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

2013

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in acco	ordance with the instruc	tions to the Form 5500	-SF.	mopeodon
Part I	Annual Report le	dentification Information			•	
For calend	ar plan year 2013 or fisc)13	and ending 12	2/31/2013	
A This re	turn/report is for:	a single-employer plan	a multiple-employer pl	an (not multiemployer)	a one-pa	articipant plan
B This ref	turn/report is:	x the first return/report	the final return/report			
		an amended return/report	a short plan year returr	n/report (less than 12 mo	onths)	
C Check	box if filing under:	Form 5558	automatic extension		DFVC p	rogram
		special extension (enter descrip	<u> </u>			
Part II		mation—enter all requested infor	mation			1
1a Name MICHALSKI	•	REMENT SAVINGS PLAN			1b Three-digit plan number (PN) ▶	
				-	1c Effective da	
	ponsor's name and add	ress; include room or suite number	(employer, if for a single-	employer plan)	2b Employer lo	dentification Number 7-1048060
5570 EACT	AV/ON LIMA DOAD				2c Sponsor's	telephone number 5-351-2500
P.O. BOX 1 AVON, NY 1				-	2d Business c	ode (see instructions)
3a Plan a	ndministrator's name and	d address XSame as Plan Sponsor	Name Same as Plan	Sponsor Address	3b Administrat	
					3c Administrat	or's telephone number
name		plan sponsor has changed since the ber from the last return/report.	e last return/report filed fo	or this plan, enter the	4b EIN 4c PN	
5a Total	number of participants a	at the beginning of the plan year			5a	3
b Total	number of participants a	at the end of the plan year		<u>-</u>	5b	3
	· ·	ccount balances as of the end of the		· ·	5c	3
	,	during the plan year invested in elig		•	· · · · · · · · · · · · · · · · · · ·	X Yes No
b Are you under	ou claiming a waiver of to 29 CFR 2520.104-46?	the annual examination and report of (See instructions on waiver eligibility her line 6a or line 6b, the plan car	of an independent qualifie y and conditions.)	d public accountant (IQF	PA)	
C If the	plan is a defined benefit	plan, is it covered under the PBGC	insurance program (see	ERISA section 4021)?	Yes No	Not determined
Caution: A	A penalty for the late or	r incomplete filing of this return/r	eport will be assessed (unless reasonable caus	se is established	d.
SB or Sche		er penalties set forth in the instruction d signed by an enrolled actuary, as lete.				
SIGN	Filed with authorized/va	alid electronic signature.				
HERE	Signature of plan ad	Iministrator	Date	Enter name of individu	ıal signing as plar	n administrator
SIGN HERE						
	Signature of employ		Date	Enter name of individu		
Preparer's	name (including firm na		IDE FOOM OF SHIFE NUMBER	r (optional)	Preparer's teleph	
		ime, if applicable) and address; inclu	ade room of dutie flamber	_		ione number (optionar)

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Part III Financial Information											
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End o	f Voor			_
	Total plan assets	7a		0			(b) Ella 0		358		_
	Total plan liabilities	7b						•			_
	Net plan assets (subtract line 7b from line 7a)	7c		0				43	358		_
	Income, Expenses, and Transfers for this Plan Year	70					/b) To				
	Contributions received or receivable from:		(a) Amount				(b) To	tai			
	(1) Employers	8a(1)	185	5							
	(2) Participants	8a(2)	231	8							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	19	4							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						43	867		
d	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		9							
g	Other expenses	8g									
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							9		
i	Net income (loss) (subtract line 8h from line 8c)	8i						4:	358		
j	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics	, ,	l								
	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructi	ons:			_
b	2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cteristi	ic Coc	les in t	he instructio	ns:			
Par	t V Compliance Questions										
10	During the plan year:				Yes	No	A	moun	t		
a	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	`	•	10b		X					
С	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 or dishonesty?	-	•	10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth										_
·	insurance service, or other organization that provides some or all					X					
	instructions.)			10e							
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 a	s of year e	end.)	10g		X				_	
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	•		10i							
Part		-			<u> </u>						
11	1 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form										
110	5500) and line 11a below)										
	a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39								<u></u>		
12	Is this a defined contribution plan subject to the minimum funding	-		or se	ction	302 of	ERISA?	Y	es	× N	Ю
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is beir			ctions	and a	anter th	ne date of th	a lettor	rulin		_
	granting the waiver.		Mon		and 6	Day		e letter /ear _	ruill		
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•			I	40.	ı				
h	Enter the minimum required contribution for this plan year					12b	I				

Page	3 -		1
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С	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?	Y	es 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 coof the PBGC?	ontrol 		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.))		
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l 4b Tr	ust's EIN	

