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

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 12/31/2014 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 first return/report the final return/report **B** This return/report is 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) Basic Plan Information—enter all requested information Part II 1a Name of plan **1b** Three-digit SAFA CONSTRUCTION CORP. DEFINED BENEFIT PLAN plan number (PN) ▶ 001 1c Effective date of plan 01/01/2008 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) **2b** Employer Identification Number SAFA CONSTRUCTION CORP 11-2844589 (EIN) Sponsor's telephone number 516-967-5666 500 OLD WESTBURY ROAD EAST HILLS, NY 11577 Business code (see instructions) 238900 **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. a Sponsor's name 4c PN Total number of participants at the beginning of the plan year 5a **b** 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 complete this item) d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 3 d(2) Total number of active participants at the end of the plan year..... 5d(2) 3 e Number of participants that terminated employment during the plan year with accrued benefits that were 0 5e less than 100% vested. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 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 true, correct, and complete Filed with authorized/valid electronic signature **SIGN HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN **HERE** Enter name of individual signing as employer or plan sponsor Signature of employer/plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional) Preparer's telephone number (optional)

	Form 5500-SF 2014		Page 2							
b	Were all of the plan's assets during the plan year invested in eligib 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 If you answered "No" to either line 6a or line 6b, the plan cann	an indepe and condit ot use Fo	ndent qualified public accounta tions.) orm 5500-SF and must instea	nt (IQ d use	PA) Form	5500.		×	Yes Tes	No No
	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	program (see ERISA section 40)21)?	X	Yes	No	Not	determin	ed
Par	t III Financial Information		-							
_7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) En	d of Ye		
	Total plan assets	7a	3692	290					458386	
	Total plan liabilities	7b								
C	Net plan assets (subtract line 7b from line 7a)	7c	3692	290					458386	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total		
	Contributions received or receivable from: (1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
	Other income (loss)	8b	890	096						
	\	8c	-						89096	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	80							03030	
	to provide benefits)	8d								
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								
i	Net income (loss) (subtract line 8h from line 8c)	8i							89096	
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Plan Char	acteris	stic Co	des in	the instr	uctions:		
	1A									
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature coo	des from the List of Plan Chara	cterist	ic Cod	les in t	he instru	ctions:		
D =1	V Oannellan as Oannellan a									
Part					V	N1-				
10	During the plan year:	tiono withi	in the time period described in		Yes	No		Amo	unt	
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		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				100	0000
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	nefits under the plan? (See	10e		X				
	Has the plan failed to provide any benefit when due under the plan									
				10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a			10g		X				
h —	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						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							X	Yes	No
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	dule SB (Form 5500) line 39	<u></u>		11a				
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,								L	
a	If a waiver of the minimum funding standard for a prior year is beir			ctions	and e	nter th	na data o	f the let	ter rulina	

......Month

Day

Year

granting the waiver.

	Form 5500-SF 2014	Page 3 - 1					
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to lin	e 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)			12d			
е	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?			Y	es X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer the	nis year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		•	ontrol		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.)	in to another plan(s), ide	ntify the plan(s) to)			
1	3c(1) Name of plan(s):		130	c(2) EII	V(s)	13c(3)	PN(s)
			1				

