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).

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Pension Be	enenii Guaraniy Corporation	Complete all entries in a	accordance with the instructions to the Form 5	500-SF		•				
Part I	Annual Report	Identification Information								
For calenda	ar plan year 2015 or fis	scal plan year beginning 01/01/2	2015 and ending 12	2/31/20)15					
A This ret	turn/report is for:	a single-employer plan a one-participant plan		olan (not multiemployer) (Filers checking this box must attach a mployer information in accordance with the form instructions)						
B This return/report is										
C Check I	box if filing under:	Form 5558 automatic extension DFVC program special extension (enter description)								
Part II	Basic Plan Info	rmation—enter all requested inf	formation							
1a Name JOSE F. NE	of plan EBRES, MD 401(K) PL	AN			Three-digit plan number (PN)	001				
				1c	Effective date of 01/0	f plan 1/2012				
Mailing	g address (include roor	yer, if for a single-employer plan) n, apt., suite no. and street, or P.C			Employer Identification Number (EIN) 14-1836729					
City or IEBRES/PA		al code (if foreign, see instructions)	2c Sponsor's telephone number 518-273-3311							
5 FOX RUN ATHAM, NY				2d	Business code (see instructions)				
3a Plan a	dministrator's name an	nd address Same as Plan Spons	sor.	3b Administrator's EIN						
				3с	Administrator's t	elephone number				
	name and/or EIN of the , EIN, and the plan nur	the last return/report filed for this plan, enter the	4b EIN							
a Spons	or's name			4c PN						
5a Total	number of participants	at the beginning of the plan year		5a	1	3				
b Total i	b Total number of participants at the end of the plan year					2				
			the plan year (defined benefit plans do not	50		2				
d(1) Tota	al number of active par	ticipants at the beginning of the pl	an year	5d(1)	3				
d(2) Tot	al number of active par	rticipants at the end of the plan yea	ar	5d(2)	2				
e Numb	per of participants that 100% vested	terminated employment during the	plan year with accrued benefits that were less	5€		0				
			n/report will be assessed unless reasonable car							
Under pena	alties of periury and oth	ner penalties set forth in the instruc	ctions. I declare that I have examined this return/re	port. in	cluding, if applic	able, a Schedule				

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.

SIGN	Filed with authorized/valid electronic signature.	08/29/2016	JOSE F. NEBRES					
HERE	Signature of plan administrator	Date	Enter name of individ	ual signing as plan administrator				
SIGN								
HERE	Signature of employer/plan sponsor	ual signing as employer or plan sponsor						
Preparer's	name (including firm name, if applicable) and address (include r	r)	Preparer's telephone number					

Form 5500-SF 2015		Page 2								
 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 If you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a second to	an indepen and condition ot use For	dent qualified public a ons.) m 5500-SF and mus	ccount	ant (IQ	PA) Form	5500.		×	Yes Yes	No No
C If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No	Not	detern	nined
Part III Financial Information										
7 Plan Assets and Liabilities		(a) Beginning					(b) En	d of Y		
a Total plan assets	7a		29	097					1738	37
b Total plan liabilities	7b		20	007					1738	27
Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	7c 29				29097				1730) [
a Contributions received or receivable from:		(a) Amot	ını				(D)	Total		
(1) Employers	8a(1)			0						
(2) Participants	8a(2)			0						
(3) Others (including rollovers)	8a(3)			0						
b Other income (loss)	8b			-25						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								-2	25
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		11	660						
e Certain deemed and/or corrective distributions (see instructions)	8e									
f Administrative service providers (salaries, fees, commissions)	8f			25						
g Other expenses	. 8g									
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								1168	35
i Net income (loss) (subtract line 8h from line 8c)	8i								-1171	10
j Transfers to (from) the plan (see instructions)	8j									
Part IV Plan Characteristics										
9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 3B 3D	feature cod	des from the List of Pla	an Cha	racteris	stic Co	des in t	the insti	ructions	3 :	
B If the plan provides welfare benefits, enter the applicable welfare fr	eature code	es from the List of Pla	n Chara	acterist	ic Coc	les in th	ne instru	ctions:		
In the plan provides well are serious, order the applicable well are t	catare coat	55 HOM the List of Flat	ii Onaic	20101101	.10 000	100 111 111	io motro	iotionio.		
Part V Compliance Questions										
10 During the plan year:				Yes	No	N/A		Am	ount	
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					V					
reported on line 10a.)			10b		X					
C Was the plan covered by a fidelity bond?			10c		X					
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X					
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.)	ne or all of t	he benefits under	10e		X					
f Has the plan failed to provide any benefit when due under the pla			10f		Χ					
					X					
	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)				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	notice or one of the	10h 10i							
j Did the plan trust incur unrelated business taxable income?										
			10j	<u> </u>			<u> </u>			
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>	100	
12 Is this a defined contribution plan subject to the minimum funding							RISA?		Yes	X No

