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.

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

P	art I An	nual Report I	dentification Information	on						
For	calendar plai	n year 2015 or fisc	cal plan year beginning 01/0	01/20 <u>15</u> and ending 12	2/31/2015					
Α	This return/re	eport is for:	ver) (Filers checking this box must attach a in accordance with the form instructions)							
В٦	This return/rep	port is	12 months)							
С	Check box if	filing under:	DFVC program							
Pa	art II Ba	sic Plan Infor	mation—enter all requested	d information						
	Name of pla 401(K) PLAN	n	·		1b Three-digit plan number (PN) ▶	001				
					1c Effective dat	e of plan 1/01/2008				
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)						2b Employer Identification Number (EIN) 26-1632925				
IBC S	STYLE NY, L	LC	2c Sponsor's telephone number 212-355-3197							
	VEST 39TH S YORK, NY 1	STREET, SUITE 7 0018	'10			de (see instructions) 61300				
3a	Plan adminis	strator's name and	d address XSame as Plan Sp	onsor.	3b Administrato 3c Administrato	r's EIN r's telephone number				
4			plan sponsor has changed sin ber from the last return/report.	nce the last return/report filed for this plan, enter the	4b EIN					
а	Sponsor's na	ame			4c PN					
5a	Total number	er of participants a	at the beginning of the plan yea	ar	5a	80				
b			· · ·		5b	71				
С				of the plan year (defined benefit plans do not	5c	50				
d	(1) Total nun	nber of active part	icipants at the beginning of the	e plan year	5d(1)	60				
d	(2) Total nun	nber of active part	ticipants at the end of the plan	year	5d(2)	60				
	than 100%	vested		the plan year with accrued benefits that were less	5e	0				
Und SB	der penalties or Schedule I	of perjury and oth	er penalties set forth in the ins d signed by an enrolled actuar	turn/report will be assessed unless reasonable cautructions, I declare that I have examined this return/rey, as well as the electronic version of this return/repor	port, including, if ap					

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 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 indepen and conditi ot use For	ident qualified public a ons.)rm 5500-SF and mus	ccount	ant (IQ	PA) Form	5500.		X Yes	
C If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	rogram (see ERISA se	ection 4	021)? .		Yes	No	Not dete	rmined
Part III Financial Information					-				
7 Plan Assets and Liabilities		(a) Beginning					(b) End	of Year	004
a Total plan assets	7a		1406	006				1414	601
D Total plan liabilities	7b 7c		1406	006				1414	601
Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	76	(a) Amou		000			(b) 7	Total	001
a Contributions received or receivable from:		(a) Alliot	4111				(6)	Otai	
(1) Employers	8a(1)			0					
(2) Participants	8a(2)		79	554					
(3) Others (including rollovers)	8a(3)			0					
b Other income (loss)	8b		-18	810					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							60	744
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		52	099					
e Certain deemed and/or corrective distributions (see instructions)	8e			0					
f Administrative service providers (salaries, fees, commissions)	8f			50					
g Other expenses	8g			0					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							52	149
i Net income (loss) (subtract line 8h from line 8c)	8i							8	595
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 2E 2F 2G 2J 2T 3D	feature co	des from the List of Pl	an Cha	racteris	stic Co	des in t	the instru	ctions:	
B If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Pla	n Chara	acterist	ic Coc	les in th	e instruc	tions:	
Part V Compliance Questions							7		
10 During the plan year:				Yes	No	N/A		Amount	
Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fi	iduciary Correction	10a	X					10822
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					1000000
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	the benefits under	10e	X					4901
f Has the plan failed to provide any benefit when due under the pla			10f		Χ				
g Did the plan have any participant loans? (If "Yes," enter amount a				X					1800
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ctions and 29 CFR	10g 10h	^	X				1000
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	ne required	I notice or one of the	10ii						
j Did the plan trust incur unrelated business taxable income?			10i						
Part VI Pension Funding Compliance			10]	<u> </u>	<u> </u>]	<u> </u>		
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								│ │	s X No
11a Enter the unpaid minimum required contribution for all years from						11a			
12 Is this a defined contribution plan subject to the minimum funding							RISA?	Yes	s X No

