

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2014</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
A This return/report is for:	<input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or <input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) _____
B This return/report is:	<input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report; <input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here. ▶ <input type="checkbox"/>	
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program; <input type="checkbox"/> special extension (enter description)

Part II	Basic Plan Information —enter all requested information		
1a Name of plan	<u>TEE BAR CORPORATION PROFIT SHARING PLAN</u>	1b Three-digit plan number (PN) ▶	<u>001</u>
		1c Effective date of plan	<u>06/01/1991</u>
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)	<u>TEE BAR CORPORATION</u>		
		2b Employer Identification Number (EIN)	<u>14-1437138</u>
		2c Plan Sponsor's telephone number	<u>845-691-2927</u>
		2d Business code (see instructions)	<u>721110</u>
	<u>600 ROUTE 44-55 HIGHLAND, NY 12528</u>		
	<u>600 ROUTE 44-55 HIGHLAND, NY 12528</u>		

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 accompanying schedules, statements and attachments, 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	Filed with authorized/valid electronic signature.	10/14/2015	LUDWIG BACH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 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	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 172
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 100 6a(2) 113 6b 0 6c 44 6d 157 6e 0 6f 157 6g 149 6h 10
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input checked="" type="checkbox"/> <u>1</u> A (Insurance Information) (4) <input type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)

Part III**Form M-1 Compliance Information (to be completed by welfare benefit plans)**

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☒ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 <hr/> 2014 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan <u>TEE BAR CORPORATION PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TEE BAR CORPORATION</u>	D Employer Identification Number (EIN) <u>14-1437138</u>	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier

PENN MUTUAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
		<u>7189G</u>	<u>2</u>	<u>01/01/2014</u>	<u>12/31/2014</u>

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
	<u>573</u>

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

COOPER AGENCY
2 PARK AVENUE, SUITE 300
NEW YORK, NY 10016

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule A (Form 5500) 2014
v. 140124

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end.....	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier.....	6b	
c Premiums due but unpaid at the end of the year.....	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year.....	7b	
c Additions: (1) Contributions deposited during the year.....	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account.....	7c(4)	
(5) Other (specify below)	7c(5)	
▶		
(6) Total additions.....	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account.....	7e(3)	
(4) Other (specify below)	7e(4)	
▶		
(5) Total deductions.....	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☒ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)	573	
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....	9a(4)		573
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2))	9b(3)		
(4) Claims charged	9b(4)		
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention	9c(1)(H)		
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.).....	9c(2)		
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)		
(2) Claim reserves	9d(2)		
(3) Other reserves.....	9d(3)		
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e		

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
A Name of plan TEE BAR CORPORATION PROFIT SHARING PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 TEE BAR CORPORATION		D Employer Identification Number (EIN) 14-1437138

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	400073	125000
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	274432	336786
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	5805	6062
(15) Other.....	1c(15)	1649785	1950959

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	2330095	2418807

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	14081	14486
k Total liabilities (add all amounts in lines 1g through 1j)	1k	14081	14486

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	2316014	2404321
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	125000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		125000

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	266	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		266

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	43015	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		43015

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		60437
c Other income.....	2c		468
d Total income. Add all income amounts in column (b) and enter total.....	2d		229186

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	125187	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		125187
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	15692	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		15692
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		140879

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		88307
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unqualified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☐ Yes ☒ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: JUDELSON, GIORDANO & SIEGEL, CPA, P

(2) EIN: 14-1619319

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		325000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
 If "Yes," enter the amount of any plan assets that reverted to the employer this year. ☐ Yes ☒ No Amount:

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

TEE BAR CORPORATION PROFIT SHARING PLAN
HIGHLAND, NEW YORK

FINANCIAL STATEMENTS
DECEMBER 31, 2014 AND 2013

TEE BAR CORPORATION PROFIT SHARING PLAN
HIGHLAND, NEW YORK

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DECEMBER 31, 2014 AND 2013

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Jack Judelson, CPA (1907-1987)