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

This Form is Open to Public Inspection

OMB No. 1210-0110

2014

		File as	s an attachment to Form	5500 or 5500-SF.			
For	calendar plan year 2014 or	r fiscal plan year beginning	01/01/2014	and end	ling 12/3	31/2014	
	Round off amounts to nea Caution: A penalty of \$1,00	arest dollar. 00 will be assessed for late filing	g of this report unless reas	onable cause is establish	ned.		
	lame of plan FA CONSTRUCTION CORF	P. DEFINED BENEFIT PLAN		B Three-di plan nur	igit nber (PN)	•	001
	Plan sponsor's name as sho FA CONSTRUCTION CORF	own on line 2a of Form 5500 or 5 P.	5500-SF	D Employer	dentifica 11-284	tion Number (E 4589	IN)
ET	ype of plan: X Single	Multiple-A Multiple-B	F Prior year pla	an size: X 100 or fewer	101-5	00 More tha	an 500
Pa	rt I Basic Informa	tion					
1	Enter the valuation date:	Month	Day 01 Year	2014			
2	Assets:						
	a Market value				2a		369290
	b Actuarial value				2b		369290
3	Funding target/participant	count breakdown		(1) Number of participants		ted Funding arget	(3) Total Funding Target
	a For retired participants	and beneficiaries receiving payr	ment				
	b For terminated vested p	participants					
	c For active participants			3		241989	254672
	d Total			3		241989	254672
4	If the plan is in at-risk stat	tus, check the box and complete	e lines (a) and (b)	П			
		ding prescribed at-risk assumpti		<u> </u>	4a		
	b Funding target reflecting	g at-risk assumptions, but disreger than five consecutive years a	garding transition rule for p	lans that have been in	4h		
5	Effective interest rate				5		6.43%
6	Target normal cost				6		
T a c	accordance with applicable law and r	ormation supplied in this schedule and acc regulations. In my opinion, each other assu of anticipated experience under the plan.					
	ERE					08/05/20	15
		Signature of actuary				Date	
ART	HUR E. TEILER, A.S.A.					11-0115	
		Type or print name of actuary	1		Most r	ecent enrollme	
PEN	ISION TAX STRATEGIES,	INC.				212-681	
1430 NEV	0 BROADWAY, SUITE 150 V YORK, NY 10018	Firm name		Т	elephone	number (includ	ling area code)
		Address of the firm					
	actuary has not fully reflect	ted any regulation or ruling prom	nulgated under the statute	in completing this sched	ule, check	the box and se	ее

Page	2 -	1
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Schedule	28	(Form	ລວບບ	/014

	Sc	chedule S	SB (Form 5500) 20	014			Page 2	- 1						
Pa	rt II	Begir	ning of Year	Carryove	er and Prefu	nding Bal	ances							
7		-	nning of prior year		•	•		(a) (Carryover balance	,	(b) F	Prefundi	ing balance	
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)														
9	Amount	remaini	ng (line 7 minus lir	ne 8)										
10	Interest	on line 9	using prior year's	s actual retu	urn of	_%								
11	Prior ye	ar's exce	ess contributions t	o be added	to prefunding b	alance:								
			of excess contrib	•		,								
	b(1) In	terest or	n the excess, if any SB, using prior year	y, of line 38 ar's effective	a over line 38b t	from prior yea	ar %							
			line 38b from pri											
	` '			•	_									
	C Total	available	at beginning of cur	rent plan ye	ar to add to prefu	unding balance	е							
	d Portio	on of (c)	to be added to pre	efunding ba	lance									
12	Other re	eductions	s in balances due	to elections	or deemed elec	ctions								
13	Balance	at begir	nning of current ye	ear (line 9 +	line 10 + line 1	1d – line 12)								
Pá	art III	Fun	ding Percenta	ages										
14	Funding	target a	ttainment percent	age								14	145.00	0 %
15	Adjuste	d funding	g target attainmen	t percentag	e							15	145.00	0 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement													
17	If the cu	irrent val	ue of the assets o	f the plan is	s less than 70 pe	ercent of the f	funding targe	et, enter s	such percentage			17	0.00	0 %
Pa	art IV	Con	tributions an	d Liquidi	ity Shortfalls	\$								
18	Contribu	utions ma	ade to the plan for				oyees:							
(M	(a) Date IM-DD-Y		(b) Amount p employer		(c) Amount p employe		(a) Da (MM-DD-Y		(b) Amount p employer		(0		int paid by oyees	
							Totals ▶	18(b)			18(c)			
19	Discoun	ited emp	loyer contributions	s – see inst	ructions for sma	Il plan with a	valuation da	ite after ti	he beginning of the	e year:	•			
	a Contr	ibutions	allocated toward	unpaid mini	mum required c	ontributions fi	rom prior ye	ars		19a				
	b Contr	ibutions	made to avoid res	trictions ad	justed to valuati	on date				19b				
	c Contr	ibutions a	allocated toward mi	inimum requ	ired contribution	for current yea	ar adjusted to	o valuation	n date	19c				
20	Quarter	ly contrib	outions and liquidit	ty shortfalls	<u>.</u>							-	-	
	a Did th	ne plan h	ave a "funding sh	ortfall" for th	he prior year?								Yes X	No
	b If line	20a is "	Yes," were require	ed quarterly	installments for	the current y	ear made in	a timely	manner?				Yes	No
	C If line	20a is "	Yes," see instructi	ons and co				-£4 -:'						
		(1) 19	st		Liquidity shor (2) 2nd	tiali as of end	of quarter of	of this pla (3)	n year 3rd			(4) 4tl	h	
		. ,			· / · · ·			ν-,				. ,		

