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)

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 calend									
	lar plan year 2014 or	fiscal plan year beginning 01/01/	2014	and ending 12/	31/2014				
A This re	turn/report is for:	a single-employer plan		r plan (not multiemployer) (ployer information in accord					
		a one-participant plan	a foreign plan	a foreign plan					
B This ret	urn/report is	the first return/report	the final return/repo	rt					
		an amended return/report	a short plan year re	turn/report (less than 12 mo	onths)				
C Check	box if filing under:	X Form 5558	automatic extension	า	DFVC pro	gram			
		special extension (enter des	cription)						
Part II	Basic Plan In	formation—enter all requested i	nformation						
1a Name					1b Three-digit				
MEYER & A	ASSOCIATES LLC 4	01(K) PLAN			plan number				
					(PN) •	001			
					1c Effective date 04	e of plan ./20/2009			
		address; include room or suite num ETING COMMUN ICATIONS LLC	ber (employer, if for a sing	lle-employer plan)	' '	entification Number -4117202			
500 DDO 4 D	14/42/				2c Sponsor's te	lephone number			
588 BROAD' SUITE 1006									
NEW YORK,	, NY 10012				2d Business code (see instructions) 541910				
3a Plan a	administrator's name	and address XSame as Plan Spo	nsor.		3b Administrato	r's EIN			
					0	r's telephone number			
4 If the	name and/or EIN of	the plan sponsor has changed sinc	e the last return/report file	d for this plan, enter the	4b EIN				
		number from the last return/report.							
	sor's name				4				
_	number of participar	the set that have been been able to be a first or a con-			4c PN				
b Total		nts at the beginning of the plan year			5a				
		nts at the end of the plan year			1				
C Numb	per of participants witlete this item)	nts at the end of the plan yearth account balances as of the end o	of the plan year (defined be	enefit plans do not	5a	11			
C Numb	per of participants witlete this item)	nts at the end of the plan yearth account balances as of the end of	of the plan year (defined be	enefit plans do not	5a 5b	11			
C Numb compl d(1) Tot	per of participants with lete this item)tal number of active	nts at the end of the plan yearth account balances as of the end o	of the plan year (defined be	enefit plans do not	5a 5b 5c 5d(1)	11 11 9			
c Numb compl d(1) Tot d(2) Tot e Numbe	per of participants with lete this item)	th account balances as of the end of the plan year	of the plan year (defined be plan year eare	enefit plans do not	5a 5b 5c	11 11 9			
c Number completed (1) Total d(2) Total e Number less the	per of participants with lete this item)	th account balances as of the end of the beginning of the participants at the beginning of the participants at the end of the plan y	of the plan year (defined be plan yeareareareareplan year with accrued be	enefit plans do not	5a 5b 5c 5d(1) 5d(2) 5e	11 11 9			
c Number complete d(1) Tote d(2) Tote e Number less the Caution: A	per of participants with lete this item)	th account balances as of the end of the plan year	of the plan year (defined be plan yearplan yeareplan year with accrued be plan year will be assesse	enefit plans do not enefits that were ed unless reasonable cau	5a 5b 5c 5d(1) 5d(2) 5e see is established.	11 11 9 9			
c Number complete (1) Total (2) Total e Number less the Caution: A Under pen SB or Sche	per of participants with lete this item)	the account balances as of the end of the plan year	plan year (defined be plan year	enefit plans do not enefits that were ed unless reasonable cau	5a 5b 5c 5d(1) 5d(2) 5e se is established. Fort, including, if approximately	11 11 9 9 0 plicable, a Schedule			
c Number complete d(1) Total d(2) Total e Number less the Caution: A Under pense SB or Schebelief, it is	per of participants with lete this item)	the account balances as of the end of the participants at the beginning of the participants at the end of the plan yet terminated employment during the other penalties set forth in the instrand signed by an enrolled actuary emplete.	plan year (defined be plan yeare plan year with accrued be plan year will be assessed uctions, I declare that I hard as well as the electronic versions.	enefit plans do not enefits that were ed unless reasonable cau we examined this return/report	5a 5b 5c 5d(1) 5d(2) 5e se is established. Fort, including, if approximately	11 11 9 9 0 plicable, a Schedule			
c Number complete d(1) Total d(2) Total e Number less the Caution: A Under pens SB or Schebelief, it is	per of participants with lete this item)	the account balances as of the end of the plan year	plan year (defined be plan year	enefit plans do not enefits that were ed unless reasonable cau we examined this return/report version of this return/report	5a 5b 5c 5d(1) 5d(2) 5e see is established. Fort, including, if apple, and to the best of	11 11 9 9 9 9 9 9 9 9 9 9 9			
