Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

HERE

SIGN **HERE**

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

Pension Benefit Guaranty Corporation ▶ Complete all entries in accordance with the instructions to the Form 5500-SF **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 plan number JAPNA INC. 401(K) PLAN (PN) ▶ 001 1c Effective date of plan 01/01/2014 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number JAPNA INC. 20-2332575 (EIN) Sponsor's telephone number 212-395-9766 499 SEVENTH AVENUE, RM #14N NEW YORK, NY 10018 Business code (see instructions) 424300 **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 8 **b** Total number of participants at the end of the plan year..... 5b 8 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) 8 d(2) Total number of active participants at the end of the plan year..... 5d(2) 8 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**

Date

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

Signature of plan administrator

Signature of employer/plan sponsor

Enter name of individual signing as plan administrator

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 eligib. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a sec	an independ and condition	lent qualified public accounta	nt (IQ	PA)				X Ye	_	No
C	f the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pro	ogram (see ERISA section 40	21)?		Yes	No		Not det	ermir	ned
Par	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) E	nd o	f Year		
<u>a</u>	Total plan assets	7a		0						0	
<u>b</u>	Total plan liabilities	7b									
	Net plan assets (subtract line 7b from line 7a)	. 7с	0			0					
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(I	b) To	tal		
	(1) Employers	8a(1)	0								
	(2) Participants	8a(2)		0							
	(3) Others (including rollovers)	. 8a(3)		0							
b	Other income (loss)	8b		0							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c								0	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0							
	Certain deemed and/or corrective distributions (see instructions)	8e		0							
f	Administrative service providers (salaries, fees, commissions)	8f		0							
g	Other expenses	8g		0							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h								0	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)									0	
j	Transfers to (from) the plan (see instructions)	·· 8j		0							
b	If the plan provides pension benefits, enter the applicable pension 2E 3D If the plan provides welfare benefits, enter the applicable welfare f										
Part											
10	During the plan year:				Yes	No	<u> </u>	Α	mount	1	
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide			10a		X					
b	Were there any nonexempt transactions with any party-in-interes on line 10a.)	t? (Do not in	clude transactions reported	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.)	her persons of the bene	by an insurance carrier, fits under the plan? (See	10e		X					
f	Has the plan failed to provide any benefit when due under the plan?					X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year en	d.)	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 required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3										
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Ye	es X	No
11a	Enter the unpaid minimum required contribution for current year f	rom Schedu	le SB (Form 5500) line 39			11a					
12	Is this a defined contribution plan subject to the minimum funding	g requiremen	its of section 412 of the Code	or se	ection :	302 of	ERISA	?	Υe	es 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 bei granting the waiver.	-			, and 6 	enter tl Day			e letter 'ear	rulino]

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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).

► 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

		tification Information				
or calendar plan year 2	014 or fiscal pla	in year beginning	01/01/2014	and ending	12/31/2014	
A This return/report is	or:	single-employer plan one-participant plan	a multiple-employer plan of participating employe a foreign plan	n (not multiemployer) r information in acco	(Filers checking this rdance with the form	box must attach a list instructions)
B This return/report is:	🔀 th	e first return/report	the final return/report			
	ar	amended return/report	a short plan year return	report (less than 12	months)	
C Check box if filing ur		orm 5558 pecial extension (enter desc	automatic extension		DFVC pro	gram
	an informat	tion enter all requested	Information		1b Three-digit	
1a Name of plan JAPNA INC. 4	01(K) PLAN				plan numbe (PN) ▶	001
					1c Effective da 01/01/20	
2a Plan sponsor's na	ne and address	include room or suite num	nber (employer, if for a single-	employer plan)	2b Employer Id (EIN) 20-	entification Number 2332575
					2c Sponsor's to (212) 39	elephone number 5-9766
499 SEVENTH AVE					2d Business co 424300	de (see instructions)
3a Plan administrator	oo18	dress X Same as Plan S	ponsor Name		3b Administrat	or's EIN
						or's telephone number
4 If the name and/o name, EIN, and the	EIN of the plan	sponsor has changed sinc from the last return/report.	ce the last return/report filed for	or this plan, enter the	4b EIN	
a Sponsor's name					4c PN	
5a Total number of p	articipants at th	e beginning of the plan year	·		5a	8
b Total number of p	articipants at th	e end of the plan year			5b	8
 Number of participation complete this item 	oants with accor	unt balances as of the end	of the plan year (defined bene	fit plans do not	5c	0
d(1) Total number o	active participa	ants at the beginning of the	plan year		5d(1)	8
d(2) Total number o	active participa	ants at the end of the plan y	/ear		5d(2)	8
Number of partici	oants that termi	inated employment during the	he plan year with accrued ber	efits that were	50	
less than 100% v					***	
Caution: A penalty f	or the late or in	complete filing of this re	turn/report will be assessed	unless reasonable	cause is established	d
Under penalties of pe SB or Schedule MB of belief, it is true, corre	ompleted and s	signed by an enrolled actuar	structions, I declare that I have ry, as well as the electronic ve	examined this returnersion of this return/re	n/report, including, if eport, and to the best	applicable, a Schedule of my knowledge and
SIGN						
HERE Signature of	f plan adminis	trator	Date	Enter name of indiv	idual signing as plan	administrator
	7	Ene	10/7/15	TAN	-	
SIGN HERE Signature of	of employer/pla	18 78 MI	Date 10/7/15			loyer or plan sponsor
			s; include room or sulte numb			hone number (optional)

