Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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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.

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information								
For calenda	ır plan year 2015 or fis	scal plan year beginning 01/01/20	15	and ending 12/31	/2015					
A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach list of participating employer information in accordance with the form instructions) a foreign plan										
B This retu	rn/report is	the first return/report an amended return/report	the final return/report a short plan year return	n/report (less than 12 month	os)					
C Check b	ox if filing under:	Form 5558 special extension (enter descrip	automatic extension tion)		DFVC program					
Part II	Basic Plan Info	rmation—enter all requested info	mation							
1a Name				11	Three-digit plan number (PN)	001				
				10	Effective date o 01/0	f plan 1/1997				
Mailing	address (include roor	yer, if for a single-employer plan) m, apt., suite no. and street, or P.O.			Employer Identification Number (EIN) 06-1460674					
•	WHERD P.C.	e, country, and ZIP or foreign postal	code (ii Toreign, see instr	20	2c Sponsor's telephone numb 203-259-7900					
				20	Business code ((see instructions)				
5 WALLS DE AIRFIELD, C					541110					
3a Plan ac	dministrator's name ar	nd address XSame as Plan Sponso	r.	31	Administrator's	EIN				
•					Administrator's	telephone number				
		e plan sponsor has changed since the mber from the last return/report.	e last return/report filed fo	or this plan, enter the	4b EIN					
a Sponso	or's name				PN					
5a Total n	umber of participants	at the beginning of the plan year			5a	13				
		at the end of the plan year			5b	12				
		account balances as of the end of the			5c 1					
d(1) Total number of active participants at the beginning of the plan year					5d(1)					
d(2) Tota	al number of active pa	5	5d(2) 8							
than 1			5e 0							
		or incomplete filing of this return/r								
SB or Sche		her penalties set forth in the instruction nd signed by an enrolled actuary, as plete.	· ·	•	0					
SIGN		valid electronic signature.	07/08/2016	KAREN JEFFERS						
HERE	Signature of plan a	dministrator	Date	Enter name of individual s	Enter name of individual signing as plan administrator					

Date

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

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

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 Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a second t	an independand condition to the condition of the conditio	dent qualified public a ons.) m 5500-SF and mus	ccount	ant (IQ	PA) Form	5500.		Yes No
C If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ction 4	021)? .		Yes	No No	Not determined
Part III Financial Information								
7 Plan Assets and Liabilities		(a) Beginning	•				(b) End of	
a Total plan assets	7a		1879					1842160
b Total plan liabilities	7b		1070	0				1040460
Net plan assets (subtract line 7b from line 7a) Income. Expenses, and Transfers for this Plan Year	7c	(a) A	1879	1011			(I-) T - (1842160
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b) Tot	aı
(1) Employers	8a(1)		93	8623				
(2) Participants	8a(2)		84	080				
(3) Others (including rollovers)	8a(3)			0				
b Other income (loss)	8b		-74	084				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							103619
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		141	270				
e Certain deemed and/or corrective distributions (see instructions)	8e			0				
f Administrative service providers (salaries, fees, commissions)	8f			0				
g Other expenses	8g			0				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							141270
i Net income (loss) (subtract line 8h from line 8c)	8i							-37651
j Transfers to (from) the plan (see instructions)	8j			0				
Part IV Plan Characteristics								
9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 3D	feature coo	des from the List of Plant	an Cha	racteris	stic Co	des in th	ne instruction	ons:
B If the plan provides welfare benefits, enter the applicable welfare for	eature code	as from the List of Pla	n Char	actorist	ic Coc	les in the	instruction	ne.
If the plant provides welfare benefits, effect the applicable welfare in	cature couc	23 HOITH THE LIST OF FIRE	Onare	actorist	10 000	103 111 1110	, mondono	13.
Part V Compliance Questions								
10 During the plan year:				Yes	No	N/A	Į.	Amount
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary Fi	duciary Correction	10a		X			
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X			
C Was the plan covered by a fidelity bond?			10c	Х				200000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bon	d, that was caused	10d		X			200000
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ner persons ne or all of t	by an insurance he benefits under	10a		X			
f Has the plan failed to provide any benefit when due under the pla			10f		X			
g Did the plan have any participant loans? (If "Yes," enter amount a					X			
h If this is an individual account plan, was there a blackout period?	•	,	10g		^			
2520.101-3.)	•		10h		X			
i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	•		10i					
j Did the plan trust incur unrelated business taxable income?			10j					
Part VI Pension Funding Compliance			•	•				
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes X No
11a Enter the unpaid minimum required contribution for all years from						11a	<u> </u>	
12 Is this a defined contribution plan subject to the minimum funding						-	RISA?	Yes X No

