For	rm 5500-SF	Short Form Annu	al Return/Report of Small Empl			e	OMB Nos. 1210-0110 1210-0089				
	artment of the Treasury rnal Revenue Service	This form is required to be file	Benefit Plan	4065 of the Employee $R_{\rm c}$	etirem		2014				
	epartment of Labor Benefits Security Administration	Income Security Act of 1974		57(b) and 6058(a) of the		nal	Form is Open to				
	enefit Guaranty Corporation	<ul> <li>Complete all entries in a</li> </ul>	,	,	500-SI	Put	blic Inspection				
Part I	Annual Report I	dentification Information		ructions to the rorm of	00-51	<u>··                                    </u>					
	lar plan year 2014 or fisc			and ending 12/	/31/20	14					
	turn/report is for: urn/report is	a single-employer plan         a one-participant plan         the first return/report	of participating emplo a foreign plan the final return/report		dance	with the form in					
C Check	box if filing under:	an amended return/report Form 5558 special extension (enter descr									
Part II	Basic Plan Infor	mation—enter all requested inf	formation								
1a Name			-			Three-digit plan number (PN) ▶	001				
					1c	Effective date 0 01/0	of plan 01/1992				
2a Plan s BILL SELIG I		Iress; include room or suite numb	er (employer, if for a single	-employer plan)		(EIN) 06-0	tification Number 0862441				
	FIELD AVENUE				2c	2c Sponsor's telephone numb 860-688-3651					
WINDSOR, (	CT 06095				2d	Business code 4411	e (see instructions) 110				
3a Plan a	administrator's name and	d address Same as Plan Spons	sor.		3b	Administrator's	s EIN 0862441				
4 If the r	name and/or EIN of the	plan sponsor has changed since	DR, CT 06095	for this plan, enter the			s telephone number 88-3651				
-	e, EIN, and the plan num sor's name	ber from the last return/report.			4c	PN					
		at the beginning of the plan year			58	a	42				
<b>b</b> Total i	number of participants a	at the end of the plan year					35				
C Numb	per of participants with a	ccount balances as of the end of	the plan year (defined ben	nefit plans do not	50		17				
	,	icipants at the beginning of the pl			5d(	(1)	40				
<b>d(2)</b> Tot	al number of active part	ticipants at the end of the plan yea	ar		5d(	(2)	30				
		minated employment during the p			50	e	0				
		r incomplete filing of this return			use is	established.					
Under pena SB or Sche	alties of perjury and othe	er penalties set forth in the instruc d signed by an enrolled actuary, a	ctions, I declare that I have	e examined this return/rep	port, in	ncluding, if appli					
SIGN Filed with authorized/valid electronic signature.			10/14/2015 THOMAS SELIG								
HERE	Signature of plan ad	ministrator	Date	Enter name of individu	Iministrator						
SIGN HERE	Simplify of omploy		Date	Estar same of individ	dividual signing as employer or plan sponsor						
Preparer's	Signature of employ	ame, if applicable) and address (ir					e number (optional)				
				. , (,							

6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes 🗌 No									
b	<b>b</b> Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)									
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) X Yes No If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.									
С	C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?									
	t III Financial Information									lou
7	Plan Assets and Liabilities		(a) Paginning of Vac				(b) End (	of Voo	-	
<u>′</u>		7a	(a) Beginning of Yea				(b) End o		r 73647	
	Total plan assets Total plan liabilities	7a 7b								
	Net plan assets (subtract line 7b from line 7a)	16737	763			1073647				
8	Income, Expenses, and Transfers for this Plan Year	7c	(a) Amount				(b) To	otal		
	Contributions received or receivable from:						(5) 1	7141		
	(1) Employers	8a(1)	400							
	(2) Participants	Participants								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	1015	512	_					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1	41547	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	7410	)63						
e	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	6	500						
	Other expenses	8g								
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						7	41663	
	Net income (loss) (subtract line 8h from line 8c)					-600116				
-i	Transfers to (from) the plan (see instructions)									
Par	Part IV Plan Characteristics									
9a										
	2E 2F 2G 2J 2K 2T 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature coo	les from the List of Plan Chara	cterist	tic Coc	des in t	he instruction	ons:		
Par	V Compliance Questions									
10					Yes	No	r	A.m.o	-	
	During the plan year: Was there a failure to transmit to the plan any participant contribu	tions withi	in the time period described in		163	NO		Amou	nt	
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				
С	Was the plan covered by a fidelity bond?			10c	х				20	0000
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud							
	or dishonesty?			10d		Х				
е										
	insurance service, or other organization that provides some or all instructions.)			10e	х					1465
f	Has the plan failed to provide any benefit when due under the pla			10f		х				
g				10g	Х					7602
— <u>.</u>	<ul><li>bit the plan have any participant loans? (in res, enter anount as of year end.)</li><li>h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR</li></ul>									1002
	2520.101-3.)			10h		X				
i										
Part	Part VI Pension Funding Compliance									
11	11       Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below).									
11a	Enter the unpaid minimum required contribution for current year fr					11a				
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	e or se	ection	302 of	ERISA?	<b>\</b>	res 🗡	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,									
								1		

