Form 5500-SF Short Form Annual Return/Report of Small Emp Benefit Plan				-	oyee	MB Nos. 1210-0110 1210-0089		
Department of the T Internal Revenue S		This form is required to be file		otiromont	2015			
Department of La Employee Benefits Security	Administration	Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of th Revenue Code (the Code).				This Form is Open to Public Inspection		
Pension Benefit Guaranty				instructions to the Form 5	500-SF.	1 don		
		dentification Information al plan year beginning 01/01/		and ending 1	2/31/2015			
<u> </u>	<u> </u>	a single-employer plan		ver plan (not multiemployer)		king this bo	c must attach a	
A This return/report	is for:	a one-participant plan	list of participatin	g employer information in a	ccordance wi	th the form	instructions)	
B This return/report is	s [the first return/report	the final return/rep					
C Check box if filing	under:	Form 5558	an amended return/report a short plan year return/report (less than 12 months)				m	
	Ľ	special extension (enter desc				FVC progra		
Part II Basic	Plan Inforr	nation —enter all requested ir						
1a Name of plan		ALISTS OF NEW YORK PC 40			1b Three plan r (PN)	number	001	
					1c Effect	tive date of	olan	
		r, if for a single-employer plan)			-		cation Number	
City or town, state	e or province,	apt., suite no. and street, or P. country, and ZIP or foreign pos ALISTS OF NEW YORK, PC		instructions)	(EIN) 75-2987890 2c Sponsor's telephone number			
					2d Busin	212-439 ess code (s	ee instructions)	
30 E 77TH STREET, 5 IEW YORK, NY 10075						62111	,	
3a Plan administrato	or's name and	address XSame as Plan Spor	ISOT.		3b Admir	nistrator's E	N	
					3c Admir	nistrator's te	lephone number	
A 16 th a second secold			the best as to set for	le d'Anna de la contra de s				
		plan sponsor has changed since per from the last return/report.	the last return/report h	ied for this plan, enter the	4b EIN 4c PN			
5a Total number of	participants at	the beginning of the plan year.			5a		6	
b Total number of p	participants at	the end of the plan year			5b		0	
		count balances as of the end of			5c		0	
d(1) Total number of	of active partic	cipants at the beginning of the p	lan year		5d(1)		6	
		cipants at the end of the plan ye			5d(2)		0	
than 100% veste	ed	rminated employment during th			5e		0	
Under penalties of pe	rjury and othe ompleted and	incomplete filing of this return r penalties set forth in the instru- signed by an enrolled actuary,	ctions, I declare that I h	nave examined this return/re	port, includin	ıg, if applica		
		lid electronic signature.	03/16/2015	MARIA DEVITA				
HERE	re of plan adr		Date	Enter name of individ	lual signing a	s plan admi	nistrator	
SIGN HERE Signatur	re of omploye	ar/nlan snorsor	Date	Entor name of individ	lual signing a	e employer	or plan sponsor	
		er/plan sponsor ne, if applicable) and address (i		Enter name of indivic		telephone n		
For Paperwork Reducti	on Act Notice	and OMB Control Numbers, see tl	ne instructions for Form	5500-SF.		F	orm 5500-SF (2015)	

							X Yes 🗌 No			
	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public									
under 29 CFR 2520.104-46? (See instructions on waiver eligibility	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.									
C If the plan is a defined benefit plan, is it covered under the PBGC	insurance p	rogram (see ERISA se	ection 4	021)? .		Yes	No Not determined			
Part III Financial Information	_									
7 Plan Assets and Liabilities		(a) Beginning	g of Yea	ar			(b) End of Year			
a Total plan assets	7a		1569	365			0			
b Total plan liabilities	7b				_					
C Net plan assets (subtract line 7b from line 7a)	7c		1569	365	_	0				
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	unt		_		(b) Total			
Contributions received or receivable from: (1) Employers	8a(1)		16	208						
(1) Employers				362						
			0.		_					
(3) Others (including rollovers) b Other income (loss)			-34	369						
				000			13201			
 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums 	00				-		13201			
to provide benefits)	8d		1566	634						
e Certain deemed and/or corrective distributions (see instructions).	8e									
f Administrative service providers (salaries, fees, commissions)	8f		15	932						
g Other expenses	8g									
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					1582566				
i Net income (loss) (subtract line 8h from line 8c)	Net income (loss) (subtract line 8h from line 8c) 8i						-1569365			
j Transfers to (from) the plan (see instructions)	Transfers to (from) the plan (see instructions)									
Part IV Plan Characteristics										
9a If the plan provides pension benefits, enter the applicable pensio 2J 2G 2E	n feature co	des from the List of Pla	an Cha	racteris	stic Co	odes in	the instructions:			
B If the plan provides welfare benefits, enter the applicable welfare	feature cod	es from the List of Pla	n Chara	acterist	ic Coo	des in th	ne instructions:			
Part V Compliance Questions										
10 During the plan year:				Yes	No	N/A	Amount			
a Was there a failure to transmit to the plan any participant contrib described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary F	iduciary Correction	10a		x					
b Were there any nonexempt transactions with any party-in-intere reported on line 10a.)	,		10b		x					
C Was the plan covered by a fidelity bond?			10c	Х			150000			
d Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?				x					
carrier, insurance service, or other organization that provides so	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).				x					
f Has the plan failed to provide any benefit when due under the plan	Has the plan failed to provide any benefit when due under the plan?				х					
g Did the plan have any participant loans? (If "Yes," enter amount	as of year e	end.)	10f 10g		Х					
h If this is an individual account plan, was there a blackout period?	? (See instru	ctions and 29 CFR	10g		х					
	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the paties applied under 20 CEP 2520.101.2									
j Did the plan trust incur unrelated business taxable income?			10i 10j							
Part VI Pension Funding Compliance			. • j	1	1	1	1			