	F	orm 5500-SF 2015 Page 3 - 1								
	_ `	s," 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, and enter the date of the letter ruling granting the waiver										
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) PN(s)				
Part	: VIII	Trust Information								
14a	Name o	f trust		14b 1	Γrust's EIN	١				
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's			
	rianio	of tubics of suctorial		14d Trustee's or custodian's 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	testing	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 1.4(ii))?	101(m)-	Ye	S	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		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions			
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			

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Ospannent of the Treasury Internal Revenue Service

Department of Labor Englayes Genetis Security Administration

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. 1210-6110 1210-8089

2015

This Form is Open to Public Inspection

Paris I A	· · · · · · · · · · · · · · · · · · ·			uctions to the Form 55						
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For calendar p	lan year 2015 or fi	scal plan year beginning	01/01/2015	and ending	12/31/2					
A This return	report is for:	a single-employer plan	a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions)							
		a one-participant plan	📗 a foreign plan							
B This return/	report is	the first return/report	the final return/report							
		an amended return/report	a short plan year returi	n/report (less than 12 mo						
C Check box	if filing under:	Form 5558	automatic extension		DFVC p	rogram				
**************************************		special extension (enter des								
······································	·	ormation—enter all requested i	nformation		1b Three-digit					
1a Name of plan JBC 401(K) PLAN						r				
120G 47115) That				plan numbe (PN) ▶	aa;				
				4	1c Effective da	te of plan				
		No. 1886, van de value (1886-1886) (177 - 177 - 177 - 1886) (1886			01/01/2	008				
Mailing ac	ldress (include roo	oyer, if for a single-employer plan) im, apt., suite no. and street, or P.	O. Box)		2b Employer Id (EIN) 26-	entification Number 1632935				
City or tov	•	ce, country, and ZIP or foreign po	stal code (if foreign, see instr	uctions)	2c Sponsor's telephone number (212) 355-3197					
						de (see instructions)				
100 WEST	39TH STREET	r, suite 710			561300	da laca manticucus).				
NEW YORK			NY	10018						
name, El	N, and the plan nu	ne plan sponsor has changed sinc nmber from the last return/report.	e the last return/report filed for	or this plan, enter the	4b EIN					
a Sponsor's	·····				4c PN					
	, ,	s at the beginning of the plan year	[1 60 1					
					5a	(5)				
	or participants with				5a 5b	(3) 7 (3)				
		account balances as of the end	of the plan year (defined beni	efit plans do not						
d(1) Total r	this item)	account balances as of the end of	of the plan year (defined ben	efit plans do not	5b	7.3				
-	this item)	account balances as of the end of account balances as of the end of the articipants at the beginning of the	of the plan year (defined beni plan year	efit plans do not	5b 5c 5d(1)	773 50 84				
d(2) Total r e Number	this item)umber of active pa number of active pa of participants tha	account balances as of the end of the end of the end of the earlicipants at the end of the plan yet terminated employment during the end of the plan yet.	of the plan year (defined ben plan year rear the plan year with accrued be	efit plans do not	5b 5c	773 50 84				
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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 If you answored "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in 	an independe and condition tot use Form	ent qualified public a is.) i 5500-SF and must	ccounte	int (IQ) d uso	PA) Form		*******	[>	•	No No
Part III Financial Information					£1.4.0000			00000000000000000000000000000000000000	***************************************	
7 Plan Assets and Liabilities		(a) Beginning					(b) End	of Y		******************************
a Total plan assets	. 7a		1,406	5,000	5		MONTH OF THE	Pladououdo	1,41	4,601
b Total plan liabilities	. 7b		***************************************	*****************************		00.000.000F1-00.0000F12000F620-0		41 - 10000000		
C Net plan assets (subtract line 7b from line 7a)	. 7c		1,400	5,000	5	the second section of the second seco	eccesorine easy ex	ir-a;,a=044000	1,41	4,60
