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

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

Revenue Code (the Code).

2014

OMB Nos. 1210-0110

1210-0089

Part I		t Identification Informatio				
For calend	ar plan year 2014 or	fiscal plan year beginning 01/01/	/2014	and ending 12/	/31/2014	
A This re	turn/report is for:	X a single-employer plan		er plan (not multiemployer) (ployer information in accord	-	
		a one-participant plan	a foreign plan			
B This ret	urn/report is	the first return/report	X the final return/repo	ort		
		X an amended return/report	a short plan year re	turn/report (less than 12 mo	onths)	
C Check	box if filing under:	Form 5558	automatic extension	n	DFVC pro	ogram
		special extension (enter des	scription)			
Part II	Basic Plan Inf	ormation—enter all requested i	information			
1a Name MICHAEL L	of plan . PFEIFER PROFIT	SHARING PLAN			1b Three-digit plan numbe	
					(PN) 1c Effective da	•
22 Plan a	noncor's nome and a	addraga: includa room ar quita num	har (ampleyer if for a sing	alo amplayor plan)		1/01/2010
	PFEIFER PC	address; include room or suite num	iber (employer, il lor a siri	gie-employer plan)		entification Number 0-4006173
90 MERRICH	K AVENUE, SUITE 1	06			· ·	elephone number 6-222-1773
	OOW, NY 11530					de (see instructions)
3a Plan a	dministrator's name	and address XSame as Plan Spo	nsor.		3b Administrato	
					3c Administrate	or's telephone number
					3c Administrato	or's telephone number
4 If the	name and/or FIN of t	the plan sponsor has changed since	e the last return/report file	d for this plan, enter the		or's telephone number
name	, EIN, and the plan n	he plan sponsor has changed sinc umber from the last return/report.	e the last return/report file	d for this plan, enter the	4b EIN	or's telephone number
name a Spons	e, EIN, and the plan notes or's name	number from the last return/report.	·	· 	4b EIN 4c PN	·
a Spons 5a Total	e, EIN, and the plan noor's name number of participan	ts at the beginning of the plan year	r		4b EIN 4c PN 5a	3
a Spons 5a Total b Total c Numb	e, EIN, and the plan noor's name number of participan number of participan number of participan per of participants wit	ts at the beginning of the plan year ts at the end of the plan year haccount balances as of the end of	r of the plan year (defined b	enefit plans do not	4b EIN 4c PN	3
a Spons 5a Total b Total c Numb	e, EIN, and the plan noor's name number of participan number of participan per of participants wit ete this item)	ts at the beginning of the plan year ts at the end of the plan year	r of the plan year (defined b	enefit plans do not	4b EIN 4c PN 5a 5b	3
name a Spons 5a Total b Total c Numb compl d(1) Total	e, EIN, and the plan noor's name number of participan number of participan per of participants wit ete this item)	ts at the beginning of the plan year ts at the end of the plan year haccount balances as of the end of	of the plan year (defined b	enefit plans do not	4b EIN 4c PN 5a 5b 5c 5d(1)	3
name a Spons 5a Total b Total c Numb compl d(1) Tot d(2) Tot e Numbe	e, EIN, and the plan noor's name number of participan number of participans wit ete this item)	ts at the beginning of the plan year ts at the end of the plan year	of the plan year (defined b plan year reare	enefit plans do not	4b EIN 4c PN 5a 5b 5c	3 0 0
name a Spons 5a Total b Total c Number completed (1) Total d(2) Total e Number less the	e, EIN, and the plan noor's name number of participan number of participans wit ete this item) al number of active p atal number of active p er of participants that an 100% vested	ts at the beginning of the plan year ts at the end of the plan year	of the plan year (defined b plan year reare plan year with accrued b	enefit plans do not enefits that were	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e	3 0 0 3 0 0
name a Spons 5a Total b Total c Number completed (1) Total d(2) Total e Number less the Caution: A Under pension SB or School	e, EIN, and the plan noor's name number of participan number of participants wite tee this item)	ts at the beginning of the plan year ts at the end of the plan year	of the plan year (defined by plan year	enefit plans do not enefits that were ed unless reasonable cau	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if approximate the setable of	3 0 0 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
name a Spons 5a Total b Total c Number completed (1) Total d(2) Total e Number less the Caution: A Under pension SB or School	e, EIN, and the plan noor's name number of participan number of participants wite ete this item)	ts at the beginning of the plan year ts at the end of the plan year	of the plan year (defined by plan year	enefit plans do not enefits that were ed unless reasonable cau	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if approximate the setable of	3 0 0 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
name a Spons 5a Total b Total c Number completed (1) Total d(2) Total e Number less the Caution: A Under pen SB or Schebelief, it is	e, EIN, and the plan noor's name number of participan number of participants wite ete this item)	ts at the beginning of the plan year ts at the end of the plan year	of the plan year (defined by plan year	enefit plans do not enefits that were ed unless reasonable cau	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if apt, and to the best of	3 0 0 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
name a Spons 5a Total b Total c Number completed (1) Total d(2) Total e Number less the Caution: A Under pen SB or Schubelief, it is SIGN HERE	e, EIN, and the plan noor's name number of participan number of participants wite ete this item)	ts at the beginning of the plan year ts at the end of the plan year	of the plan year (defined by plan year	enefit plans do not enefits that were ed unless reasonable cau live examined this return/report	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if apt, and to the best of	3 0 0 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
name a Spons 5a Total b Total c Number completed (1) Total d(1) Total e Number less the Caution: A Under pen SB or Schebelief, it is SIGN HERE SIGN HERE	p. EIN, and the plan nor's name number of participan number of participants wite te this item)	ts at the beginning of the plan year ts at the end of the plan year h account balances as of the end of participants at the beginning of the participants at the end of the plan y terminated employment during the other penalties set forth in the instrand signed by an enrolled actuary mplete. d/valid electronic signature. administrator	plan year (defined by the plan year with accrued by the plan year with accrued by the plan year will be assess the plan year. Date	enefit plans do not enefits that were ed unless reasonable cau ive examined this return/report enter name of individue	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if apt, and to the best of the be	3 0 0 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
name a Spons 5a Total b Total c Number completed (1) Total d(1) Total e Number less the Caution: A Under pen SB or Schebelief, it is SIGN HERE SIGN HERE	p. EIN, and the plan nor's name number of participan number of participants wite te this item)	ts at the beginning of the plan year ts at the end of the plan year	plan year (defined by the plan year with accrued by the plan year with accrued by the plan year will be assess the plan year. Date	enefit plans do not enefits that were ed unless reasonable cau ive examined this return/report enter name of individue	4b EIN 4c PN 5a 5b 5c 5d(1) 5e see is established port, including, if apt, and to the best of t	3 0 0 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

