## 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.

1210-0089

OMB Nos. 1210-0110

2014

This Form is Open to Public Inspection

Part I	Annual Repor	t identification information	n			
For calend	lar plan year 2014 or	fiscal plan year beginning 01/01/	2014	and ending 12	2/31/2014	
A This re	eturn/report is for:	X a single-employer plan		plan (not multiemployer) loyer information in accor		
		a one-participant plan	a foreign plan			
<b>B</b> This ret	urn/report is	the first return/report	the final return/report	t		
		an amended return/report	a short plan year ret	urn/report (less than 12 m	nonths)	
C Check	box if filing under:	X Form 5558	automatic extension		DFVC pr	ogram
		special extension (enter des	cription)			
Part II	Basic Plan Inf	ormation—enter all requested i	nformation			
1a Name	•				1b Three-digit	
JONES, HIF	RSCH, CONNORS &	BULL P.C. 401K PLAN			plan numbe (PN) ▶	er 002
					1c Effective da	
						1/01/2004
	sponsor's name and a SCH CONNORS & B	address; include room or suite num ULL P.C.	ber (employer, if for a singl	e-employer plan)		lentification Number 3-3926796
C/O JAMES						elephone number 2-527-1333
YONKERS, I	WER DRIVE NY 10710					ode (see instructions)
						41110
3a Plan a	administrator's name	and address XSame as Plan Spo	nsor.		<b>3b</b> Administrate	or's EIN
					3c Administrate	or's telephone number
						•
4						
		he plan sponsor has changed since umber from the last return/report.	e the last return/report filed	for this plan, enter the	4b EIN	_
	sor's name	a			4c PN	
<b>5a</b> Total	number of participan	ts at the beginning of the plan year			5a	84
<b>b</b> Total	number of participan	ts at the end of the plan year			5b	55
		h account balances as of the end o	f the plan year (defined be	•	5c	5
<b>d(1)</b> Tot	tal number of active p	participants at the beginning of the	olan year		5d(1)	55
<b>d(2)</b> Tot	tal number of active p	participants at the end of the plan y	ear		5d(2)	1
<b>e</b> Numbe	er of participants that	terminated employment during the	plan year with accrued be	nefits that were	5e	0
		e or incomplete filing of this retu			uaa ia aatabliahad	
		other penalties set forth in the instr				
SB or Scho	edule MB completed	and signed by an enrolled actuary,				
	true, correct, and cor	npiete. d/valid electronic signature.	09/01/2015	MARY KIRNON		
SIGN HERE			Date			
	Signature of plan	administrator	lual signing as plan	administrator		
SIGN						
HERE		loyer/plan sponsor	Date			loyer or plan sponsor
Preparer's	name (including firm	name, if applicable) and address (	include room or suite numl	per ) (optional)	Preparer's teleph	one number (optional)
					1	

	Form 5500-SF 2014		Page <b>2</b>						
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 indeper and condit	ndent qualified public accounta	nt (IQ	PA)			X Yes X	No No
С	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 No	lot determine	ed.
Par	t III Financial Information	1	<u> </u>						
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End of		
	Total plan assets	7a	57846					501975	
	Total plan liabilities	7b	57846	0	_			501975	
	Net plan assets (subtract line 7b from line 7a)	7c		010			(I-) T-1		
	Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:		(a) Amount				(b) Tot	aı	
	(1) Employers	8a(1)							
	(2) Participants	8a(2)	2238	316					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	2921	90					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						516006	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	57933	801					
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f	54	100					
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						5798701	
	Net income (loss) (subtract line 8h from line 8c)	8i						-5282695	
j	Transfers to (from) the plan (see instructions)	8j							
Par 9a	t IV Plan Characteristics  If the plan provides pension benefits, enter the applicable pension								
Part		eature cod	les from the List of Plan Charad	cterist			he instruction	S:	
10	During the plan year:	C 20-1	and the control of the control of the		Yes	No	Α	mount	
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	iciary Cor	rection Program)	10a		X			
	on line 10a.)			10b		Χ			
C	Was the plan covered by a fidelity bond?			10c	X			5000	000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X			
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e	X			86	649
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 a	s of year e	end.)	10g	X				0
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	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Yes	No
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	lule SB (Form 5500) line 39			11a	<u> </u>	_	
12	Is this a defined contribution plan subject to the minimum funding	requireme	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,		·				<u> </u>		
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter th Day		letter ruling ear	_