Page 3 - 1

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
<b>b</b> Enter the minimum required contribution for this plan year		12b						
<b>C</b> Enter the amount contributed by the employer to the plan for this plan year		12c						
<b>d</b> Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left onegative 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?		· 🗆 ۲	Yes X No					
If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a							
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?	control		Yes 🗙 No					
C 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.)								
13c(1) Name of plan(s):	3c(2) El	IN(s)	<b>13c(3)</b> PN(s)					
Part VIII Trust Information (optional)								
14a Name of trust	14b Trust's EIN							

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Form 5500-S	F	Short Form Ann	ual Return/Report	of Small Emplo	yee	OMB Nos. 1210-0110 1210-0069			
Department of the Treasury Internal Revenue Service	,		Benefit Plan		41	2014			
Department of Labor Employee Banafits Security Adminis	stration	This form is required to be fi Income Security Act of 197	led under sections 104 and 40 '4 (ERISA), and sections 6057 Revenue Code (the Code)	7(b) and 6058(a) of the l	nternal	This Form is Open to Public Inspection			
Pension Benefit Gueranty Corpo			<u>n accordance with the instru</u>	ctions to the Form 55	00-SF.				
Part I Annual Re	port ide	entification Informatio	n 01/01/0014		12/	31/2014			
For calendar plan year 201		a single-employer plan		<u>and ending</u>		ding this box must attach a list			
A This return/report is for:		a one-participant plan	of participating employ	er information in accord	ance with ti	re form instructions)			
<b>B</b> This return/report is	Н	the first return/report	the final return/report						
B This return report is	Ц	an amended relum/report		/report (less than 12 mo	nlhs)				
<b>-</b>	. 🛛		automatic extension		ום []	=VC program			
C Check box if filing unde	r: 🖸	special extension (enter des							
				<u> </u>					
	Inform	ation enter all requested	Information		1b Thre	e-digit			
1a Name of plan BILL SELIG FORD,	INC.	401 (K) PLAN & TRU	JST		plan	number 001			
· ·					(PN)	live date of plan			
						01/1992			
2a Plan sponsor's name a BILL SELIG FORD,	and addre	ss; include room or suite num	ber (employer, if for a single-	employer plan)	(EIN)	over Identification Number			
					2c Sponsor's telephone number				
601 BLOOMFIELD A	VENUE				860-688-3651 20 Business code (see Instructions)				
WINDSOR		CT 06095			441110				
3a Plan administrator's na	eme and a	address Same as Plan Spo	insor.		3b Administrator's EIN 06-0852441				
BILL SELIG FORD, 801 BLOOMFIELD A						inistrator's telephone number - 6 8 8 - 3 6 5 1			
WINDSOR		CT 06095							
4 If the name and/or EIN	V of the pl	an sponsor has changed sind	ce the last return/report filed fo	or this plan, enter the	4b EIN				
name, EIN, and the p Sponsor's name	lan numb	er from the last return/report.			4c PN				
	cipants at	the beginning of the plan yea	Γ		<u>5a</u>	42			
					<u></u> 6b	35			
C Number of participant	s with acc	ount balances as of the end	of the plan year (defined bene	fit plens do not	5c	17			
(complete this item) ci(1) Total number of ac	tive partic	pants at the beginning of the	plan year		5d(1)	40			
			уеаг		5d(2)	30			
			e plan year with accrued bene		5e				
less than 100% vested	d. <u></u> .					· · · · · · · · · · · · · · · · · · ·			
1.1. I	a wat a theory	non-sition and forth is the idef	urn/report will be assessed ructions, i declare that I have	examined this return/re	ροη, ιπείμαι	ING, II ADDIICADIA, A OCHAUNIA			
SB or Schedule MB compl	leted and	signed by an earoyed actuary	, as well as the electronic ver	sion of this return/report	, and to the	e best of my knowledge and			
bellef. It is true, correct. an	er comple	8 / /	10-14-15	Thomas Selig	Jose	ph C Barl			
SIGN HERE Standard	$\mathcal{H}$		Date	- · ·		as plan administrator			
Signature of	pian adn				······				
SIGN HERE	omniova	r/plan sponsor	Date	Enter name of Individ	uel signing	as employer or plan sponsor			
Preparer's name (including	g firm nan	ne, if applicable) and address	(include room or suite numbe		Preparar	s telephone number (optional)			
For Paperwork Reduction A	ct Notice a	nd OMB Control Numbere, see	the instructions for Form 8600	-9F.		Form 5500-SF (2014) v. 140124			

