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).

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

| Part I | Annual Report | rt Identification Information | n | | | | | | |
|--|--|--|---|--|---|---|--|--|--|
| For calend | dar plan year 2014 or | fiscal plan year beginning 01/01/ | 2014 | and ending 12 | 2/31/2014 | | | | |
| A This re | eturn/report is for: | | er) (Filers checking this box must attach a list cordance with the form instructions) | | | | | | |
| | | a one-participant plan | a foreign plan | | | | | | |
| B This return/report is ☐ the first return/report ☐ the fi | | | the final return/rep | ort | | | | | |
| | | an amended return/report | a short plan year re | eturn/report (less than 12 m | nonths) | | | | |
| C Check | box if filing under: | X Form 5558 | automatic extension | on | ☐ DFVC ¡ | orogram | | | |
| | | special extension (enter des | cription) | | | | | | |
| Part II | Basic Plan In | formation—enter all requested i | nformation | | | | | | |
| 1a Name | | | | | 1b Three-digi | | | | |
| STUART A | . DITSKY, CPA, P.C. | 401(K) PLAN | | | plan numb (PN) ▶ | 001 | | | |
| | | | | | 1c Effective of | | | | |
| - | | | | | | 09/01/1990 | | | |
| | sponsor's name and a DITSKY, CPA, P.C. | address; include room or suite num | ber (employer, if for a sin | ngle-employer plan) | 2b Employer (EIN) | Identification Number 13-3549962 | | | |
| | | | | | , , | s telephone number | | | |
| 475 PARK A | AVENUE SOUTH, 24 | TH FLOOR | | | | 12-557-2727 | | | |
| NEW YORK | X, NY 10016 | | | | 2d Business code (see instruction | | | | |
| 3a Plan s | administrator's name | and address XSame as Plan Spor | neor | | 3b Administra | 541211 ator's FIN | | | |
| Ju Flaire | | and dadress Poune as I lair open | 1001. | | OD / Karministre | ator o Env | | | |
| | | | | | | | | | |
| | | | | | 3c Administra | ator's telephone number | | | |
| | | the plan sponsor has changed since | e the last return/report file | ed for this plan, enter the | 3c Administra 4b EIN | ator's telephone number | | | |
| name | | the plan sponsor has changed sinco number from the last return/report. | e the last return/report file | ed for this plan, enter the | | ator's telephone number | | | |
| name a Spons | e, EIN, and the plan r sor's name | | · | · | 4b EIN 4c PN | | | | |
| a Spons 5a Total | e, EIN, and the plan r sor's name number of participan | number from the last return/report. | | | 4b EIN 4c PN 5a | 45 | | | |
| a Spons 5a Total b Total c Numb | e, EIN, and the plan r sor's name number of participan number of participan ber 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 | f the plan year (defined t | penefit plans do not | 4b EIN 4c PN 5a | ator's telephone number 45 39 | | | |
| a Spons 5a Total b Total c Number | e, EIN, and the plan r sor's name number of participan number of participan ber 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 | f the plan year (defined b | penefit plans do not | 4b EIN 4c PN 5a 5b 5c | 45 | | | |
| a Spons 5a Total b Total c Numb comp d(1) To | e, EIN, and the plan resor's name number of participant number of participant with the plants with the plants item. | ts at the beginning of the plan year at the end of the plan year | f the plan year (defined b | penefit plans do not | 4b EIN 4c PN 5a 5b | 45 39 27 33 | | | |
| name a Spons 5a Total b Total c Numb comp d(1) To d(2) To e Numb | e, EIN, and the plan resor's name number of participant number of participants with plete this item) | number from the last return/report. Its at the beginning of the plan year at the end of the plan year The account balances as of the end of the plan year ticipants at the beginning of the plan year ticipants at the end of the plan year terminated employment during the | f the plan year (defined bottom plan yearearearear.year with accrued b | penefit plans do not | 4b EIN 4c PN 5a 5b 5c 5d(1) | 45 39 27 33 26 | | | |