Form 5500-SF

Department of the Treasury Internal Revenue Service

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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 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

2013

This Form is Open to Public Inspection

P.	Annual Report Identification Information	01/01/2013	and ending	12/31	/2013				
For	calendar plan year 2013 or fiscal plan year beginning	01/01/2013							
Δ.	This return/report is for: x a single-employer plan	nultiple-employer plai	n (not multiemployer)	∐a	one-participant plan				
		final return/report							
D	an amended return/report	short plan year return	report (less than 12 mo	nths)					
		tomatic extension			FVC program				
С	Check box if filing under.	(Offiatic extension			, -				
	special extension (enter description)								
Ô	Basic Plan Information enter all requested informa	tion		41 -					
_	Name of plan			1b Thre	ee-digit number				
	,	an		(PN)	I ~ ~ -				
	Michalski Militello, LLP Retirement Savings Pl	.CA11	ľ	1c Effe	ctive date of plan				
				01/	01/2013				
_	Plan sponsor's name and address; include room or suite number (emp	lover, if for a single-e	mployer plan)		oloyer identification Number				
za	Michalski Militello, LLP	-		(EIN	I) 27-1048060				
				2c Spo	nsor's telephone number				
			Į		35) 351-2500				
	5579 East Avon-Lima Road				iness code (see instructions)				
	P.O. Box 172			541	110				
<u>us</u>	Avon NY 14414 Plan administrator's name and address X Same as Plan Sponsor N	lame Same as P	an Sponsor Address	3b Adn	ninistrator's EIN				
3a	Plan administrator's name and address A came as their opposition		·						
				3c Adr	ninistrator's telephone number				
					•				
			•						
_	the lac	t return/report filed fo	r this plan, enter the	4b EIN	 I				
4	If the name and/or EIN of the plan sponsor has changed since the las name, EIN, and the plan number from the last return/report.	r ternimehorr med ie	this plant one the						
				4c PN					
	Sponsor's name Total number of participants at the beginning of the plan year		*************	5a	3				
58			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5b	3				
b	the place of the p	n vear (defined bene	fit plans do not		3				
C	complete this item)	·····	*************	<u>5c</u>					
68	Were all of the plan's assets during the plan year invested in eligible a	assets? (See instructi	ons.)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	XYes No				
ŀ	substantian and report of an	independent qualifie	d public accountant (IQF	PA)					
•	ander 20 CER 2520 104-462 (See instructions on waiver eligibility an	a conditions.)			x Yes No				
	Is well answered "No" to gither line 62 or line 6b, the plan cannot	use Form 5500-SF	and must instead use	Form 5500). 				
	using all a defined bonefit plan, is it covered under the PBGC inst	urance program (see	ERISA section 4021)?		Yes No Not determined				
	c If the plan is a delined benefit plan, is it covered union that the plan is a delined benefit plan, is it covered union that the plan is a delined benefit plan, is it covered union that the plan is a delined benefit plan, is it covered union that the plan is a delined benefit plan, is it covered union that the plan is a delined benefit plan, is it covered union that the plan is a delined benefit plan, is it covered union that the plan is a delined benefit plan, is it covered union that the plan is a delined benefit plan, is it covered union that the plan is a delined benefit plan.								
	Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 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 under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, and to the best of my knowledge and								
ļ	Inder penalties of perjury and other penalties set forth in the instructions BB or Schedule MB completed and signed by an empolled actuary, as we	I as the electronic ve	rsion of this return/repor	t, and to th	ne best of my knowledge and				
) 	belief, it is true, correct, and complete.								
		1 ,	Fanne I). NIC	hollsk.				
	SIGN	Date 5 86/14	Enter name of individu						
	HERE Signature of plan administrator	Date - 10 1	Littor nation of annual						
	SIGN	 			no ampleyor or plan aparear				
*	HERE: Signature of employer/plan sponsor	Date		ai signing	as employer or plan sponsor r's telephone number (optional)				
Ĩ	Preparer's name (including firm name, if applicable) and address; include	e room or suite numb	er (optional)	Liebate	a telephone number (opironal)				
			·						

