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 Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Annual Report Identification Information For calendar plan year 2014 or fiscal plan year beginning and ending 12/31/2014 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the first return/report the final return/report **B** This return/report is an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Part II 1a Name of plan **1b** Three-digit MARINA SIRRAS & ASSOCIATES, LLC DEFINED BENEFIT PLAN plan number (PN) ▶ 001 1c Effective date of plan 01/01/2000 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) **2b** Employer Identification Number MARINA SIRRAS & ASSOCIATES, INC. 13-3939681 (EIN) Sponsor's telephone number 212-490-0333 420 LEXINGTON AVE., ROOM 2545 NEW YORK, NY 10170-0022 Business code (see instructions) 541190 **3a** Plan administrator's name and address XSame as Plan Sponsor. Administrator's EIN **3c** Administrator's telephone number 4b EIN If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN Total number of participants at the beginning of the plan year 5a **b** Total number of participants at the end of the plan year..... 5b Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c complete this item) d(1) Total number of active participants at the beginning of the plan year..... 5d(1) d(2) Total number of active participants at the end of the plan year..... 5d(2) 2 e Number of participants that terminated employment during the plan year with accrued benefits that were 0 5e less than 100% vested. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete Filed with authorized/valid electronic signature **SIGN HERE** Enter name of individual signing as plan administrator

Date

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

Signature of plan administrator

Signature of employer/plan sponsor

SIGN **HERE**

Enter name of individual signing as employer or plan sponsor

Preparer's telephone 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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lif you answered "No" to either line 6a or line 6b, the plan cannot be a considerable with the considerable with th	an indeper and condit	ndent qualified public accounta	int (IQ	PA)			X Yes	No No
C	f the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA section 40	21)?	X	Yes	No N	ot determ	nined
Par	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of	Year	
<u>a</u>	Total plan assets	. 7a	7356	661				79471	0
b	Total plan liabilities	7b		0					0
C	Net plan assets (subtract line 7b from line 7a)	7c	7356	661				79471	0
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Tota	ıl	
	Contributions received or receivable from: (1) Employers	8a(1)	300	000					
	(2) Participants	8a(2)		0					
	(3) Others (including rollovers)			0					
	Other income (loss)	8b	290)49					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						5904	.9
	Benefits paid (including direct rollovers and insurance premiums			0					
	to provide benefits)	8d		0					
	Certain deemed and/or corrective distributions (see instructions)	8e		0					
	Administrative service providers (salaries, fees, commissions) Other expenses	8f 8g		0					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							0
	Net income (loss) (subtract line 8h from line 8c)	8i						5904	9
	Transfers to (from) the plan (see instructions)	8j		0					
Par	IV Plan Characteristics	, oj							
b Part	If the plan provides welfare benefits, enter the applicable welfare for V Compliance Questions	eature cod	es from the List of Plan Chara	cterist	tic Cod	les in t	he instructions	S:	
10	During the plan year:				Yes	No	Ar	nount	
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		X			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported	10b		X			
С	Was the plan covered by a fidelity bond?			10c	Χ				80000
d	Did the plan have a loss, whether or not reimbursed by the plan's			100					-
e	or dishonesty?	······		10d		X			
	insurance service, or other organization that provides some or all instructions.)	of the ben	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 e	nd.)	10g	X				50000
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i					
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							X Yes	No
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a			0
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection	302 of	ERISA?	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applica	able.)						
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and 6	enter tl Day		letter ruli ear	ng

	Form 5500-SF 2014	Page 3 - 1					
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to lin	e 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)			12d			
е	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?			Y	es X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer the	nis year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		•	ontrol		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.)	in to another plan(s), ide	ntify the plan(s) to)			
1	3c(1) Name of plan(s):		130	c(2) EII	V(s)	13c(3)	PN(s)
			1				

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

SCHEDULE SB (Form 5500)

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of the Treasury Internal Revenue Service

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the

Single-Employer Defined Benefit Plan

Actuarial Information

Internal Revenue Code (the Code).

