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

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Annual Report Identification Information For calendar plan year 2014 or fiscal plan year beginning and ending 12/31/2014 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the first return/report the final return/report **B** This return/report is an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Part II 1a Name of plan **1b** Three-digit COMMUNITY ACTION COMMISSION TO HELP THE ECONOMY, INC. 401K PROFIT SHARING PLAN & TRUST plan number (PN) ▶ 001 Effective date of plan 01/01/2003 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number COMMUNITY ACTION COMMISSION TO HELP THE ECONOMY, INC. (EIN) 14-1500685 Sponsor's telephone number 845-292-5821 **63 SOUTH MAIN STREET** LIBERTY, NY 12754 Business code (see instructions) 624200 **3a** Plan administrator's name and address XSame as Plan Sponsor. Administrator's EIN **3c** Administrator's telephone number 4b EIN If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN Total number of participants at the beginning of the plan year 5a 16 **b** Total number of participants at the end of the plan year..... 5b 13 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c complete this item) d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 16 d(2) Total number of active participants at the end of the plan year..... 5d(2) 13 e Number of participants that terminated employment during the plan year with accrued benefits that were 5e less than 100% vested. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete Filed with authorized/valid electronic signature **SIGN HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN **HERE**

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

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number (optional)

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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 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 continuous control of the plan cannot be a control of the control of th	an indeper and condit	ndent qualified public accounta	ınt (IQ	PA)			X Yes	
С	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	Not dete	rmined
Par	t III Financial Information	1	<u> </u>						
7	Plan Assets and Liabilities		(a) Beginning of Yea		-		(b) End c		
	Total plan assets	7a	1376					70	149
	Total plan liabilities	7b		344	-			70	0
	Net plan assets (subtract line 7b from line 7a)	7c	1372	208					149
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) To	otal	
	(1) Employers	8a(1)		0					
	(2) Participants	8a(2)	41	170					
	(3) Others (including rollovers)	8a(3)		0					
b	Other income (loss)	8b	3	394					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						5	064
	Benefits paid (including direct rollovers and insurance premiums		721	183					
	to provide benefits)	8d	12	0					
	Certain deemed and/or corrective distributions (see instructions)	8e		0					
	Administrative service providers (salaries, fees, commissions)	8f		0					
	Other expenses (add lines 2d, 2s, 2f, and 2g)	8g						72	183
	Total expenses (add lines 8d, 8e, 8f, and 8g) Net income (loss) (subtract line 8h from line 8c)	8h 8i							119
	Transfers to (from) the plan (see instructions)			0				0.	
Par	, , , , , ,	8j		-					
b	If the plan provides welfare benefits, enter the applicable welfare for V Compliance Questions	eature cod	les from the List of Plan Chara	cterist	ic Cod	les in t	he instruction	ons:	
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 Fidulations)	iciary Cor	rection Program)	10a		X			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	·····		10b		Χ			
c	Was the plan covered by a fidelity bond?			10c	X				40000
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 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 as	s of year e	end.)	10g		X			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			10h		Χ			
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	s 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	or se	ection (302 of	ERISA?	Yes	s 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 beir granting the waiver.	-			, and e	enter th Day		e letter r Year	uling

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lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to lin	e 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	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	nis year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		•	ontrol		Yes	(No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	in to another plan(s), ide	ntify the plan(s) to)			
1	3c(1) Name of plan(s):		130	c(2) EI	N(s)	13c(3) P	N(s)
			1			l	

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Department of Labor

Short Form Annual Return/Report of Small Employee Benefit Plan

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▶ 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

