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

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

Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2014

This Form is Open to Public Inspection

Part I		rt Identification Information							
For calend	lar plan year 2014 or	fiscal plan year beginning 01/01/2	01 <u>4</u>	and ending 12/	/31/2014				
A This re	turn/report is for:	X a single-employer plan		olan (not multiemployer) (oyer information in accord					
	•	a one-participant plan	a foreign plan	•		,			
B This ret	urn/report is	the first return/report	the final return/report	ort					
	•	an amended return/report	a short plan year retur	rn/report (less than 12 m	onths)				
					. П этио				
C Check	box if filing under:	X Form 5558	automatic extension		☐ DFVC pr	ogram			
		special extension (enter descri	ription)						
Part II	Basic Plan Inf	formation—enter all requested in	formation						
1a Name					1b Three-digit				
KARLIN PIN	MSLER, INC. PROFI	T SHARING PLAN			plan numbe (PN) ▶	o01			
					1c Effective da				
				1/01/1996					
2a Plan s	ponsor's name and	-employer plan)	2b Employer Id	entification Number					
KARLIN PIM	ISLER, INC.				(=,	3-3839484			
						elephone number 2-779-2111			
NEW YORK	0TH STREET , NY 10016					ode (see instructions)			
					541800				
3a Plan a	administrator's name	and address XSame as Plan Spons	sor.		3b Administrator's EIN				
					0				
					3C Administrato	or's telephone number			
4 44					4				
		the plan sponsor has changed since	the last return/report filed f	or this plan, enter the	4b EIN				
name		the plan sponsor has changed since number from the last return/report.	the last return/report filed f	or this plan, enter the	4b EIN 4c PN				
name a Spons	e, EIN, and the plan r sor's name			· 		8			
a Spons 5a Total	e, EIN, and the plan resor's name number of participan	number from the last return/report.			4c PN				
a Spons 5a Total b Total c Numb	e, EIN, and the plan r sor's name number of participan number of participan per of participants wit	number from the last return/report. Its at the beginning of the plan year Its at the end of the plan year It has account balances as of the end of	the plan year (defined ben	efit plans do not	4c PN 5a	2			
a Spons 5a Total b Total c Numb	e, EIN, and the plan resor's name number of participan number of participan per of participants wit lete this item)	number from the last return/report. Its at the beginning of the plan year Its at the end of the plan year It haccount balances as of the end of	the plan year (defined ben	efit plans do not	4c PN 5a 5b 5c	8 2 2			
name a Spons 5a Total b Total c Numb compl d(1) Total	e, EIN, and the plan resor's name number of participan number of participan per of participants wit lete this item)	ts at the beginning of the plan year that at the end of the plan year that account balances as of the end of	the plan year (defined ben	efit plans do not	4c PN 5a 5b 5c 5d(1)	2 2			
name a Spons 5a Total b Total c Numb compl d(1) Tot d(2) Tot	e, EIN, and the plan resor's name number of participan number of participants wit lete this item)	number from the last return/report. Its at the beginning of the plan year Its at the end of the plan year Ith account balances as of the end of Doarticipants at the beginning of the plan year	the plan year (defined ben lan year	efit plans do not	4c PN 5a 5b 5c	2 2			
name a Spons 5a Total b Total c Numb compl d(1) Tot d(2) Tot e Numbe	e, EIN, and the plan resor's name number of participan number of participants wit lete this item) tal number of active per of participants that	ts at the beginning of the plan year that at the beginning of the plan year that at the end of the plan year that account balances as of the end of to participants at the beginning of the plan year terminated employment during the plan year	the plan year (defined bender) lan yearararararau	efit plans do not	4c PN 5a 5b 5c 5d(1)	2 2 2			
name a Spons 5a Total b Total c Number completed (1) Total d(2) Total e Number less the	e, EIN, and the plan resor's name number of participan number of participants wit lete this item)tal number of active participants of active participants that nam 100% vested	ts at the beginning of the plan year that at the end of the plan year that account balances as of the end of the plan year barticipants at the beginning of the plan year coarticipants at the end of the plan year terminated employment during the plan year.	the plan year (defined bendan yearan yearan year with accrued bendan year with accrued year with a year with	efit plans do not	4c PN 5a 5b 5c 5d(1) 5d(2) 5e	2 2 2 0			
name a Spons 5a Total b Total c Number completed (1) Total d(2) Total e Number less the Caution: A Under pen	e, EIN, and the plan resor's name number of participants with lete this item)	ts at the beginning of the plan year that at the beginning of the plan year that at the end of the plan year that account balances as of the end of the plan year terminated employment during the plan year.	the plan year (defined bendan yeararar	efit plans do not efits that were unless reasonable cau	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if ap	2 2 2 2 2 2 0 0 poplicable, a Schedule			
name a Spons 5a Total b Total c Number completed (1) Total d(2) Total e Number less the Caution: A Under pension SB or School	e, EIN, and the plan resor's name number of participants with letter this item)	ts at the beginning of the plan year that at the beginning of the plan year that at the end of the plan year that account balances as of the end of participants at the beginning of the plan year terminated employment during the plan year and signed by an enrolled actuary, a	the plan year (defined bendan yeararar	efit plans do not efits that were unless reasonable cau	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if ap	2 2 2 2 2 2 0 0 poplicable, a Schedule			