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targe	et Normal Cost				
21	Discou	nt rate:							
	a Seg	ment rates:	1st segment: 4.99%	2nd segment: 6.32 %	3rd segment		N/A, full y	/ield cur	ve used
	b Appl	licable month (enter code)			21b			3
22	Weight	ted average ret	irement age			22			65
23	Mortali	ty table(s) (see	e instructions)	escribed - combined Pre	scribed - separate	Substitut	e		
Pa	rt VI	Miscellane	ous Items						
24	Has a	change been m	nade in the non-prescribed act	uarial assumptions for the current	plan year? If "Yes," see	instructions	regarding requ	ıir <u>e</u> d	
									s X No
				an year? If "Yes," see instructions					s X No
	Is the p	olan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	ctions regarding required	attachment.		Ye	s X No
27	27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment								
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	ım Required Contribution	s For Prior Years				
28	Unpaid	l minimum requ	uired contributions for all prior	years		. 28			
29				unpaid minimum required contrib		29			
30		-		ntributions (line 28 minus line 29).		30			
Pa	rt VIII	Minimum	Required Contribution	For Current Year					
31			nd excess assets (see instruct						
	a Targe	et normal cost	(line 6)			31a			
-	b Exce	ess assets, if ap	oplicable, but not greater than	line 31a		31b			
32	Amorti	zation installme	ents:		Outstanding Bala	ance	Inst	tallment	
	a Net s	shortfall amortiz	zation installment						
	b Waiv	er amortization	n installment						
33				ter the date of the ruling letter gradum) and the waived amount		33			
34	Total fu	unding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a -	- 31b + 32a + 32b - 33)	34			
				Carryover balance	Prefunding bala	nce	Tota	l balance	e
35			use to offset funding						
36					1	36			
37	Contrib	outions allocate	ed toward minimum required co	ontribution for current year adjuste	ed to valuation date	37			
38	•		ess contributions for current ye			1			
				ar (See instructions)		38a			
				prefunding and funding standard o		38b			
39				ear (excess, if any, of line 36 over		39			
40		·)	·	40			
Pa	rt IX			Pension Relief Act of 2010)			
			de to use PRA 2010 funding re		_ -	-			
	a Sche	dule elected	-			П	2 plus 7 years	15	5 years
	b Eligib	ole plan year(s) for which the election in line	41a was made				2010	2011
42			•			42			<u> </u>
				d over to future plan years		43			

Safa Construction Corp. Defined Benefit Plan

VALUATION AS OF 01/01/2014

Summary of Actuarial Method and Assumptions

Normal Retirement Benefit

Actuarial Cost Method: PPA06 Funding Rules

IRC430 Funding Yield Curve Segmented Rates

First Segment: 4.99%
Second Segment: 6.32%
Third Segment: 6.99%

IRC404 Funding Yield Curve Segmented Rates

First Segment: 1.35%
Second Segment: 4.05%
Third Segment: 5.05%

Pre-Retirement Valuation Assumptions

Retirement Valuation Assumptions

Mortality Table 2014 430(h)(3)(A)-Optional combined

Optional Forms Assumption

100% of participants will elect the Plan Normal Form

Pre-Retirement Actuarial Equivalence Assumptions

Investment Earnings 5% Effective annual rate

Retirement Actuarial Equivalence Assumptions

Investment Earnings 5% Effective annual rate
Mortality Table 1994 GAR PROJ 2002

Assumptions for IRC415 Maximum Benefit Actuarial Adjustments

Investment Earnings 5% Effective annual rate

Mortality Table 2014 417(e)(3) Applicable Mortality Table

Retirement Protection Act of 1994 Interest Rate for non-life annuities

Investment Earnings 5% Effective annual rate

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration 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