	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 lifyou answered "No" to either line 6a or line 6b, the plan cannot be a continuous control of the plan cannot be a control of the control of	an indeper and condit ot use Fo	ndent qualified public accounta ions.)rm 5500-SF and must instead	int (IQ d d use	PA) Form	5500.		X	Yes [No No
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40)21)?		Yes	No	Not d	etermi	ned
Par					-					
	Plan Assets and Liabilities	_	(a) Beginning of Yea				(b) End	of Yea	r C	
	Total plan assets	7a	2331	109	-					,
	Total plan liabilities	7b	2351	189					C)
	Net plan assets (subtract line 7b from line 7a)	7c	(a) Amount				(b) T	otal		
	Contributions received or receivable from:		(a) Amount				(b) T	Otai		
	(1) Employers	8a(1)								
	(2) Participants	8a(2)	22	269						
	(3) Others (including rollovers)	8a(3)	0.46							
	Other income (loss)	8b	248	387						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							27156	;
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							C)
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							27156	;
<u>j</u>	Transfers to (from) the plan (see instructions)	8j	-2623	345						
Par	t IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension									
b		eature cod	les from the List of Plan Charad	cterist			he instructi			
10	During the plan year:	C 20-1	and the control of the second of the		Yes	No		Amou	nt	
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	iciary Cor	rection Program)	10a		X				
	on line 10a.)	·····		10b		Χ				
C	Was the plan covered by a fidelity bond?			10c	X				3	30000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X				
e	Were any fees or commissions paid to any brokers, agents, or oth 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	end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		Χ				
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				<u>_</u>					
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	No
11a	Enter the unpaid minimum required contribution for current year fr					11a				
12	Is this a defined contribution plan subject to the minimum funding					302 of	ERISA?		Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,									
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter th Day		ne lette Year ₋	er rulin	g

	Form 5500-SF 2014 Page	3 - 1			
lf :	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 (enter a negative amount)	_	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadling	ne?		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	es 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 to an of the PBGC?				X Yes No
С	If during this plan year, any assets or liabilities were transferred from this plan to an which assets or liabilities were transferred. (See instructions.)				
1	3c(1) Name of plan(s):	1	3c(2) Ell	V(s)	13c(3) PN(s)
PFE	IFER & CHOI, PLLC PROFIT SHARING PLAN	47-227	'1778		001
Part	VIII Trust Information (optional)				
rait	viii Trust information (optional)				