Part I	Annual Repor	rt Identification Informatio	n									
For calend	lar plan year 2014 or	fiscal plan year beginning 01/0	1/2014			and ending	12/31/201	4	***************************************			
A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a lis of participating employer information in accordance with the form instructions) a one-participant plan												
B This ret	turn/report is	the first return/report	=		n/report							
D IIIISTE	diffreport is	an amended return/report	H			alranari (lasa than 15)\					
		an amended return eport	L a sile	nt plan	year return	n/report (less than 12	: monuis)					
C Check	box if filing under:	X Form 5558	auto	matic e	dension			DFVC progra	am			
	•	special extension (enter des	cription)				_					
D 411												
Part II		formation—enter all requested i	nformation						T			
1a Name COMMUNI		SSION TO HELP THE ECONOMY,	INC. 401K	PROFI	T SHARIN	IG PLAN & TRUST	pla (P	nree-digit an number N)	001			
***************************************								fective date o 1/01/2003	f plan			
2a Plan s	sponsor's name and a TY ACTION COMMIS	address; include room or suite num SSION TO HELP THE ECONOMY,	ber (employ INC.	er, if fo	r a single-	employer plan)	1	nployer Identi IN) 14-15006	fication Number 85			
63 SULITU	MAIN STREET						2c Sp	C TANDAGA CONTRACTOR OF THE CO	hone number 292-5821			
LIBERTY, N								isiness code (200	(see instructions)			
		and address XSame as Plan Spor	nsor.			,	3b Ad	3b Administrator's EIN				
4 If the	name and/or EIN of t e, EIN, and the plan n	he plan sponsor has changed since umber from the last return/report.	e the last re	turn/rep	ort filed fo	or this plan, enter the	4b EII	N				
	or's name						4c PN	1				
5a Total	number of participan	ts at the beginning of the plan year					5a		16			
b Total	number of participan	ts at the end of the plan year					5b		13			
compl	ete this item)	h account balances as of the end o				·····	5c		11			
d(1) Tot	al number of active p	participants at the beginning of the	olan year				5d(1)		16			
d(2) To	tal number of active p	participants at the end of the plan ye	ear				5d(2)		13			
		terminated employment during the					5e		1			
		e or incomplete filing of this retu					ause is est	ablished.	Annual Control of the			
Under pen SB or Scho	alties of perjury and o	other penalties set forth in the instru and signed by an enrolled actuary,	uctions, I de	clare th	at I have	examined this return	report, inclu	ding, if applica	able, a Schedule knowledge and			
SIGN	8 1/H	M	10	10	12018	Walter Stein		Married Mary Military and Mary Mary				
HERE	Signature of plan	administrator	- Y	ate	13	Enter name of indi	vidual eignin	a se plan ada	ninietrator			
SIGN	Oignature or plan	wiinilistiathi		/alt		Line name of that	viduai Sigriin	y as pian aon	mnstratui			
HERE												
	Signature of employer/plan sponsor Date Enter name of individus name (including firm name, if applicable) and address (include room or suite number) (optional)											
riepaiers	name (moduling inm	name, ii applicable) and address (include rooi	n or su	te numbe) (opuonai)	Prepare	r s telephone	number (optional)			

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	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)						Х	Yes N	Ю	
	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							X	Yes N	lo
	If you answered "No" to either line 6a or line 6b, the plan cannot								_	
С	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	Not	determined	
Par	t III Financial Information		T							
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) En	d of Ye	ear	
a	Total plan assets	n assets							70149	
<u>b</u>	Total plan liabilities	7b	34	4					0	
C	Net plan assets (subtract line 7b from line 7a)	7c	13726	38			70149			
	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b)	Total			
	Contributions received or receivable from: (1) Employers	8a(1)	0							
	(2) Participants	8a(2)	417	0						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b	89	4						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							5064	
	Benefits paid (including direct rollovers and insurance premiums		7040	_						
	to provide benefits)	8d	7218							
	Certain deemed and/or corrective distributions (see instructions)	8e))						_
	Administrative service providers (salaries, fees, commissions)	8f		0						
	Other expenses	8g 8h	· ·	J					72183	
	Net income (loss) (subtract line 8h from line 8c)								67119	
	Transfers to (from) the plan (see instructions)	8i		0					07 110	
Par	` , ` ` , , , ,	l ol		0						
	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instru	uctions	:	_
	2A 2E 2F 2H 2J 2T 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Cod	les in tl	he instruc	ctions:		
D1										
Part					Yes	Na				
10 a	During the plan year: Was there a failure to transmit to the plan any participant contribution.	tione withi	n the time period described in		res	No		Amo	ount	
u	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					Х				
	on line 10a.)			10b		^				
С	Was the plan covered by a fidelity bond?			10c	Х				4000	0
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			100						_
·	insurance service, or other organization that provides some or all	of the ben	efits under the plan? (See			Х				
	instructions.)			10e						
	Has the plan failed to provide any benefit when due under the plan			10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a			10g		Х				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		Х				
-	If 10h was answered "Yes," check the box if you either provided the			1011						
	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	•					•		Voc \square N	اما
44-	5500) and line 11a below)								Yes N	10
	Enter the unpaid minimum required contribution for current year fr		· · · · · · · · · · · · · · · · · · ·			11a			Vac \square .	
12	Is this a defined contribution plan subject to the minimum funding			or se	ction (302 of	ERISA?.	.	Yes X N	0
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is beir			ctions	and a	enter th	e date of	f the le	tter ruling	_
	granting the waiver.				,	Day		Yea	-	

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lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Forr	n 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)		of a	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?			. 🔲 🕆	res X No)	
	If "Yes," enter the amount of any plan assets that reverted to the employer th	is year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferre of the PBGC?		under the	control		Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan which assets or liabilities were transferred. (See instructions.)	n to another plan(s), identify tl	ne plan(s)	to			
1	3c(1) Name of plan(s):		1	3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)		<u> </u>			1	
14a I	Name of trust			14b ⊤	rust's EIN		