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Part	III Financial Information						no End of V	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	an Assets and Liabilities		(a) Beginning of Year				b) End of Ye	
	tal plan assets	7a		2				4,358
	tal plan liabilities	7b_						
	t plan assets (subtract line 7b from line 7a)	7c	·	2_			<u> </u>	4,358
8 Inc	come, Expenses, and Transfers for this Plan Year		(a) Amount			arasa (an	(b) Total	100
a Co	ontributions received or receivable from:	00/43	1,85	5			No. 1	
	Employers	8a(1)	2,31	_		12		
	Participants	8a(2) 8a(3)			*** *	la de	1,1,5	
	Others (including rollovers)		19	4			14.7	17.77
	her income (loss)	 	The second second	*/				4,367
C To	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)enefits paid (including direct rollovers and insurance premiums			SEEMWOOD A		a aera	**************************************	
d Be	provide benefits)	. 8d					45 45	200
	ertain deemed and/or corrective distributions (see instructions)						2014 AF	
	dministrative service providers (salaries, fees, commissions)	. 8f		9	Mar.			
	ther expenses	. 8g		744 Sec. 25		A. A.		
<u>y</u> ∨ h T	otal expenses (add lines 8d, 8e, 8f, and 8g)	. 8h						9
i N	et income (loss) (subtract line 8h from line 8c)	. 8i		2.31	i de la	IS IN ACC		4,358
	ransfers to (from) the plan (see instructions)		<u> </u>			1		2.0
	NV Plan Characteristics							
Oo K	the plan provides pension benefits, enter the applicable pension f	eature cod	es from the List of Plan Characte	ristic	Codes	s in the	e instructions	:
9a II	2E 2F 2G 2J 2K 2T 3D							
-	the plan provides welfare benefits, enter the applicable welfare fe	ature code	s from the List of Plan Character	istic (codes	in the	instructions:	
ווןם	the plan provides wellare benefits, effect the applicable wellare to							
100000000000000000000000000000000000000	Outstians	_						
	Compliance Questions		<u> </u>		Yes	No	An	nount
<u>10</u>	During the plan year: Was there a failure to transmit to the plan any participant contributions and second	itions with	in the time period described in					
а	- ad ACD 2510 3_1022 (See instructions and DULS VOluntary Fly	icially Com	Conon registry - www.	10a		x		
b	Were there any nonevernet transactions with any party-in-interes	t? (Do not	include transactions reported	10b		x		
	on line 10a.)	* 54 54 54 54 54 54 54	***************************************	10c		x		
С	Was the plan covered by a fidelity bond?		to the transport of the feet of	100			_	
d	Did the plan have a loss, whether or not reimbursed by the plan's	s fidelity bo	ond, that was caused by Iradu	10d		х		
	or dishonesty? Were any fees or commissions paid to any brokers, agents, or of	her nersor	ns by an insurance carrier.			_		
e	insurance service, or other organization that provides some or all	i ot the bei	lettis under the plant (See					
	instructions.)	***********		10e		X_		
f	Has the plan failed to provide any benefit when due under the pl	an?		10f		X_		
	Did the plan have any participant loans? (If "Yes," enter amount			10g		x		
_ <u>g</u>	If this is an individual account plan, was there a blackout period?	(See inst	ructions and 29 CFR					
h	2520,101-3.)		***************************************	10h	<u> </u>	x		
	If (a) was a represed "Yes," shock the boy if you either provided	the require	ed notice or one of the				4	2.26
•	exceptions to providing the notice applied under 29 CFR 2520.1	01-3	***************************************	10i	<u> </u>	<u>i </u>		
Part Mil Pension Funding Compliance								
11	Le this a defined benefit plan subject to minimum funding require	ments? (If	"Yes," see instructions and comp	olete S	Sched	ule SE	(Form	[]v_, [편] Na
	5500) and line 11a below)	*****		******			**********	Yes X No
112	Enter the unpaid minimum required contribution for current year	from Sche	dule SB (Form 5500) line 39	*******		11a		
12	Is this a defined contribution plan subject to the minimum fundin	g requirem	ents of section 412 of the Code of	or sec	tion 3	02 of E	RISA?	Yes X No
	grand at the secretary line 42e er lines 12h, 12c, 12d, and 12e help	w as appl	icable.)					
a	If a waiver of the minimum funding standard for a prior year is by	eina amort	ized in this plan year, see instruc	tions,	and e	nter th	ne date of the	letter ruling
	granting the waiver	*******	PA PARATUM TOTAL PORTOTO TOTAL	nth		D	ay	Year
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedu	ile MB (Fo	orm 5500), and skip to line 13.				<u> </u>	
b	the state of the s	**********	***************************************	******	*****	12b	<u></u>	

	Form 5500-SF 2013 Page 3 -				
		12c	Γ		<u>. </u>
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)	12d			
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	N	o N/A
ран	VIII Plan Terminations and Transfers of Assets				
13a	the latest discovering the second sec	<u> </u>	es X	No	
ısa	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
b	transferred to another plan, or brought under the co	ntrol			Yes X No
C	of the PBGC?				
	which assets or liabilities were transferred. (See hist 255375) 13c(1) Name of plan(s):	(2) EIN	(s)	1	3c(3) PN(s)
Dar	Trust Information (optional)	г			
	Name of trust	14b ⁻	Trust's	EIN	
148	Mailie At It not				
		<u> </u>			