name a Spons 5a Total b Total c Number completed (1) Total d(2) Total e Number less the Caution: A Under pen SB or Schebelief, it is	e, EIN, and the plan resor's name number of participants with lete this item)	ts at the beginning of the plan year that at the beginning of the plan year that at the end of the plan year that account balances as of the end of participants at the beginning of the plan year terminated employment during the plan year and signed by an enrolled actuary, a	the plan year (defined bendan yeararar	efit plans do not efits that were unless reasonable cau	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if ap	2 2 2 2 2 2 0 0 poplicable, a Schedule			
name a Spons 5a Total b Total c Number completed (1) Total d(2) Total e Number less the Caution: A Under pension Service belief, it is	e, EIN, and the plan resor's name number of participants with lete this item)	ts at the beginning of the plan year thats at the beginning of the plan year thats at the end of the plan year that account balances as of the end of participants at the beginning of the plan year terminated employment during the plan year.	the plan year (defined ben- lan year ar plan year with accrued ben- m/report will be assessed ctions, I declare that I have as well as the electronic ve	efit plans do not efits that were unless reasonable cau examined this return/report	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if ap and to the best of	2 2 2 2 2 2 0 . oplicable, a Schedule f my knowledge and			
name a Spons 5a Total b Total c Number completed (1) Total d(2) Total e Number less the Caution: A Under pen SB or Schebelief, it is	e, EIN, and the plan resor's name number of participan number of participants witelete this item) tal number of active per of participants that namber of active per of participants that nam 100% vested A penalty for the lateleties of perjury and edule MB completed true, correct, and correct, and correct, and correct per or some period with authorize	ts at the beginning of the plan year thats at the beginning of the plan year thats at the end of the plan year that account balances as of the end of participants at the beginning of the plan year terminated employment during the plan year.	the plan year (defined bendan year	efit plans do not efits that were unless reasonable cau examined this return/reprision of this return/report	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if ap and to the best of	2 2 2 2 2 2 0 . oplicable, a Schedule f my knowledge and			
name a Spons 5a Total b Total c Number completed (1) Total d(2) Total e Number less the Caution: A Under pen SB or Schebelief, it is SIGN HERE	e, EIN, and the plan resor's name number of participan number of participants witelete this item)	ts at the beginning of the plan year that at the end of the plan year that at the beginning of the plan year. The participants at the beginning of the plan year. The participants at the end of the plan year. The properties at the end of the plan year. The properties at the end of the plan year. The properties at the end of the plan year. The properties at the end of the plan year. The properties at the plan year. The properties at the plan	the plan year (defined bendan year	efit plans do not efits that were unless reasonable cau examined this return/report MALCOLM KARLIN Enter name of individe	4c PN 5a 5b 5c 5d(1) 5d(2) 5e see is established port, including, if apt, and to the best of the best	2 2 2 2 2 0 0 2 policable, a Schedule f my knowledge and administrator			
name a Spons 5a Total b Total c Number completed (1) Total d(2) Total e Number less the Caution: A Under pens SB or Schobelief, it is SIGN HERE SIGN HERE	e, EIN, and the plan resor's name number of participan number of participants wite this item)	ts at the beginning of the plan year thats at the beginning of the plan year thats at the end of the plan year that account balances as of the end of participants at the beginning of the plan year terminated employment during the plan year.	the plan year (defined bender of the plan year with accrued bender of the plan year. Op/16/2015	efit plans do not efits that were unless reasonable cau examined this return/report MALCOLM KARLIN Enter name of individe	4c PN 5a 5b 5c 5d(1) 5d(2) 5e see is established port, including, if apt, and to the best of the best	2 2 2 2 2 0 0 2 policable, a Schedule f my knowledge and administrator			
name a Spons 5a Total b Total c Number completed (1) Total d(2) Total e Number less the Caution: A Under pens SB or Schobelief, it is SIGN HERE SIGN HERE	e, EIN, and the plan resor's name number of participan number of participants wite this item)	ts at the beginning of the plan year that at the end of the plan year that at the beginning of the plan year tricipants at the end of the plan year terminated employment during	the plan year (defined bender of the plan year with accrued bender of the plan year. Op/16/2015	efit plans do not efits that were unless reasonable cau examined this return/report MALCOLM KARLIN Enter name of individe	4c PN 5a 5b 5c 5d(1) 5d(2) 5e see is established port, including, if apt, and to the best of the best	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			