| name a Spons 5a Total b Total c Numb comp d(1) To d(2) To e Numb less th | e, EIN, and the plan resor's name number of participants with the plant is seen of participants with the plant is seen of participants with the plant is seen of participants of active per of participants that than 100% vested | number from the last return/report. Its at the beginning of the plan year at the end of the plan year It has account balances as of the end of the plan year articipants at the beginning of the plan year terminated employment during the | f the plan year (defined bolan yearearear | penefit plans do not | 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e | 45 39 27 33 26 | | | |
| name a Spons 5a Total b Total c Numb comp d(1) To d(2) To e Numb less th Caution: Under per SB or Sch | e, EIN, and the plan resor's name number of participant umber of participants with plete this item) | ts at the beginning of the plan year at the end of the plan year | f the plan year (defined because of the plan year (defined because of the plan year with accrued because of the plan year will be assess uctions, I declare that I have | penefit plans do not penefits that were sed unless reasonable car ave examined this return/re | 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established aport, including, if | 45 39 27 33 26 0 applicable, a Schedule | | | |
| name a Spons 5a Total b Total c Numb comp d(1) To d(2) To e Numb less th Caution: Under per SB or Sch belief, it is | e, EIN, and the plan resor's name number of participant number of participants with lete this item) tal number of active per of participants that han 100% vested A penalty for the late nalties of perjury and needule MB completed atrue, correct, and co | ts at the beginning of the plan year at the end of the plan year | f the plan year (defined because of the plan year (defined because of the plan year with accrued because of the plan year will be assess uctions, I declare that I have | penefit plans do not penefits that were sed unless reasonable car ave examined this return/re | 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established aport, including, if | 45 39 27 33 26 0 applicable, a Schedule | | | |
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| name a Spons 5a Total b Total c Numb comp d(1) To d(2) To e Numb less th Caution: Under per SB or Sch belief, it is SIGN HERE SIGN HERE | e, EIN, and the plan resor's name number of participant number of participants with a plate this item) | ts at the beginning of the plan year at the end of the plan year | f the plan year (defined because of the plan year with accrued because of the plan year with accrued because of the plan year will be assess the plan year. Date | penefit plans do not penefits that were penefits that were penefits that were perefits that were penefits that were | 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established a port, including, if strict, and to the best dual signing as placed as a signing as emitted. | 45 39 27 33 26 0 26 0 applicable, a Schedule of my knowledge and an administrator | | | |
| name a Spons 5a Total b Total c Numb comp d(1) To d(2) To e Numb less th Caution: Under per SB or Sch belief, it is SIGN HERE SIGN HERE | e, EIN, and the plan resor's name number of participant number of participants with a plate this item) | ts at the beginning of the plan year at the end of the plan year | f the plan year (defined because of the plan year with accrued because of the plan year with accrued because of the plan year will be assess the plan year. Date | penefit plans do not penefits that were penefits that were penefits that were perefits that were penefits that were | 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established a port, including, if strict, and to the best dual signing as placed as a signing as emitted. | 45 39 27 33 26 0 26 0 applicable, a Schedule of my knowledge and an administrator | | | |