File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

	, , , ,					
For	r calendar plan year 2014 or fiscal plan year beginning 0	1/01/2014	and endi	ing 12/3	1/2014	
	Round off amounts to nearest dollar.					
	Caution: A penalty of \$1,000 will be assessed for late filing of	of this report unless reas	sonable cause is establish	ed.	1	
	Name of plan .RINA SIRRAS & ASSOCIATES, LLC DEFINED BENEFIT PL	ANI	B Three-dig	git		001
IVIA	IKINA SIKKAS & ASSOCIATES, LLC DEFINED BENEFIT PL	AIN	plan num	ber (PN)	•	
CF	Plan sponsor's name as shown on line 2a of Form 5500 or 55	00-SF	D Employer	Identificati	ion Number (E	in)
	RINA SIRRAS & ASSOCIATES, INC.			13-3939		,
Ет	Type of plan: X Single Multiple-A Multiple-B	F Prior year p	lan size: X 100 or fewer	101-50	00 More th	an 500
		, ,	<u> </u>			
		Davi 04 Vaar	2014			
1 2	Enter the valuation date: Month 01 I	Day <u>01</u> Year	2014			
_	a Market value			2a		722602
				-		733602
	b Actuarial value			2b		733602 (3) Total Funding
3	Funding target/participant count breakdown		(1) Number of participants	,	ed Funding arget	Target
	a For retired participants and beneficiaries receiving payme	ent	0		0	0
	b For terminated vested participants		1		29486	26486
	C For active participants		2		437259	437259
	d Total		3		466745	463745
4	If the plan is in at-risk status, check the box and complete li				400740	700770
4				40		
	a Funding target disregarding prescribed at-risk assumption			4a		
	b Funding target reflecting at-risk assumptions, but disregational at-risk status for fewer than five consecutive years and			4b		
5	Effective interest rate			5		6.38%
6	Target normal cost			6		0
Stat	tement by Enrolled Actuary					
	To the best of my knowledge, the information supplied in this schedule and accordance with applicable law and regulations. In my opinion, each other assum					
	combination, offer my best estimate of anticipated experience under the plan.	such to reaconable (taking line	account the expendince of the plant	and rodoona	on onpoolations, a	ina dadir darer addamphone, in
S	SIGN					
Н	IERE				10/05/20)15
	Signature of actuary				Date	
LAN	NCE ROTEMAN				14-0660	04
	Type or print name of actuary			Most re	ecent enrollme	nt number
NPF	PG				914-332	-0688
	Firm name		Te	elephone r	number (includ	ling area code)
580 SUI) WHITE PLAINS ROAD ITE 410					
	RRYTOWN, NY 10591					
	Address of the firm					
If the	e actuary has not fully reflected any regulation or ruling promu	lasted under the statut	in completing this sehed:	ılo obook	the hey and a	
	e actuary has not rully reflected any regulation of ruling promu uctions	igated under the Statute	an completing this schedt	aie, crieck	uic box and Si	ee

Page	2 -	1
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Schedule SB (Form 5500) 2014