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)	٩N
11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40 11a	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?	١o

Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of E	ERI
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SA?... Yes X No

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	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
a	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver								
lf	you c	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		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative 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?			X Y	es No			
		es," enter the amount of any plan assets that reverted to the employer this year		13a			0		
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou					0		
D		e PBGC?				X Yes	No		
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th assets or liabilities were transferred. (See instructions.)	ify the plan(s) to	I					
-	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	13c(3) PN(s)		
Dert	1/111	Truck Information							
Part		Trust Information		116	T	15.1			
14a	Name	e of trust		140	Trust's E	IN			
14c Name of trustee or custodian						14d Trustee's or custodian's telephone number			
Par	t IX	IRS Compliance Questions		1					
15a	Is th	e plan a 401(k) plan?		Y	es	No			
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based safe harbor method		L1	ADP/ACP test		
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.42)(ii))?		Υ	es	No			
16a	Cheo	sk the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):	Цр	Ratio ercentag est		verage enefit test		
16b		s the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con plan with any other plans under the permissive aggregation rules?	0	ΓY	es	No			
17a	Hast	the plan been timely amended for all required tax law changes?		Y	es	No	N/A		
	for ta	the last plan amendment/restatement for the required tax law changes was adopted////	•				structions		
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play sory letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable	IRS opinio	n or		
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e rmination letter/	nter the date of	the pla	an's last f	avorable			
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		Yes		No	No		
19	Were	in-service distributions made during the plan year?		Y	es	No			
	lf "Ye	es," enter amount		19					
20		e required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wed), as required under section 401(a)(9)?		[] Y	es	No	N/A		

Form 5500-SF Short Form Annual Return/Report of Small Emp Benefit Plan					loyee	OMB Nos. 1210-0110 1210-0089		
	artment of the Treasury rnal Revenue Service		This form is required to be filed under sections 104 and 4065 of the Employee					
Employee B	epartment of Labor Benefits Security Administration enefit Guaranty Corporation	Income Security Act of 1974	e Internal	This Form is Open to Public Inspection				
	500-SF.	т импе ттарестоп						
Part I	Annual Report	Identification Information scal plan year beginning						
1 of calefiu	ar plan year 2015 of it	X a single-employer plan	01/01/2015	and ending		<u>31/2015</u>		
A This ret	turn/report is for:		list of participating er	mployer information in a	ccordance w	cking this box must attach a ith the form instructions)		
		a one-participant plan	a foreign plan					
B This ret	urn/report is	the first return/report	X the final return/report					
		an amended return/report	a short plan year retur	m/report (less than 12 m	nonths)			
C Check box if filing under: Form 5558 automatic extension						DFVC program		
		special extension (enter descr	iption)					
Part II	Basic Plan Info	rmation—enter all requested int	formation					
1a Name KIDNEY	of plan	ON SPECIALISTS OF NEW		LAN	(PN)	number 001		
						tive date of plan 01/2004		
		yer, if for a single-employer plan) m, apt., suite no. and street, or P.C	. Box)			oyer Identification Number 75-2987890		
City or	town, state or provinc	e, country, and ZIP or foreign posta ION SPECIALISTS OF NE	al code (if foreign, see inst	ructions)	2c Spon	sor's telephone number		
						-439-9251		
130 E 77TH STREET, 5TH FLOOR					2d Business code (see instructions) 621111			
NEW YC	DRK	NY 10075						
3a Plan administrator's name and address XSame as Plan Sponsor.				3b Administrator's EIN 3c Administrator's telephone number				
4 If the r	name and/or EIN of the	e plan sponsor has changed since	the last return/report filed f	or this plan, enter the	4b EIN			
a Sponse		nber from the last return/report.			4c PN			
	177	at the beginning of the plan year						
		at the end of the plan year			5b	6		
C Numbe	er of participants with a	account balances as of the end of t	he plan year (defined bene	efit plans do not	5c	0		
		tion anto at the heating inc. of the set			5d(1)	0		
		ticipants at the beginning of the pla				6		
e Numb	er of participants that	rticipants at the end of the plan yea terminated employment during the	plan year with accrued be	nefits that were less	5d(2) 5e	0		
Caution: A	penalty for the late of	or incomplete filing of this return	/report will be assessed	unless reasonable ca		0 lished		
Under pena SB or Sche	alties of perjury and oth	ner penalties set forth in the instruc ad signed by an enrolled actuary, a	tions, I declare that I have	examined this return/re	port. includin	g, if applicable, a Schedule		
SIGN	Man	a alla of	2/2/2/2011	MARIA DEVITA				
HERE	erelated and the second second					a plan administrator		
SIGN	Signature of plan administrator Date Enter name of individual signing as					s pian auministrator		
HERE	0:							
Preparer's	Signature of emplo name (including firm n	yer/plan sponsor ame, if applicable) and address (in	Date	L Enter name of individ		s employer or plan sponsor telephone number		
				~ <i>,</i>				
Far Danama	N. Daduction Act Notic	and OMB Control Numbers see the						