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	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 under 29 CFR 2520.104-46? (See Instructions on waiver eligibility a if you answered "No" to either line 6a or line 6b, the plan canno if the plan is a defined benefit plan, is it covered under the PBGC inst	an indepen Ind conditi o <b>t use Fo</b> i	dent qualified public accountai one.) m 5500-SF and must instead	nt (IQI I use	PA) Form	6500.	X Yes 🗌 No
		surance p	ogram (see Errich section 40.	21)7 -		105	
Pa	t III   Financial Informat <u>ion</u>						
7	Plan Assets and Liabilities		(a) Beginning of Yea		_		(b) End of Year
	Tolal plan assele	<u>7a</u>	167	376	3		1073647
	Total plan liabilities	7b					
	Net plan assets (subtract line <u>7b from</u> line 7a)	7c	-	376	4		1073647
8	income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)					
	(2) Participants	8a(2)	4	003	5		
	(3) Others (Including rollovere)	8a(3)					····
b	Olher Income (loss)	86	10	151	2		
	Total Income (add lines 6a(1), 6a(2), 8a(3), and 6b)	Bc			- <u>-</u>		141547
	Benefils paid (including direct rollovers and insurance premiums				_		
	lo provide benefits)	8d		106	۲		
	Certain deemed and/or corrective distributions (see instructions)	80			_		
f	Administrative service providers (salaries, fees, commissions)	8f		60	<u> </u>		
	Olher expenses	8g		_	_		
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			_		
-	Net Income (loss) (subtract line 8h from line 8c)	81			_		-600116
	Transfers to (from) the plan (see Instructions)	8)				_	
	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension t 2E 2F 2G 2丁 2K 2丁 3D	reature co	des from the List of Plan Chart	ictêniê	ac Co	085 IN	me instructions.
b	If the plan provides welfare benefits, enter the applicable welfare fe	eture cod	es from the List of Plan Charac	teristi	c Cod	es in ll	ne instructions:
Par	V Compliance Questions		_		_		
10	During the plan year:				Yes	No	Amount
9	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See Instructions and DOL's Voluntary Fidu	iclary Corr	ection Program)	10a		х	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.			10Ь		x	
C				10c	x		200000
d	or dishonesty?			10d		х	
0	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e	x		1465
f	Has the plan failed to provide any benefit when due under the plan	n7		10f		х	
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g	Х		7602
_	If this is an Individual account plan, was there a blackout period? ( 2520.101-3.)	See instru	ctions and 29 CFR	10h		х	
i	If 10h was answered "Yes," check the box if you either provided it exceptions to providing the notice applied under 29 CFR 2520.10	ne required	d notice or one of the	101			
Part							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "	Yes," see instructions and com	plete	Scheo	lule SE	(Form
11a	Enter the unpaid minimum regulard contribution for current year fr					1 <b>1</b> a	
12							
-	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
a		ng amorfiz	ed in this plan year, see instru	ctions th	, and (	enter th Day	e date of the letter ruling Year

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Form 5500-SF 2014	Page 3 -					
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form	5500), and skip to lin	18 13.				
b Enter the minimum required contribution for this plan year			12b			
						<u> </u>
C Enter the amount contributed by the employer to the plan for this plan year			12c			
C Subtract the amount in line 12o from the amount in line 12b. Enter the result ( negative amount)			12d			
e Will the minimum funding amount reported on line 12d be met by the funding of	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?			Υ	es XN	D	
If "Yes," enter the amount of any plan assets that reverted to the employer this			13a			
b Were all the plan assets distributed to participants or beneficiaries, transferred of the PBGC?	t to another plan, or bro	ought under the (			Yes	X No
C If during this plan year, any assets or liabilities were transferred from this plan which assets or liabilities were transferred. (See instructions.)	to another plan(s), ide	ontify the plan(s)	ta 			
13c(1) Name of plan(s):		1	3c(2) Ell	N(s)	13c(3	) PN(\$)
Part VIII       Trust Information (optional)         14a Name of trust			<b>14b</b> Tr	uel's EIN		