Pension Benefit Guaranty Corporation	Complete all entries in accord	ance with the men			
Partie Annual Repor	t Identification Information		and ending		
For calendar plan year 2014 or fis	scal plan year beginning	1	· (. t this mployer) (Filers ched	cking this box must attach a ith the form instructions)
A This return/report is for:	X a single-employer plan	list of participating e	r plan (not multiemployer) (employer information in acc	ordance w	ith the form instructions)
A This return/report is for.	a one-participant plan	a foreign plan			
B This return/report is:	the first return/report	the final return/repo	ort eturn/report (less than 12 m	nontl ()	
	an amended return/report	-	_		DFVC program
C Check box if filing under:	X Form 5558	automatic extensio	on .		Di vo biogram
O CHOCK SOME	special extension (enter descript	ion)		7	
Pagio Plan Ir	formation—enter all requested inform	mation		1b Thre	e-digit
Parcil Basic Plan In 1a Name of plan	mornia.e			plan (PN)	number
Safa Construction Corp. Defir	ed Benefit Plan				ctive date of plan
Odia Somethin					1/1/2008
O and	address; include room or suite number	(employer, if for a sing	gle-emolo, cplan)	2b Emp (EIN	oloyer Identification Number
2a Plan sponsor's name and	address, more even			`	nsor's telephone number
Safa Construction Corp.				516 <u>-967</u> -	5666
					iness code (see instructions)
500 Old Westbury Road		•		238900	ninistrator's EIN
East Hills, NY 11577 3a Plan administrator's name	and address X Same as Plan Spo	nsor.	•	3D Adir	inistrator's Life
ou pandonina				3c Adm	ninistrator's telephone number
0					
Same					
	_				
		at saturn/roport file	d for this plan, enter	4b EIN	
4 If the name and/or EIN of	the plan sponsor has changed since the	st return/report med	u joi ulis pian, onto		
	lan number from the last return/report.	-		4c PN	
a Sponsor's name 5 a Total number of participar	nts at the beginning of the pan ye			<u>5a</u>	
I. Tatal number of participar	nts at the end of the planeter			5b	
 Number of participants wi 	th account balances as the end of the	plan year (defined be	enefit plans do not	5c	
complete this item)	u of the wlor	woor		5d(1)	3
d(1) Total number of active	e participants at the beginning of the plan	Lyear	uga sia ero perè a compres es per	5d(2)	3
d(2) Total number of active	e participants at the englof the plan year at terminal of a riployment during the pla	un year with accrued b	penefits that were		
e Number of participants the less than 100% vested				5e	
	te or incomplete filing of this return	n/report will be asse	ssed unless reasonable	cause is	established.
Under penalties of perjury and					
SB or Schedule MB completed	signer by an enrolled actuary, as we	as the electronic ve	ersion or this return report,	2710 10 1170	
belief, it is true, correct, and con	Тріє	8/19/2015	Ebrahim Safakamel		
SIGN			Enter name of individua	al signing a	s plan administrator
Signature of plan a	dministrator	Date 0/10/2015	Ebrahim Safakamel	. organing o	
BigN C	>~\\	8/19/2015		l eigning o	s employer or plan sponsor
Signature of emplo	yer/plan sponsor	Date		Preparer'	s telephone number (optional)
Preparer's name (including firm	name, if applicable) and address (includ	e toom of suite numb	o. / (opas/io/)	-1	
				the the transfer	The state of the s
					1997 - A. J. W. C.

