Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2014

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

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

Part I	Annual Report	Identification Information	i .							
For calenda	ar plan year 2014 or fi	scal plan year beginning 01/01/2	.014	and ending 12/3	31/201	14				
a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must att of participating employer information in accordance with the form instructions) a one-participant plan a multiple-employer plan (not multiemployer) (Filers checking this box must att of participating employer information in accordance with the form instructions) a foreign plan										
D This rote	/	the first return/report	the final return/report							
b This retu	urn/report is	· 片	- H	- ~+ba\						
		an amended return/report	n/report (less than 12 mo	ntns)						
C Check b	box if filing under:	Form 5558 special extension (enter description)	automatic extension		DFVC program					
	1									
Part II		ormation—enter all requested inf	formation		41.					
1a Name of PEQUA POO	of plan OLS & SPAS, INC. RE	TIREMENT PLAN				Three-digit plan number (PN) ▶	001			
					1c	Effective date of 01/01/	•			
	ponsor's name and ad DLS & SPAS, INC.	dress; include room or suite numb	er (employer, if for a single-	employer plan)		Employer Identification Number (EIN) 11-3155681				
4150 MERRI	CK ROAD #F				2c	Sponsor's teleph 516-799				
MASSAPEQU	UA, NY 11758				2d	Business code (s	,			
3a Plan ad	dministrator's name ar	nd address XSame as Plan Spons	sor.		3b	Administrator's E	EIN			
		e plan sponsor has changed since	the last return/report filed for	or this plan, enter the	4b	EIN				
	, EIN, and the plan nur or's name	mber from the last return/report.			4c					
5a Total r	number of participants	at the beginning of the plan year				5a				
b Total r	number of participants	at the end of the plan year			5ł	5b				
	· ·	account balances as of the end of		·	5c					
		articipants at the beginning of the pl	•		5d(1)					
		articipants at the end of the plan year		-	5d(2)					
		erminated employment during the p		fits that were	56	e	0			
Under pena SB or Sche	alties of perjury and ot	or incomplete filing of this return ther penalties set forth in the instruc- nd signed by an enrolled actuary, a plete.	ctions, I declare that I have	examined this return/rep	ort, in	cluding, if applica				
SIGN	Filed with authorized/	valid electronic signature.								
HERE	Signature of plan a		Date	Enter name of individu	ual sig	ning as plan adn	ninistrator			
SIGN		<u> </u>			10. 2.5	1111g 00 p.m. m.				
HERE	Ciamatura of ample		Data	Enter name of individu	·al aia	i co omployo	nlon onongor			
Prenarer's	Signature of emplo	oyer/pian sponsor name, if applicable) and address (ir	Date nclude room or suite numbe	Enter name of individu			number (optional)			
		and, approace,		-		20.0.00	(Op. 11.1.1.)			

	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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lif you answered "No" to either line 6a or line 6b, the plan cannot be a considerable with the considerable with th	of an independent qualified public accountant (IQPA) y and conditions.)									No No
C	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40	21)?		Yes	No	1	lot de	termir	ned
Par	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) E	nd of	Year		
<u>a</u>	Total plan assets	7a	360						4	9016	
	Total plan liabilities	7b		0						0	
	Net plan assets (subtract line 7b from line 7a)	7с	360)61					4	9016	
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(k) Tot	al		
	Contributions received or receivable from: (1) Employers	8a(1)	132	228							
	(2) Participants	8a(2)		0							
	(3) Others (including rollovers)	8a(3)		0							
b	Other income (loss)	8b	-2	273							
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							1	2955	
	Benefits paid (including direct rollovers and insurance premiums	0.1		0							
	o provide benefits) Certain deemed and/or corrective distributions (see instructions)	8d		0							
	Administrative service providers (salaries, fees, commissions)	8e 8f		0							
	Other expenses	8g		0							
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								0	
	Net income (loss) (subtract line 8h from line 8c)	8i							1	2955	
	Transfers to (from) the plan (see instructions)	8j		0							
Par	IV Plan Characteristics	O)									
b	2A 2E If the plan provides welfare benefits, enter the applicable welfare fe V Compliance Questions	eature cod	es from the List of Plan Charad	cterist	tic Coc	les in t	he instr	uctior	ns:		
10	During the plan year:				Yes	No		Α	moun	t	
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulations)	ıciary Corr	ection Program)	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					
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		X					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g		X					
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					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	ne required	I notice or one of the	10h 10i							
Part											
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Υ	es X	No
11a	Enter the unpaid minimum required contribution for current year fr					11a					
12	Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of the Code	or se	ection :	302 of	ERISA'	?	Y	es X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applica	able.)								
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter tl Day			letter ear _	rulino	3