	F	orm 5500-SF 2015 Page 3 - 1						
(If "Yes," 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 in ng the waiver		enter the Day	e date of	the letter ru Year	ling	
If		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_		Toal		
b	Enter th	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				
	Subtra	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the	left of a	12d				
		ve amount)			Yes	No	N/A	
Part		e minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets			163	NO	IN/A	
		resolution to terminate the plan been adopted in any plan year?			X Ye	s \square No		
		," enter the amount of any plan assets that reverted to the employer this year		13a		<u> </u>		
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou	ght under the co			Yes X	No	
С	If durin	PBGC? ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi				<u> </u>		
		assets or liabilities were transferred. (See instructions.) lame of plan(s):	13c(2)	FIN(e)		13c(3) F	PN(e)	
	100(1)	uno oi piuntoj.	130(2)	L114(3)		130(3)	· V (3)	
Dant		Turnet hafe amount on						
Part	Name o	Trust Information		14b Trust's EIN				
ı T a	Name 0	ii iiust		140	TUSES EII	14		
14c	Name	of trustee or custodian		14d Trustee's or custodian's telephone number				
					tolophon	o mambon		
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan?		Ye	s	No		
				Design-				
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)?		based safe ADP/ACP harbor test				
450					ethod			
150		DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(k)-2(a)(2)(ii) and 1.401(k)-2(a)(b) and 1.401(k)		Yes No				
	2(a)(2)	(ii))?		□ Ra	atio			
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under section	on 410(b):		ercentage	Average benefit test		
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by comin with any other plans under the permissive aggregation rules?		Ye	s	No		
17a		e plan been timely amended for all required tax law changes?		Ye	s	No	N/A	
17b Date the last plan amendment/restatement for the required tax law changes was adopted// Enter the applicable code (See instruction for tax law changes and codes).							tructions	
17c	If the p	lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play letter, enter the date of that favorable letter/ and the letter's serial r		t to a fa	vorable I	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 fa	vorable		
18	Is the I	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

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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

2015

This Form is Open to Public Inspection

Ø₽.	Pärtil Annua	-1 Danart le	dentification Information		With the modu	chons to the ron	11 5500-56.				
•			dentification Information cal plan year beginning		1/01/2015	and ending		2/31/2015			
	This return/report		x a single-employer plan	a mull	itiple-employer p	olan (not multiemple employer information	oyer) (Filers	checking this b			
	This return/report		a one-participant plan the first return/report	or participating e eign plan nal return/report		on in accord	iance with the it	rm instructions)			
	·	į	an amended return/report	=	•	rn/report (less than	12 months	onths)			
С	Check box if filing	g under: [x Form 5558 special extension (enter descr		natic extension			DFVC progr	am		
ſρ	Part II Basic	Dlan Infor	mation enter all requested	<u> </u>							
_	Name of plan	r jan nnon	IIIdtioii cinci dii lequesicu	Inomanon	<u>}</u>		1b	Three-digit	T		
	•	bres, MD 4	401(k) Plan					plan number (PN) ► 001			
		1						1c Effective date of plan 01/01/2012			
∠a	Mailing Address	s (include room	ver, if for a single-employer plan) n, apt., suite no. and street or P.C e, country, and ZIP or foreign post	O. Box)	foreign, see inst	tructions)	2b	2b Employer Identification Number (EIN) 14-1836729			
	Nebres/Pate			•	.	· • •		2c Sponsor's telephone number (518) 273-3311			
	15 Fox Run						2d	2d Business code (see instructions) 621111			
	US Latham NY 1			·							
3а	Plan administrat	tor's name and	d address 🗓 Same as Plan Spo	onsor Name	e	_	3b	Administrator's	EIN		
•							Зс	Administrator's	s telephone number		
4			plan sponsor has changed since ber from the last return/report.	the last ret	turn/report filed f	for this plan, enter	the 4b	EIN			
_a	Sponsor's name		· 				4c	PN			
5a			at the beginning of the plan year						3		
b			at the end of the plan year				51	5	2		
C	complete this ite	em)	ccount balances as of the end of			*****************************			2		
d	(1) Total number	of active partic	cipants at the beginning of the pla	an year .	******************	***************************************	5d	(1)	3		
ď			icipants at the end of the plan yea			*******************************	5d	(2)	2		
<u>е</u>	Number of partic less than 100%		erminated employment during the	plan year v	with accrued ber	nefits that were	5	е	0		
			or incomplete filing of this retur								
SI		completed an	ner penalties set forth in the instrund signed by an enrolled actuary, plete.								
100	rered /	me to	Arbre	18	129/2016	Jose F. Nebr	*es				
	SIGN K	of plan admi		Date	1 1 1 2 1 2	Enter name of ind		ine ee elen adm			
		Thu K	A-Chr-	8	129/2014	Jose F. Nebr		ing as plan aun	IINIStrator		
	SIGN HERE Signature	of amployer/	plan sponsor	Date				omployer			
			ame, if applicable) and address; in			Enter name of ind		ing as employer arer's telephone			
		-	, .,					•			

