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).

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

Part I	Ailliuai Kepoi	<u>t Identification Information</u>	•						
For calenda	ar plan year 2014 or	fiscal plan year beginning 01/01/2	2014	and ending 12	2/31/20	14			
A This ret	urn/report is for:	a single-employer plan		ver) (Filers checking this box must attach a list cordance with the form instructions)					
		a one-participant plan	a foreign plan						
B This retu	urn/report is	the first return/report	x the final return/report						
		an amended return/report	a short plan year retur	rn/report (less than 12 m	onths)				
C Check b	box if filing under:	Form 5558	automatic extension			DFVC program	n		
		special extension (enter desc	ription)						
Part II	Basic Plan Inf	ormation—enter all requested in	nformation						
1a Name WALTER G.		OCIATES PC PROFIT SHARING P	LAN		1b	Three-digit plan number (PN) ▶	001		
					1c	Effective date of 01/01/			
	ponsor's name and a ALTON JR. & ASSO	address; include room or suite numb ICIATES	per (employer, if for a single	e-employer plan)	2b Employer Identification Number (EIN) 13-3841312				
P.O. BOX 33		P.O. BC	NY 33		2c	Sponsor's teleph	none number		
	AIN, NY 12040		Y PLAIN, NY 12040		2d Business code (see instructions) 541110				
3a Plan ad	dministrator's name	and address XSame as Plan Spor	nsor.		3b	Administrator's E			
		he plan sponsor has changed since umber from the last return/report.	the last return/report filed f	for this plan, enter the	4b	EIN			
a Sponso	or's name				4c				
5a Total r	number of participan	ts at the beginning of the plan year			7				
		' '		b Total number of participants at the end of the plan year			2		
		C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)			5	b	2		
d(1) Total number of active participants at the beginning of the plan year				efit plans do not	5				
1/2		participants at the beginning of the p	blan year	efit plans do not	5 5d(c 1)	0		
	al number of active p	participants at the beginning of the poarticipants at the end of the plan year	olan year	efit plans do not	5	c 1)	0		
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e Number less that Caution: A Under pena SB or Sche	al number of active per of participants that an 100% vested	participants at the beginning of the participants at the end of the plan yet terminated employment during the error incomplete filing of this return other penalties set forth in the instruand signed by an enrolled actuary,	plan yearplan year with accrued ben- prn/report will be assessed	efit plans do not efits that were unless reasonable ca	5d(5d) 5duse is port, irr	c 1) (2) e established. acluding, if applica	0 0 2 0 0 able, a Schedule		
e Number less that Caution: A Under pena SB or Sche	al number of active per of participants that an 100% vested a penalty for the late alties of perjury and eadule MB completed true, correct, and correct, and correct, and correct.	participants at the beginning of the participants at the end of the plan yet terminated employment during the error incomplete filing of this return other penalties set forth in the instruand signed by an enrolled actuary,	plan yearplan year with accrued ben- prn/report will be assessed	efit plans do not efits that were unless reasonable ca	5d(5d) 5duse is port, irr	c 1) (2) e established. acluding, if applica	0 0 2 0 0 able, a Schedule		
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Caution: A Under pena SB or Sche belief, it is t SIGN HERE SIGN HERE Preparer's TRACHTEN 100 CROSS	al number of active per of participants that an 100% vested penalty for the lateral per of perjury and of active of perjury and contract true, correct, and contract with authorized Signature of plan Signature of emp	participants at the beginning of the participants at the end of the plan yet terminated employment during the error incomplete filing of this return other penalties set forth in the instruand signed by an enrolled actuary, mplete. d/valid electronic signature. administrator loyer/plan sponsor Iname, if applicable) and address (in	plan year plan year with accrued benomination plan year will be assessed actions, I declare that I have as well as the electronic verification. Date Date	efit plans do not efits that were unless reasonable care examined this return/repore Enter name of individent	5d 5	e established. Icluding, if applicato the best of my laning as plan admining as employer	0 2 0 0 ble, a Schedule knowledge and inistrator		