	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

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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	Entered Control Control	 Complete all entries in accordance 	ordance with the instru	ctions to the Form 5500)-SF,					
P	art I Annual Report	Identification Information								
For	calendar plan year 2014 or fis	scal plan year beginning	01/01/2014	and ending	12/31/2	014				
	a single-emptoyer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating emptoyer information in accordance with the form instructions) a one-participant plan a foreign plan the first return/report an amended return/report a short plan year return/report (less than 12 months)									
C (Oheck box if filing under:	X Form 5558 [special extension (enter descript	automatic extension ion)		DFVC	program				
Pa	ert II Basic Plan Info	ormation enter all requested inf	ormation	***************************************						
1a	Name of plan Pequa Pools & Spas		1b Three-digit plan number (PN) ▶ 001							
					1c Effective date of plan 01/01/2001					
2a	Pian sponsor's name and ac Pequa Pools & Spas	ddress; include room or suite number , Inc.	(employer, if for a single	-employer plan)	2b Employer Identification Number (EIN) 11-3155681.					
	4150 Merrick Road #F	į	(516) 2d Busines	's telephone number 799–0900 s code (see instructions)						
	US Massapequa NY 11758				238900 3b Adminis					
	3C Administrator's telephone numb									
4		e plan sponsor has changed since the mber from the last return/report.	e last return/report filed f	or this plan, enter the	4b EIN					
a	Sponsor's name				4c PN					
5a	Total number of participants	at the beginning of the plan year	·····································	E. <u>Wol</u> t druposes as an analysis by the contact of	5a	1				
b		at the end of the plan year		<u> </u>	5b	1				
C		account balances as of the end of the	• • •		5c	1				
d(1) Total number of active par	rticipants at the beginning of the plan	уеаг		5d(1)	1				
d(•	ticipants at the end of the plan year		***********	5d(2)	1				
е		terminated employment during the pla			5e	0				
Ca	ution: A penalty for the late	or incomplete filing of this return/i	eport will be assessed	unless reasonable cau	se is establisi	ned.				
SB		ther penalties set forth in the instruction and signed by an enrolled actuary, as place.								
S	IGN Children			Chris Kowalski						
1	ERE Signature of plan adm	ninistrator	Date 7/34/15	Enter name of individua	l signing as pla	n administrator				
SI	IGN			Chris Kowalski						
1	ERE Signature of employe	r/plan sponsor	Date 9/29/15	1//5 Enter name of individual signing as employer or plan sponsor						

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)

Form 5500-SF (2014) v.140124

Preparer's telephone number (optional)