c Number complete d(1) Total d(2) Total e Number less the Caution: A Under pense SB or Schebelief, it is	per of participants with lete this item)	the account balances as of the end of the plan year	plan year (defined be plan yeare plan year with accrued be plan year will be assessed uctions, I declare that I hard as well as the electronic versions.	enefit plans do not enefits that were ed unless reasonable cau we examined this return/report	5a 5b 5c 5d(1) 5d(2) 5e see is established. Fort, including, if apple, and to the best of	11 11 9 9 9 9 9 9 9 9 9 9 9			
c Number complete (1) Total (2) Total (2) Total (2) Total (2) Total (3) Total (4) Tota	per of participants with lete this item)	the account balances as of the end of the plan year	plan year (defined be plan year	enefit plans do not enefits that were ed unless reasonable cau we examined this return/report version of this return/report	5a 5b 5c 5d(1) 5d(2) 5e see is established. Fort, including, if apple, and to the best of	111 111 9 9 9 10 10 10 10 10 10 10 10 10 10 10 10 10			
C Number complete (1) Total (2) Tota	per of participants with lete this item)	the account balances as of the end of the 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 instrand signed by an enrolled actuary mplete. The administrator bloyer/plan sponsor	plan year (defined be plan yeareplan year with accrued be plan year with accrued be plan year will be assessed uctions, I declare that I have as well as the electronic will be plan year	enefit plans do not enefits that were enefits that were energy examined this return/report EDWARD HOEY Enter name of individu	5a 5b 5c 5d(1) 5d(2) 5e see is established. Fort, including, if apply, and to the best of	111 111 11 11 11 11 11 11 11 11 11 11 1			
C Number complete (1) Total (2) Tota	per of participants with lete this item)	the act the end of the plan year	plan year (defined be plan yeareplan year with accrued be plan year with accrued be plan year will be assessed uctions, I declare that I have as well as the electronic will be plan year	enefit plans do not enefits that were enefits that were energy examined this return/report EDWARD HOEY Enter name of individu	5a 5b 5c 5d(1) 5d(2) 5e see is established. Fort, including, if apply, and to the best of	111 111 9 9 10 10 11 11 11 11 11 11 11 11 11 11 11			
C Number complete (1) Total (2) Tota	per of participants with lete this item)	the account balances as of the end of the 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 instrand signed by an enrolled actuary mplete. The administrator bloyer/plan sponsor	plan year (defined be plan yeareplan year with accrued be plan year with accrued be plan year will be assessed uctions, I declare that I have as well as the electronic will be plan year	enefit plans do not enefits that were enefits that were energy examined this return/report EDWARD HOEY Enter name of individu	5a 5b 5c 5d(1) 5d(2) 5e see is established. Fort, including, if apply, and to the best of	my knowledge and administrator oyer or plan sponsor			
C Number complete (1) Total (2) Tota	per of participants with lete this item)	the account balances as of the end of the 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 instrand signed by an enrolled actuary mplete. The administrator bloyer/plan sponsor	plan year (defined be plan yeareplan year with accrued be plan year with accrued be plan year will be assessed uctions, I declare that I have as well as the electronic will be plan year	enefit plans do not enefits that were enefits that were energy examined this return/report EDWARD HOEY Enter name of individu	5a 5b 5c 5d(1) 5d(2) 5e see is established. Fort, including, if apply, and to the best of	111 111 11 11 11 11 11 11 11 11 11 11 1			

	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 cunder 29 CFR 2520.104-46? (See instructions on waiver eligibility a f you answered "No" to either line 6a or line 6b, the plan cannot with the plan cannot will be a first large to the plan cannot will be a first large to the plan cannot will be a first large.	an indepe and condit ot use Fo	ndent qualified public accounta tions.) orm 5500-SF and must instead	int (IQ d use	PA) Form	5500.		XY	es	No No
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA section 40)21)?		Yes	No _	Not de	termine	эа
Par					-					
	Plan Assets and Liabilities		(a) Beginning of Yea		-		(b) End			
	Fotal plan assets	7a	12062		-			125	1519	
	Total plan liabilities	7b	12060	0				105	0 51519	
	Net plan assets (subtract line 7b from line 7a)	7c	12062	221					1519	
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) 1	otal		