	F	orm 5500-SF 2015 Page 3 - 1					
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui	
b	Enter t	ne minimum required contribution for this plan year		12b			
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c			
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d			
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A
Part		Plan Terminations and Transfers of Assets			100	110	1471
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No	
		s," enter the amount of any plan assets that reverted to the employer this year		13a			
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough	ght under the co	ontrol		Yes X	No
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)					
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)
Part	: VIII	Trust Information					
14a	Name o	f trust		14b Trust's EIN			
14c	Name	of trustee or custodian		14d Trustee's or custodian's			
140 Name of trustee of custodian				telephone number			
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		Ye	S	No	
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based safe ADP/ACP harbor test method			
15c	5c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?					No	
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No	
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A
17b	17b Date the last plan amendment/restatement for the required tax law changes was adopted/ Enter the applicable code (See instructions for tax law changes and codes).						
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable	
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No	
19	Were in	n-service distributions made during the plan year?		Ye	s	No	
	If "Yes	" enter amount	······	19			
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Gueranty 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, 1210-01' 1210-008

2015

This Form is Open to Public Inspection

100104 VIII 100 VIII	incolumn vast beginning	01/01/2015	and ending	12/31/2015				
For calendar plan year 2015 or f					hay must attach			
A This return/report is for:	x a single-employer plan	a multiple-employer plan (not multiemployer) (Filers checking this box must attack a list of participating employer information in accordance with the form instruct						
B This return/report is:	a one-participant plan the first return/report	a foreign plan the final return/repo	+					
D This return/report is.	<u></u>	<u></u> .	urn/report (less than 12 m	onthe)				
	an amended return/report	a short plan year le	oritis)					
C Check box if filling under:	Form 5558	automatic extension		DFVC pro	gram			
60-1-03-1-19-1-0-1	special extension (enter descr							
***************************************	ormation enter all requested	information		1b Three-digit				
1a Name of plan JEFFERS COWHERD P.	C. PROFIT SHARING PLAN			plan number (PN) ►	001			
				1c Effective date of plan 01/01/1997				
Mailing Address (include ro	loyer, if for a single-employer plan) rom, apt., suite no. and street or P.C). Box)	afructions)	2b Employer Identification Number (EIN) 06-1460674				
JEFFERS COWHERD P.	nce, country, and ZIP or foreign pos C .	iai code (ii foreigii, see ii	structions	2c Sponsor's telephone number (203) 259-7900				
55 WALLS DRIVE		2d Business co 541110	de (see instructions)					
US FAIRFIELD CT 06824								
3a Plan administrator's name	and address 🗓 Same as Plan Sp	onsor Name		3b Administrato	r's EIN			
	ne plan sponsor has changed since	the last return/report file	d for this plan, enter the	4b EIN				
a Sponsor's name	imber from the last return/report.			4c PN				
	s at the beginning of the plan year			5a	13			
	s at the end of the plan year			5b	12			
c Number of participants with	account balances as of the end of	the plan year (defined be	nefit plans do not	5c	12			
	articipants at the beginning of the pl			5d(1)	7			
	articipants at the end of the plan yea			5d(2)	8			
	terminated employment during the			5e	0			
Caution: A penalty for the late	e or incomplete filing of this retu	n/report will be assess	ed unless reasonable ca	use is established	•			
Under penalties of perjury and SB or Schedule MB completed belief, it is true, correct, and co	other penalties set forth in the instru and signed by an enrolled actuary,	as well as the electronic	ve examined this return/re version of this return/repo	eport, including, if a rt, and to the best o	oplicable, a Schedule f my knowledge and			
	A Run Property	F 7/8/11	KAREN JEFFERS					
SIGN / Mac 97 HERE Signature of plan ad	ministrator	Date Date	Enter name of individua	al signing as plan a	dministrator			
SIGN								
HERE Signature of employ	er/plan sponsor	Date	Enter name of individua					
Preparer's name (including firm	name, if applicable) and address; i	nclude room or suite nur	nber	Preparer's telepho	ne number			