Pa	rt II	Begin	ning of Year	Carryov	er and Prefunding B	alances							
							(8	a) Carryover balance	!	(b)	Prefundir	ng balar	ice
7		J	0 ,		cable adjustments (line 13	•			0				116111
8			•	•	unding requirement (line 35				0				0
9	Amount	remainir	ng (line 7 minus li	ne 8)					0				116111
10	Interest	on line 9	using prior year's	s actual ret	urn of <u>11.06</u> %				0				12842
11	Prior ye	ar's exce	ess contributions t	o be added	d to prefunding balance:								
	a Prese	ent value	of excess contrib	utions (line	38a from prior year)								45129
					Ba over line 38b from prior ye interest rate of6.2								2812
	b(2) In	iterest on	line 38b from pri	or year Sch	nedule SB, using prior year	s actual							2012
													0
	Clotal	avallable	at beginning of cui	rent plan ye	ear to add to prefunding bala	nce							47941
	d Portion	on of (c)	to be added to pre	efunding ba	alance								47940
12	Other re	eductions	in balances due	to election	s or deemed elections				0				0
13	Balance	e at begir	nning of current ye	ear (line 9 -	+ line 10 + line 11d – line 12	2)			0				176893
Pa	art III	Fun	ding Percenta	ages									
14	Funding	target a	ttainment percent	age							14	119	9.27 %
	5 Adjusted funding target attainment percentage						15	157	7.17 %				
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement						16	103	3.00 %				
17	17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage					17		%					
Pá	art IV	Con	tributions an	d Liquid	ity Shortfalls								
18	Contrib	utions ma	ade to the plan for	the plan y	rear by employer(s) and em	ployees:							
(M	(a) Dat IM-DD-Y		(b) Amount p employer		(c) Amount paid by employees				•	у			
09	/15/2015	5		30000	0								
						Totals ►	18(t	0)	30000	18(c)			
19			-		tructions for small plan with								
	_			•	imum required contribution				19a				0
					djusted to valuation date				19b				0
				•	uired contribution for current	year adjusted	to valuat	ion date	19c				26999
20		•	outions and liquidi	-								, I	<u> </u>
		•	•		the prior year?						<u> </u>	Yes	X No
					y installments for the currer	-		ly manner?			L	Yes	No
	C If line	20a is "`	Yes," see instructi	ons and co	omplete the following table								
		(1) 1s	st		Liquidity shortfall as of e	end of quarte	r of this p (3				(4) 4th		
		(., 10			(-)~		(0	,			\., \.		

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targe	t Normal Cost					
21	Discou	int rate:								
	a Seg	ment rates:	1st segment: 4.99%	2nd segment: 6.32 %	3rd segment: 6.99 %		N/A, fu	II yield	curv	e used
	b Appl	licable month (enter code)			21b				4
22	Weight	ted average ret	irement age			22				67
23	Mortali	ty table(s) (see	e instructions) X Pre	escribed - combined Pres	scribed - separate	Substitut	te			
Pa	rt VI	Miscellane	ous Items							
24				tuarial assumptions for the current	plan vear? If "Yes." see	instructions	regarding re	auired	<u> </u>	
		-							Yes	X No
25	Has a r	method change	e been made for the current pl	an year? If "Yes," see instructions	regarding required attac	chment			Yes	X No
26	Is the p	olan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachment		X	Yes	No
27	If the p	lan is subject t	o alternative funding rules, en	ter applicable code and see instruc	tions regarding	27				
	attachr	ment	-			. 21				
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	um Required Contribution	s For Prior Years					
28	Unpaid	d minimum requ	uired contributions for all prior	years		. 28				0
29	Discou (line 19	inted employer 9a)	contributions allocated toward	d unpaid minimum required contrib	utions from prior years	29				0
30	Remaii	ning amount of	unpaid minimum required cor	ntributions (line 28 minus line 29)		30				0
Pa	rt VIII	Minimum	Required Contribution	For Current Year						
31			nd excess assets (see instruct							
			•	······		31a				0
			·	line 31a		31b				0
32		zation installme	<u> </u>		Outstanding Bala	ance	lı	nstallm	ent	
	a Net s	shortfall amortiz	zation installment			0				0
	b Waiv	ver amortization	n installment			0				0
33				ter the date of the ruling letter grar		33				0
34				er/prefunding balances (lines 31a -		34				0
	Totalite	ariaing requirer	none borote remoding durry over	Carryover balance	Prefunding bala		To	tal bala	ance	
25	Dalana		una ta affa at fi un din n	OdifyOver balance	1 Tordinaling bala	1100		tai bai	aricc	
35			use to offset funding	0		0				0
36	Additio	nal cash requir	rement (line 34 minus line 35).			36				0
37				ontribution for current year adjuste		37				26999
38	•		ess contributions for current ye]				
	a Total	(excess, if any	y, of line 37 over line 36)			38a				26999
	b Porti	on included in	line 38a attributable to use of	prefunding and funding standard c	arryover balances	38b				0
39	Unpaid	d minimum requ	uired contribution for current ye	ear (excess, if any, of line 36 over	ine 37)	39				0
40	Unpaid	d minimum requ	uired contributions for all years	S		40				
Pa	t IX	Pension I	Funding Relief Under F	Pension Relief Act of 2010	(See Instructions)				
41	If an ele		de to use PRA 2010 funding re							
	a Sche	edule elected					2 plus 7 yea	rs	15	years
	b Eligib	ble plan year(s) for which the election in line	41a was made		200	8 2009	2010		2011
42			•			42		<u></u>		
				d over to future plan years		43				