	Contributions received or receivable from: 1) Employers	8a(1)		0						
	2) Participants	8a(2)	465	534						
	3) Others (including rollovers)	8a(3)		0						
	Other income (loss)	8b	484	166						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						9	5000	
	Benefits paid (including direct rollovers and insurance premiums									
t	o provide benefits)	8d	497							
_ e (Certain deemed and/or corrective distributions (see instructions)	8e		0						
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f		0						
g (Other expenses	8g		0						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							9708	
<u>i</u> !	Net income (loss) (subtract line 8h from line 8c)	8i						4	5292	
<u>j</u> .	Transfers to (from) the plan (see instructions)	8j		0						
Part 9a	IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension to	feature co	odes from the List of Plan Chara	acteris	stic Co	des in	the instruc	tions:		
	2E 2A 2G 2J 3B 2T									
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature coo	les from the List of Plan Charac	cterist	ic Coc	les in t	he instruct	ons:		
Part	V Compliance Questions									
10	·				Yes	No		A ma a		
	During the plan year: Was there a failure to transmit to the plan any participant contribut	tions withi	n the time period described in		103	140		Amour		
u	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				40	0000
d	Did the plan have a loss, whether or not reimbursed by the plan's					.,				
е	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth			10d		X				
	insurance service, or other organization that provides some or all (instructions.)	of the ber	efits under the plan? (See	10e		X				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year	end.)	10g		Χ				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 \times			10i						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirements 500) and line 11a below)							Y	es X	No
11a	Enter the unpaid minimum required contribution for current year from	om Sched	dule SB (Form 5500) line 39			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?	Y	es X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,				-					·
а	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	-			, and e	enter th Day		he lettei Year _	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 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 calenda			1			
	ar plan year 2014 or fi	iscal plan year beginning	01/01/2014	and ending	12/31/2	014
A This ret	urn/report is for:	☑ a single-employer plan		plan (not multiemployer) oyer information in accord		
		a one-participant plan	a foreign plan			
B This retu	urn/report is	the first return/report	the final return/repor	t		
		an amended return/report	=	urn/report (less than 12 m	nonths)	
C Check b	ox if filing under:	∑ Form 5558	automatic extension		☐ DFVC pro	gram
		special extension (enter desc	cription)			
Part II	Basic Plan Info	ormation—enter all requested in	nformation			
1a Name					1b Three-digit	
		**			plan number	
MEYER (& ASSOCIATES	LLC 401(K) PLAN			(PN)	001
					1c Effective date 04/20/20	
		ddress; include room or suite numb	per (employer, if for a singl	e-employer plan)	2b Employer Ide	ntification Number
		MARKETING COMMUN			(EIN) 13-41	
ICATION	NS LLC				2c Sponsor's tel	ephone number
EGG DD	O 7 DET 7 1/				(212) 96	
588 BRO					Walter Committee	e (see instructions)
NEW YOU	RK			10012	541910	
3a Plan ad	dministrator's name a	nd address Same as Plan Spon	nsor.		3b Administrator	's EIN
1, 21, 21,					3c Administrator	's telephone number
		ne plan sponsor has changed since	e the last return/report filed	for this plan, enter the	4b EIN	
name,		ne plan sponsor has changed since Imber from the last return/report.	e the last return/report filed	for this plan, enter the	4b EIN 4c PN	
name, a Spon	, EIN, and the plan nu sor's name				4c PN	12
name, a Spon 5a Total r	, EIN, and the plan nu sor's name number of participants	imber from the last return/report.			4c PN 5a	12
name, a Spon 5a Total r b Total r c Number	, EIN, and the plan nu sor's name number of participants number of participants er of participants with	s at the beginning of the plan year at the end of the plan year account balances as of the end of	f the plan year (defined be	nefit plans do not	4c PN 5a	11
name, a Spon 5a Total r b Total r c Number	EIN, and the plan number of participants number of participants on the participants of participants with the tethis item)	imber from the last return/report. s at the beginning of the plan year s at the end of the plan year	f the plan year (defined be	nefit plans do not	4c PN 5a 5b	