	Form 5500-SF 2014 Page <b>3</b> - 1				
lf :	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 a minus sign to the left of a 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?	X	Yes N	10	
	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 under the PBGC?	e control		Yes	x No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	s) to			
1	3c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3	B) PN(s)
			_		

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Depertment of Lebor 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 5600-SF.

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

	identification information					
For calendar plan year 2014 or f		01/01/2014	and ending	12/31/201		
A This return/report is for:	X a single-employer plan	a multiple-employer pla of participating employe				
	a one-participant plan	a foreign plan			•	
B This return/report is	the first return/report	the final return/report				
	an amended return/report	a short plan year return	report (less than 12 m	onths)		
C Check box if filing under:	X Form 5558	automatic extension		DFVC progr	am	
	special extension (enter desc	ription)				
Part II Basic Plan Info	ormation—enter all requested in	formation				
1a Name of plan		•		1b Three-digit		
JONES, HIRSCH, CONN		plan number (PN) ▶	002			
		1c Effective date of plan 01/01/2004				
2a Plan sponsor's name and a JONES HIRSCH CONNOR	2b Employer Iden (EIN) 13-39					
c/o James Connors	tp			2c Sponsor's tele		
85 Mayflower Drive				212-527-3		
	NY 10710			2d Business code 541110	(see instructions)	
Yonkers	NY 10710 and address XSame as Plan Spor			3b Administrator's	s EIN	
Oa Field administrator a france	<u> </u>				s telephone number	
4 If the name and/or EIN of the name, EIN, and the plan in	the plan sponsor has changed sinc number from the last return/report.	e the last return/report filed fo	or this plan, enter the	4b EIN 4c PN		
a Sponsor's name			<u> </u>	<del></del>	84	
5a Total number of participan	its at the beginning of the plan year	***************************************	**************************************	5a		
b Total number of participan	its at the end of the plan year			5b		
complete this (tern)	th account balances as of the end o		***************************************	5c -	5	
d(1) Total number of active	participants at the beginning of the	plan year		5d(1)	55	
d(2) Total number of active	participants at the end of the plan	/ear		5d(2)	1	
e Number of participants tha	t terminated employment during the	e plan year with accrued ben	efits that were	5e	0	
	te or incomplete filing of this ret	and the second second	uniona responsible de	ause is established.		
Caution: A penalty for the late	te or incomplete filing of this retr other penalties set forth in the inst t and signed by an enrolled actuary	ructions, I declare that I have , as well as the electronic ve	examined this return/reportsion of this return/repo	report, including, if apport, and to the best of	olicable, a Schedule my knowledge and	
belief, it is true, correct, and co	omplete.	911115	Mary Kirnon			
SIGN ///pu//\_	<del></del>	<del> </del>	Enter name of indiv	ridual signing as plan	administrator	
HÈRE Signature of pla	n administrator	Date	Citter name or itoly	reaction and an even		
SIGN			<del> </del>		aver et plan anancer	
HERE	ployer/plan sponsor	Date	Enter name of indiv	idual signing as empl	over or plan sponsor one number (optional)	
Preparer's name (including fir	m name, if applicable) and address	s (include room or suite numb	er) (opuona)	T TOPALO S CONTY		
					garan garan garan da	
					Carra 5500-SF (7014)	