14b Trust's EIN

14a Name of trust

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

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

2014

OMB Nos. 1210-0110 1210-0089

Part I	Annual Repo	rt Identification Information				
For calend	dar plan year 2014 oi	fiscal plan year beginning	01/01/2014	and ending	12/31/	⁷ 2014
A This re	eturn/report is for:	X a single-employer plan	a multiple-employer	olan (not multiemployer oyer information in acco) (Filers checking t	his box must attach a list
	·	a one-participant plan	a foreign plan	,	addied with the re-	iii iiiati dedella j
B This re	turn/report is	the first return/report	the final return/report			
		X an amended return/report	a short plan year retu	rn/report (less than 12 r	nonths)	
C Check	box if filing under:	Form 5558	automatic extension		DFVC	orogram
		special extension (enter descrip	etion)			
Part II	Basic Plan In	formation—enter all requested infor	rmation			
1a Name		**************************************			1b Three-digi	t
Michae	l L. Pfeifer	Profit Sharing Plan			plan numb	per 001
					(PN) ▶	
					1c Effective d 01/01/.	
		ddress; include room or suite number	(employer, if for a single	-employer plan)	2b Employer I	dentification Number
Michae	l L. Pfeifer	PC			(EIN) 20-	-4006173
90 Mer	rick Avenue,	Suite 106			2c Sponsor's 516-222	telephone number
						code (see instructions)
East M		NY 11530			541110	,
3a Plan a	idministrator's name	and address XSame as Plan Sponsor	r.		3b Administra	lor's EIN
					3c Administra	tor's telephone number
A 15.1						
		ne plan sponsor has changed since the umber from the last return/report.	e last return/report filed f	or this plan, enter the	4b EIN	
	or's name				4c PN	
5a Total r	number of participant	s at the beginning of the plan year			- 5a	-
b Total r	number of participant	s at the end of the plan year	***************************************	• • • • • • • • • • • • • • • • • • • •	5b	
		account balances as of the end of the			5c	
		articipants at the beginning of the plan				
	·	· ·	-		5d(1)	4
		articipants at the end of the plan year erminated employment during the plar			5d(2)	4
		erminated employment during the plan	Tyear with accided belie	ills trat were	5e	
Caution: A	penalty for the late	or incomplete filing of this return/re	port will be assessed	unless reasonable cau	ise is established	i.
SB or Sche	dule MB completed a	ther penalties set forth in the instructio and signed by an enrolled actuary, as v	ns, I declare that I have vell as the electronic vers	examined this return/re sion of this return/report	port, including, if a , and to the best o	oplicable, a Schedule If my knowledge and
belief, it is t	rue, correct, and con	plete				
SIGN	Muela			Michael L. Pf	eifer	
HERE	Signature of plan	administrator	Date 9/23//6	Enter name of individ	ual signing as plan	administrator
SIGN						
HERE	Signature of empl		Date	Enter name of individ		oloyer or plan sponsor
rreparers t	name (including firm i	name, if applicable) and address (inclu	iae room or suite numbe	r) (optronal)	Preparer's teleph	none number (optional)
					Town to be the children and a	NUMBER OF THE PROPERTY OF THE

	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 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 or line 6b.	an indepe and condi not use Fe	endent qualified public accountions.)orm 5500-SF and must inste	tant (I ad us	QPA) e Fori	n 5500),	X Yes	No
C	If the plan is a defined benefit plan, is it covered under the PBGC in	surance	orogram (see ERISA section 4	021)7	'[Yes	□ No □	Not detern	nined
Pa	rt III Financial Information								
7	Plan Assets and Liabilities	100000000000000000000000000000000000000	(a) Beginning of Ye	аг			(b) End	of Year	
a	Total plan assets	7a			0			26	2,349
b	Total plan liabilities	7b							
	Net plan assets (subtract line 7b from line 7a)	7c			0			26	2,345
8	Income, Expenses, and Transfers for this Plan Year	Application of the control of the co	(a) Amount				(b) T	otal	
а	Contributions received or receivable from: (1) Emptoyers	8a(1)							
	(2) Participants	8a(2)		2,2	69				n v
	(3) Others (including rollovers)	8a(3)	26	2,5		1.1144			
b	Other income (loss)	8b	1	2,4					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						26	2,345
	Benefits paid (including direct rollovers and insurance premiums								
	to provide benefits)	8d			2000 2000				
-	Certain deemed and/or corrective distributions (see instructions)	8e			= 1	7.00000	- manual and a second and a sec		
f	Administrative service providers (salaries, fees, commissions)	8f							
<u>g</u>	Other expenses	8g							
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			6000 C				C
_ <u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i	111.11111111111111111111111111111111111		3.54			26:	2,345
J	Transfers to (from) the plan (see instructions)	8j			13.1 13.1 14.1	layar.		- 42) 14.5, 1.7	
b Par	para para para para para para para para	ature cod	es from the List of Plan Chara	cterisi	tic Cod	les in t	he instructio	ns:	
10	During the plan year:			·····	Yes	No		A 4	
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a	163	Х		Amount	
b	Were there any nonexempt transactions with any party-in-interest?	(Do not i	nclude transactions reported			7.			······································
	on line 10a.)			10b		X			
С	Was the plan covered by a fidelity bond?			10c	Х			3.0	0,000
d	or dishonesty?			10d		Х			
е	Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all constructions.)	of the bene	efits under the plan? (See	10e		Х			
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	of year e	nd.)	10g		Х			
h	2520.101-3.)		***************************************	10h		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 -3	notice or one of the	10i					
art	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)	nts? (If "Y	es," see instructions and com	plete	Sched	ule SB	(Form	Yes	No
11a	Enter the unpaid minimum required contribution for current year fro	m Schedi	ıle SB (Form 5500) line 39			11a			
12	Is this a defined contribution plan subject to the minimum funding r	equireme	nts of section 412 of the Code	or se	ction 3	02 of I	ERISA?	Yes x	No.
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a	as apolica	hle.)						