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

► Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

	rt Identification Information	1						
or calendar plan year 2014 or	fiscal plan year beginning	01/01/2014	and ending	12/31/201	.4			
This return/report is for: This return/report is:	a single-employer plan a one-participant plan the first return/report		oyer information in acco		nis box must attach a list m instructions)			
This returnineport is.	an amended return/report	=	urn/report (less than 12	months)				
Check box if filing under:	x Form 5558 special extension (enter design of the second extension)	automatic extension		DFVC p	rogram			
Part II Basic Plan Inf	formation enter all requested	arovenus apute						
a Name of plan	ssociates, LLC Defined			1b Three-digit plan numb (PN) ▶				
				1c Effective d 01/01/2	Market Control of the			
Plan sponsor's name and a Marina Sirras & As	address; include room or suite num ssociates, Inc.	ber (employer, if for a singl	le-employer plan)	THE RESERVE OF THE PROPERTY OF THE PERSON OF	dentification Number -3939681			
420 Lexington Ave., Roo	om 2545				telephone number 90-0333			
US New York NY 10170-00	The state of the s				2d Business code (see instructions) 541190			
- CERTAIN TOTAL TOTAL CO. C.	and address X Same as Plan Si	oonsor Name		3b Administra	tor's FIN			
	the plan sponsor has changed since umber from the last return/report.	e the last return/report filed	for this plan, enter the	4b EIN				
Sponsor's name				4c PN				
Total number of participant	ts at the beginning of the plan year				3			
	ts at the end of the plan year			5b	3			
	h account balances as of the end o			5c				
	articipants at the beginning of the p				2			
(2) Total number of active p	articipants at the end of the plan ye	ar		5d(2)	2			
	t terminated employment during the			5e	0			
aution: A penalty for the la	te or incomplete filing of this retu	rn/report will be assesse	d unless reasonable o	ause is establishe	ed.			
	other penalties set forth in the instr I and signed by an enrolled actuary omplete.							
SIGN Mauria &	Lin	10-14-15	MARINA SIRRAS					
HERE Signature of plan ad	Iministratør)	Date	Enter name of individu	ual signing as plan	administrator			
SIGN Maurice	din	10-14-15	MARINS SIRRAS					
HERE Signature of employ	er/plan sponsor	Date	Enter name of individu	ual signing as empl	oyer or plan sponsor			
reparer's name (including firm	n name, if applicable) and address;	include room or suite num	ber (optional)	Preparer's teleph	none number (optional)			