	Form 5500-SF 2014		Page 2							
_	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						X	Yes [N	No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan can	and condition	s.)					Yes	N	10
С	If the plan is a defined benefit plan, is it covered under the PBGC insurar				X Y			determ	nined	
a La	Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of	f Year			(b) End of			
<u>a</u>	Total plan assets	. 7a		36	9,290				458,3	386
<u>b</u>	Total plan liabilities	. 7b				•				
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	. 7c		36	9,290	$oldsymbol{-}$			458,3	386
8	Income, Expenses, and Transfers for this Plan Year	\$. \$ **: * . \$36	(a) Amoun	t			(b) Tota	ranga ya na		تتبي
а	Contributions received or receivable from:	0-(4)								
	(1) Employers	8a(1)		_4	0					ens. quen
	(2) Participants	8a(2)	——————————————————————————————————————		0		and the second	in in		
	(3) Others (including rollovers)			$\overline{}$	0.006				Market Market	
	Other income (loss)				9,096	o constant and the second	ا الرواد المادية سفياً ما يا يا ما حسوسو بهواد والمادة المادة المادة المادة المادة المادة المادة المادة المادة المادة ا	interpolation	89,0	206
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c		7.00			The state of the s		09,0	<i>)</i> 90
d	to provide benefits)	. 8d				en enter		discorp.		vil.
	Certain deemed and/or corrective distributions (see instructions)	. 8e							1	
f	Administrative service providers (salaries, fees, commissions)		• 4						- Looker	gentari Great
<u>.</u>	Other expenses	_ 4				ALTERNATION AND AND AND AND AND AND AND AND AND AN	A Section			
	Total expenses (add lines 8d, 8e, 8f, and 8g)	7	The second second					32.00.00000		0
	Net income (loss) (subtract line 8h from line 8c)				t en land all recommende esta				89,0	 096
_	Transfers to (from) the plan (see instructions)		e observable and the state of the State (Artista of the State (Artista of the State	5 K-15 - 1983418	\$* 1048 •					
E Da	Plan Characteristics		>			is by the company of the control of		Mary Day () Albert ()	1 Cirilian Maria	
9a	If the plan provides pension benefits, enter the applicable pension	eature codes	s from the List of Plan C	Charact	eristic (codes in the	e instructions	s:		
	1A •									
b	If the plan provides welfare benefits, enter the applicable welfare	eature codes	from the List of Plan Ch	naracte	ristic C	odes in the	instructions:			
	Compliance Questions	<u> </u>								
10					Yes	No	Amo	ount	,	
10	During the plan year: Was there a failure to transmit to the plan any participant antributions w	vithin the time r	period described							
а	in 29 CFR 2510.3-102? (See instructions and DOL's sluntary Fiduciary	Correction Pro	ogram)	10a		Х				
b	Were there any nonexempt transactions with any part in-interest?									
				10b		X				
<u>c</u>	Was the plan covered by a fidelity bond?			10c	Х				100,0	<u> </u>
d	Did the plan have a loss, whether or loss pinned sed by the plan's fraud or dishonesty?	fidelity bond,	that was caused by	10d		х				
е	Were any fees or commissions, id is prokers, agents, or oth	er persons by	an insurance							
	carrier, insurance service or other or anization that provides some	e or all of the	benefits under	400		x				
	the plan? (See instructions.)			10e		$\frac{x}{x}$				
f	Has the plan failed to prove any enefit when due under the plan			10f		$\frac{\hat{x}}{x}$				
g	Did the plan have any participant loans? (If "Yes," enter amount as			10g			- A	建筑建筑	1. P. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
n	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		X	energia de la companya dela companya dela companya dela companya de la companya d	7. Gr. 1		ev.
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 required no	tice or one of the	10i		*	jan			
Fa	Pension Funding Compliance								,	
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "Yes	," see instructions and o	comple	te Sche	dule SB	X	Yes	1	No
11a	 	-				11a		., r		0
12	Is this a defined contribution plan subject to the minimum funding require			ction 30	2 of ER	ISA?		Yes	X 1	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			,			1-4- 60 :			
а	If a waiver of the minimum funding standard for a prior year is being granting the waiver		in this plan year, see ins Month		ns, and	enter the Day	date of the le	ater rui	ııng	