	Form 5500-SF 2014		Page 2								
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 considerable with the con	an indeper and condit	ndent qualified public accounta ions.)	int (IQ	PA)				X Ye		No No
C	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	N	ot det	ermine	d
Par	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) En	d of	Year		
	Total plan assets	7a	2732	230	_					0	
	Total plan liabilities	7b	0700	20	+					0	
	Net plan assets (subtract line 7b from line 7a)	7c	2732	230	+			_		0	
	ncome, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b)	Tota	al		
	1) Employers	8a(1)									
	2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
	Other income (loss)	8b	83	342							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								3342	
	Benefits paid (including direct rollovers and insurance premiums or provide benefits)	8d	271	128							
	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							2	7128	
	Net income (loss) (subtract line 8h from line 8c)	8i							-18	8786	
_ j ·	Transfers to (from) the plan (see instructions)	8j	-2544	144							
9a b Part	If the plan provides pension benefits, enter the applicable pension 2E If the plan provides welfare benefits, enter the applicable welfare fe V Compliance Questions										
10	During the plan year:				Yes	No		Δ	moun		
	Was there a failure to transmit to the plan any participant contribution	tions within	n the time period described in						ouii		
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest			10a		X					
	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		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 ben	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 e	nd.)	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 2520.10			10i		X					
Part				•							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Ye	es X	No
11a	Enter the unpaid minimum required contribution for current year fr					11a					
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection (302 of	ERISA?		Ye	es X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applica	able.)							_	
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter tl Day			letter ear	ruling	_

	Form 5500-SF 2014	Page 3 - 1			
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

Form 5500-SF

Department of the Treasury (Memal Revenue Sessible)

Department of Labor Employee Behafts Security April 4 Artifest (1974)

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 Revolute Code (the Code).

2014

This Form is Open to Public Inspection

OMB Nos. 1210 0110

1210-0089

Complete all entries in accordance with the instructions to the Form \$500-SF.

Person Seast Guaranty Corporation			the instructions to t	he Fo	rm \$500-SF.	to Public	Inspection		
Part I Annual Report Ide	ntification Inform	nation							
For calendar plan year 2014 or fisca	l plan year beginning	01/01/20	14 ε	nd en	ding 12	2/31/20	14		
A This return/report is for:	X a single-employer;	plan 🔲 a mukiçi	la-employer plan (not mi	itiemo	loyer) (Fixers ched	cking this box m	iust atlach a iist		
B This return/report is C Check box if fling under:	a one-participant p the first return/rep an amended return form 5558	olan a foreig crt X the fina r/report a shert	ipating entployer informa in plan if retunulreport plan year returulrapo ific extension		i than 12 mo <u>nt</u> i				
Part II Basic Plan Inform	ation - autor of more	rected information							
WALTER G. ALTON JR. & ASSOCIATES PC					Three digit plan number (f	001			
PROFIT SHARING PLAN					Effective date of plan 01/01/1997				
2a Plan spooson's name and address; is WALTER G. ALTON JR			ngle-employer plan)	2b Employer Identification Number (EIN) 13-3841312					
P.O. BOX 33				2c	Sponsor's telephone number				
CHERRY PLAIN	NY 120	040	ĺ	2d Business code (see instructions) 541110					
3a Plan administrator's name and a	address 🐹 Same as	s Pian Sponsor.		3b	Administrator's EIN				
				3с	Administrator's	s telephone nu	ımber		
4 if the name anni/or EIN of the plan	n sponsor has charge	ed since the last retur	n/report filed for this	4b	EN	te Microsoph	-11.479		
plan, enter the name. EIN, and th	_				1927200000-0004000	28-1-7-11			
a Sponsor's name				4c	PN				
5a Total number of participants at	the beginning of the	płan year		5a	}	#### 949 	2		
b Total number of participants at	t the end of the plan y	ear		5b	1	TO MANAGEMENT AN	Õ		
C Number of participants with ac-									
benefit plans do not complete i	this item)			5c	<u> </u>		0		
 d (1) Total number of active part 	ficipants at the beginn	ling of the plan year		5d(1)			2		
d (2) Total number of active part	icipants at the end of	the plan year		5d(2)			0		
 Number of participants that ter 	rminated employment	during the plan year:	with accrued						
benefits that were less than 10		***************************************		5е	1		0		
Caution: A penalty for the lete or Unider penalties of perjury and other Schedule SB or Schedule MB comp my knowledge and belief, it is true, or SIGN WOOTA SIGN HERE	incomplete filing of a periatives set forth in select and signed by a correct, and complete	this return/report with the instructions, I de in enrolled actuary as	III be essessed unles clare that I have exam s well as the electronic	s reas and to vers	onable cause his return/repor on of this return	is established t. including, if viceport, and t	appicable, a o the best of		
Signature of plan administ	trator /	Date	Enter name of indivi	cual s	sgring as plan :	admin(strator			
SIGN MARK S.	Start	7.28.15							
Signature of employer/plan	n sponsor	Date	Enter name of indivi	dual s	igning as empa	oyerov plan sp	onser		
Freezer's name (including firm name track tenberg & PAU 100 CROSSWAYS PARK WOODBURY	KER, LLP		m or aude number) (op	tional)	Frepa:er's tev		er (optional)		
L		*************				****			

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