| | 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 lift you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot b | an indeper and condit ot use Fo | ndent qualified public accounta ions.) rm 5500-SF and must instea | nt (IQ | PA) Form | 5500. | | <u> </u> | Yes [| No No |
| | If the plan is a defined benefit plan, is it covered under the PBGC in | surance p | orogram (see ERISA section 40 | 21)? | | Yes | No | No | t determ | ined |
| Par | t III Financial Information | | | | | | | | | |
| 7 | Plan Assets and Liabilities | | (a) Beginning of Yea | | | | (b) Er | nd of Y | | |
| a | Total plan assets | 7a | 24040 | | | | | | 2417170 | |
| b | Total plan liabilities | 7b | | 0 | | | | | | 0 |
| C | Net plan assets (subtract line 7b from line 7a) | 7c | 24040 |)33 | | | | | 2417170 | 3 |
| _8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | | | | (b |) Total | <u> </u> | |
| | Contributions received or receivable from: | 90(1) | | 0 | | | | | | |
| | (1) Employers | 8a(1) | 640 | | | | | | | |
| | ` ' | 8a(2) | | 0 | | | | | | |
| | (3) Others (including rollovers) | 8a(3) 8b | 2034 | | | | | | | |
| | | 8c | | | | | | | 267528 | <u> </u> |
| | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums | 80 | | | | | | | 201020 | , |
| | to provide benefits) | 8d | 2505 | 597 | | | | | | |
| е | Certain deemed and/or corrective distributions (see instructions) | 8e | | 0 | | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | | 0 | | | | | | |
| g | Other expenses | 8g | 37 | 788 | | | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | | 25438 | 5 |
| i | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | | | 1314 | 3 |
| j | Transfers to (from) the plan (see instructions) | 8j | | 0 | | | | | | |
| Par | t IV Plan Characteristics | • | | | | | | | | |
| 9a b | If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2R 2T 3D If the plan provides welfare benefits, enter the applicable welfare fe | | | | | | | | | |
| Part | V Compliance Questions | | | | | | | | | |
| 10 | During the plan year: | | | | Yes | No | | Am | ount | |
| а | Was there a failure to transmit to the plan any participant contributed 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulations) | | | 10a | | X | | | | |
| b | Were there any nonexempt transactions with any party-in-interest on line 10a.) | • | · | 10b | | Χ | | | | |
| С | Was the plan covered by a fidelity bond? | | | 10c | X | | | | 3 | 00000 |
| d | Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? | | | 10d | | Χ | | | | |
| 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 | | Χ | | | | |
| g | Did the plan have any participant loans? (If "Yes," enter amount as of year end.) | | | 10g | Χ | | | | | 91688 |
| h | | (See instru | uctions and 29 CFR | | Λ | X | | | | 01000 |
| 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 require | d notice or one of the | 10h 10i | | | | | | |
| Part | VI Pension Funding Compliance | | | | | _ | | | | |
| 11 | Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) | | | | | | | Г | Yes | X No |
| 11a | Enter the unpaid minimum required contribution for current year fr | | | | | 11a | | <u> </u> | | |
| 12 | Is this a defined contribution plan subject to the minimum funding | | | | • | | ERISA? | I T | Yes | X No |
| | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, | | | 50 | | | | <u> </u> | | |
| | If a waiver of the minimum funding standard for a prior year is being | | | ctions | and e | nter th | ne date d | of the la | ottor rulir | |