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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 at a f you answered "No" to either line 6a or line 6b, the plan cannot with the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to the plan cannot want to be a second to the plan cannot want t	an indepe and condi ot use Fo	ndent qualified public accounta tions.) orm 5500-SF and must instead	nt (IQ	PA) Form	5500.	X Yes [] I	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 determined	t —
Par					-			
	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End of Year	
	Fotal plan assets	7a	10463		-		1080684	
	Fotal plan liabilities	7b	10.463	0				
	Net plan assets (subtract line 7b from line 7a)	7c	10463	96			1080684	
	ncome, 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)	427	7 52				
	Other income (loss)	8b						
C	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					42752	
	Benefits paid (including direct rollovers and insurance premiums		0.4	10.4				
	o provide benefits)	8d	84	164				
	Certain deemed and/or corrective distributions (see instructions)	8e						
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f						
-	Other expenses	8g					0.40.4	
	Fotal expenses (add lines 8d, 8e, 8f, and 8g)	8h					8464	
	Net income (loss) (subtract line 8h from line 8c)	8i					34288	
	Transfers to (from) the plan (see instructions) Plan Characteristics	8j						
b	2A 2E 3D If the plan provides welfare benefits, enter the applicable welfare fe V Compliance Questions	eature cod	les from the List of Plan Charad	cterist	ic Cod	les in t	he instructions:	
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	ıciary Cor	rection Program)	10a		X		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	<u></u>	'	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		Χ		
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 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		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				
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							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? Yes X I	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 being ranting the waiver.	-			, and e	enter th Day		_

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lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to line 13	3.		
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?			Yes 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?		t under 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	the plan(s) to		
1	3c(1) Name of plan(s):		13c(2) E	IN(s)	13c(3) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

To:12124975081

;2127794154

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).