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6a v	Vere all of the plan's assets during the plan year invested in eligible	e assets? (Se	e instructions.)				X Yes No
	are you claiming a waiver of the annual examination and report of			(IQP	A)		
	nder 29 CFR 2520.104-46? (See instructions on waiver eligibility a	and conditions			•••••		X Yes No
l	you answered "No" to either line 6a or line 6b, the plan canno	ot use Form	5500-SF and must instead				
C I	the plan is a defined benefit plan, is it covered under the PBGC in	surance prog	ram (see ERISA section 402	1)? .	[2	KYes No	Not determined
Par	t III Financial Information						
7 F	Plan Assets and Liabilities		(a) Beginning of Year	63:		(b) End of	Year
a T	otal plan assets	7a	735,66	51			794,710
b T	otal plan liabilities	7b		0			0
C N	let plan assets (subtract line 7b from line 7a)	7c	735,66	51			794,710
2000	ncome, Expenses, and Transfers for this Plan Year		(a) Amount			(b) To	tal
	Contributions received or receivable from: 1) Employers	8a(1)	30,00	00			
	2) Participants	8a(2)		0			
Ar-	3) Others (including rollovers)	8a(3)		0			
	Other income (loss)	8b	29,04	19			
C T	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					59,049
1000	senefits paid (including direct rollovers and insurance premiums			0			
-	provide benefits)	8d		0			
	Certain deemed and/or corrective distributions (see instructions)			0			
- 556 S	dministrative service providers (salaries, fees, commissions)	8f		0			
7.0	Other expenses (add lines add as and as)	8g					0
-	otal expenses (add lines 8d, 8e, 8f, and 8g)	8h 8i					59,049
-	let income (loss) (subtract line 8h from line 8c)	8j	615-008	0			
Par		i oj 1					
9a 1	the plan provides pension benefits, enter the applicable pension f	eature codes	from the List of Plan Charact	teristic	c Code	es in the instruction	ns:
	1A 1I 3D						
b I	the plan provides welfare benefits, enter the applicable welfare fe	ature codes fi	rom the List of Plan Characte	ristic	Code	s in the instruction	s:
Par				-	1675		19.
10	During the plan year:			_	Yes	No A	mount
а	Was there a failure to transmit to the plan any participant contribution 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						
S4	on line 10a.)			10b		х	
c	Was the plan covered by a fidelity bond?			10c	х		80,000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		x	
е	Were any fees or commissions paid to any brokers, agents, or other						
OTE .	insurance service, or other organization that provides some or all	of the benefit	ts under the plan? (See				
	instructions.)			10e		х	
f	Has the plan failed to provide any benefit when due under the pla	in?		10f		х	
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year end	l.)	10g	x		50,000
h	If this is an individual account plan, was there a blackout period?	(See instructi	ons and 29 CFR				
4	2520.101-3.)			10h		95 (50)	
i	If 10h was answered "Yes," check the box if you either provided t	he required n	otice or one of the				
	exceptions to providing the notice applied under 29 CFR 2520.10	11-3		10i		La passaria	
Par				0.015	200	The Control of the Control	
11	Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)						X Yes No
11a	Enter the unpaid minimum required contribution for current year f	AND REAL PROPERTY OF THE PERSON	51 CIL 7 BORT TO BOOK STORY TO SELECT THE SECOND STORY TO SECO		_		0
12	Is this a defined contribution plan subject to the minimum funding	requirements	s of section 412 of the Code	or sec	tion 3	02 of ERISA?	Yes X No
74	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	, as applicab	le.)				
а	If a waiver of the minimum funding standard for a prior year is be	ing amortized	in this plan year, see instruc	tions,	and e	nter the date of th	
	granting the waiver		Mor	nth _		_ Day	

7	Form 5500-SF 2014	Page 3-		
If y	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	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enegative amount)	에 없는 사람들이 보다면 어디로 하는 것이 있습니다. 이 전투 경험이 하면 하는 것을 만든다면 하는데 되었습니다. 이 사람들이 되었습니다.	12d	
е	Will the minimum funding amount reported on line 12d be met by the funding d	eadline?		Yes No No N/A
Part	t VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?		\ \ \ Ye	s 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 of the PBGC?			Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to which assets or liabilities were transferred. (See instructions.)	to another plan(s), identify the pl	an(s) to	
1	13c(1) Name of plan(s):		13c(2) EIN(s) 13c(3) PN(s)
Part	t VIII Trust Information (optional)			
14a N	Name of trust		14b Tr	ust's EIN

Schedule SB, line 32 - Schedule of Amortization Bases

Plan Name: MARINA SIRRAS & ASSOCIATES, L.L.C DEFINED BENEFIT PLAN

Plan EIN: 13-3939681 Plan Number: 001

No Bases

Schedule SB, Part V - Summary of Plan Provisions

Plan Name: MARINA SIRRAS & ASSOCIATES, L.L.C DEFINED BENEFIT PLAN

Plan EIN: 13-3939681 Plan Number: 001

Plan Effective Date January 1, 2000

Plan Anniversary Date January 1, 2014

Participation Eligibility Minimum age: 21 and

Minimum months of service: 12

Plan Entry Date 01/01 or 07/01 coincident with or following the satisfaction of the

requirements

Normal Retirement Date First day of the month coincident with or following age 65 and the

completion of 5 years of participation

Normal Form of Benefit Single Life Annuity

(Qualified Joint and Survivor annuity is the required standard option)