......Month

Day

Year

granting the waiver.

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

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

| | Pension Benefit Guaranty Corporation | ► Complete all entries in a | ccordance with the instructions to the Form 5500 |)-SF. | | | |
|-----------------------------------|---|---|--|---|--|--|--|
| F | art I Annual Report | l Identification Information | | | | | |
| For | calendar plan year 2014 or fis | scal plan year beginning | 01/01/2014 and ending | 12/31/20 | | | |
| | This return/report is for: This return/report is: | a single-employer plan a one-participant plan the first return/report an amended return/report | a multiple-employer plan (not multiemployer) (I of participating employer information in accord a foreign plan the final return/report a short plan year return/report (less than 12 mg) | ance with the fo | his box must attach a list rm instructions) | | |
| С | Check box if filing under: | x Form 5558 special extension (enter descr | automatic extension ription) | DFVC | program | | |
| P | art II Basic Plan Info | ormation enter all requested | information | | | | |
| | Name of plan | CPA, P.C. 401(k) Plan | | 1b Three-dig plan num (PN) ► 1c Effective | ber 001 | | |
| <u>2</u> a | Plan sponsor's name and ac Stuart A. Ditsky, | | per (employer, if for a single-employer plan) | 1 | 1990 r Identification Number 3-3549962 | | |
| 475 Park Avenue South, 24th Floor | | | | 2c Sponsor's telephone number (212) 557-2727 2d Business code (see instructions) | | | |
| | ma at 11 177 10016 | | | 541211 | | | |
| 3a | US New York NY 10016 Plan administrator's name a | and address X Same as Plan Sp | onsor Name | 3b Administr | ator's EIN | | |
| 4 | name, EIN, and the plan nu | ne plan sponsor has changed since umber from the last return/report. | the last return/report filed for this plan, enter the | 4b EIN | | | |
| _2 | | | | 5a | 45 | | |
| | | | | 5b | 39 | | |
| c | Number of participants with | account balances as of the end of | the plan year (defined benefit plans do not | 5c | 27 | | |
| d | · · · · · · · · · · · · · · · · · · · | articipants at the beginning of the pla | | 5d(1) | 33 | | |
| | • • | articipants at the end of the plan yea | | 5d(2) | 26 | | |
| e | Number of participants that less than 100% vested | terminated employment during the | plan year with accrued benefits that were | 5e | 0 | | |
| | | o or incomplete filing of this return | rn/report will be assessed unless reasonable cau | ıse is establish | ed. | | |
| U | nder populties of perium and o | other penalties set forth in the instru and signed by an enrolled actuary, | uctions, I declare that I have examined this return/report as well as the electronic version of this return/report | port, including, it | applicable, a Schedule | | |
| | sign S | | 19//(Stuart A. Ditsk | y | | | |
| 2223 | IERE Signature of plan adr | ministrator SIGN F | HERE Date , Enter name of individua | al signing as pla | n administrator | | |
| | | | 10/1/6 Stuart A. Ditsk | y | | | |
| 32503 | SIGN Signature of employe | er/plan sponsor | SIGN HERE Enter name of individua | | | | |
| P | reparer's name (including firm | name, if applicable) and address | humber (optional) | Preparer's tele | phone number (optional) | | |
| | | | | | | | |