Jason T. Giordano, CPA, MST

Bonnie J. Orr, CPA

Gary J. Cassiello, CPA, ABV, CFF

Frank P. Giordano, III, CPA

Robert Unger, CPA, CFE

Domenick T. Del Rosso, CPA, MST

Robert Tannini, CPA, MBA, MST

Corinne Cody, CPA

Ralph J. Martucci, CPA

Christian M. Coburn, CPA

INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of the
Tee Bar Corporation Profit Sharing Plan

Report on the Financial Statements

We have audited the accompanying financial statements of Tee Bar Corporation Profit Sharing Plan, which comprises the statement of net assets available for benefits as of December 31, 2014, and the related statement of changes in net assets available for benefits for the year ended December 31, 2014, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan and Trust as of December 31, 2014, and the changes in net assets available for benefits for the year ended December 31, 2014, in accordance with accounting principles generally accepted in the United States of America.

Other Matter

The financial statements of Tee Bar Corporation Profit Sharing Plan as of and for the year ended December 31, 2013, were audited by other auditors whose report dated July 25, 2014, expressed an unmodified opinion on those statements.

Report on Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Schedule H, line 4i-schedule of assets (held at end of year) and Schedule H line 4j-schedule of reportable transactions are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Judelson, Giordano & Siegel, P.C.

October 10, 2015

TEE BAR CORPORATION PROFIT SHARING PLAN
HIGHLAND, NEW YORK

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31,

	<u>2014</u>	<u>2013</u>
ASSETS		
Investments at Fair Value:		
Cash and Cash Equivalents	336,786	274,432
Guaranteed Investment Contract	6,062	5,805
Mutual Funds and ETF's	1,936,473	1,635,767
Total Investments	<u>2,279,321</u>	<u>1,916,004</u>
Cash Surrender Value of Life Insurance	14,486	14,018
Receivables:		
Employer's Contribution	<u>125,000</u>	<u>400,073</u>
 TOTAL ASSETS	 <u>2,418,807</u>	 <u>2,330,095</u>
 LIABILITIES		
Federal Taxes Withheld Payable	0	63
Insurance Proceeds Payable	14,486	14,018
Total Liabilities	<u>14,486</u>	<u>14,081</u>
 NET ASSETS AVAILABLE FOR BENEFITS	 <u><u>2,404,321</u></u>	 <u><u>2,316,014</u></u>

TEE BAR CORPORATION PROFIT SHARING PLAN
HIGHLAND, NEW YORK

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2014

ADDITIONS:

Additions to net assets attributed to:

Investment income:

Net appreciation in fair value of investments	60,437
Interest and Dividend income	43,281
Other income	468
	<hr/> 104,186

Contributions:

Employer	125,000
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TOTAL ADDITIONS	<hr/> 229,186
-----------------	---------------

DEDUCTIONS:

Deductions from net assets attributed to:

Benefits paid to participants	125,187
Administrative Expenses	15,692

TOTAL DEDUCTIONS	<hr/> 140,879
------------------	---------------

NET INCREASE	88,307
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NET ASSETS AVAILABLE FOR BENEFITS

BEGINNING OF YEAR	<hr/> 2,316,014
-------------------	-----------------

END OF YEAR	<hr/> <hr/> 2,404,321
-------------	-----------------------

TEE BAR CORPORATION PROFIT SHARING PLAN
HIGHLAND, NEW YORK

NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2014 AND 2013

NOTE A - DESCRIPTION OF PLAN

The Tee Bar Corporation Profit Sharing Plan ("the Plan") is the 401(k) Plan for Tee Bar Corporation, Mega Funworks, Inc. and the Rocking Horse Ranch Corp. (collectively, the "Company"). The following description of the Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General: The Plan is a defined contribution plan covering all full-time non-union employees of the Company who have one year of service and are age twenty-one or older. A year of service is completed when an employee has been credited with 1,000 hours over a twelve month period. Employees may enter the plan on July 1st or six months following the completion of the eligibility requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Plan Amendment: Effective December 1, 2014, the Plan was amended to allow for participant loans. Participants may borrow from their fund accounts up to the lesser of 50% of their vested account balance or \$50,000. The loans will be secured by the balance in the participant's account and will bear interest at the current prime rate, at the time of the loan, plus two percent. Principal and interest is paid back ratably through payroll deductions. The Plan was also amended to allow for the payment of expenses for the administration, investment, and processing transactions relating to the on-going maintenance and operation of the plan. The expenses may be charged against the assets of the plan, paid by the employer, or allocated among terminated and active participants in the plan.