8 Income, Expenses, and Transfers for this Plan Year	Market 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(a) Amou	ınt		/s.	5.5.05.05.05.000.00	(b) T	otal	aa	ADI-445946798535355555555
a Contributions received or receivable from:	0.74			,						
(1) Employers	8a(1)		つ (), 55			(*************************************	10.40628040.400	Noodonnon (Menor	Minimum control and the second
(2) Participants	. 8a(2)		/:	, 55.			ear. 1000 a.dh da	-de Ludecocco	50,54 e105/8000000000000000	otooong gata Medicanon
(3) Others (including rollovers)	. 8a(3)		and the second		4		900.000.000.000 AVANG ALBERTS (1979)	909111 11114 494	o transmission	· • • • • • • • • • • • • • • • • • • •
b Other income (loss)	8b]. {	3,810	2		······································			
C Total Income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		Marine and the state of the state of	er seles ou un outro set e	ing or a religious	***********		50-4 8 000000		50,74
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		52	2,09	9					
Certain deemed and/or corrective distributions (see instructions)	80	y terrorita (1990) esta (1997) errorrorita (1998) errorrorrorita (1998) errorrorita (1998) errorrorrorita (1998) errorrorrorita (1998) errorrorrorrorita (1998) errorrorrorrorrorrorrorrorrorrorrorrorro		· · · · · · · · · · · · · · · · · · ·	5	eneraleen (1880) (1880) (1880) (1880) (1880) (1880) (1880) (1880) (1880) (1880) (1880) (1880) (1880) (1880) (1	12:11:20:04:20:06:20:20:20:20:00:00:00:00:00:00:00:00:00:	00105373636330	aj Maria de Calendario de C	***************************************
f Administrative service providers (salaries, fees, commissions)	8f		ever-in-ever-appropries	51	0	MMC of MM or owners, league as	***************************************	90.99998886	***************************************	
g Other expenses.	89	e Vice Vice e dell'autori e se se titre e con en en en estate delle entre e i i i i i i i i i i i i i i i i i i	An employee to be a con-		ol		West of the second seco	***************************************	tunitudis-mooneet	Meritari e consumero de la con
h Total expenses (add lines 8d, 8e, 8f, and 8g)	3 8h		connect automorphism each	***************************************		otorec is interestable consistent	20.200004000000000000000000000000000000	PRINCESSA S		52,14
i Net income (loss) (subtract line 8h from line 8c)	81		2 XXXX			***************	Perantinenskan com i in der 1995	**********		8,59
Transfers to (from) the plan (see instructions)	81			***************************************		***************************************	***************************************	100000 ANALONG	40000000 0000	0,32
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2T 3D B If the plan provides welfare benefits, enter the applicable welfare to				×0.00000000000000000000000000000000000	40000 · 40000	V/////////////////////////////////////	***************		besidence agreement	
2E 2F 2G 2J 2T 3D				×0.00000000000000000000000000000000000	40000 · 40000	V/////////////////////////////////////	***************		besidence agreement	
B If the plan provides welfare benefits, enter the applicable welfare to				×0.00000000000000000000000000000000000	40000 · 40000	V/////////////////////////////////////	***************	ions	besidence agreement	
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B If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides and policy for the plan provided in 29 CFR 2510.3-102? (See instructions and policy for program). b Were there any nonexempt transactions with any party-in-interes reported on line 10a.). c Was the plan covered by a fidelity bond? d Did the plan have a toss, whether or not reimbursed by the plan's by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides sor the plan? (See instructions.)	deature codes utions within to Voluntary Fid. It? (Do not inc.) Ither persons me or all of the	the time period luciary Correction clude transactions I, that was caused by an insurance ne benefits under	10a 10b 10c 10d	Yes X	No X	es in th	***************	ions	ount	30,00
B If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides and policy for the plan provides and policy for the plan provides and policy for the plan provides for the plan provides and policy for the plan provides for the plan failed to provide any benefit when due under the plan plan plan plan plan failed to provide any benefit when due under the plan plan plan plan plan plan plan plan	feature codes utions within a Votuntary Fid It? (Do not income or all of the or all	the time period luciary Correction Clude transactions I, that was caused by an insurance he benefits under the benefits under	10a 10b 10c 10d 10o	Yes X	No X	es in th	***************	ions	ount	4,90