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6a	Were all of the plan's assets during the	nlan vear invested in eligible	assets? (5	See instructions)			AND SHOOL HA		X Yes	 TNo
	Are you claiming a waiver of the annua									
	under 29 CFR 2520,104-46? (See instr	22			,	•			X Yes	□No
	If you answered "No" to either line 6	a or line 6b, the plan cannot	use Forr	n 5500-SF and must inst	ead use	Form	5500.			
c	If the plan is a defined benefit plan, is it	it covered under the PBGC ins	urance pr	ogram (see ERISA section	n 4021)?	*******	Yes Yes	No [Not det	ermined
Pa	rt III Financial Information									
	Plan Assets and Liabilities		经影響	(a) Beginning of	Year	T		(b) End of	Year	
а	Total plan assets		7a		0					0
b	Total plan liabilities		7b							
С	Net plan assets (subtract line 7b from I	line 7a)	7c		٥					0
8	Income, Expenses, and Transfers for t	his Plan Year	State.	(a) Amount				(b) Tot	al	
а	Contributions received or receivable fro		8a(1)		0				ALTON AND ST	
	(1) Employers(2) Participants		8a(2)		0	705		Market K.	ARCHA!	10 K
_	(3) Others (including rollovers)		8a(3)		0					
b	Other income (loss)		8b		0	1575				
	Total income (add lines 8a(1), 8a(2), 8		8c	ICAS CHAMAS ASSESSED	PARTS COM	201	Therese Henry			0
	Benefits paid (including direct rollovers	s and insurance premiums		THE RESIDENCE OF THE PARTY OF T		1		vie to a		15 (20 h)
-	to provide benefits)		8d		0	2019				STATE DELT
-	Certain deemed and/or corrective distr		8e		0	2000	CANTONIA		AND ADDRESS OF THE	
<u>f</u>	Administrative service providers (salar		8f		0	7886 7885				
g	Other expenses		8g	POLICE OF THE PARTY OF THE PART	ELISIES S	250	HISTORY	NOT HER WAS TO		0
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, a		8h		A TOMES N	HEST.				0
5	Net income (loss) (subtract line 8h from		8i 8i		0	100		A KENDY		
100	Transfers to (from) the plan (see instru rt IV Plan Characteristics	octions)	oj			AFE		CHI PLANTS OF		10001311-03
	If the plan provides pension benefits, e	nator the applicable peeting fo	aturo cod	oe from the List of Plan C	haracteri	etic Co	dae in t	he instructio	une.	
34	2E 3D	silier the applicable pension re	ature cou	es nom the List of Fight	i a i a cici	3110 00	ocs in e	no manaone	,,,,,	
- h			مامم مسام	a from the Liet of Dien Ch	arastaria	tic Cod	loc in th	e instruction	· ·	
ا"	If the plan provides welfare benefits, e	iliter the applicable wellare lea	itule code	s from the cist of Fight Offi	aracteria	000	103 111 (11	C manachor	,	
P:	rt V Compliance Questions	s								
10	During the plan year:	<u> </u>				Yes	s No	A	mount	
a		e plan any participant contribu	tions withi	n the time period describe	d in					
	29 CFR 2510.3-102? (See instruction)a	X			
b	Were there any nonexempt transact on line 10a.)					ob do	x			
	Was the plan covered by a fidelity be						х			
d										
	or dishonesty?				1	0d	х			
6		to any brokers, agents, or oth	ner person	s by an insurance carrier,						
	insurance service, or other organiza instructions.)					0e	x			
f						Of	x			
					K.O.C., A.S.	0g	×			
<u>ç</u>						og	+^	AN POLICE STR	Marie Con	Will story
'	2520.101-3.)				1	0h	x	2000		
Ī								测线排		
00207	exceptions to providing the notice a		1-3		1	0i		(100 mg/g)	E E Och	
Pa	rt VI Pension Funding Com									
11	Is this a defined benefit plan subject 5500) and line 11a below)								Yes	X No
_11	a Enter the unpaid minimum required	contribution for current year fi	rom Schee	dule SB (Form 5500) line :	39					
12	Is this a defined contribution plan su	ubject to the minimum funding	requirem	ents of section 412 of the	Code or	section	1 302 of	ERISA?	Yes	X No
	(If "Yes," complete line 12a or lines	12b, 12c, 12d, and 12e below	, as applic	cable.)						
a										
-	granting the waiver		******************************	***************************************	Iviontr	-		ау	rear _	

OF 10 20 20				
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	ete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			i i prima di mandina d
b Enter the minimum required con	ntribution for this plan year		12b	
c Enter the amount contributed by	y the employer to the plan for this plan year		12c	
	from the amount in line 12b. Enter the result (enter a minus sign to the le		12d	
e Will the minimum funding amou	nt reported on line 12d be met by the funding deadline?		Yes	□ No □ N/A
Part VII Plan Termination	and Transfers of Assets			
13a Has a resolution to terminate th	e plan been adopted in any plan year?		☐ Yes 🛭	K No
	y plan assets that reverted to the employer this year		13a	
of the PBGC?	uled to participants or beneficiaries, transferred to another plan, or brough			Yes X No
C If during this plan year, any ass which assets or liabilities were	ets or liabilities were transferred from this plan to another plan(s), identify transferred. (See instructions.)			
13c(1) Name of plan(s):		130	(2) EIN(s)	13c(3) PN(s)
Post VIII Turnt Information	(ontional)	l		
Part VIII Trust Information	(optional)		14b Trust's	EIN
14a Name of trust			140 Husts	S EIIV
	i i			
	*			