Normal Retirement Benefit Benefit Formula:

Maximum total years of service: 20 Maximum years of past service: 4

IRC415 maximum annual benefit: \$210,000
Actuarially adjusted under IRC415(b) for benefit

commencement age and benefit form
Benefit limited to 100% of compensation

Minimum benefit: 2% of compensation per year of topheavy plan participation up to 10 (actuarially adjusted for benefit form)

Compensation Definition Highest consecutive 3 year average salary over all service

Annual salary up to \$260,000 considered

Pre-Retirement Death Benefit Lump sum payable on death of participant

Benefit Amount 100% present value of accrued benefit

Vested Retirement Benefit Vesting Schedule:

20% a year after 2 years (100% after 6 years)

Exclude service before effective date Computation Period: Plan Years

Based on periods of service rounded to nearest year

Accrued Retirement Benefit Units accrued to date

Maximum number of years of past credited benefit accrual service is 4

Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name: MARINA SIRRAS & ASSOCIATES, L.L.C DEFINED BENEFIT PLAN

Plan EIN: 13-3939681 Plan Number: 001

The weighted average retirement age of 67 is the average of the assumed retirement ages for all active participants as of the valuation date rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

Schedule SB, line 19 - Discounted Employer Contributions

Plan Name: MARINA SIRRAS & ASSOCIATES, L.L.C DEFINED BENEFIT PLAN

Plan EIN: 13-3939681 Plan Number: 001

			Effective	
		Plan	Rate of	Discounted
Date	Amount	Year	Interest	Amount
09/15/2015	30000.00	2014	6.38%	26999.00
Total for Minimum Required Contribution	30000.00			26999.00

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

File as an attachment to Form 5500 or 5500-SF.

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	g 12/	31/20	14
≯F	Round off amounts to nearest dollar.					
<u></u> ▶ 0	Caution: A penalty of \$1,000 will be assessed for late filing of this report	unless reasonable ca	use is established			
ΑN	ame of plan		B Three-digi	t		
Mar	ina Sirras & Associates, LLC Defined Benefit Pla	ın	plan numb	er (PN)	>	001
C P	lan sponsor's name as shown on line 2a of Form 5500 or 5500-SF		D Employer Ide	entificatí	on Numb	per (EIN)
Mar.	ina Sirras & Associates, Inc.		13	3-3939	681	
EΤ	ype of plan: Single Multiple-A Multiple-B	Prior year plan size:	X 100 or fewer	101-5	00 🔲 1	More than 500
Pa	ert I Basic Information					
1	Enter the valuation date: Month 01 Day 01	Year 2014				
2	Assets:		 .			
_	a Market value			2a	<u> </u>	733,602
	b Actuarial value			2b		733,602
3	Funding target/participant count breakdown:	(1) Number of participants	1			(3) Total Funding Target
	a For retired participants and beneficiaries receiving payment	0			0	0
	. ,	1		29	,486	26,486
	b For terminated vested participants	2			.259	437,259
	C For active participants	3			,745	463,745
4	d Total If the plan is in at-risk status, check the box and complete lines (a) and	(b)				
•	a Funding target disregarding prescribed at-risk assumptions			4a		
	b Funding target reflecting at-risk assumptions, but disregarding transiti			4b		
	at-risk status for fewer than five consecutive years and disregardin					
5	Effective interest rate			5		6.38 %
6	Target normal cost			6		0
To I acc con	ement by Enrolled Actuary the best of my knowledge, the information supplied in this schedule and accompanying schedules ordance with applicable law and regulations. In my opinion, each other assumption is reasonable bination, offer my best estimate of anticipated experience under the plan.	s, statements and attachmen (taking into account the exp	ts, if any, is complete a erience of the plan and	nd accurate reasonable	e. Each pre: e expectatio	sribed assumption was applied in ns) and such other assumptions, in
	ERE L				10/05/	/2015
	Signature of actuary				Da	ate
	LANCE ROTEMAN				14-066	504
	Type or print name of actuary			Most re	ecent enr	ollment number
	NPPG			(91	4) 33	2-0688
	Firm name		Tel	lephone	number	(including area code)
	580 WHITE PLAINS ROAD					
	SUITE 410					
	US TARRYTOWN NY 10591 Address of the firm					
				.,		
If the	actuary has not fully reflected any regulation or ruling promulgated unde	r the statute in compl	eting this schedule	e, check	the box	and see

