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).

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

Part I		<u>rt Identification Information</u>	າ			
For calend	dar plan year 2014 or	fiscal plan year beginning 01/01/2	201 <u>4</u>	and ending 1	2/31/2014	
A This re	eturn/report is for:	X a single-employer plan	ш : : :	plan (not multiemployer) oyer information in acco	•	
	a one-participant plan a foreign plan					
B This ret	turn/report is	X the first return/report				
		an amended return/report	a short plan year retu	urn/report (less than 12 r	months)	
C Check	box if filing under:	X Form 5558	automatic extension		DFVC pro	ogram
		special extension (enter desc	cription)			
Part II	Basic Plan Inf	ormation—enter all requested in	nformation			
1a Name YASMIN CO	e of plan OLLAZO MD PC PEN	ISION PLAN			1b Three-digit plan number	
					(PN) 1c Effective date	e of plan
						/01/2014
	sponsor's name and a DLLAZO MD PC	address; include room or suite numl	per (employer, if for a singl	e-employer plan)		entification Number 7-1235358
936 5TH AV	E SUITE 4				2c Sponsor's to	elephone number -452-9671
NEW YORK						de (see instructions)
3a Plan a	administrator's name	and address XSame as Plan Spor	nsor.		3b Administrato	r's EIN
4 If the	name and/or EIN of t	he plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b EIN	
	e, EIN, and the plan n sor's name	umber from the last return/report.			4c PN	
5a Total	number of participan	ts at the beginning of the plan year			5a	2
b Total	number of participan	ts at the end of the plan year			5b	2
		h account balances as of the end o			5c	2
d(1) To	tal number of active p	participants at the beginning of the p	olan year		5d(1)	2
		participants at the end of the plan ye			5d(2)	2
		terminated employment during the			5e	C
Under pen SB or Sch	nalties of perjury and	e or incomplete filing of this reture other penalties set forth in the instruand signed by an enrolled actuary, mplete.	uctions, I declare that I hav	e examined this return/re	eport, including, if ap	plicable, a Schedule
SIGN	Filed with authorize	d/valid electronic signature.				
HERE	Signature of plan administrator Date Enter name of individ		dual signing as plan	administrator		
SIGN						
HERE	Signature of emp	loyer/plan sponsor	Date	Enter name of indivi	dual signing as empl	oyer or plan sponsor
Preparer's	name (including firm	name, if applicable) and address (include room or suite numb	per) (optional)	Preparer's telepho	
						one number (optional)

	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 cunder 29 CFR 2520.104-46? (See instructions on waiver eligibility a f you answered "No" to either line 6a or line 6b, the plan cannot with the plan cannot will be a first large to the plan cannot will be a first large to the plan cannot will be a first large.	an indepe and condit ot use Fo	ndent qualified public accounta iions.) irm 5500-SF and must instead	nt (IQ	PA) Form	5500.		X Ye	s No
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA section 40	121)? .		Yes	∐No ∐	Not dete	rmined
Par					-				
7	Plan Assets and Liabilities		(a) Beginning of Yea		-		(b) End o		004
	Fotal plan assets	7a		0	-			59	301
	Total plan liabilities	7b		0				F0	204
	Net plan assets (subtract line 7b from line 7a)	7c		U	_				301
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	tal	
	Contributions received or receivable from: 1) Employers	8a(1)	363	801					
	2) Participants	8a(2)	230	000					
	3) Others (including rollovers)	8a(3)							
-	Other income (loss)	8b							
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						59	301
d	Benefits paid (including direct rollovers and insurance premiums								
	o provide benefits)	8d							
	Certain deemed and/or corrective distributions (see instructions)	8e							
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f							
<u>g</u>	Other expenses	8g							
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							
	Net income (loss) (subtract line 8h from line 8c)	8i						59	301
	ransfers to (from) the plan (see instructions)	8j							
Par 9a	IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension for	feature co	odes from the List of Plan Char	acteris	stic Co	des in	the instructi	ons:	
	2E 2J 3D								
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature coo	les from the List of Plan Chara	cterist	ic Cod	les in t	he instructio	ns:	
Dont	V Commission of Overtions								
Part					Vaa	Na	1		
10	During the plan year: Was there a failure to transmit to the plan any participant contribut	tione withi	n the time period described in		Yes	No	,	Amount	
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			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			
d	Did the plan have a loss, whether or not reimbursed by the plan's			100					
	or dishonesty?			10d		X			
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 ber	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	end.)	10g		X			
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	ne require	d notice or one of the	10i					
Part									
11	Is this a defined benefit plan subject to minimum funding requirement							Пуе	s X No
112	5500) and line 11a below) Enter the unpaid minimum required contribution for current year from								- [] 110
						11a	EDICA:	☐ Ye	s X No
12	Is this a defined contribution plan subject to the minimum funding			OF SE	ะบบดา	o∪∠ Oī	EKISA!	l le	J NU
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 bein			ctions	and e	enter th	ne date of th	e letter r	ulina
u	granting the waiver	-				Day		Year	<u>-</u>