a Spon 5a Total r b Total r c Number completed (1) Total	EIN, and the plan nurser's name number of participants number of participants er of participants with ete this item)	s at the beginning of the plan year s at the end of the plan year account balances as of the end o	f the plan year (defined be	nefit plans do not	4c PN 5a 5b 5c	11
name, a Spon 5a Total r b Total r c Number complet d(1) Total e Number	EIN, and the plan number of participants number of participants er of participants with ete this item)	s at the beginning of the plan year s at the end of the plan year	f the plan year (defined be blan year earplan year with accrued be	nefit plans do not	4c PN 5a 5b 5c 5d(1)	11 11 9
name, a Spon 5a Total r b Total r c Numbe comple d(1) Tota d(2) Tota e Numbe less the	EIN, and the plan nursor's name number of participants er of participants with ete this item)	anticipants at the end of the plan year articipants at the end of the plan year	f the plan year (defined be plan year ear plan year with accrued be	nefit plans do not	4c PN 5a 5b 5c 5d(1) 5d(2) 5e	11 11 9 9
name, a Spon 5a Total r b Total r c Numbe comple d(1) Tota d(2) Tota e Numbe less the Caution: A Under pena	EIN, and the plan nursor's name number of participants number of participants er of participants with ete this item)	ant the beginning of the plan year is at the end of the plan year	olan year (defined be plan year plan year with accrued be rn/report will be assesse	nefit plans do not nefits that were d unless reasonable cau	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if app	11 11 9 9 0 Dicable, a Schedule
name, a Spon 5a Total r b Total r c Numbe comple d(1) Tota d(2) Tota e Numbe less the Caution: A Under pena	EIN, and the plan number of participants number of participants er of participants with ete this item)	ant the beginning of the plan year is at the end of the plan year	olan year (defined be plan year plan year with accrued be rn/report will be assesse	nefit plans do not nefits that were d unless reasonable cau e examined this return/re ersion of this return/repor	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if app	11 11 9 9 0 Dicable, a Schedule
name, a Spon 5a Total r b Total r c Number complet d(1) Total d(2) Total e Number less the Caution: A Under pena SB or Sche belief, it is t	EIN, and the plan nursor's name number of participants number of participants er of participants with ete this item)	ant the beginning of the plan year is at the end of the plan year	olan year (defined be	nefit plans do not nefits that were d unless reasonable cau e examined this return/re ersion of this return/report	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if appt, and to the best of the set of the	11 11 9 9 Olicable, a Schedule my knowledge and
name, a Spon 5a Total r b Total r c Number completed(1) Total d(2) Total e Number less the Caution: A Under pena SB or Sche belief, it is t SIGN HERE	EIN, and the plan number of participants number of participants er of participants with ete this item)	ant the beginning of the plan year is at the end of the plan year	olan year (defined be	nefit plans do not nefits that were d unless reasonable cau e examined this return/re ersion of this return/repor	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if appt, and to the best of the set of the	11 11 9 9 Olicable, a Schedule my knowledge and
name, a Spon 5a Total r b Total r c Number completed (1) Total d(2) Total e Number less the Caution: A Under penas B or Schebelief, it is total SIGN HERE	EIN, and the plan nursor's name number of participants number of participants er of participants with ete this item)	ant the beginning of the plan year is at the end of the plan year	olan year (defined be	nefit plans do not nefits that were d unless reasonable cau e examined this return/re ersion of this return/report	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if appt, and to the best of the set of the	11 11 9 9 0 olicable, a Schedule my knowledge and
name, a Spon 5a Total r b Total r c Number completed (1) Total d(2) Total e Number less the Caution: A Under penas SB or Scheet belief, it is the SIGN HERE	EIN, and the plan nursor's name number of participants er of participants with ete this item)	ant the beginning of the plan year is at the end of the plan year	olan year (defined become ar	nefit plans do not nefits that were d unless reasonable cau e examined this return/re ersion of this return/report EDWARD HOEY Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if app t, and to the best of live and signing as plan and live and signing as employed.	11 11 9 9 0licable, a Schedule my knowledge and

	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 a under 29 CFR 2520.104-46? (See instructions on waiver eligibility at If you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be	an indepen and condit	dent qualified public accounta	nt (IQ	PA)		п., п.,		
