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

		rt Identification Information				
For calend	dar plan year 2014 or	fiscal plan year beginning 01/01/2	2014	and ending 12	2/31/2014	
A This re	eturn/report is for:	X a single-employer plan		er plan (not multiemployer) nployer information in accor		
		a one-participant plan	a foreign plan			
B This re	turn/report is	the first return/report	X the final return/repo	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 p	orogram
	Ü	special extension (enter desc	cription)			
Part II	Basic Plan In	formation—enter all requested in	nformation			
1a Name					1b Three-digi	
ANNETTE	EADERESTO, LLC 4	01K PLAN			plan numb (PN) ▶	oer 001
					1c Effective of	
						01/01/2004
2a Plan	sponsor's name and a	address; include room or suite numl	ber (employer, if for a sin	gle-employer plan)		Identification Number
ANNETTE	IADENESTO, LEG				(=,	11-3409567
18 RAII RO	AD AVENUE					telephone number 31-878-2282
	ORICHES, NY 11934	4			2d Business	code (see instructions)
					_	541990
3a Plan	administrator's name	and address Same as Plan Spor	nsor.		3b Administra	ator's EIN
					3c Administra	ator's telephone number
4 4	V 500 (
		the plan sponsor has changed since number from the last return/report.	e the last return/report file	ed for this plan, enter the	4b EIN	
name			e the last return/report file	ed for this plan, enter the		
name a Spons	e, EIN, and the plan r sor's name		·	•	4b EIN 4c PN	2
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	
a Spons 5a Total b Total c Num	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 b	penefit plans do not	4b EIN 4c PN 5a	2
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name a Spons 5a Total b Total c Numb comp d(1) To d(2) To e Numb less ti 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)	the sat the beginning of the plan year at the end of the plan year	f the plan year (defined bottom plan year	penefit plans do not penefits that were penefits that were	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if a tr, and to the best dual signing as plantage and signing as emitted.	an administrator

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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 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 se	an independ and condition not use Forn	ent qualified public accountans.)ns.) at 5500-SF and must instead	nt (IQ	PA) Form	5500.			<u></u>	es [No
C	f the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pro	gram (see ERISA section 40	21)? .		Yes	No		Not de	termi	ned
Par	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) E	nd o	f Year		
a	Total plan assets	. 7a	732							0	
b	Total plan liabilities	. 7b		0						0	
С	Net plan assets (subtract line 7b from line 7a)	. 7с	732	.78						0	<u> </u>
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(1	b) To	tal		
	Contributions received or receivable from: (1) Employers	. 8a(1)		0							
	(2) Participants			0							
	(3) Others (including rollovers)			0							
b	Other income (loss)	. 8b	45	36							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c								4536	j
	Benefits paid (including direct rollovers and insurance premiums		778	11							
	to provide benefits)	1	110	0							
	Certain deemed and/or corrective distributions (see instructions)	. 8e		0							
	Administrative service providers (salaries, fees, commissions)	1		0							
	Other expenses			0					7	7814	
	Total expenses (add lines 8d, 8e, 8f, and 8g)									3278	
	Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)			0					•	0210	
Par	, , , , , , , , , , , , , , , , , , , ,	· 8j		0							
b Part	If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan pro	eature codes	s from the List of Plan Charad	cterist	ic Coc	les in t	the instr	uctio	ns:		
10	During the plan year:				Yes	No		ļ	moun	t	
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	uciary Correc	ction Program)	10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
C	Was the plan covered by a fidelity bond?			10c	X					1	10000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X					
<u>e</u>	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 benef	its under the plan? (See	10e		X					
f	Has the plan failed to provide any benefit when due under the plan	an?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year en	d.)	10g		X					
h						X					
i	If 10h was answered "Yes," check the box if you either provided t 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)								Υ	es >	× No
11a	Enter the unpaid minimum required contribution for current year f	rom Schedul	e SB (Form 5500) line 39			11a					
12	Is this a defined contribution plan subject to the minimum funding	g requiremen	ts of section 412 of the Code	or se	ction	302 of	ERISA	?	Y	es >	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	, as applicab	ele.)								
а	If a waiver of the minimum funding standard for a prior year is bei granting the waiver.	-			, and e	enter tl Day			e letter ′ear _	rulin	g

	F	Form 5500-SF 2014	Page 3 - 1					
lf y	ou c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Forr	n 5500), and skip to line 13.					
b	Ente	r the minimum required contribution for this plan year			12b			
С	Ente	r the amount contributed by the employer to the plan for this plan year			12c			
d		ract the amount in line 12c from the amount in line 12b. Enter the result ative amount)	`		12d			
е	Will t	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?			. X	Yes N	lo	
	If "Ye	es," enter the amount of any plan assets that reverted to the employer th	is year		. 13a			
b		e all the plan assets distributed to participants or beneficiaries, transferre e PBGC?		under the o	control		X Yes	No
С	If du	ring this plan year, any assets or liabilities were transferred from this planth assets or liabilities were transferred. (See instructions.)		ne plan(s)	to			
1	3c(1)	Name of plan(s):		1:	3c(2) E	IN(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).