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	F	orm 5500-SF 2015	Page 3 - []							
a	If a wa	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicabliver of the minimum funding standard for a prior year is being amortized githe waiver.	in this plan year, see i		nter ti Oay		he fetter n Year	ling		
		npleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form						**************************************		
<u>b 6</u>	Enter th	e minimum required contribution for this plan year		******	12b			www.com/com/com/com/com/com/com/com/com/com/		
CE	inter th	e amount contributed by the employer to the plan for this plan year		*********	12c					
		ct the amount in line 12c from the amount in line 12b. Enter the result (e re amount)			12d					
E		minimum funding amount reported on line 12d be met by the funding d	adline?			Yes	No [] N/A		
Part \	oracsonosa hecipa	Plan Terminations and Transfers of Assets	er og kann i morre er er fra skriften bjorger og	***************************************	*************		E-11-36-78-1-11-11-11-11-11-11-11-11-11-11-11-11-			
13a	Has a	esolution to terminate the plan been adopted in any plan year?	***************************************	***************************************	***************************************	Ye.	[X] No	5.00.000.000.0000.0000.0000.000		
K .0.044449000000		,* enter the amount of any plan assets that reverted to the employer this			13a	- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	n o transition de la constantina de la			
# 2002202000000000000000000000000000000	of the	all the plan assets distributed to participants or beneficiaries, transferred PBGC?					Yes 🏻	No .		
С	If during which	ig this plan year, any assets or liabilities were transferred from this plan assets or liabilities were transferred. (See instructions.)	o another plan(s), ide	ntify the plan(s) to						
13	3c(1) N	ame of plan(s):		13c(2)	EIN(s)		13c(3)	PN(s)		
Part	VIII	Trust Information					MATERIA CONTRACTOR CON	behandeliteiteiteiteiteiteiteiteiteiteiteiteitei		
14a N	~*************************************		***************************************		14b	Trust's Ell	٧			
14c Name of trustee or custodian						14d Trustee's or custodian's telephone number				
Part	IX	IRS Compliance Questions			rokon varrenno versa					
15a	Is the	olan a 401(k) plan?			□ Y	'es	No	***************************************		
	matchi	how does the 401(k) plan satisfy the nondiscrimination requirements for no contributions (as applicable) under sections 401(k)(3) and 401(m)(2)	***************************************	************************	0	Design- pased safe narbor method	∏ AD	P/ACP st		
	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for ti method" for nonhighly compensated employees (Treas. Reg sections 1 (ii))?	401(k)-2(a)(2)(ii) and	1.401(m)-	۲ 🗆	'es	No			
16a	Check	the box to indicate the method used by the plan to satisfy the coverage	equirements under se	ction 410(b):	U	Ratio percentage lest		verage enefit test		
16b	Does this pla	he plan satisfy the coverage and nondiscrimination tests of sections 410 in with any other plans under the permissive aggregation rules?	(b) and 401(a)(4) by c	ombining	0	es es	∏No			
17a	Has th	e plan been timely amended for all required tax law changes?	******************************		Ο,	res .	∏No	□ MV		
	for tax	the last plan amendment/restatement for the required tax law changes w law changes and codes).		. Enter the ap				structions		
17c	If the p	lan sponsor is an adopter of a pre-approved master and prototype (M&Fry letter, enter the date of that (avorable letter) or volume submitter and the letter's serial		d lo a	favorable l	RS opinio	n or		
17d	If the p	Ian is an individually-designed plan and received a favorable determinal ination letter			the p	lan's last fa	vorable			
		Plan maintained in a U.S. temtory (i.e., Puerto Rico (if no election under , American Samoa, Guam, the Commonwealth of the Northern Mariana			OY	es	[]No			
19	Were	n-service distributions made during the plan year?	************************	************		⁄es	□No			
	If "Yes	," enter amount	***************************************	*******************	19					
20	Were retired	equired minimum distributions made to 5% ovmers who have attained a), as required under section 401(a)(9)?	ge 70 ¼ (regardless o	f whether or not	0,	Yes	[]No	[] N/A		