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6a	Were all of the plan's assets during the plan year invested in eligible	assets? (See instructions.)	•••••				*******	X Yes [No	
	e 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 a	CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								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	If the plan is a defined benefit plan, is it covered under the PBGC in	surance pi	rogram (see ERISA section	on 402	21)? •	······· [Yes		☐ Not de	terminea	
Pa	rt III Financial Information	T				т	,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
7	Plan Assets and Liabilities	(a) Beginning of Year (b) End of									
	Total plan assets	7a	1,8	79,8		 	1,842,160				
	Total plan liabilities	7b	1 01	70.0	0		1 0/0 1				
	Net plan assets (subtract line 7b from line 7a)	7c	1,8° (a) Amount		<u>T T </u>	-		(b) To	1,842,3 otal	1.60	
	Contributions received or receivable from:		(a) Amount			(5)					
	(1) Employers	8a(1)		93,6							
	(2) Participants	8a(2)		34,0							
	(3) Others (including rollovers)	8a(3)		4 00	0						
***************************************	Other income (loss)	8b	(7)	4,08	4)				400		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							103,	919	
	to provide benefits)	8d	1.4	41,2	70						
е	Certain deemed and/or corrective distributions (see instructions)	8e			0						
f	Administrative service providers (salaries, fees, commissions)	8f			0		100000				
g	Other expenses	8g			0						
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							141,		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							(37,6	51)	
106000000000	Transfers to (from) the plan (see instructions)	8j			0						
00,000,000,000,000	rt IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension for	eature cod	es from the List of Plan C	narao	teristi	c Coc	ies in ti	ne instruct	ions:		
	2A 2E 2J 3D						,				
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature code	s from the List of Plan Gr	aract	eristic	Code	es in the	e instructio	ns:		
	4V Compliance Questions										
10	rt V Compliance Questions During the plan year:				Yes	No	N/A		Amount		
10 a	Was there a failure to transmit to the plan any participant contribu	ıtions withi	n the time period								
-	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo										
	Program)	************		10a		Х					
b				10b		x					
С	reported on line 10a.)			10c	x				20	00,000	
d	Did the plan have a loss, whether or not reimbursed by the plan's										
~	by fraud or dishonesty?			10d		х					
е		her person	s by an insurance								
	carrier, insurance service, or other organization that provides som the plan? (See instructions.)			10e		x					
f	Has the plan failed to provide any benefit when due under the plan			10f		x					
	Did the plan have any participant loans? (If "Yes," enter amount a			10g		х					
<u>g</u>				109		-					
h	2520.101-3.)			10h		x					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he required	ne required notice or one of the								
j	Did the plan trust incur unrelated business taxable income?	Did the plan trust incur unrelated business taxable income?									
Pai	t VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)	nents? (If '	'Yes," see instructions an	d con	nplete	Sche	dule SI	3 (Form	Yes	X No	
118	Enter the unpaid minimum required contribution for current year fi						11a				
-	Is this a defined contribution plan subject to the minimum funding						302 of	ERISA?	Yes	X No	

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	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst granting the waiver. Month		l enter th	ne date of Ye		ruling		
<u>lf</u>	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			F				
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 (enter a minus sign to the lef negative amount)		12d					
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		🖂	Yes [] No [□ N/A		
Par	t VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?		□ Y.	es 🗓 N	lo			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?		ontrol		Yes	X No		
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	he plan(s) to)					
	13c(1) Name of plan(s):	130	(2) EIN((s)	13c(3)	PN(s)		
Par	VIII Trust Information		r					
14a Name of trust					14b Trust's EIN			
14c Name of trustee or custodian				14d Trustee or custodian's telephone number				
Par	t IX IRS Compliance Questions							
15a	Is the plan a 401(k) plan:	****************	☐ Ye	s	☐ No			
15b	of "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and ematching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		bas hai	sign- sed safe rbor ethod	ADP/	'ACP		
15c	If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg. section 1.401(k)-2(a)(2)(ii) and 1.401(2(a)(2)(ii))?	-	☐ Ye	S	☐ No			
16a	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section	410(b):	□ Ra □ Pe Te:	rcentage	Avera	age fit Test		
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combiting this plan with any other plans under the permissive aggregation rules?		☐ Ye	s .	☐ No			
17a	Has the Plan been timely amended for all required law changes?	**************	Ye	s	☐ No	N/A		
	17b Date of the last plan amendment/restatement for the required tax law changes was adopted/_/Enter the applicable code (See instructions for tax law changes and codes).							
17c	If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volume submitter plan tha advisory letter, enter the date of that favorable letter / / and the letter's serial number	t is subject t er.	o a favo	rable IRS	opinion o	Г		
	If the plan is an individually-designed plan and recieved a favorable determination letter from IRS, please determination letter / / /	enter the dat	e of plar	n's last fav	vorable			
18 	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) ha made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Isl		☐ Ye	S	☐ No			
19	Were in-service distributions made during the plan year?	••••••	Ye	s	☐ No	<u> </u>		
	If Yes, enter amount	***************************************	19					
20	Were minimum required distributions made to 5% owners who have attained age 70 ½ (regardless of whet not retired) as required under section 401(a)(9)?		☐ Ye	S	☐ No	□ N/A		