	•						
*	Form 5500-SF 2014	P	age 3 -				
If	you completed line 12a, complete lines 3,	9, and 10 of Schedule MB (Fo	orm 5500), and ski	ip to line 13.			
b	Enter the minimum required contribution for	this plan year		1	2b		
С	Enter the amount contributed by the employe	er to the plan for this plan year.		1	2c		
d	Subtract the amount in line 12c from the amongative amount)			1 4	2d		0
e	Will the minimum funding amount reported o	n line 12d be met by the funding	deadline?		Y	es No	N/A
Pai	two Plan Terminations and Tran	sfers of Assets					
13a	Has a resolution to terminate the plan been a	adopted in any plan year?			Yes	X No	
	If "Yes," enter the amount of any plan assets	that reverted to the employer th	nis year				
b	Were all the plan assets distributed to partici control of the PBGC?					Yes X	No
С	If during this plan year, any assets or liabilities which assets or liabilities were transferred. (n to another plan(s				
1	3c(1) Name of plan(s):			13c	(2) EIN(s)	13c(3)	PN(s)
	·			V			
Par	Trust Information (optional						
14a	Name of trust		24	ク	4b Trust's	, LIIV	

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

		File a	as an attachme	ent to Forr	n 5500 or 5	500-SF	į		
F	or calendar plan year 2014 or fiscal pla	an year beginning				and e	nding		
•	Round off amounts to nearest do								
_	Caution: A penalty of \$1,000 will be	assessed for late filin	g of this report	unless rea	sonable cau	se is establis	shed.		
A	Name of plan	ru Di			Į E	3 Three-dig	git		
Sal	a Construction Corp. Defined Bene	ant Plan			970,0	plan num	ber (PN)	0	01
C	Plan sponsor's name as shown on li	ne 2a of Form 5500 c	or 5500 SE						
•	of the state of th	110 24 01 1 01111 0000 0	n 5500-Si			⊢ ⊏mployei	lo entine	ion Number (E	in)
Safa	a Construction Corp.				1	1-28, 4589			
E	Type of plan: X Single Multi	iple-A Multiple-B	F	Prior year r	olan size: X			101-500	7 Mars # 500
, , . m)	Basic Information	Fig. 1. Indiaple B	v.sko4k	Thor year p	JIGIT 3126. X	I TO OF TEN		101-300	More than 500
1		34 0-4 5							
		Month 1 D	Day1	Year _	2014	<u> </u>			
2	Assets:				_ \		r	Name of the Company of the	
	a Market value						2a		369,290
	b Actuarial value					—	2b		369,290
3	Funding target/participant count brea	akdown		. \	(I) Num		(2) Veste	ed Funding	(3) Total Funding
	S For retired postining at a set by a S	toto de	_		particip	pants	Та	rget	Target
	a For retired participants and benefi				<u> </u>	0		0	0
	b For terminated vested participants			V		0		0	0
	C For active participants					3		241,989	254,672
	d Total					3		241,989	254,672
4	If the plan is in at-risk status, check the)]					
	a Funding target disregarding presc		_				4a		
	b Funding target reflecting at-risk as	sumptions, but disrec	ja ding 'ransitio	n rule for p	lans that ha	ve been	4b		
5	in at-risk status for fewer than five Effective interest rate		ic sisregarding	loading fac	otor		-		
6							5		6.43%
	Target normal cost				•••••		6		0
	ement by Enrolled Actuary To the best of my knowledge, the information supple accordance with applicable law and reculations. to	died in this so dule at the	omnonvina sahadula	o otataa					
	association with applicable law and regulations, the	THY ODINIO" "Sach, "46 Sassu	imption is reasonable	s, statements a e (taking into a	and attachments ccount the expe	s, if any, is compli rience of the plar	ete and accura and reasonal	ite. Each prescribe ple expectations) a	d assumption was applied in nd such other assumptions, in
	combination, one my best estimate of anticipated to	experie ce under the plan.							
	dother Et	المالية							
								8/5/2015	
	Si Si	grade of actuary						Date	
ARTI	HUR E. TEILER, A.S.A.	<u> </u>				110115	7		
	ype o	print name of actuar	У			Most red	ent enrollr	nent number	
PEN	SION TAX STRATEGIES, IN					212-68 ⁻	1-7970		
	•	Firm name						number (includ	ling area code)
	DDC4DWW OVER							,	
	BROADWAY, SUITE 1509								
ΝΕW	YORK	11 50 5	NY	1001	8				
		ddress of the firm							
f the	actuary has not fully reflected any regu	ulation or ruling promi	ulgated under th	he statute i	n completing	g this schedu	ıle, check t	he box and se	e