Contributions: All contributions made to the Plan are at the discretion of the Company. Participants must be employed on the last day of the Plan year and have been credited with 1,000 hours of service during the year to receive a contribution. The Company contributions are nonparticipant directed. Participants may also contribute amounts representing distributions from other qualified plans. The Plan does not allow for participant contributions.

Participant Accounts: Each participant's account is credited with an allocation of (a) the Company's contribution, (b) Plan earnings, and (c) forfeitures of terminated participants' non-vested account, and is charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting: The vested portion of a participant's account is calculated based on years of continuous service. A participant is 100% vested after completing six years of credited service at a rate of 20% per year starting with the second year of service.

Payment of Benefits: Upon termination of service, or the attainment of normal retirement age or early retirement age (as defined in the Plan), a participant will receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. Upon death or disability, a participant's account will be paid to the designated beneficiary in a single lump sum payment based on the vested balance of their account.

Forfeited Accounts: Forfeited balances of terminated participants' non-vested accounts are reallocated among the remaining participants in the proportion that each participant's compensation for the year bears to the total compensation of all participants for the year. For the Plan years ended December 31, 2014 and 2013, there were \$3,343 and \$2,993 of forfeitures reallocated to participants and \$11,514 and \$4,504 of participant's funds forfeited. As of December 31, 2014 and 2013, forfeited non-vested accounts totaled \$22,274 and \$21,152, respectively.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting: The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates: The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation: The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Income Recognition: Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation or depreciation includes the plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits: Benefits are recorded when paid.

Operating Expenses: Certain expenses of maintaining the Plan are paid by the Company. The Company may direct to have these fees paid from Plan assets as part of the amendment to the Plan that was effective December 1, 2014.

Subsequent Events: The Plan has evaluated subsequent events through October 10, 2015, the date the financial statements were available to be issued.

NOTE C - INVESTMENTS

The following presents investments at December 31, 2014 and 2013 that represent 5% or more of the Plan's net assets.

	2014	2013
iShares Russell 1000 Growth Index	133,089	168,032
PowerShares S&P 500 Low Volatility Portfolio	189,307	156,482
Vanguard Whitehall FDS High Dividend Yield ETF	184,319	163,091
Vanguard Short Term Bond ETF	377,844	221,726
Guggenheim S&P 500 Pure Growth ETF	128,902	121,689
PIMCO 1-5yr US TIPS Index ETF	151,776	*
JP Morgan US Treasury Securities Money Market Fund	246,679	271,173

* Investments are not 5% or more of plan assets

The Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$60,437 for the year ended December 31, 2014.

NOTE C - INVESTMENTS - (CONT'D)

Guaranteed Investment Contracts: The Plan has a deposit administration contract with Bank of America. Bank of America maintains the Plan's deposits in an unallocated fund of various guaranteed certificates to which it adds interest, currently 4%, at various contractual rates. Fully benefit-responsive investment contracts held in a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measure attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount that would be received if permitted transactions were initiated under the terms of the plan. The Statement of Net Assets Available for Benefits presents the

fair value of the Participant's investments as the contract value for the guaranteed investment contracts, as the contract value approximates fair value. The Statement of Changes in Net Assets

Available for Benefits is prepared on a contract value basis for the fully benefit-responsive investment contract.

Contract value, as reported to the Plan, represents contributions and reinvested income, less any withdrawals plus accrued interest, because these investments have fully benefit-responsive features. There are no reserves against contract values for credit risk of contract issues or otherwise.

