN) ►	001
				1c Effective date 01/01/200	
2a Plan sponsor's name and ad V.I.P. Country Club		ber (employer, if for a sing	e-employer plan)	2b Employer Ider (EIN) 20-3	
				2c Sponsor's tele (914) 235	
600 Davenport Avenue				2d Business code 711210	
US New Rochelle NY 10805- 38 Plan administrator's name ar		Anger Name		3b Administrator	
				A	
		:		3C Administrator:	s telephone number
	plan sponsor has changed since	the last return/report filed		4b EIN	s telephone number
name, EIN, and the plan nun	plan sponsor has changed since ther from the last return/report.	e the last return/report filed	for this plan, enter the	4b EIN	s telephone number
name, EIN, and the plan nun a Sponsor's name	nber from the last return/report.	:	for this plan, enter the	4b EIN 4c PN	s telephone number
name, EIN, and the plan nun a Sponsor's name 5a Total number of participants	nber from the last return/report.	· · · · · · · · · · · · · · · · · · ·	for this plan, enter the	4b EIN	
name, EIN, and the plan num a Sponsor's name 5a Total number of participants b Total number of participants c Number of participants with a	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	for this plan, enter the	4b EIN 4c PN 5a	33
name, EIN, and the plan num a Sponsor's name 5a Total number of participants b Total number of participants c Number of participants with a	nber from the last return/report. 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	for this plan, enter the	4b EIN 4c PN 5a 5b	33 0
name, EIN, and the plan num a Sponsor's name 5a Total number of participants b Total number of participants c Number of participants with a complete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of icipants at the beginning of the plan	the plan year (defined ber	for this plan, enter the	4b EIN 4c PN 5a	33 0 33
name, EIN, and the plan num a Sponsor's name 5a Total number of participants b Total number of participants c Number of participants with a complete this item) d(1) Total number of active part d(2) Total number of active part e Number of participants that to	at the beginning of the plan year at the end of the plan year account balances as of the end of icipants at the beginning of the plan icipants at the end of the plan year perminated employment during the	the plan year (defined ber lan yearar arar	for this plan, enter the nefit plans do not enefits that were	4b EIN 4c PN 5a 5b 5c 5d(1)	33 0 33 15
name, EIN, and the plan num a Sponsor's name 5a Total number of participants b Total number of participants c Number of participants with a complete this item)	ber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of icipants at the beginning of the plan year icipants at the end of the plan year priminated employment during the	the plan year (defined ber lan yearar arar plan year with accrued be	for this plan, enter the mefit plans do not	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e	33 0 33 15
name, EIN, and the plan num a Sponsor's name 5a Total number of participants b Total number of participants c Number of participants with a complete this item) d(1) Total number of active part d(2) Total number of active part e Number of participants that to	at the beginning of the plan year at the end of the plan year at the end of the plan year account balances as of the end of icipants at the beginning of the plan icipants at the end of the plan year arminated employment during the or incomplete filing of this return her penalties set forth in the instru- ng signed by an enrolled actuary,	the plan year (defined ber lan year ar plan year with accrued be rn/report will be assesse uctions, I declare that I hav	for this plan, enter the mefit plans do not enefits that were d unless reasonable caus	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is established.	33 0 33 16 16 16
name, EIN, and the plan num a Sponsor's name 5a Total number of participants b Total number of participants c Number of participants with a complete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of icipants at the beginning of the plan icipants at the end of the plan year similated employment during the cor incomplete filing of this return her penalties set forth in the instring of signed by an enrolled actuary, blete.	the plan year (defined ber lan year ar plan year with accrued be rn/report will be assesse uctions, I declare that I hav	for this plan, enter the mefit plans do not enefits that were d unless reasonable caus	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is established.	33 0 33 16 16 16
name, EIN, and the plan num a Sponsor's name 5a Total number of participants b Total number of participants c Number of participants with a complete this item) d(1) Total number of active part d(2) Total number of active part d(2) Total number of active part e Number of participants that the less than 100% vested Caution: A penalty for the late Under penalties of perjury and ot SB or Schedule MB completed a belief, it is true, corriect, and com SIGN (X) Margential Signature of part adm	at the beginning of the plan year at the end of the plan year at the end of the plan year account balances as of the end of icipants at the beginning of the plan icipants at the end of the plan year perminated employment during the perminated employment during the perminated employment during the	the plan year (defined ber lan year plan year with accrued be rn/report will be assesse uctions, I declare that I hav as well as the electronic v	for this plan, enter the mefit plans do not enefits that were d unless reasonable caus re examined this return/report,	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is established. ort, including, if apprand to the best of rest of res	33 0 33 15 16 16 blicable, a Schedule my knowledge and
name, EIN, and the plan num a Sponsor's name 5a Total number of participants b Total number of participants c Number of participants with a complete this item)	at the beginning of the plan year at the end of the plan year at the end of the plan year account balances as of the end of icipants at the beginning of the plan icipants at the end of the plan year icipants at the end of the plan ye	the plan year (defined ber lan year ar plan year with accrued be rn/report will be assesse uctions, I declare that I hav as well as the electronic v	for this plan, enter the mefit plans do not enefits that were d unless reasonable caus re examined this return/report, Joseph Morelli	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is established. ort, including, if apprand to the best of rest of res	33 0 33 15 16 16 licable, a Schedule my knowledge and
name, EIN, and the plan num a Sponsor's name 5a Total number of participants b Total number of participants c Number of participants with a complete this item)	at the beginning of the plan year at the end of the plan year at the end of the plan year account balances as of the end of icipants at the beginning of the plan icipants at the end of the plan year icipants at the end of the plan ye	the plan year (defined ber lan year ar plan year with accrued be uctions, I declare that I hav as well as the electronic v (x) 7/3/15 Date (x) 7/43/15 Date	for this plan, enter the mefit plans do not enefits that were d unless reasonable caus re examined this return/report, Joseph Morelli Enter name of individual s Joseph Morelli	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is established. ort, including, if app and to the best of r signing as plan addr signing as employee	33 0 33 15 16 16 16 ninistrator r or plan sponsor
name, EIN, and the plan num a Sponsor's name 5a Total number of participants b Total number of participants c Number of participants with a complete this item)	at the beginning of the plan year at the end of the plan year at the end of the plan year account balances as of the end of icipants at the beginning of the plan icipants at the end of the plan year icipants at the end of the plan ye	the plan year (defined ber lan year ar plan year with accrued be uctions, I declare that I hav as well as the electronic v (x) 7/3/15 Date (x) 7/43/15 Date	for this plan, enter the mefit plans do not enefits that were d unless reasonable caus re examined this return/report, Joseph Morelli Enter name of individual s Joseph Morelli	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is established. ort, including, if app and to the best of r signing as plan addr signing as employee	33 0 33 15 16 16 Jicable, a Schedule my knowledge and