_	$\overline{}$	
Page 2		

|--|

7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	ing balance 116,111
year)	116,111
9 Amount remaining (line 7 minus line 8) 0 10 Interest on line 9 using prior year's actual return of	
10 Interest on line 9 using prior year's actual return of	0
	116,111
11 Prior year's aveces contributions to be added to profunding balance:	12,842
11 Prior year's excess contributions to be added to prefunding balance:	
a Present value of excess contributions (line 38a from prior year)	45,129
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.23 %	2,812
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return	0
C Total available at beginning of current plan year to add to prefunding balance .	47,941
d Portion of (c) to be added to prefunding balance	47,940
12 Other reductions in balances due to elections or deemed elections 0 13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) 0	176,893
	1,0,093
Part III Funding Percentages 14 Funding target attainment percentage 14	119.27 %
15 Adjusted funding target attainment percentage	157.17 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce 16	13/.17
current year's funding requirement	103.00 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	%
Part IV Contributions and Liquidity Shortfalls	
18 Contributions made to the plan for the plan year by employer(s) and employees:	
	ount paid by oloyees
09/15/2015 30,000	
Totals ► 18(b) 30,000 18(c)	
19 Discounted employer contributions see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contributions from prior years	0
b Contributions made to avoid restrictions adjusted to valuation date	0 000
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date 19c	26,999
Quarterly contributions and liquidity shortfalls:	T Vac Et Na
a Did the plan have a "funding shortfall" for the prior year?	Yes X No
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	Yes No
C If line 20a is "Yes," see instructions and complete the following table as applicable: Liquidity shortfall as of end of quarter of this plan year	
	th

Pa	rt V Assumpti	ons Used To Determine	Funding Target and Targ	et Normal Cost							
21	Discount rate:										
	a Segment rates:	1st segment: 4.99 %	3rd segment: 6.99 %	,	N/A, full yield curve used						
	b Applicable month	(enter code)			21b	4					
22	Weighted average re	etirement age			22	67					
23	Mortality table(s) (se	e instructions) X Pr	escribed - combined Pre	scribed - separate	Substitu	te					
Par	t VI Miscelland	eous items									
24	Has a change been	made in the non-prescribed act	uarial assumptions for the current	plan year? If "Yes," see	instructions	s regarding required					
	attachment		egment: 2nd segment: 6.32 % 6.99 % N/A, full yield curve used 6.99 % N/A, full yield curve used 6.99 % N/A, full yield curve used 7.99 % 6.32 % 6.99 % N/A, full yield curve used 8.99 % 9.90 N/A, full yield curve used 8.99 % N/A, full yield curve used 8.99 % N/A, full yield curve used 8.99 % N/A, full yield curve used 8.90 % N/A, full yield curve used 8.90 % N/A, full yield curve used 8.90 % N/A, full yield curve used 9.00 % N/A, full yield curve 9.00 % N/A, fu								
25	Has a method chang	ge been made for the current pl	an year? If "Yes," see instructions	regarding required attac	hment .	Yes X No					
26	Is the plan required t	to provide a Schedule of Active	Participants? If "Yes," see instruct	ions regarding required	attachmen	tX Yes No					
27	· · · · · · · · · · · · · · · · · · ·				27						
Pai	t VII Reconcil	iation of Unpaid Minimι	ım Required Contribution	s For Prior Years							
28	Unpaid minimum red	quired contributions for all prior	years		28	0					
29		Set segment: 2nd segment: 3rd segment: NA. full yield curve used									
20	, ,		****		30						
1100000000000	98380000000000				30						
<u> </u>	200 200 200 200 1										
31					24-						
		Ist segment: 4.99 % 6.32 % 6.99 % 21b 4 month (enter code)									
			St segment:								
				Outstanding Bala							
	_										
	•		2nd segment: 2nd segment: 3rd								
	If a waiver has been (Month	Ist segment:									
34	Total funding require	ment before reflecting carryover		3rd segment: 6.99 %							
			3rd segment: 6.99 %								
35		·	•		0						
	•			<u></u>							
		······································				0					
Part VI Miscellaneous items 24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "attachment." 25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required in the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment. Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior (line 19a). 28 Unpaid minimum required contributions for all prior years. 29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior (line 19a). 30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29). Part VIII Minimum Required Contribution For Current Year. 31 Target normal cost and excess assets (see instructions): a Target normal cost dine 6). b Excess assets, if applicable, but not greater than line 31a. 32 Amortization installments: a Net shortfall amortization installment b Waiver amortization installment b Waiver amortization installment 33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approved (Month, Day Year) and the waived amount. 34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32a -					37	26,999					
38	Present value of exc	cess contributions for current ye	ar (see instructions)								
	a Total (excess, if ar	ny, of line 37 over line 36)			38a	26,999					
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment											
b Applicable month (enter code)											
40	Unpaid minimum red	quired contributions for all years	·		40						
Pai	rt IX Pension	Funding Relief Under I	Pension Relief Act of 2010) (See Instructions	i)						
41	If an election was ma	de to use PRA 2010 funding re	lief for this plan:								
	a Schedule elected					2 plus 7 years 15 years					
	b Eligible plan year(s) for which the election in line	41a was made		. 🗀 20	09 2010 2011 2012					
						1					