NOTE D - FAIR VALUE MEASUREMENT

The Plan adopted the provisions of Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820, "Fair Value Measurements and Disclosures" which provides a framework for measuring fair value. This framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted market prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described below:

Level 1: Inputs to the valuation methodology are unadjusted quoted market prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted market prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

NOTE D - FAIR VALUE MEASUREMENT (CONT'D)

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value.

Equity and Bond Index Funds: Valued at the closing price reported on the active market on which the securities are traded.

Exchange Traded Funds (ETF's): Valued at the closing price reported on the active market on which the securities are traded.

Guaranteed Investment Contracts with Insurance Companies: Valued based on insurance company contract values which approximate fair value.

Cash and Cash Equivalents: Valued based on the short-term cash component as of the measurement date which approximates fair value.

The preceding methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the plan's assets at fair value as of December 31, 2014 and 2013:

Assets at Fair Value as of December 31, 2014

	Quoted Prices In Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Cash & Cash Equivalents	336,786	0	0	336,786
Guaranteed Investment Contracts	0	6,062	0	6,062
Government Bond Index Funds	229,957	0	0	229,957
Bond Index Funds and ETF's	666,412	0	0	666,412
International Equity Index Funds and ETF's	177,527	0	0	177,527
Domestic Equity Index Funds and ETF's	862,577	0	0	862,577
	<u>2,273,259</u>	<u>6,062</u>	<u>0</u>	<u>2,279,321</u>

NOTE D - FAIR VALUE MEASUREMENT (CONT'D)**Assets at Fair Value as of December 31, 2013**

	Quoted Prices In Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Cash & Cash Equivalents	274,432	0	0	274,432
Guaranteed Investment Contracts	0	5,805	0	5,805
Government Bond Index Funds	179,576	0	0	179,576
Bond Index Funds and ETF's	472,654	0	0	472,654
International Equity Index Funds and ETF's	274,700	0	0	274,700
Domestic Equity Index Funds and ETF's	708,837	0	0	708,837
	<u>1,910,199</u>	<u>5,805</u>	<u>0</u>	<u>1,916,004</u>

NOTE E - RELATED PARTY TRANSACTIONS

Certain fees associated with the administration of the Plan were paid directly by the Company on behalf of the Plan for the year ended December 31, 2014.

NOTE F - BENEFIT OBLIGATIONS

Included in net assets available for benefits are amounts allocated to individuals who have elected to withdraw from the plan but who have not been paid. Plan assets allocated to these participants were \$136,509 and \$141,342 at December 31, 2014 and 2013, respectively.

NOTE G - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts. Any unallocated assets of the Plan should be allocated to participant accounts and distributed in such a manner as the Company may determine.

NOTE H - TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated December 9, 2003, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believe that the Plan is qualified.

NOTE H - TAX STATUS (CONT'D)

Accounting principles generally accepted in the United States of America require the plan administrator to evaluate tax positions taken by the plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress. The plan administrator believes the plan is no longer subject to income tax examinations for years prior to 2011.

NOTE I - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the value of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

TEE BAR CORPORATION PROFIT SHARING PLAN
HIGHLAND, NEW YORK

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
FOR THE YEAR ENDED DECEMBER 31, 2014