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation	Complete an entries in a	iccordance with the inst	ructions to the Form 550	0-SF.	
	t Identification Information	1			
For calendar plan year 2014 or t	fiscal plan year beginning	01/01/2014	and ending	12/31/	2014
A This return/report is for: B This return/report is:	x a single-employer plan a one-participant plan the first return/report an amended return/report	of participating emp a foreign plan x the final return/repo	ployer information in accord	dance with the	ng this box must attach a list e form instructions)
		a stront plant your to	tamiroport (1035 thair 12 fr		
C Check box if filing under:	x Form 5558 special extension (enter desc	automatic extension	n ·	DF	VC program
Part II Basic Plan Inf	formation enter all requested	d information			
1a Name of plan				1b Three	-dlgit
ANNETTE EADERESTO,	. I.C. 401K PLAN			plan n (PN))	umber 001
				<u></u>	ive date of plan
					1/2004
2a Plan sponsor's name and a ANNETTE EADERESTO,	address; include room or suite num , LLC	ber (employer, if for a sin	gle-employer plan)	1	yer Identification Number 11-3409567
18 RAILROAD AVENUE					sor's telephone number) 878–2282
					ess code (see instructions)
US CENTER MORICHES NY 1				5419	
3a Plan administrator's name	and address X Same as Plan Sp	ponsor Name		3b Admir	nistrator's EIN
				3c Admir	nistrator's telephone number
					·
4 If the name and/or EIN of the name, EIN, and the plan of	he plan sponsor has changed since umber from the last return/report.	e the last return/report file	d for this plan, enter the	4b EIN	
a Sponsor's name	moet nom the last retainineport.			4c PN	
	s at the beginning of the plan year			 	
				5a	2
				5a 5b	2
C Number of participants with	s at the end of the plan year account balances as of the end of	f the plan year (defined be	enefit plans do not	5a 5b 5c	0
C Number of participants with complete this item)	s at the end of the plan year account balances as of the end of	f the plan year (defined be	enefit plans do not	5b 5c	0
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c Number of participants with complete this item)d(1) Total number of active pa	s at the end of the plan year n account balances as of the end of street of the end of the participants at the beginning of the participants at the end of the plan ye	f the plan year (defined be lan year	enefit plans do not	5b 5c 5d(1) 5d(2)	0
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c Number of participants with complete this item)d(1) Total number of active participants that less than 100% vested	s at the end of the plan year account balances as of the end of the end of the plan yearticipants at the end of the plan yearticipants.	f the plan year (defined be lan yearar arar	enefit plans do not	5b 5c 5d(1) 5d(2) 5e	0 0 2 0
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c Number of participants with complete this item)	s at the end of the plan year account balances as of the end of the plan year tricipants at the end of the plan year terminated employment during the por incomplete filling of this return the plan year or incomplete set forth in the instrance of the penalties set forth in the instrance of the penalties are not engled actuary.	f the plan year (defined be lan year lan year ar lan year with accrued be lan year will be assess uctions, I declare that I ha	enefit plans do not benefits that were ed unless reasonable ca	5b 5c 5d(1) 5d(2) 5e use Is estable port, including t, and to the	0 0 2 0 0 0 lished.
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C Number of participants with complete this item)	s at the end of the plan year account balances as of the end of the plan year tricipants at the beginning of the participants at the end of the plan year terminated employment during the eor incomplete filling of this return other penalties set forth in the instrand eigned by an enrolled actuary, policte.	f the plan year (defined be lan year lan year ar lan year with accrued be lan year will be assess uctions, I declare that I ha	enefit plans do not benefits that were ed unless reasonable ca ave examined this return/repor	5b 5c 5d(1) 5d(2) 5e use is estabe port, including t, and to the	0 0 2 0 0 0 lished. g, if applicable, a Schedule best of my knowledge and
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C Number of participants with complete this item)	s at the end of the plan year	f the plan year (defined be lan year lan year ar lan year with accrued be landred will be assess uctions, I declare that I hat as well as the electronic landred landr	penefit plans do not penefits that were ed unless reasonable ca ave examined this return/report version of this return/report ANNETTE EADERES' Enter name of Individual	5b 5c 5d(1) 5d(2) 5e use Is estable port, including the and to the all signing as part of the all signing as an all signing as all signing as all signing as	0 0 2 0 0 0 lished. Ig, if applicable, a Schedule best of my knowledge and plan administrator
C Number of participants with complete this item)	s at the end of the plan year	f the plan year (defined be lan year lan year ar lan year with accrued be landred will be assess uctions, I declare that I hat as well as the electronic landred landr	penefit plans do not penefits that were ed unless reasonable ca ave examined this return/report version of this return/report ANNETTE EADERES' Enter name of Individual	5b 5c 5d(1) 5d(2) 5e use Is estable port, including the and to the all signing as part of the all signing as an all signing as all signing as all signing as	0 0 2 0 0 0 lished. Ig, if applicable, a Schedule best of my knowledge and plan administrator