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

Day

Year

granting the waiver.......Month

Form 5500-SF 2014	Page 3 -				
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	ar		12b		
c Enter the amount contributed by the employer to the plan			12c		
d Subtract the amount in line 12c from the amount in line 1 negative amount)			12d		
e Will the minimum funding amount reported on line 12d b	e met by the funding deadline?			Yes	No N/A
Part VII Plan Terminations and Transfers of A	\ssets				
13a Has a resolution to terminate the plan been adopted in any p	olan year?		Ye	s X No	
If "Yes," enter the amount of any plan assets that reverte	ed to the employer this year		13a		
b Were all the plan assets distributed to participants or ber of the PBGC?					Yes X No
c If during this plan year, any assets or liabilities were tran- which assets or liabilities were transferred. (See instructions)	sferred from this plan to another plan(s), identifions.)	y the plan(s)	to		
13c(1) Name of plan(s):		1	3c(2) EIN(s)	13c(3) PN(s)
			·····		
Part VIII Trust Information (optional)		ı			
14a Name of trust		1	14b Trus	t's EIN	

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**

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

OMB Nos. 1210-0110 1210-0089

2014

Part I		t Identification Information			10/21/2014
For calen	dar plan year 2014 or f	iscal plan year beginning		ind ending	12/31/2014
A This re	eturn/report is for:	x a single-employer plan	of participating employer info		ers checking this box must attach a ce with the form instructions)
D		a one-participant plan	a foreign plan		
B This re	eturn/report is	the first return/report	the final return/report		
		X an amended return/report	a short plan year return/report	(less than 12 month	ns)
C Check	k box if filing under:	Form 5558	automatic extension		DFVC program
		special extension (enter des	cription)		
Part II	Basic Plan Info	ormation—enter all requested in	nformation		
1a Name	e of plan			11	b Three-digit
Michae	el L. Pfeifer	Profit Sharing Plan			plan number 001 (PN)
					C Effective date of plan 01/01/2010
2a Plan Michae	sponsor's name and acel L. Pfeifer	ddress; include room or suite numb PC	per (employer, if for a single-employ	er plan) 21	b Employer Identification Number (EIN) 20~4006173
90 Mer	rick Avenue,	Suite 106		20	Sponsor's telephone number 516-222-1773
				20	Business code (see instructions)
East M		NY 11530			541110
3a Plan	administrator's name a	nd address XSame as Plan Spon	sor.	31	Administrator's EIN
				30	Administrator's telephone numb
				}	
4 If the	name and/or FIN of th	A plan spansor has abanced size	40.		
4 If the	name and/or EIN of the	e plan sponsor has changed since mber from the last return/report.	the last return/report filed for this pl	an, enter the 4L) EIN
a Spons	sor's name	mber from the last return/report.		40	
a Spons	sor's name	mber from the last return/report.		40	PN
a Spons	sor's name number of participants	at the beginning of the plan year.		40	5 PN
a Spons 5a Total b Total c Numb	sor's name number of participants number of participants per of participants with	at the beginning of the plan year at the end of the plan year	the plan year (defined benefit plans	40	PN
a Spons 5a Total b Total c Numb	number of participants number of participants per of participants with lete this item)	at the beginning of the plan yearat the end of the plan yearat the end of the plan year	the plan year (defined benefit plans	do not	5 PN
a Spons 5a Total b Total c Numb	number of participants number of participants per of participants with lete this item)	at the beginning of the plan yearat the end of the plan yearat the end of the plan year	the plan year (defined benefit plans	do not	5a 5b 5c
a Spons 5a Total b Total C Number completed (1) Total	number of participants number of participants number of participants per of participants with lete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of	the plan year (defined benefit plans	do not 5d	5 PN 5a 5b 5c
a Spons 5a Total b Total c Numb compl d(1) Tot d(2) Tot	sor's name number of participants number of participants per of participants with lete this item) all number of active participants	at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year at the end of the plan year at the beginning of the plan year ticipants at the end of the plan year	the plan year (defined benefit plans an year	do not 5d	5a 5b 5c
a Spons 5a Total b Total c Numb compl d(1) Tot d(2) Tot e Numbe	sor's name number of participants number of participants per of participants with lete this item) all number of active participants of active participants that te	at the beginning of the plan year at the end of the plan year account balances as of the end ofticipants at the beginning of the plan yearticipants at the end of the plan year	the plan year (defined benefit plans an yearar	do not 5d	5 PN 5a 5b 5c
a Spons 5a Total b Total c Number completed (1) Total d(2) Total e Number less the	number of participants number of participants per of participants with lete this item) lal number of active participants of active participants that te lan 100% vested	at the beginning of the plan year	the plan year (defined benefit plans an year ar lan year with accrued benefits that	do not 5d	5 PN 5a 5b 5c 1(1) 1(2) 5e
a Spons 5a Total b Total c Number compiled (1) Total d (2) Total e Number less th Caution: A	number of participants number of participants number of participants per of participants with lete this item) tal number of active participants that te an 100% vested	at the beginning of the plan year	the plan year (defined benefit plans an year ar lan year with accrued benefits that	do not 5d 5c were gasonable cause is	5 PN 5a 5b 5c 1(1) 1(2) 5e sestablished.
a Spons 5a Total b Total c Number compiled (1) Total d (2) Total e Number less the Caution: A Under penass or Scheller	number of participants number of participants per of participants with lete this item)	at the beginning of the plan year	the plan year (defined benefit plans an year ar lan year with accrued benefits that	do not 5d 5c were gasonable cause is	5 PN 5a 5b 5c 1(1) 1(2) 5e sestablished.