EIN: 14-1437138
Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrow, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
	Wells Fargo Checking Account	Interest Bearing Checking Account		801
	Cash	Non-Interest Bearing Cash		89,306
	JP Morgan US Treasury Securities Money Market Fd	246679.4700 shares of a Money Market Fund		246,679
	Guggenheim S&P 500 Pure Growth ETF	1621 shares of an ETF		128,902
	Ishares Russell 2000 Growth ETF	123 shares of an ETF		17,513
	Ishares S&P Small Cap 600 Growth ETF	141 shares of an ETF		17,258
	Ishares S&P Small Cap 600 Value ETF	295 shares of an ETF		34,792
	Ishares Russell 1000 Growth ETF	1392 shares of an ETF		133,089
	Ishares MSCI Taiwan ETF	2253 shares of an ETF		34,042
	Ishares MSCI Turkey ETF	610 shares of an ETF		33,129
	Ishares Russell Mid Cap Value ETF	1309 shares of an ETF		96,552
	PIMCO 1-5 yr US TIPS Index ETF	2934 shares of an ETF		151,776
	Powershares Dynamic Large Cap Value Portfolio ETF	3110 shares of an ETF		97,250
	Powershares Em Mar Sov De Pt ETF	815 shares of an ETF		22,950
	Powershares S&P 500 Low Volatility Portfolio ETF	4987 shares of an ETF		189,307
	SPDR Barclays Short Term High Yield Bond ETF	3606 shares of an ETF		104,249
	SPDR Barclays International Treasury Bond ETF	1413 shares of an ETF		78,181
	Vanguard Intl Equity Index Fds-FTSE All World ETF	209 shares of an ETF		19,920
	Vanguard Mid Cap Growth Fund ETF	355 shares of an ETF		36,071
	Vanguard REIT ETF	959 shares of an ETF		77,679
	Vanguard Short Term Bond ETF	4726 shares of an ETF		377,844
	Vanguard Small Cap Value ETF	323 shares of an ETF		34,164
	Vanguard Whitehall Fds High Dividend Yield ETF	2681 shares of an ETF		184,319
	Wisdomtree India Earnings Fund ETF	1817 shares of an ETF		40,065
	Wisdomtree Japan Hedged Equity Fund ETF	557 shares of an ETF		27,421
	Bank of America Executive Life GIC	Guaranteed Investment Contract		6,062
	TOTAL			<u>2,279,321</u>

TEE BAR CORPORATION PROFIT SHARING PLAN
HIGHLAND, NEW YORK

SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2014

EIN: 14-1437138
Plan Number 001

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset (include interest rate and maturity in case of a loan)	Purchase Price	Selling Price	Lease Rental	Expense incurred with transaction	Cost of Asset	Current value of asset on transaction date	Net gain or (loss)
<u>Series of Securities Transactions in excess of 5% of plan assets:</u>								
Vanguard Short Term Bond ETF	Exchange Traded Fund	\$ 174,507	N/A	N/A	\$ -	\$ 174,507	\$ 174,507	N/A

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4085 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6047(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0039 <div style="text-align: center; font-size: 24pt; font-weight: bold;">2014</div> This Form is Open to Public Inspection
---	--	--

Part I Annual Report Identification Information			
For calendar plan year 2014 or fiscal plan year beginning		and ending	
A This return/report is for:	<input type="checkbox"/> a multiemployer plan; <input checked="" type="checkbox"/> a single-employer plan:	<input type="checkbox"/> a multiple-employer plan; or <input type="checkbox"/> a DFE (specify) _____	
B This return/report is:	<input type="checkbox"/> the first return/report; <input type="checkbox"/> an amended return/report;	<input type="checkbox"/> the final return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).	
C If the plan is a collectively-bargained plan, check here	▶ <input type="checkbox"/>		
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> special extension (enter description) _____	<input type="checkbox"/> automatic extension;	<input type="checkbox"/> the DFVC program;

Part II Basic Plan Information—enter all requested information		
1a Name of plan THE BAR CORPORATION PROFIT SHARING PLAN	1b Three-digit plan number (PN) ▶	001
2a Plan sponsor's name and address; including room or suite number (employer, if for a single-employer plan) THE BAR CORPORATION 600 ROUTE 44-55 HIGHLAND NY 12528	1c Effective date of plan 06/01/1991	2b Employer Identification Number (EIN) 14-1437138
	2c Sponsor's telephone number 845-691-2927	2d Business code (see instructions) 721110

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 accompanying schedules, statements and attachments, 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		10/15/2015	SHELLEY TURK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/15/2015	SHELLEY TURK
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2014)

3a Plan administrator's name and address ☒ Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 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:

4b EIN

a Sponsor's name

4c PN

5 Total number of participants at the beginning of the plan year

5

172

6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).

a(1) Total number of active participants at the beginning of the plan year

6a(1)

100

a(2) Total number of active participants at the end of the plan year

6a(2)