	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

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Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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OMB Nos. 1210-0110 1210-0089

2014

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Part			Complete all entries in ac	cordance with the instruc	tions to the Form 660	JU-ST.	
A This return/report is for: a single-employer plan a multiple-employer plan (or threatment) a multiple-employer plan (or participating employer information in accordance with the form instructions)				01/01/2014	and anding	12/31/20	14
A This return/report is for: a one-participant plan of pericipanting employer information in accordance with the form instructions) a storigan plan of pericipanting employer information in accordance with the form instructions) a storigan plan of pericipanting employer information in accordance with the form instructions of pericipanting employer information of pericipanting employer of pericipanting emp	For calend	ar plan year 2014 or fis					
Development		•	a one-participant plan the first return/report	of participating employ a foreign plan the final return/report	ver information in accor	dance with the for	
Special extension (enter description) Part II Basic Plan Information — enter all requested information A Name of blan Three-digit plan number			an amended return/report	a short plan year retur	n/report (less than 12 r	nontns)	
Part II Basic Plan Information — enter all requested information 1a Name of plan Yasmain Collazo MD PC Pension Plan 2a Pan sponsor's name and address: include room or suite number (employer, if for a single-employer plan) Yasmain Collazo MD PC 2b Employer identification Number (EIN) 27-1235358 2c Sponsor's telephone number (212) 452-9671 2d Business code (see instructions) 23a Plan administrator's name and address X Same as Plan Sponsor Name 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the a Sponsor's retember of participants at the end of the plan year 5 Total number of participants at the end of the plan year 6 Total number of participants at the end of the plan year 6 Number of participants at the end of the plan year 6 Number of participants at the end of the plan year 6 Number of participants at the end of the plan year 6 Number of participants at the end of the plan year 6 Number of participants at the end of the plan year 6 Number of participants at the end of the plan year 6 Number of participants at the end of the plan year 6 Number of participants at the end of the plan year 6 Number of participants that terminated employment during the plan year with accrued benefits that were 6 Number of participants at the end of the plan year 8 Number of participants that terminated employment during the plan year with accrued benefits that were 8 Number of participants that terminated employment during the plan year with accrued benefits that were 9 Number of participants at the end of the plan year 10 N N N N N N N N N N N N N N N N N N N	C Check	box if filing under:		L		DFVC	program
18 Name of plan Yassain Collazo MD PC Pension Plan 10 Ceffedive date of plan Old Ceffedive date of plan Old Old Ceffedive date of plan Old		B (B) (1.6)	<u> </u>	<u> </u>			
Yasmin Collazo ND FC Pension Plan To Effective date of plan 10 10 10 10 10 10 10 1			rmation — enter all requested	information		1b Three-dig	it .
2 Pan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2 Pan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 3 Pan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 4 DE Employer Identification Number (cit) 27-1235358 2 Co Sponsor's telephone number (212) 452-9671 2 de Business code (see Instructions) 621330 3 Plan administrator's name and address		•	PC Pension Plan			plan num	ber
Tasmin Collazo MD PC (EIN) 27-1235358 2C Sponsor's telephone number (212) 452-9671 2d Business code (see Instructions) 621330 3a Plan administrator's name and address S Same as Plan Sponsor Name 4 If the name ancior EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the a Sponsor's telephone number of a Sponsor's telephone number of participants at the beginning of the plan year 5a Total number of participants at the beginning of the plan year 5b Total number of participants at the beginning of the plan year 6c 2 6c 2 6d(1) 2 6d(2) Total number of active participants at the beginning of the plan year 6d(2) Total number of participants at the beginning of the plan year 6d(2) Total number of participants at the beginning of the plan year 6d(2) Total number of participants at the beginning of the plan year 6d(2) Total number of participants at the beginning of the plan year 6d(2) Total number of participants at the beginning of the plan year 6d(2) Total number of participants at the beginning of the plan year 6d(2) Total number of participants at the beginning of the plan year 6d(2) Total number of participants at the end of the plan year 6d(2) Total number of participants at the end of the plan year 6d(3) Total number of participants at the end of the plan year 6d(3) 2 6d(4) 2 6d(3) 2 6d(4) 2 6d(4) 2 6d(5) 2 6d(6) 2 6d(7) 2 6d(8) 2 6d(8) 2 6d(9) 2 6d(9) 2 6d(1) 2 6d(1) 2 6d(1) 3 6							•
### Space Sth. Ave. Suste 4 ### US New York NY 1002. ### 33a Plan administrator's name and eddress X Same as Plan Sponsor Name 3b Administrator's EIN ### 35pmb.5f* name* and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the a Sponsof* name* the last return/report filed for this plan, enter the a Sponsof* name* the last return/report filed for this plan, enter the a Sponsof* name* the last return/report filed for this plan, enter the a Sponsof* name* the last return/report filed for this plan, enter the a Sponsof* name* the last return/report filed for this plan, enter the a Sponsof* name* the last return/report filed for this plan, enter the a Sponsof* name* the last return/report filed for this plan, enter the a Sponsof* name* the last return/report filed for this plan, enter the a Sponsof* name* the last return/report filed for this plan, enter the a Sponsof* name* the last return/report filed for this plan, enter the a Sponsof* name* the last return/report filed for this plan, enter the a Sponsof* name* the last return/report filed for this plan, enter the a Sponsof* name* the last return/report filed for this plan, enter the a Sponsof* name* the last return/report filed for this plan, enter the a Sponsof* name* the last return/report filed for this plan, enter the a Sponsof* name* the last return/report and participants at the end of the plan year sponsof* for a sponsof* name* the last return/report and participants at the end of the plan year sponsof* for a sponsof* name* the last return/report and participants at the end of the plan year sponsof* name* the last return/report and participants at the end of the plan year with accrued benefits that were sets than 100% vested sets than 100% vested sets the end of the plan year with accrued benefits that were sets than 100% vested sets than 100% vested sets the end of the plan year with accrued benefits that were sets than 100% vested sets than 100% vested sets than 100% vested sets than 100% vested				er (employer, if for a single-	employer plan)		
2d Business code (see Instructions) 621330 Section	026	Eth Bern Swite A				, — · · ·	•