a Spons 5a Total b Total c Number completed (1) Total d(2) Total e Number less th Caution: A Under pena SB or Sche belief, it is total	number of participants number of participants per of participants with lete this item)	at the beginning of the plan year	the plan year (defined benefit plans an year	do not 5d 5c were pasonable cause is d this return/report, and	5a 5b 5c 1(1) 1(2) 5e 6 established. ncluding, if applicable, a Schedule to the best of my knowledge and
a Spons 5a Total b Total c Number completed (1) Total d (2) Total e Number less th Caution: A Under pena SB or Schebelief, it is it	number of participants number of participants number of participants with lete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year account at the end of the plan year account balances as the end of the plan year account to the plan year.	the plan year (defined benefit plans an year	do not 5d 5c were gasonable cause is	5a 5b 5c 1(1) 1(2) 5e 6 established. ncluding, if applicable, a Schedule to the best of my knowledge and
a Spons 5a Total b Total c Number completed (1) Total d(2) Total e Number less th Caution: A Under pena SB or Sche belief, it is total	number of participants number of participants per of participants with lete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year account at the end of the plan year account balances as the end of the plan year account to the plan year.	the plan year (defined benefit plans an year	do not 5d 5c were beasonable cause is d this return/report, i is return/report, and the L. Pfeife	5 PN 5a 5b 5c 1(1) 1(2) 5e 5e established. ncluding, if applicable, a Schedule to the best of my knowledge and err
a Spons 5a Total b Total c Number completed (1) Total d (2) Total e Number less th Caution: A Under pena SB or Schebelief, it is the sign HERE	number of participants number of participants number of participants with lete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year account at the end of the plan year account balances as the end of the plan year account to the plan year.	the plan year (defined benefit plans an year	do not 5d 5c were beasonable cause is d this return/report, i is return/report, and the L. Pfeife	5a 5b 5c 1(1) 1(2) 5e 6 established. ncluding, if applicable, a Schedule to the best of my knowledge and
a Spons 5a Total b Total c Number Completed (1) Total d (2) Total e Number Less th Caution: A Under pena SB or Schebelief, it is the SIGN HERE	number of participants number of participants per of participants with lete this item)	at the beginning of the plan year	the plan year (defined benefit plans an year	do not 5d 5c were basonable cause is dithis return/report, and arel L. Pfeife name of individual signature.	5a 5b 5c 6(1) 6(2) 5e 6 established. 6 including, if applicable, a Schedule to the best of my knowledge and exeruging as plan administrator
a Spons 5a Total b Total c Number Completed (1) Total d (2) Total e Number Less th Caution: A Under pena SB or Schebelief, it is the SIGN HERE	number of participants number of participants per of participants with lete this item)	at the beginning of the plan year	the plan year (defined benefit plans an year	do not 5d 5c were easonable cause is d this return/report, is return/report, and acl L. Pfeife name of individual signame of in	5 PN 5a 5b 5c 6(1) 6(2) 5e 6 established. Including, if applicable, a Schedule to the best of my knowledge and ex gning as plan administrator gning as employer or plan sponsor
a Spons 5a Total b Total c Number Completed (1) Total d (2) Total e Number Less th Caution: A Under pena SB or Schebelief, it is the SIGN HERE	number of participants number of participants per of participants with lete this item)	at the beginning of the plan year	the plan year (defined benefit plans an year	do not 5d 5c were easonable cause is d this return/report, is return/report, and acl L. Pfeife name of individual signame of in	5a 5b 5c 6(1) 6(2) 5e 6 established. 6 including, if applicable, a Schedule to the best of my knowledge and exeruging as plan administrator
a Spons 5a Total b Total c Number Completed (1) Total d (2) Total e Number Less th Caution: A Under pena SB or Schebelief, it is the SIGN HERE	number of participants number of participants per of participants with lete this item)	at the beginning of the plan year	the plan year (defined benefit plans an year	do not 5d 5c were easonable cause is d this return/report, is return/report, and acl L. Pfeife name of individual signame of in	5 PN 5a 5b 5c 6(1) 6(2) 5e 6 established. Including, if applicable, a Schedule to the best of my knowledge and ex gning as plan administrator gning as employer or plan sponsor
a Spons 5a Total b Total c Number Completed (1) Total d (2) Total e Number Less th Caution: A Under pena SB or Schebelief, it is the SIGN HERE	number of participants number of participants per of participants with lete this item)	at the beginning of the plan year	the plan year (defined benefit plans an year	do not 5d 5c were easonable cause is d this return/report, is return/report, and acl L. Pfeife name of individual signame of in	5 PN 5a 5b 5c 6(1) 6(2) 5e 6 established. Including, if applicable, a Schedule to the best of my knowledge and ex gning as plan administrator gning as employer or plan sponsor
a Spons 5a Total b Total c Number Completed (1) Total d (2) Total e Number Less th Caution: A Under pena SB or Schebelief, it is the SIGN HERE	number of participants number of participants per of participants with lete this item)	at the beginning of the plan year	the plan year (defined benefit plans an year	do not 5d 5c were easonable cause is d this return/report, is return/report, and acl L. Pfeife name of individual signame of in	5 PN 5a 5b 5c 6(1) 6(2) 5e 6 established. Including, if applicable, a Schedule to the best of my knowledge and ex gning as plan administrator gning as employer or plan sponsor