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|----------------|---|---------------|---|----------|--------------|------------|---------------|----------------|----------------|
| 6a | Were all of the plan's assets during the plan year invested in eligible | assets? (S | See instructions.) | | | | | X Yes |]No |
| | Are you claiming a waiver of the annual examination and report of a | | | IQPA | .) | | | | |
| | xxxxxx 20 CER 2520 104 462 (See instructions on waiver eligibility and conditions) | | | | | | |]No | |
| | lf you answered "No" to either line 6a or line 6b, the plan canno | t use Forn | n 5500-5F and must instead u | se Fo | rm 55 | 00. | | □ Not doto | rminod |
| С | If the plan is a defined benefit plan, is it covered under the PBGC ins | surance pro | ogram (see ERISA section 4021 |)? | ······L | res | | INOL Gerei | minieu |
| Pa | rt III Financial Information | | | | T | | | | |
| 7 | Plan Assets and Liabilities | | (a) Beginning of Year | | | | (b) End of | | |
| <u>a</u> | Total plan assets | 7a | 2,404,03 | | - | | | 2,417,17 | 0 |
| | Total plan liabilities | 7b | 0.404.03 | 0 | | | · | 2,417,17 | |
| | Net plan assets (subtract line 7b from line 7a) | 7c | 2,404,03 (a) Amount | | \vdash | | (b) Tot | | |
| | Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: | | (u) Aniount | | | | ν-/ | | |
| | (1) Employers | 8a(1) | | 0 | | | | | |
| | (2) Participants | 8a(2) | 64,05 | | | | | | |
| | (3) Others (including rollovers) | 8a(3) | 202 47 | 0 | | | | | |
| | Other income (loss) | 8b | 203,47 | 0 | | | | 267,52 | |
| | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums | 8c | | | | | | 201,32 | .0 |
| d | to provide benefits) | . 8d | 250,59 | 7 | | | | | |
| е | Certain deemed and/or corrective distributions (see instructions) | . 8e | | 0 | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | . 8f | | 0 | | | | | |
| | Other expenses | . 8g | 3,78 | 88 | | | | 254 26 | \ - |
| | Total expenses (add lines 8d, 8e, 8f, and 8g) | . 8h | | | | | | 254,38 | |
| <u>i</u> | Net income (loss) (subtract line 8h from line 8c) | | | 0 | | | | 13,14 | 13 |
| 500 A00 S0 No. | Transfers to (from) the plan (see instructions) | . 8j | | <u> </u> | | | | | |
| Pa | rt IV Plan Characteristics | | | ! 1.! | | - !- 46. | - instruction | | |
| 9a | If the plan provides pension benefits, enter the applicable pension for | eature code | es from the List of Plan Characte | ensuc | Code | 5 111 1111 | a manachor | 15. | |
| | | | (| | | in the | inatruations | | |
| b | If the plan provides welfare benefits, enter the applicable welfare fea | ature codes | s from the List of Plan Character | isuc (| Joues | mule | II ISU UCUONS | • | |
| | W. C E Outstiens | | | | | | | | |
| 10 | Int V Compliance Questions | | | | Yes | No | А | mount | |
| a | During the plan year: Was there a failure to transmit to the plan any participant contribu | tions withir | n the time period described in | | | | | | |
| | 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc | ciary Corre | ction Program) | 10a | | Х | | | |
| b | Were there any nonexempt transactions with any party-in-interest on line 10a.) | ? (Do not i | nclude transactions reported | 10b | | x | | | |
| | | | | 10c | х | | | 300 | ,000 |
| d | | fidelity bor | nd, that was caused by fraud | | | | | | |
| | or dishonesty? | | *************************************** | 10d | | Х | | | |
| е | Were any fees or commissions paid to any brokers, agents, or oth | ner persons | s by an insurance carrier, | | | | | | |
| | insurance service, or other organization that provides some or all instructions.) | or the ben | ents under the plan? (See | 10e | | х | | | |
| f | | | | 10f | | х | | | |
| | | | | 10g | х | | | 91 | .,688 |
| | | | | 1 | | - | | | |
| h | 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 | he required | d notice or one of the | 10i | | | | | |
| Pa | rt VI Pension Funding Compliance | | | | | | | | |
| 11 | | nents? (If " | Yes," see instructions and comp | lete S | Schedu | ule SB | (Form | ☐ Yes [| X No |
| 11 | a Enter the unpaid minimum required contribution for current year fi | | | | | | | | |
| 12 | | requireme | nts of section 412 of the Code of | r sec | tion 30 |)2 of E | RISA? | ☐ Yes [| X No |
| | (If "Ves " complete line 12a or lines 12b, 12c, 12d, and 12e below | , as applic | able.) | | | | | | |
| | If a waiting of the minimum funding standard for a prior year is bei | ing amortiz | ed in this plan year, see instruct | ions, | and e | nter th | e date of the | e letter rulin | g |
| • | granting the waiver | | Mo | nth _ | | Da | у | Year | |

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|-------------|---|---|----------|----------|------------|--------------|
| If y | ou 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 negative amount) | | | 12d | | |
| е | Will the minimum funding amount reported on line 12d be met by the funding deadli | | | <u> </u> | Yes [|] No □ N/A |
| Part | | | | | | |
| 13a | Has a resolution to terminate the plan been adopted in any plan year? | ****************************** | | □ Ye | es X No | 0 |
| 100 | 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 ar | | | ntrol | | Yes X No |
| С | If during this plan year, any assets or liabilities were transferred from this plan to an which assets or liabilities were transferred. (See instructions.) | | | | | |
| | 13c(1) Name of plan(s): | | 130 | (2) EIN(| s) | 13c(3) PN(s) |
| | oo()) tane of planto, | | | | | |
| | | | | | | |
| Contraction | | | <u> </u> | | | |
| Part | : VIII Trust Information (optional) | | | I | | |
| 14a I | Name of trust | | | 14b T | rust's EIN | |
| | | | | | | |
| | | | | | | |
| | | | | 1 | | |