3b Administrator's name and address X Same as Plan Sponsor Name 3b Administrator's telephone number 3c Administrator's telephone number 3c Administrator's telephone number 3d Administrat							code (see instructions)
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the a Sp0ns-5 halffighe plan number from the last return/report 5a Total number of participants at the beginning of the plan year 5b 2 C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 4d(1) Total number of active participants at the beginning of the plan year 4d(2) Total number of active participants at the end of the plan year 4d(2) Total number of active participants at the end of the plan year 5d(1) 2 4d(2) Total number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested 6 Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested 6 Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested 6 Number of participants that terminated employment during the plan year with accrued benefits that were 6 Number of participants that terminated employment during the plan year with accrued benefits that were 6 Number of participants that terminated employment during the plan year with accrued benefits that were 6 Number of participants that terminated employment during the plan year with accrued benefits that were 6 Number of participants that terminated employment during the plan year with accrued benefits that were 6 Number of participants that terminated employment during the plan year with accrued benefits that were 6 Number of participants that terminated employment during the plan year with accrued benefits that were 6 Number of participants that terminated employment during the plan year with accrued benefits that were 6 Number of participants that terminated employment during the plan year with accrued benefits that were 6 Number of participants that terminated employment during the plan year with accrued ben			nd address 🕱 Same as Plan Spo	onsor Name		3b Administr	ator's EIN
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a Sponsofishafite has number from the last return/report 5a Total number of participants at the beginning of the plan year						3c Administr	ator's telephone number
Total number of participants at the beginning of the plan year	4 If the	name and/or EIN of th	e plan sponsor has changed since	the last return/report filed for	or this plan, enter the		
b Total number of participants at the end of the plan year C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) d(1) Total number of active participants at the beginning of the plan year d(2) Total number of active participants at the end of the plan year Number of participants that terminated employment during the plan year of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested Caution: A penalty for the late or incomplete filling 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. SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)							2
c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) d(1) Total number of active participants at the beginning of the plan year d(2) Total number of active participants that terminated employment during the plan year with accrued benefits that were less than 100% vested Caution: A penalty for the late or incomplete filling 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. Sign Dr. Yasmin Collazo Dr. Yasmin Col		, ,					
d(2) Total number of active participants at the end of the plan year Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested 5e 0 Caution: A penalty for the late or incomplete filling 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. Signature of plan administrator Dr. Yasmin Collazo Dr. Yasmin Collazo	C Num	ber of participants with	account balances as of the end of	the plan year (defined bene	efit plans do not		2
Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	d(1) To	tal number of active pa	rticipants at the beginning of the pla	an year	444444	. 5d(1)	2
Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	d(2) To	tai number of active pa	rticipants at the end of the plan yea	Γ		. 5d(2)	2
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. SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator Dr. Yasmin Collazo Dr. Yasmin Collazo Dr. Yasmin Collazo Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if/applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)	e Num	ber of participants that	terminated employment during the	plan year with accrued ben			0
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 SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator Dr. Yasmin Collazo Br. Yasmin Collazo Dr. Yasmin Collazo Br. Yasmin Collazo Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, it/applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)	Caution	: A penalty for the late	or incomplete filing of this retur	n/report will be assessed	uniess reasonable c	ause is establish	ed.
HERE Signature of plan administrator SIGN Dr. Yasmin Collazo Preparer's name (including irm name, if/applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)	SB or Sc	hedule MB completed	and signed by an enrolled actuary,				
HERE Signature of plan administrator SIGN C/I Dr. Yasmin Collazo HERE Signature of employer/plan sponsor Date Enter name of individual signing as plan administrator Preparer's name (including firm name, it/applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)	SIGN	70h		rohy 15	Dr. Yasmin Col	lazo	
Sign Signature of employer/plan sponsor Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)	1 5	Signature of plan adi	ninistrator	Date	Enter name of individ	ual signing as plat	n administrator
HERE Signature of employer/plan sponsor Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)		han		10/4/15	i		-,-
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)		Signature of employe	r/plan Sponsor	Date			plover or plan sponsor
	Preparei		, ,	nclude room or suite numb	L		