	Form 5500-SF 2014		Page 2								
b	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 cann If the plan is a defined benefit plan, is it covered under the PBGC in	an indeper and condit ot use Fo	ndent qualified public accounta lions.) rm 5500-SF and must instea	nt (IC	PA) Form	5500.			Ye Ye	s 🗌	No No ed
	t III Financial Information	•				1	<u> </u>				
7	Plan Assets and Liabilities		(a) Denimina of Yes		\top		/b\ F		·		
<u>'</u>	Total plan assets	7a	(a) Beginning of Yea	5,18	39		(D) E	nd of \	ear		0
	Total plan liabilities	7b			"						
	Net plan assets (subtract line 7b from line 7a)	7c	235	5,18	39						0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	•	十		//	o) Tota			
	Contributions received or receivable from:		(u) Amount					<i>5)</i> 10ta	•		
	(1) Employers	8a(1)									
	(2) Participants	8a(2)		2,26	59			_			
	(3) Others (including rollovers)	8a(3)			_	_					
<u>b</u>	Other income (loss)	8b	24	4,88	37						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_					27,	156
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d									
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f			-						
	Other expenses	8g							-		
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h									0
	Net income (loss) (subtract line 8h from line 8c)	8i			+					27,	156
	Transfers to (from) the plan (see instructions)	8j	-262	2,34	15						
	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2F 2G 3D	feature co	des from the List of Plan Chara	acteri	stic Co	des in	the inst	ruction	s:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	terist	ic Cod	es in t	he instr	uctions	:		
Part	V Compliance Questions										
10	During the plan year:				Yes	No		Δn	ount		
a	Was there a failure to transmit to the plan any participant contribution	tions within	n the time period described in		1	_	 		- Curre		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Con	rection Program)	10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		х					
	Was the plan covered by a fidelity bond?		-	10c	х					30,	000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х					
е	Were any fees or commissions paid to any brokers, agents, or oth	ner person	s by an insurance carrier,	100							
	insurance service, or other organization that provides some or all instructions.)		• •	10e		х	ŀ				
f	Has the plan failed to provide any benefit when due under the plan			10f		x					
g	Did the plan have any participant loans? (If "Yes," enter amount as					x					
<u> </u>	If this is an individual account plan, was there a blackout period? (10g	-	Λ.	 				
i	2520.101-3.)	•		10h		Х		_			
	exceptions to providing the notice applied under 29 CFR 2520.10	•		10i							
Part											
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Ye	s	No
<u>11a</u>	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a					
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction	302 of	ERISA?		Yes	s X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applica	able.)								

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

......Month

Day

Year

granting the waiver.

Form 5500-SF 2014	Page 3				
If you completed line 12a, complete lines 3, 9, and 10 of Schedule Mi	B (Form 5500), and skip to line 13.				
b Enter the minimum required contribution for this plan year			12b		
C Enter the amount contributed by the employer to the plan for this plan	vear		12c	<u> </u>	
d Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	result (enter a minus sign to the left	of a	12d		
e Will the minimum funding amount reported on line 12d be met by the f	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?			XY	es No)
If "Yes," enter the amount of any plan assets that reverted to the empl	loyer this year		13a		C
b Were all the plan assets distributed to participants or beneficiaries, tra of the PBGC?					X Yes No
C If during this plan year, any assets or liabilities were transferred from t which assets or liabilities were transferred. (See instructions.)					
13c(1) Name of plan(s):		1:	3c(2) El	N(s)	13c(3) PN(s)
PFEIFER & CHOI, PLLC Profit Sharing Plan		47	-227]	1778	001
Part VIII Trust Information (optional)		l			<u>l.</u>
14a Name of trust			14b Tr	ust's EIN	

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.