C	If the plan is a defined benefit plan, is it covered under the PBGC in						☐ No ☐ Not determined		
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year		
а	Total plan assets	7a	1,206		7		1,251,519		
b	Total plan liabilities	7b			0		0		
	Net plan assets (subtract line 7b from line 7a)	7c	1,206	5,22	7		1,251,519		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
а	Contributions received or receivable from:								
	(1) Employers	8a(1)			- 				
	(2) Participants	8a(2)	4 6	5,53	\neg				
	(3) Others (including rollovers)	8a(3)			<u> </u>		<u></u>		
	Other income (loss)	8b	48	3,46	6				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			+		95,000		
u	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	4.9	70	8				
е	Certain deemed and/or corrective distributions (see instructions)	8e		,	0				
	Administrative service providers (salaries, fees, commissions)	*		0		-			
	Other expenses.	8g			0				
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			1		49,708		
i	Net income (loss) (subtract line 8h from line 8c)	8i	· · · · · · - ·				45,292		
i	Transfers to (from) the plan (see instructions)	8i			0				
Pa	rt IV Plan Characteristics	<u> </u>			<u> </u>				
9a	If the plan provides pension benefits, enter the applicable pension 2E 2A 2G 2J 3B 2T	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cterist	ic Cod	es in th	ne instructions:		
Par	t V Compliance Questions								
10	During the plan year:		· · · · · · · · · · · · · · · · · · ·		Yes	No	Amount		
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Corr	ection Program)	10a		Х			
k	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х			
•	Was the plan covered by a fidelity bond?		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10c	Х		40,000		
C	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					Х			
•	 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		х			
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х			
(Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х			
	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instru	ictions and 29 CFR	10h		Х	— 1		
	2020.101-0.)		1 42 711		 	^			

f	Administrative service providers (salaries, fees, commissions) 8f				0		-		
g	Other expenses	8g			0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						49,7	08
i	Net income (loss) (subtract line 8h from line 8c)	8i						45,2	92
j	Transfers to (from) the plan (see instructions)								
Par	art IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2A 2G 2J 3B 2T								
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:								
Part	V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Con	ection Program)	10a		х			
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)								
C	C Was the plan covered by a fidelity bond?							40,C	000
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?								
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	efits under the plan? (See	10e		Х			
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year o	end.)	10g		Х			
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		Х			
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)							Yes X	No
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	lule SB (Form 5500) line 39			11a			
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	e or se	ection	302 of	ERISA?	Yes X	VО
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applic	able.)						
a	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.				, and e	enter th Day		he letter ruli ng Year	
				•					

7

Form 5500-SF 2014		Page 3 -		_		
If you completed line 12a, com	plete lines 3, 9, and 10 of Schedule MB (For	m 5500), and s	skip to line 13.			
b Enter the minimum required o	ontribution for this plan year			12b		
c Enter the amount contributed	by the employer to the plan for this plan year .	***************************************		12c		
	c from the amount in line 12b. Enter the result			12d		
e Will the minimum funding amo	ount reported on line 12d be met by the funding	g deadline?	***************************************		Yes	No N/A
Part VII Plan Termination	s and Transfers of Assets					
13a Has a resolution to terminate th	ne plan been adopted in any plan year?			🔲 ,	Yes X No	,
If "Yes," enter the amount of a	any plan assets that reverted to the employer the	his year		13a		
	buted to participants or beneficiaries, transferr			ne control		Yes X No
	ssets or liabilities were transferred from this pla e transferred. (See instructions.)	an to another pl	lan(s), identify the plan(s) to		
13c(1) Name of plan(s):				13c(2) E	IN(s)	13c(3) PN(s)
Part VIII Trust Information	(optional)		_			·
14a Name of trust		•		14b T	rust's EIN	

•