MARINA SIRRAS & ASSOCIATES, L.L.C. DEFINED BENEFIT PLAN Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Plan Name: MARINA SIRRAS & ASSOCIATES, L.L.C DEFINED BENEFIT PLAN

Plan EIN: 13-3939681 Plan Number: 001

Normal Retirement Benefit

Actuarial Cost Method: PPA06 Funding Rules

IRC430 Funding Yield Curve Segmented Rates

First Segment: 4.99%
Second Segment: 6.32%
Third Segment: 6.99%

IRC404 Funding Yield Curve Segmented Rates

First Segment: 1.37%
Second Segment: 4.05%
Third Segment: 5.06%

PBGC Segmented Rates

First Segment: 1.25%
Second Segment: 4.06%
Third Segment: 5.08%

Pre-Retirement Valuation Assumptions

Retirement Valuation Assumptions

Mortality Table 2014 430(h)(3)(A)-Optional combined

Optional Forms Assumption

100% of participants will elect the Plan Normal Form

Pre-Retirement Actuarial Equivalence Assumptions

Investment Earnings 5% Effective annual rate

Retirement Actuarial Equivalence Assumptions

Investment Earnings 5% Effective annual rate

Mortality Table 2014 417(e)(3) Applicable Mortality Table

Assumptions for IRC415 Maximum Benefit Actuarial Adjustments

Investment Earnings 5% Effective annual rate

Mortality Table 2014 417(e)(3) Applicable Mortality Table

Retirement Protection Act of 1994 Interest Rate for non-life annuities

Investment Earnings 5.5% Effective annual rate

Schedule SB, line 26 - Schedule of Active Participant Data

Plan Name: MARINA SIRRAS & ASSOCIATES, L.L.C DEFINED BENEFIT PLAN

Plan EIN: 13-3939681 Plan Number: 001

	Years of Credited Service																				
	< 1		,	1 - 4		5 - 9		10 - 14		15 - 19		20 - 24		25 - 29		30 - 34		35 - 39		40+	
		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.	
Age	#	Comp.	#	Comp.	#	Comp.	#	Comp.	#	Comp.	#	Comp.	#	Comp.	#	Comp.	#	Comp.	#	Comp.	
<25																					
25-29			1																		
30-34																					
35-39																					
40-44																					
45-49																					
50-54																					
55-59																					
60-64																					
65-69																					
70+									1												

Age is attained age as of the valuation date.

indicates the number of active participants in an age and service category.