OMB Nos. 1210-0110 1210-0089

2014

Part I A	unuai Repoi	rt Identification Informa				
For calendar p	lan year 2014 or	fiscal plan year beginning	01/01/2014	and ending	12/31/2	······································
A This return	/report is for:	x a single-employer plan		plan (not multiemployer loyer information in acco		s box must attach a list i instructions)
B This return/	report is	the first return/report	the final return/report	!		
	•	X an amended return/repo	H '	urn/report (less than 12	months)	
C Check box	if filing under:	Form 5558	automatic extension		DFVC pr	ogram
		special extension (enter	description)			
Part II B	asic Plan Inf	ormation—enter all request	ed information			
1a Name of p Michael L		Profit Sharing Pla	n		1b Three-digit plan numbe (PN)	001
					1c Effective dat 01/01/2	
	or's name and a . Pfeifer	ddress; include room or suite n PC	umber (employer, if for a single	e-employer plan)	2b Employer Id (EIN) 20-4	entification Number 1006173
90 Merric	k Avenue,	Suite 106			2c Sponsar's te 516-222-	-1773
East Mead	OW	NY 1153	10		2d Business co 541110	de (see instructions)
3a Plan admir	istrator's name a	nd address XSame as Plan S	ponsor.		3b Administrato	r's EIN
					3c Administrato	r's telephone number
					1	•
4 If the name	and/or EIN of th	e plan sponsor has changed si	nce the last return/report filed t	for this plan, enter the	4b EIN	
name, EIN a Sponsor's i	, and the plan nu name	mber from the last return/repor	t.		4c PN	
name, EIN a Sponsor's i	, and the plan nu name	e plan sponsor has changed si imber from the last return/repor at the beginning of the plan ye	t.		4c PN	3
name, EIN a Sponsor's i 5a Total numb	, and the plan nu name per of participants	mber from the last return/repor	ear		4c PN	
name, EIN a Sponsor's of 5a Total numb b Total numb c Number of	, and the plan nun name per of participants per of participants participants with	mber from the last return/repor	eard of the plan year (defined ben	efit plans do not	4c PN 5a	3 4 4
name, EIN a Sponsor's i 5a Total numb b Total numb c Number of complete th d(1) Total numb	, and the plan number of participants per of participants participants with this item)	at the beginning of the plan yes at the end of the plan yes at the end of the plan year account balances as of the end	eard of the plan year (defined ben	elit plans do not	4c PN 5a 5b	4
name, EIN a Sponsor's i 5a Total numb b Total numb c Number of complete th d(1) Total numb	, and the plan number of participants per of participants participants with this item)	at the beginning of the plan ye at the end of the plan year account balances as of the end	eard of the plan year (defined ben	elit plans do not	4c PN 5a 5b 5c	4
name, EIN a Sponsor's i 5a Total numb b Total numb c Number of complete th d(1) Total nu d(2) Total nu e Number of p	, and the plan number of participants per of participants participants with this item)	at the beginning of the plan yes at the end of the plan yes at the end of the plan year account balances as of the end	t. eard of the plan year (defined ben ne plan year n yearhe plan year with accrued ben	efit plans do not	4c PN 5a 5b 5c 5d(1)	4 4
name, EIN a Sponsor's i 5a Total numb b Total numb c Number of complete th d(1) Total nu d(2) Total nu e Number of p less than 16 Caution: A pen	, and the plan number of participants participants with this item)	anther from the last return/reports at the beginning of the plan year account balances as of the endictionants at the beginning of the plan erminated employment during the process of the plan erminated employment during the plan incomplete filling of this results.	t. d of the plan year (defined ben le plan year	efit plans do not efits that were unless reasonable car	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established.	4 4 4 0
name, EIN a Sponsor's i 5a Total numb b Total numb c Number of complete th d(1) Total nu e Number of p less than 16 Caution: A pen Under penalties SB or Schedule	, and the plan number of participants participants with this item)	at the beginning of the plan yes at the end of the plan year account balances as of the end of the beginning of the plan tricipants at the end of the plan year.	t. d of the plan year (defined ben le plan year hyear he plan year with accrued ben lturn/report will be assessed	efit plans do not efits that were unless reasonable car examined this return/re	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established.	4 4 4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
name, EIN a Sponsor's i 5a Total numb b Total numb c Number of complete th d(1) Total nu e Number of p less than 14 Caution: A pen Under penalties SB or Schedule belief, it is true,	, and the plan number of participants participants with this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the plan stricipants at the end of the plan tricipants at the end of the plan tricipants at the end of the plan terminated employment during the plan tricipants at the end of the plan terminated employment during the penalties set forth in the instance of the plan tricipants at the end of this repenalties set forth in the instance of the plan tricipants at the end of the plan year.	t. d of the plan year (defined ben le plan year hyear he plan year with accrued ben lturn/report will be assessed	efit plans do not efits that were unless reasonable car examined this return/re	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if appt, and to the best of the second s	4 4 4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
name, EIN a Sponsor's in 5a Total numb b Total numb c Number of complete th d(1) Total num e Number of pless than 14 Caution: A pen Under penalities SB or Schedule belief, it is true SIGN HERE Sign	and the plan number of participants participants with the participants with the participants of active participants of active participants that the participants that the participants that the participants of active participants that the participants of active participants of participants of active participants of part	at the beginning of the plan year at the end of the plan year account balances as of the end of the plan stricipants at the beginning of the plan tricipants at the end of the plan year.	t. d of the plan year (defined ben le plan year hyear he plan year with accrued ben lturn/report will be assessed	efit plans do not efits that were unless reasonable car examined this return/report	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if app t, and to the best of the service of	4 4 4 0 olicable, a Schedule my knowledge and
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name, EIN a Sponsor's i 5a Total numb b Total numb c Number of complete th d(1) Total nu e Number of p less than 10 Caution: A pen Under penalties SB or Schedule belief, it is true, SIGN HERE Sig	and the plan number of participants participants with als item)	at the beginning of the plan yes at the end of the plan year	d of the plan year (defined ben be plan year	efit plans do not efits that were unless reasonable car examined this return/re sion of this return/report Michael L. Pf Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if appt, and to the best of it eiter itial signing as plan a	4 4 4 0 olicable, a Schedule ny knowledge and
name, EIN a Sponsor's i 5a Total numb b Total numb c Number of complete th d(1) Total nu e Number of p less than 10 Caution: A pen Under penalties SB or Schedule belief, it is true, SIGN HERE Sig	and the plan number of participants participants with als item)	at the beginning of the plan yes at the end of the plan year	d of the plan year (defined ben be plan year	efit plans do not efits that were unless reasonable car examined this return/re sion of this return/report Michael L. Pf Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if appt, and to the best of it eiter itial signing as plan a	4 4 4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
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	Form 5500-SF 2014	Page 2
6-	Mary III of the plants again diving the plants	