	Form 5500-SF 2014		Page 2								
6a 1	Were all of the plan's assets during the plan year invested in eligible	assets? (S	Gee instructions.)					X Yes No			
	Are you claiming a waiver of the annual examination and report of ar						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ET . 22			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility ar		• • • • • • • • • • • • • • • • • • • •		,		***	X Yes No			
i	f you answered "No" to either line 6a or line 6b, the plan cannot	t use Forn	1 5500-SF and must instead u	se Fo	rm 5	500.					
c I	f the plan is a defined benefit plan, is it covered under the PBGC ins	urance pro	gram (see ERISA section 4021)? .	[Yes	. ∏No]	Not determined			
Pa	t III Financial Information	······································	VVVVVV								
······································	Plan Assets and Liabilities		(a) Beginning of Year		T		(b) End of	Year			
	Total plan assets	7a	36,06		***************************************		× 24	49,016			
*	Otal plan liabilities	7b		0	1		, <u></u>	0			
	Net plan assets (subtract line 7b from line 7a)	7c	7c 36,061			49,016					
8	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	tal			
	Contributions received or receivable from:	0-141	13,22	ı C	1			- 4			
	1) Employers	8a(1)			} −		······································				
	3) Others (including rollovers)	8a(2) 8a(3)	A	0	 						
	Other income (loss)	8b	(273		1-	·*************************************					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	, — · · ·	· · · · ·	╂┷──			12,955			
	Benefits paid (including direct rollovers and insurance premiums			**********	1						
1	o provide benefits)	8d		0		***************************************					
_	Certain deemed and/or corrective distributions (see instructions)	8e		0	 	1					
	Administrative service providers (salaries, fees, commissions)	8f		0							
-	Other expenses	8g		0	 	, .					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			┼			12.055			
	Net income (loss) (subtract line 8h from line 8c)	8i		0	 			12,955			
	ransfers to (from) the plan (see instructions)	8 <u>j</u>		<u>~</u>		·····					
بلب	f the plan provides welfare benefits, enter the applicable welfare feat 1 V Compliance Questions	ture codes	from the List of Plan Characteri	etic C	Codes	in the	instructions	3:			
10	**************************************		Peantha Macantacantacantacantacantacantacantacan		Yes	No	<u></u>	mount			
a	During the plan year: Was there a failure to transmit to the plan any participant contribution.	ions within	the time period described in		103	NO		(HIU-MISE			
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci Were there any nonexempt transactions with any party-in-interest?	iary Correc	tion Program)	10a		ж	•••	www.www.www.www.www.www.www.www.www.ww			
	on line 10a.)	•	, ,	10Ь	***************************************	X					
C	Was the plan covered by a fidelity bond?	#********	***************************************	10c		х					
d	Did the plan have a loss, whether or not reimbursed by the plan's f										
	or dishonesty?			10d		×					
е	insurance service, or other organization that provides some or all of										
*************	instructions.)			10e		х					
f	Has the plan failed to provide any benefit when due under the plan	?	D T 7 0 0 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10f		х					
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year er	nd.) ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10g		х					
ħ	If this is an individual account plan, was there a blackout period? (3 2520.101-3.)			10h		x					
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3										
Par	t VI Pension Funding Compliance	W	111111111111111111111111111111111111111				***************************************				
11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)							Yes 🗓 No			
118	Enter the unpaid minimum required contribution for current year fro	om Schedu	le SB (Form 5500) line 39		*****						
12	Is this a defined contribution plan subject to the minimum funding r	requiremen	its of section 412 of the Code or	sect	ion 30	2 of E	RISA?	Yes 🔀 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							e letter ruling Year			

	Form 5500-SF 2014	Page 3							
If y	you completed line 12a, complete lines 3, 9, and 10 of Schedule N	IB (Form 5500), and skip to line	13.			· · · · · · · · · · · · · · · · · · ·			
b	Enter the minimum required contribution for this plan year	さかない トラボケ (そうかお)・) ポルテム Wee ちょまれん カンボタン・ピイム ヘンシャカセラ チャル パロボ No がんがた	v.qP^==###################################	12b					
		W. 201000100010001000100010001000100010001		***************************************	~~****	······································			
C	Enter the amount contributed by the employer to the plan for this pla	n year	********	12¢					
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)			12d					
e	Will the minimum funding amount reported on line 12d be met by the	e funding deadline?	. wa > 40 > 4 pa < 1 pa a 4 pa		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 yea	·	********	Ye	s X N	lo			
	If "Yes," enter the amount of any plan assets that reverted to the em	ployer this year	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	13a					
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?									
c	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to another plan(s), iden	tify the plan(s) to						
1	13c(1) Name of plan(s):		13c	(2) EIN(s)	13c(3)	PN(s)		
		CANADA CONTRACTOR CONT		***************************************					
			}						
Part	: VIII Trust Information (optional)								
14a Name of trust									
			ì						