OMB Nes, 1210-0110 1210-0089

2014

This Form is Open to

Ponelon	Benefit Guaranty Corporation	• Complete all entries in	**************************************			Public Inspection
Part I	Annual Report	▶ Complete all entries in : Identification Information	accordance with the insi	tructions to the Form !	5500-\$F.	
For calon	dar plan year 2014 or fis	cal plan year beginning	01/01/2014	and ending	197	/31/2014
	eturn/report is for: turn/report is	a single-employor plan a ono-participant plan the first return/report an amended return/report	a multiple-employer of participating emplor a foreign plan the final return/report	plan (not multlomployer byer information in acco) (Filers chec rdance with t	king this box must attach a list
		an antended return/report	a short plan year retu	rn/report (less than 12 n	nonths)	
C Check	box if filing under:	Form 5558 special extension (enter descri	automatic extension		DF	FVC program
Part II	Basic Plan Infor	mation—enter all requested info	rmation			
1a Name KARLIN	of plan	PROFIT SHARING PLAN	mator		(PN)	number 001
2a Plan s	sponsor's name and add	ress; include room or suite numbe	r (amplayer if for a single			01/1996
115 EA	ST 30TH STREET	NY 10016		-omployer plan)	(EIN) 2c Spon: 212- 2d Busine 5418	byer Identification Number 13-3839484 sor's telephone number 779-2111 ess code (see instructions) 100
a Spons	or's namo	plan sponsor has changed since th ber from the last return/report.			4b EIN 4c PN	
b Tetal	number of participants at	t the beginning of the plan year			5a	8
C Numb comple	er of participants with ac ate this Item)	t the end of the plan yearcount balances as of the end of th	e plan year (dofined bene	fit plans do not	5b 5c	2
d(1) Tota	al number of active partic	cipants at the beginning of the plan	ı year		5d(1)	
d(2) Tota	al number of active pertin	cipants at the end of the plan year.			5d(2)	2
e Numbo	r of participants that term	ninated employment during the pla	in year with accrued hone	fite that were	5e	2
Caution: A Under pena SB or Sche	ponalty for the late or other	Incomplete filing of this return/r r penalties set forth in the instruction signed by an enrolled actions, as	eport will be assessed u	inless reasonable cau	4 4 1 1 1	74 11 1 1
SIGN HERE	July	1. ph		Malcolm Karlir		
SIGN HERE	Signature of plan adm		Date /	Enter name of individu	ial signing as	plan administrator
	Signature of employen ame (including firm name)	r/plan sponsor ne, if applicable) and address (incli	Date ude room or sulte number	Enter name of individu) (optional)	ial signing as Preparer's te	employer or plan sponsor alephone number (optional)

	Form 5500-SF 2014		Page 2				
b c	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 the you answered "No" to either line 6a or line 6b, the plan cannot the plan is a defined benefit plan, is it covered under the PBGC in	an indeper and condit ot use Fo	ndent qualified public accounta ions.)rm 5500-SF and must instead	nt (IQ d use	PA) For m	5500.	
	t III Financial Information		T		ı		
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End of Year
	Total plan assets	7a	104	1639			1080684
b	Total plan liabilities	7b			0		0
	Net plan assets (subtract line 7b from line 7a)	7c	104	1639	6		1080684
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)					
	(3) Others (including rollovers)	8a(3)	4	1275	2		
	Other income (loss)	8b					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					42752
	Benefits paid (including direct rollovers and insurance premiums						
	to provide benefits)	8d		846	4		
	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f					
	Other expenses	8g					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					8464
	Net income (loss) (subtract line 8h from line 8c)	8i					34288
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	des from the List of Plan Chara	acteris	tic Co	des in	the instructions:
b	2A 2E 3D If the plan provides welfare benefits, enter the applicable welfare fe	aturo cod	os from the List of Plan Charac	etoricti	c Cod	oc in th	oo instructions:
	in the plant provides welfare benefits, effect the applicable welfare re	ature cou	es nom the cist of Flan Charac	rensu	c Cou	es III li	ie instructions.
Par	V Compliance Questions						
10	During the plan year:				Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Х	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х	
С	Was the plan covered by a fidelity bond?	<u>-</u>		10c		Х	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	•		10d		Х	
е	Were any fees or commissions paid to any brokers, agents, or oth						