Page	2-	

7:1	Beginning of Yea	ar Carryover and Prefund	ling Balances							
7	Dalama att de la constantia				(a) Carryover balance		ce (b) Prefunding bal			
•	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)							_		
8		et prior year's funding requiremen				0		0		
•		et prior year's furiding requiremen	•							
9					· · · · · · · · · · · · · · · · · · ·					
10	Amount remaining (line 7 minus line 8)							0		
11	Prior year's excess contribution	ons to be added to prefunding bai		to a supplied to		0		U		
••	Prior year's excess contributions to be added to prefunding balance: a Present value of excess contributions (line 38a from prior year)				ria Elec	Marie Marie		Jack Company		
						THE PERSON NAMED IN		0		
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of %						•	0		
	b(2) Interest on line 38b from return									
	c Total available at beginning	g of current plan year to add to p	refunding balance		A A A A A A A A A A A A A A A A A A A	Social				
		to prefunding balance	-							
12 C		e to elections or deemed elections								
		year (line 9 + line 10 + line 11d - I		T						
1.500	7		me 12)		/) —	0		0		
•.	F 4850.		-							
		ntage					14	145.00%		
15 A	djusted funding target attainme	nt percentage					15	145.00%		
16 Prior year's funding percentage for purposes of determining whether carryo er/prending balances may be used to recurrent year's funding requirement								137.00%		
17 If	the current value of the assets	of the plan is less than 70 percen	t of the fun. ing target,	enter such	percentage		17	%		
File	Contributions an	d Liquidity Shortfalls								
		or the plan year by employer(s) ar	nd employees:		700 1.					
	a) Date (b) Amount paid by (c) Amount paid by (a) Date DD-YYYY) employer(s) employers (MM-DD-YY				(b) Amount paid by					
(IVIIVI	employe	er(s) employees	(IMIM-DD-Y	(MM-DD-YYYY) employer(s))	employees			
			Y							
		10								
		X								
							4			
	15 game ** ** 15 game **		Totals ▶	18(b)		0 18	(0)			
19 Di	scounted employer contribution	ns – ee i structions for small plan	Are to distribute		eginning of the v		(6)	0		
	Contributions allocated toward				-					
a Contributions allocated towards up a minimum required contributions from prior years b Contributions made to a pid restrict up adjusted to valuation date							0			
c Contributions allocated award minimum required contribution for current year adjusted to valuation date										
c Contributions allocated wild mirrhum required contribution for current year adjusted to valuation date								O state		
Did the plan have a "funding shortfall" for the prior year?								os V Ns		
le If line 20c is "Vee " years required quested in the line of the country of the line 20c is "Vee " years required quested in the line of the country of the line										
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?										
c If line 20a is "Yes," see instructions and complete the following table as applicable: Liquidity shortfall as of end of quarter of this plan year										
	(1) 1st	(2) 2nd	as or end of quarter of	(3) 3rd						
	• • • • • • • • • • • • • • • • • • •	_/	-	157 010			(+) +01			