	Form 5500-SF 2014		Page 2						
6a	Were all of the plan's assets during the plan year invested in eligible	assets? (S	See instructions.)					X Yes	—— Пио
	re you claiming a waiver of the annual examination and report of an independent gualified public accountant (IQPA)								
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility ar	•		,	,	••••••	•••••	x Yes]No
	If you answered "No" to either line 6a or line 6b, the plan canno	t use Forn	n 5500-SF and must instead u	se Fo	orm 5	500.			
С	If the plan is a defined benefit plan, is it covered under the PBGC ins	surance pro	ogram (see ERISA section 402	l)? .		Ye	s No	Not dete	rmined
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year				(b) End o	f Year	
а	Total plan assets	7a		0				59,30)1
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c		0				59,30)1
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	tal	
а	Contributions received or receivable from: (1) Employers	8a(1)	36,30	11					
-	(2) Participants	8a(2)	23,00						
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						59,30)1
	Benefits paid (including direct rollovers and insurance premiums							57,51	
	to provide benefits)	8d							
	Certain deemed and/or corrective distributions (see instructions)	8e							
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f							
<u>g</u>	Other expenses	8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			-			59,30	
÷	Net income (loss) (subtract line 8h from line 8c)	8i						39,30) <u>+</u>
J	Transfers to (from) the plan (see instructions)	8j							
9a	If the plan provides pension benefits, enter the applicable pension fe	ature code	es from the List of Plan Characte	eristic	Code	s in th	ne instructio	ns:	
	2E 2J 3D								
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	from the List of Plan Character	ristic (Codes	in the	instruction	S :	
Pa	rt V Compliance Questions								
10	During the plan year:				Yes	No	,	Amount	
а	Was there a failure to transmit to the plan any participant contribut								
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc			10a		х			
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	•		10b		x			
C				10c		х			
d				1.00					
	or dishonesty?	•	•	10d		х			
е	,								
	insurance service, or other organization that provides some or all of instructions.)		• \	10e		x			
f	·			10f		х			
				10g		х			
<u>g</u>	, , , , , , , , , , , , , , , , , , , ,		,	iug					
h	If this is an individual account plan, was there a blackout period? (32520.101-3.)			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			10i					
Pa	rt VI Pension Funding Compliance						_		
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)							Yes 2	X No
11:	Enter the unpaid minimum required contribution for current year from the contribution for current year.			•••••					
12						2 of F	RISA?	Yes 2	X No
				. 5501					
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 bein		,	ons	and er	ter th	e date of th	e letter ruling	r
	granting the waiver						ay		, ——

	Fo	rm 5500-SF 2014	Page 3-						
lf y	If you 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		act the amount in line 12c from the amount in line 12b. Enter the result (enter a ve amount)			12d				
е	Will th	e minimum funding amount reported on line 12d be met by the funding deadlin	ne?	•••••	Yes No N/A				
Part	VII	Plan Terminations and Transfers of Assets							
13a	3a Has a resolution to terminate the plan been adopted in any plan year?					Yes X No			
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 another plan, or brought under the coof the PBGC?						Yes X No			
С		ng this plan year, any assets or liabilities were transferred from this plan to ano assets or liabilities were transferred. (See instructions.)	other plan(s), iden	ntify the plan(s) to					
1	3c(1) N	lame of plan(s):		130	(2) EIN(s)	13c(3) PN(s)		
Part	VIII	Trust Information (optional)							
14a Name of trust				14b ⊤	rust's EIN				