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	an indepe	endent qualified public account	ant (I	QPA)					es 📗 N
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condi	tions.)						X Ye	s UN
_	If you answered "No" to either line 6a or line 6b, the plan can							٦.		
_	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	program (see ERISA section 4	021)7		Yes	; ∐No [_ <u> </u> N	ot dete	ermined
_ P	art III Financial Information	1								
7	Plan Assets and Liabilities		(a) Beginning of Ye	аг			(b) End	d of	Year	
	Total plan assets	. 7a			0				2	262,34
<u>b</u>	Total plan liabilities	. 7b			\perp					
c	Net plan assets (subtract line 7b from line 7a)	. 7c			0				2	262,34
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Tota	ıl	
а	Contributions received or receivable from: (1) Employers	. 8a(1)								
	(2) Participants	8a(2)		2,2	59		Seed High R			
	(3) Others (including rollovers)	8a(3)		2,5	_					
b	Other income (loss)	8b		2,45		70	w 41, y 40.	-		y.
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-	<u> </u>			2	62,34
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	The state of the s			Ž.				62,34
e	Certain deemed and/or corrective distributions (see instructions)	8e			12.5					
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						<u> </u>		
i	Net income (loss) (subtract line 8h from line 8c)	8i	7.55 (Mar. 1997)						2	62,34
j	Transfers to (from) the plan (see instructions)	8i					10 M 10	-		
Pa	rt IV Plan Characteristics	. <u>"</u>								-
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature code	es from the List of Plan Charac	cterist	ic Cod	es in	the instruct	ions	:	
10	During the plan year:				Yes	No				
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ions within	the time period described in	10a	res	No X		Am	ount	
b	Were there any nonexempt transactions with any party-in-interest?	? (Do not i	nclude transactions reported	102			 			*******
	on line 10a.)	•••••		10Ь		Х	<u> </u>			
	Was the plan covered by a fidelity bond?			10c	Х		<u> </u>			30,000
	Did the plan have a loss, whether or not reimbursed by the plan's f or dishonesty?	•••••		10d		х				
е	Were any fees or commissions paid to any brokers, agents, or othe insurance service, or other organization that provides some or all cinstructions.)	of the bene	fits under the plan? (See	10e		x				
f	Has the plan failed to provide any benefit when due under the plan			10f	_	х	<u> </u>			
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year er	nd.)	10g		х				
h	If this is an individual account plan, was there a blackout period? (5 2520.101-3.)	See instruc	ctions and 29 CFR	10h		х	tilte Sengisk			
i		e required	notice or one of the	10i						*:
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)	nts? (If "Y	es," see instructions and comp	plete S	Schedi	ule SE	3 (Form	Γ	Yes	∏No
11a	Enter the unpaid minimum required contribution for current year fro					l1a				
12	Is this a defined contribution plan subject to the minimum funding n						ERISA?		Yes	k No
	(If "Yes." complete line 12a or lines 12b, 12c, 12d, and 12e below, a			····						
a	If a waiver of the minimum funding standard for a prior year is being granting the waiver.	amortize	ın ınıs plan year, see instruc Monti	itons, h	and er	nter th Day		ie le Yea		ing

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<u></u>	you c	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form	n 5500), and	skip t	o line 13.						
<u>b</u>	b Enter the minimum required contribution for this plan year						12b				
<u>c</u>	Enter the amount contributed by the employer to the plan for this plan year						12c				
d	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)						12d				
<u>e</u>	e 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	13a Has a resolution to terminate the plan been adopted in any plan year?						1	Yes 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 to another plan, or brought under the coff the PBGC?						ontrol	ol Yes 🗓 No				
С	if dur which	ring this plan year, any assets or liabilities were transferred from this plan that assets or liabilities were transferred. (See instructions.)	to another p	lan(s).	identify th	e plan(s) t	0				
13c(1) Name of plan(s):						c(2) EII	V(s)	13c(3)	PN(s)		
Part	VIII	Trust Information (optional)			· ·						
						1 4b Tr	ust's EIN				
											