	Autilitistrative service providers (salaries, rees, continussions)	OI								
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							8	464
<u>i</u> _	Net income (loss) (subtract line 8h from line 8c)	8i							34	288
j	Transfers to (from) the plan (see instructions)	8j								
Pa	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension fea	ature co	des from the List of Plan Chara	acteris	stic Co	des in	the instruct	tions:		
	2A 2E 3D									
b	If the plan provides welfare benefits, enter the applicable welfare feat	ture cod	es from the List of Plan Charac	cteristi	ic Cod	es in t	ne instruction	ons:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		A		
	Was there a failure to transmit to the plan any participant contributio	ne withi	n the time period described in		162	NO	 	Amount	τ	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia		•	10a		X				
k	Were there any nonexempt transactions with any party-in-interest? ((Do not	include transactions reported			Х				
	on line 10a.)			10b		21				
	Was the plan covered by a fidelity bond?			10c		X				
C	Did the plan have a loss, whether or not reimbursed by the plan's fid					Х				
	or dishonesty?			10d			 			
•	Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all of					37				
	instructions.)			10e		Х				
f	Has the plan failed to provide any benefit when due under the plan?			10f		Х				
	J Did the plan have any participant loans? (If "Yes," enter amount as o	of year e	end.)	10g		Х				
ŀ	If this is an individual account plan, was there a blackout period? (Se	ee instru	uctions and 29 CFR	Ŭ		Х				
	2520.101-3.)			10h		Λ				
İ	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3			10i						
Dor		J		101						
Par 11	- I	-+-0 (It II	V :tti		C-b	lula CE) /Farra			
	Is this a defined benefit plan subject to minimum funding requiremen 5500) and line 11a below)							Υe	es	No
118	Enter the unpaid minimum required contribution for current year fron					11a				
12	Is this a defined contribution plan subject to the minimum funding re					302 of	ERISA?	Υe	es X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as									
a	If a waiver of the minimum funding standard for a prior year is being			ctions	, and e	enter th	ne date of the	ne letter	ruling	
	granting the waiver.		Mon	th		Day		Year		

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lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	rm 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)	`	12d		
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?			Yes 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, transferr of the PBGC?		e control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this play which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify the plan(s) to		
	13c(1) Name of plan(s):		13c(2) E	IN(s)	13c(3) PN(s)
Dart	VIII Truct Information (ontional)				
	VIII Trust Information (optional)		14h ±	rust's EIN	
144	Name of trust		140	IUSES EIN	

Form **5558** (Rev. August 2012)

Department of the Treasury Internal Revenue Service

to prepare this application.

Signature ▶

Application for Extension of Time To File Certain Employee Plan Returns

► For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Information about Form 5558 and its instructions is at www.irs.gov/form5558

OMB No. 1545-0212

File With IRS Only

Pa	rt I Identification						
Α	Name of filer, plan administrator, or plan sponsor (see instructions)	В	Filer's	identif	ying number (se	ee instruction	s)
	KARLIN PIMSLER, INC.	4	Emplo	yer ider	tification numbe		s XX-XXXXXXX)
	Number, street, and room or suite no. (If a P.O. box, see instructions) 115 EAST 30TH STREET	-	0:-1		13-383		VA VAAAA
	City or town, state, and ZIP code	1	Social	securit	y number (SSN)	(9 digits XXX-)	XX-XXXX)
	NEW YORK, NY 10016						
С	Plan name		Plan		Plan	year endin	ng —
		r	numbe	er	ММ	DD	YYYY
		0	0	1	12	31	2014
	KARLIN PIMSLER, INC. PROFIT SHARING PLAN						
Pa	rt II Extension of Time To File Form 5500 Series, and/or Form 89	955-S	SA				
1	Check this box if you are requesting an extension of time on line 2 to file the in Part 1, C above.	e first l	Form 5	5500 s	eries return/re	eport for the	plan listed
2	I request an extension of time until 10 / 15 / 2015 to file Form	5500	series	(see ir	nstructions)		
_	Note. A signature IS NOT required if you are requesting an extension to file Fo				ion donorioj.		
3	I request an extension of time until 10 / 15 / 2015 to file Form		,		structions).		
	Note. A signature IS NOT required if you are requesting an extension to file Fo	rm 895	55-SS/	۹.			
	The application is automatically approved to the date shown on line 2 and/o the normal due date of Form 5500 series, and/or Form 8955-SSA for which and/or line 3 (above) is not later than the 15th day of the third month after the r	this e	xtensi	on is i			
Par	t III Extension of Time To File Form 5330 (see instructions)						
4	I request an extension of time until / / to file Form	5330.					
	You may be approved for up to a 6 month extension to file Form 5330, after the	e norm	nal due	e date	of Form 5330).	
			1	I			
a	Enter the Code section(s) imposing the tax	•	а				
k	Enter the payment amount attached				•	b	
c	For excise taxes under section 4980 or 4980F of the Code, enter the reversion.	/amen	dment	date	🕨	С	
5	State in detail why you need the extension:				ı	-	
Unde	r penalties of perjury, I declare that to the best of my knowledge and belief, the statements made or	n this fo	rm are	true, co	rrect, and compl	lete, and that I	am authorized

Date ▶