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6a	Were all of the plan's assets during the plan year invested in eligible	assets?	(See instructions.)	•••••	********			[2	Yes	□No
b	Are you claiming a waiver of the annual examination and report of a	n indeper	ndent qualified public accountant	(IQP/	۹)					
	under 29 CFR 2520.104-46? (See instructions on walver eligibility a	lons.)					[2	<u>∢</u>]Yes	No	
	If you answered "No" to either line 6a or line 6b, the plan cannot	ot use Fo	rm 5500-SF and must Instead					_ r	7	
C	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA section 402	1)7 .	······ L	Yes	N	0 [7 1400	determined
Pa	rt III Financial Information	.	· · · · · · · · · · · · · · · · · · ·							
7	Plan Assets and Liabilities	2472.35	(a) Beginning of Year	•	 		(b) End	f of `	/ear	
a	Total plan assets	7a	73,2	78	ļ					0
b	Total plan liabilities	7b		0	ļ					0
C	Net plan essels (subtract line 7b from line 7a)	7c	73,2	78			/1-1	Y-1-		0
$\frac{8}{a}$	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	4.4.Te.	(a) Amount		1.27.3	\$1(\$\delta())	(ロ) (中:李宗宗)	Tota	11 . 1. 6.1	
	(1) Employers	8a(1)		0	1					
	(2) Participants	8a(2)		0	Jan 18	對位				oran, i
	(3) Others (including rollovers)	8a(3)		0						- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
b	Other income (loss)	8b	4,5							
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	The art of the part of the		1	status a sayle	See to the see		4	,536
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	77,8	1.4						
е	Certain deemed and/or corrective distributions (see instructions)	8e		0	1200		14; 3			
f	Administrative service providers (salaries, fees, commissions)	8f		0	357.5					6.34.75.4
g	Other expenses	8g		0	25	特別	39.	17.98.3 15.65 iz	ng et e je Op 1 og et	With the T
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					_		77	,814
i	Net income (loss) (subtract line 8h from line 8c)	81	大学 ,《《新兴·斯斯·斯斯·斯斯·斯斯·斯斯·斯斯·斯斯·斯斯·斯斯·斯斯·斯斯·斯斯·斯斯							278)
<u>i</u>	Transfers to (from) the plan (see instructions)	8]		0					9999 Sin 199	
Pa	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension for	eature cod	des from the List of Plan Charac	teristi	c Cod	es in ti	ne instru	etior	15:	
	2E 2J 2K 3D									
þ	If the plan provides welfare benefits, enter the applicable welfare fea	ature code	es from the List of Plan Characte	eristic	Code	s in the	instruc	tions	: :	
D	rt V Compliance Questions									
10	During the plan year:				Yes	No		Λr	nount	
a		tions with	in the time period described in	T .	163	140			iount	
	29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduc			10a		х				
b	the same and the s			401		х				
c	on line 10a.)			10b	х					10,000
d				100		-				10,000
u	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.)			10e		x				
f	Has the plan falled to provide any benefit when due under the plan			10f		х				
			* · · · · · · · · · · · · · · · · · · ·	-						
g h	Did the plan have any participant loans? (If "Yes," enter amount a			10g		X	<u> 2.152.698</u> .	Tally Party		<u> </u>
	If this is an individual account plan, was there a blackout period? (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 2520.101			40:						
Pai	tVI Pension Funding Compliance	1-0	***************************************	10i		l	经外担债金	37 Y. C	V()(0.)	<u> </u>
11	Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)		,	•			•		Пү	es 🕱 No
11:	Enter the unpaid minimum required contribution for current year fr		······································							
12	Is this a defined contribution plan subject to the minimum funding		~~~···			02 of I	RISA?	T	Пү	es 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 being	ng amortiz	zed in this plan year, see instruc	tions,	and e	nter th	e date d	of the	letter	ruling
	granting the waiver		Mor	nth _			<i>'</i>		Year	-

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If you completed line 12a, complete lines 3, 9, and 10 of Schedule ME	3 (Form 5500), and skip to line	13.			
b Enter the minimum required contribution for this plan year			12b		
c 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 negative amount)		12d			
e 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?			X Ye	es 🗌 No)
If "Yes," enter the amount of any plan assets that reverted to the employer this year					O
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?					₹ Yes □ No
C If during this plan year, any assets or liabilities were transferred from t which assets or liabilities were transferred. (See instructions.)					
13c(1) Name of plan(s):		130	(2) EIN(s)	13c(3) PN(s)
Part VIII Trust Information (optional)					
14a Name of trust			14b T	rust's EIN	