Page 2
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Form	5500	-SF	20	14
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_	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 walver eligibility at the your answered "No" to either line 6a or line 6b, the plan cannot be a present the plan be a plan be a present the plan be a plan be a present the plan be a p	an indepen and conditi	dent qualified public accountant	(IQP	A)		-		No No
C	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	ogram (see ERISA section 402	1)?	🗌	Yes [	No No	t determine	đ
Pa	rt-III. Financial Information								
7	Plan Assets and Liabilities	M. South	(a) Beginning of Year				(b) End of	/ear	
a	Total plan assets	7a	578 <sub>-</sub>	467C	}			5019	975
b	Total plan liabilities	7b		C	)		1		
C	Net plan assets (subtract line 7b from line 7a)	7¢	578	4670	)			5019	975
8	Income, Expenses, and Transfers for this Plan Year	v Nej s	(a) Amount				(b) Tota	1	
а	Contributions received or receivable from: (1) Employers	8a(1)				ang pagaga			23 - 25 <u>2021 - 22</u>
	(2) Participants	8a(2)	22	3816	5 - 1.5	<u> </u>	. V.	<u> </u>	2000 X
	(3) Others (including rollovers)	8a(3)			·**:	<u> </u>	1.	1,000	
b	Other income (loss)	8b		2190	) <u>- 3 57 5</u>			: : " . <u> </u>	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			<u> </u>			516	006
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	579	330	L	y v	*	- 11 (1) (1) (1) (1) (1) (1) (1) (1) (1)	· · · · ·
e	Certain deemed and/or corrective distributions (see instructions)	8e			1				:
f	Administrative service providers (salaries, fees, commissions)	8f		540(	-			ige (d. 18 Or Garage	<del></del>
g	Other expenses	8g_					<u> - 172 12</u>		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h_		25.4	1			5798	
ī	Net income (loss) (subtract line 8h from line 8c)	. 8i _	April 1 may 1 miles		1. 58		-1,1 , 1 <del>11</del>	-5282	695
j	Transfers to (from) the plan (see instructions)	· 8j			6:	14.65	pi .	rest Visi	
ь		feature cod	les from the List of Plan Charac	teristic	Code	es in th	e instruction	s: 	<del></del>
	rt V Compliance Questions	<del></del> -			Yes	No	А	mount	
10	During the plan year:  Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidelic Contribution)	utions with	in the time period described in rection Program)	10a		Х			
_	b Were there any nonexempt transactions with any party-in-interes on line 10a.)	st? (Do not	include transactions reported	10b		х			
_	C Was the plan covered by a fidelity bond?			10c	x			500	3000
-	d Did the plan have a loss, whether or not reimbursed by the plan or dishonesty?	s fidelity b	ond, that was caused by fraud	10d		х			
	Were any fees or commissions paid to any brokers, agents, or o insurance service, or other organization that provides some or a instructions.)	ther perso Il of the be	ns by an insurance camer, nefits under the plan? (See	10e	х				8649
	s	lan?		10f		Х			
_				10g	х				0
_	g Did the plan have any participant loans? (If "Yes," enter amount	2 /See inc	nuctions and 29 CFR	109		$\vdash$	N 13 3		<del></del>
_	h If this is an individual account plan, was there a blackout period 2520.101-3.)			10h	X	-	127		
	i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1	101-3	90 Hotoc of Sile Sile Sile	10ì	Х	<u> </u>			<u> </u>
P	art VI Pension Funding Compliance		ting the second core	nnleté	Sche	dule S	B (Form		
1	EEOO line 11= helow)	<u></u>			$\overline{}$	_		Yes	No
1	*	r from Sch	egale 28 (Form 2200) ilide 28		,,,	110		Yes	X No
	2 Is this a defined contribution plan subject to the minimum fund.	Ing require	ments of section 412 or the Coc	e or s	ector	1 302 0	I LINDA!]	1 - 1	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e beld	ow, as app reing amor	licable.) tized in this plan year, see instri	uction				e letter rulin Year	ıg
	a If a waiver of the minimum funding standard for a prior year of granting the waiver.								

	Form 5500-SF 2014 Page 3 -						
lf y	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	12t	,				
c	Enter the amount contributed by the employer to the plan for this plan year	120	:				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	120					
8	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Ш	Yes	3	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?	X	Υ	es 🗌	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a					0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?					Ye	s X No
c	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to					
	I3c(1) Name of plan(s):	3c(2)	Εll	N(s)		13c(	3) PN(s)
Parl	Viii Trust Information (optional)						
14a	Name of trust	145	Tr	rusťa E	IN		