Form	5500-SF	2014
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С

Page 2

X Yes No

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)

b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)

under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) **X** Yes No If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.

Part III **Financial Information** 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year Total plan assets а 7a 2,368,695 2,347,089 Total plan liabilities..... 7b 0 0 2,368,695 2,347,089 Net plan assets (subtract line 7b from line 7a) 7c Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total Contributions received or receivable from: 0 8a(1) (1) Employers 16,674 (2) Participants 8a(2) 0 (3) Others (including rollovers) 8a(3) 97,247 Other income (loss) 8b Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 113,921 Benefits paid (including direct rollovers and insurance premiums 135,527 to provide benefits) 8d 0 е Certain deemed and/or corrective distributions (see instructions) 8e 0 Administrative service providers (salaries, fees, commissions) 8f 0 Other expenses 8g 135,527 Total expenses (add lines 8d, 8e, 8f, and 8g) 8h (21,606)Net income (loss) (subtract line 8h from line 8c) 8i 0 Transfers to (from) the plan (see instructions) 8j Part 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: 2⊅ 2E 2F 2G 2J 3D h 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 Amount а Was there a failure to transmit to the plan any participant contributions within the time period described in х 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported х 10b on line 10a.) 10c 200,000 С 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 х 10d or dishonestv? 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 х 4,221 instructions.) 10e 10f f Has the plan failed to provide any benefit when due under the plan? х 5,393 **g** Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g х h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

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
 Part VI Pension Funding Compliance

11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	Yes 🗴 No
11a	Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39	

10h

10i

х

Yes X No

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, as applicable.)

2520.101-3.)

	Form 5500-SF 2014	Page 3-					
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 negative amount)			12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadl	ine?	••••••		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?			🗌 Ye	es 🗴 No)	
	If "Yes," enter the amount of any plan assets that reverted to the employer this yea	r		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to a of the PBGC?			ontrol		Yes X No	
С	If during this plan year, any assets or liabilities were transferred from this plan to an which assets or liabilities were transferred. (See instructions.)	other plan(s), ide	entify the plan(s) to)			
1	3c(1) Name of plan(s):		130	: (2) EIN(s)	13c(3) PN(s)	
_							
Part	VIII Trust Information (optional)						
14a Name of trust				14b Trust's EIN			