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6a b	Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520 104.462 (See instructions on waiver aligibility	an indepen	dent qualified public	accour	tant (IC	(AQC				No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									
с	If the plan is a defined benefit plan, is it covered under the PBGC in									
	rt III Financial Information		Ugrain (see ERISA's	ection	4021)?				determined	1
7	Plan Assets and Liabilities		(-) D							
	Total plan assets	7.	(a) Beginnin				(b) End of Ye	ear	
	Total plan liabilities	7a		15	56936	-5				0
	Net plan assets (subtract line 7b from line 7a)	7b		10	6936					
8	Income, Expenses, and Transfers for this Plan Year	7c			06936	-5				0
	Contributions received or receivable from:	A CONTRACTOR	(a) Amo	unt		-	Carl Street and the	(b) Total		
	(1) Employers	8a(1)			1620	8				
	(2) Participants	8a(2)			3136	2			and a state	1
	(3) Others (including rollovers)	8a(3)				1.8		C. MARLINES, M.		
b	Other income (loss)	8b		-	3436	9		and a series		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			19366				1320	01
d	Benefits paid (including direct rollovers and insurance premiums								152	<u> </u>
	to provide benefits)	8d		15	6663	4		Section 1		
1000	Certain deemed and/or corrective distributions (see instructions)	8e								1
	Administrative service providers (salaries, fees, commissions)	8f			1593	2				
	Other expenses	8g								
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		194					158256	56
	Net income (loss) (subtract line 8h from line 8c)	8i							-156936	55
	Transfers to (from) the plan (see instructions)	8j								
	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2J 2G 2E	feature cod	es from the List of PI	an Cha	racteris	stic Co	odes in the in	nstructions:		
B Part	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	s from the List of Pla	n Chara	acterist	ic Coc	les in the ins	structions:		_
10	During the plan year:			-	Yes	No	N/A	Amo	unt	
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program)	oluntary Fid	luciary Correction	10a		x				_
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	? (Do not in	clude transactions	10b		х				
С	Was the plan covered by a fidelity bond?			10c	X		Sale in		1500	200
d	Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty?	idelity bond	that was caused	100		х				_
e	Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.)	er persons l	by an insurance e benefits under	10e		x				
f	Has the plan failed to provide any benefit when due under the plan	?		10f		х				
g	Did the plan have any participant loans? (If "Yes," enter amount as			10g		х				
h	If this is an individual account plan, was there a blackout period? (\$2520.101-3.)	See instruct	ions and 29 CFR	10g		х				
I	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required r	notice or one of the	101						
j	Did the plan trust incur unrelated business taxable income?	and the second se	The second s	10i						
Part	VI Pension Funding Compliance						l		H	
11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)	ents? (If "Ye	s," see instructions a	and con	nplete S	Sched	ule SB (Forr	n 🗌	Yes 🗌 N	0
11a	Enter the unpaid minimum required contribution for all years from S	Schedule SE	3 (Form 5500) line 40)			11a			
12	Is this a defined contribution plan subject to the minimum funding r							١?	Yes X N	0