Form 5500-SF 2015 Page 2 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) b Are you claiming a waiver of the annual examination and report of an independent gualified public accountant (IQPA) X Yes No under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Rart III Financial Information (a) Beginning of Year (b) End of Year Plan Assets and Liabilities Total plan assets 7a 29.097 17.387 Total plan liabilities..... 7b Net plan assets (subtract line 7b from line 7a) 7с 29.097 17,387 3 11 E Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total Contributions received or receivable from: 0 8a(1) (1) Employers (2) Participants 8a(2) (3) Others (including rollovers) 8a(3) Other income (loss) 8b (25). . . . Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c Benefits paid (including direct rollovers and insurance premiums the attack and the to provide benefits) 11,660 8d Certain deemed and/or corrective distributions (see instructions) ... 8e Administrative service providers (salaries, fees, commissions) 8f 25 Other expenses 8g 11,685 Total expenses (add lines 8d, 8e, 8f, and 8g) 8h Net income (loss) (subtract line 8h from line 8c) (11,710)Transfers to (from) the plan (see instructions) 8i 17. Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: N/A Yes No Amount Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction X 10a Were there any nonexempt transactions with any party-in-interest? (Do not include transactions х reported on line 10a.) 10b Was the plan covered by a fidelity bond? 10c x Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused x by fraud or dishonesty? 10d 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.) 10e х Has the plan failed to provide any benefit when due under the plan? x 10f x Did the plan have any participant loans? (If "Yes." enter amount as of year end.) 10a If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 10h X If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 10i Did the plan trust incur unrelated business taxable income? 10i Part VI **Pension Funding Compliance** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form ☐ Yes 🗓 No 5500) and line 11a below) 11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 40 Yes X No Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?...

□ N/A

☐ No

Yes

Form 5500-SF 2015 Page 3-						
(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 instructions granting the waiver. Month	, and ente		of the letter i	ruling		
If 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	121	,				
c Enter the amount contributed by the employer to the plan for this plan year	120	;				
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	120	1				
e Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes [No L	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	Yes 🗆 i	No			
If "Yes," enter the amount of any plan assets that reverted to the employer this year						
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under of the PBGC?	*******		Yes	X No_		
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)	(s) to					
13c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3)	13c(3) PN(s)		
Part VIII. Trust Information			J.			
14a Name of trust	141	14b Trust's EIN				
	-					
14c Name of trustee or custodian		14d Trustee or custodian's telephone number				
Part IX IRS Compliance Questions						
15a is the plan a 401(k) plan:	🗆	Yes	☐ No			
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employee matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	er 🗀	Design- based safe ADP/ACP harbor test method				
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(m)-2(a)(2)(ii))?		Yes	□ No			
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b)	: Ш	Ratio Percentage Average Test Benefit				
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?		Yes	☐ No			
17a Has the Plan been timely amended for all required law changes?		Yes	☐ No	□ N/A		
17b Date of the last plan amendment/restatement for the required tax law changes was adopted//Ent instructions for tax law changes and codes).	er the app	licable cod	e (Se	e		
17c If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volume submitter plan that is sub advisory letter, enter the date of that favorable letter / / and the letter's serial number.	ject to a fa	vorable IR	S opinion or	•		
17d If the plan is an individually-designed plan and recieved a favorable determination letter from IRS, please enter the determination letter / /	e date of	olan's last fa	avorable			
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?		Yes	☐ No			
19 Were in-service distributions made during the plan year?	🖂	Yes	☐ No			
If Yes, enter amount	19		,			

Were minimum required distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired) as required under section 401(a)(9)?