113

b Retired or separated participants receiving benefits

6b

0

c Other retired or separated participants entitled to future benefits

6c

44

d Subtotal. Add lines 6a(2), 6b, and 6c

6d

157

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits

6e

0

f Total. Add lines 6d and 6e

6f

157

g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)

6g

149

h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested

6h

10

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)

7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the Instructions:

2E

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the Instructions:

9a Plan funding arrangement (check all that apply)

- (1) ☒ Insurance
 (2) ☐ Code section 412(e)(3) insurance contracts
 (3) ☒ Trust
 (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☒ Insurance
 (2) ☐ Code section 412(e)(3) insurance contracts
 (3) ☒ Trust
 (4) ☐ General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See Instructions)

a Pension Schedules

- (1) ☐ R (Retirement Plan Information)
 (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
 (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1) ☒ H (Financial Information)
 (2) ☐ I (Financial Information - Small Plan)
 (3) ☐ A (Insurance Information)
 (4) ☐ C (Service Provider Information)
 (5) ☐ D (DFE/Participating Plan Information)
 (6) ☐ G (Financial Transaction Schedules)

TEE BAR CORPORATION PROFIT SHARING PLAN
HIGHLAND, NEW YORK

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
FOR THE YEAR ENDED DECEMBER 31, 2014

EIN: 14-1437138
Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrow, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
	Wells Fargo Checking Account	Interest Bearing Checking Account		801
	Cash	Non-Interest Bearing Cash		89,306
	JP Morgan US Treasury Securities Money Market Fd	246679.4700 shares of a Money Market Fund		246,679
	Guggenheim S&P 500 Pure Growth ETF	1621 shares of an ETF		128,902
	Ishares Russell 2000 Growth ETF	123 shares of an ETF		17,513
	Ishares S&P Small Cap 600 Growth ETF	141 shares of an ETF		17,258
	Ishares S&P Small Cap 600 Value ETF	295 shares of an ETF		34,792
	Ishares Russell 1000 Growth ETF	1392 shares of an ETF		133,089
	Ishares MSCI Taiwan ETF	2253 shares of an ETF		34,042
	Ishares MSCI Turkey ETF	610 shares of an ETF		33,129
	Ishares Russell Mid Cap Value ETF	1309 shares of an ETF		96,552
	PIMCO 1-5 yr US TIPS Index ETF	2934 shares of an ETF		151,776
	Powershares Dynamic Large Cap Value Portfolio ETF	3110 shares of an ETF		97,250
	Powershares Em Mar Sov De Pt ETF	815 shares of an ETF		22,950
	Powershares S&P 500 Low Volatility Portfolio ETF	4987 shares of an ETF		189,307
	SPDR Barclays Short Term High Yield Bond ETF	3606 shares of an ETF		104,249
	SPDR Barclays International Treasury Bond ETF	1413 shares of an ETF		78,181
	Vanguard Intl Equity Index Fds-FTSE All World ETF	209 shares of an ETF		19,920
	Vanguard Mid Cap Growth Fund ETF	355 shares of an ETF		36,071
	Vanguard REIT ETF	959 shares of an ETF		77,679
	Vanguard Short Term Bond ETF	4726 shares of an ETF		377,844
	Vanguard Small Cap Value ETF	323 shares of an ETF		34,164
	Vanguard Whitehall Fds High Dividend Yield ETF	2681 shares of an ETF		184,319
	Wisdomtree India Earnings Fund ETF	1817 shares of an ETF		40,065
	Wisdomtree Japan Hedged Equity Fund ETF	557 shares of an ETF		27,421
	Bank of America Executive Life GIC	Guaranteed Investment Contract		6,062
	TOTAL			2,279,321

TEE BAR CORPORATION PROFIT SHARING PLAN
HIGHLAND, NEW YORK

SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2014

EIN: 14-1437138
Plan Number 001

(a) Identity of party involved	(b) Description of asset (Include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense incurred with transaction	(g) Cost of Asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Series of Securities Transactions in excess of 5% of plan assets: Vanguard Short Term Bond ETF	Exchange Traded Fund	\$ 174,507	N/A	N/A	\$ -	\$ 174,507	\$ 174,507	N/A