, = (1) , = (1)	Assumption	s Used to Determine Fu	nding Target and Targe	et Normal Cost							
21	Discount rate: a Segment rates:	1st segment:	1st segment: 2nd segment		3rd segment:			N/A, full yield curve used			
		4.99%	6.32%		5.99%			3			
								65			
22	Weighted average retirement age						itute				
23	Mortality table(s) (see	instructions) X Prese	cribed - combined	Prescribed - separate	Subs	Siluic				—	
- /=1	Miscellaneo	us Items		0.16897 8 1	t t ² - 4		arding roquire				
24	attachment	ade in the non-prescribed actual			-	reg	arding require] 168 1	+	lo -	
25	Has a method change	las a method change been made for the current plan year? If "Yes," see instructions regarding required attach						Yes	<u> </u>	lo	
26						ť		Yes	X N	10	
27	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required trace ent										
		on of Unpaid Minimum									
28		red contributions for all prior yea			28					0	
29	Discounted employer of	d employer contributions allocated toward unpaid minimum required contributions from rior years					0				
30		unpaid minimum required contrib			30		0				
13 *	Minimum Re	equired Contribution Fo	r Current Year								
31		excess assets (see instructions									
		al cost (line 6)					0				
		applicable, but not greater than line 31a									
32	Amortization installmen	O			alance Installment						
		N. J. J. Well are adjusting in stellar out									
	b Waiver amortization	n installment									
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month Day Year) and the vaived amount				33						
34	Total funding requirement	ent before reflecting carryover/p	refunding a lances (lines 31a	- 31b + 32a + 32b - 33)	34					0	
	Total funding requirement before reflecting carryover/prefur ling b lances (lines 31a - 31b + 32a + 32b - 33) Cryover balance Prefunding balance				nce		Total	balance	•		
35	Balances elected for us	alances elected for use to offset funding									
					ı <u>.</u>	<u> </u>			 	0	
36	Additional cash requirement (line 34 minus IL + 85)				36	_				_0	
37	(line 19c)	Contributions allocated toward minimum received phribution for current year adjusted to valuation date (line 19c)								0	
38		s contributions for current, ear			38a			_	-		
		al (excess, if any, of line 37 over line 6)								_0	
		tion included in line 38a attaibute. The use of prefunding and funding standard carryover balances				_					
39		aid minimum required contribution or current year (excess, if any, of line 36 over line 37)								0	
40	Unpaid minimum required shributions for all years							-		0	
(¥10)	Pension Fu	nding Kelief Under Pens	sion Relief Act of 2010	See Instructions)							
41	If an election was mad	If an election was made to use PRA 2010 funding relief for this plan:									
	a Schedule elected	Schedule elected					2 plus 7 yea	rs 📙	15 yea	ιΓS	
	b Eligible plan year(s) for which the election in line 41	la was made		2	2008	2009	2010	20)11	
42	Amount of acceleration	mount of acceleration adjustment									
13		seleration amount to be carried o			43						

Safa Construction Corp. Defined Benefit Plan Schedule SB, line 22 - Description of Weighted Average Retirement Age Plan Name: Safa Construction Corp. Defined Benefit Plan

The weighted average retirement age of 65 is the average of the assumed retirement ages for all active participants as of the valuation date rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

Safa Construction Corp. Defined Benefit Plan

VALUATION AS OF 01/01/2014

Summary of Plan Provisions

Plan Effective Date January 1, 2008

Plan Anniversary Date January 1, 2014

Participation Eligibility Minimum age: 21 and

Minimum months of service: 12

Plan Entry Date 01/01 or 07/01 coincident with or following the satisfaction of the

requirements

Normal Retirement Date First day of the month coincident with or following age 65 and the

completion of 5 years of participation

Not to exceed the later of age 65 and 5 years of participation

Normal Form of Benefit Single Life Annuity

(Qualified Joint and Survivor annuity is the required standard option)

Normal Retirement Benefit Benefit reduced before offset by 1/0 for each year of service less than 0

Maximum total years of service: 25

Maximum years of past service: 5

Minimum benefit: \$833.00 per month

IRC415 maximum annual benefit: \$210,000

Actuarially adjusted under IRC415(b) for benefit

commencement age and benefit form Benefit limited to 100% of compensation

Minimum benefit: 2% of compensation per year of topheavy plan service

up to 10 (actuarially adjusted for benefit form)

Compensation Definition Highest consecutive 3 year average salary over all service

Annual salary up to \$260,000 considered

Pre-Retirement Death Benefit Lump sum payable on death of participant

Benefit Amount 100 times the normal retirement benefit

Minimum death benefit: \$2,000.00

Vested Retirement Benefit Vesting Schedule:

20% a year after 3 years(100% after 7 years)

Exclude service before effective date

Computation Period: Elapsed Time Method

Based on periods of service rounded to nearest year

Accrued Retirement Benefit Pro-rated on service

Maximum number of years of past credited benefit accrual service is 5