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

Ĺ							tions to the Form 55			
Pa	art I	Annual Report I	Identificatio	n Informatio	n					
For	calenda	ar plan year 2013 or fis	cal plan year be	eginning 06/0	01/2013		and ending	05/31/	2014	
A 1	This ret	turn/report is for:	X a single-em	nployer plan	a mul	tiple-employer pla	an (not multiemployer)	a one-partici	pant plan
B 1	This ret	turn/report is:	the first retu	urn/report	the fir	nal return/report				
			an amende	ed return/report	a shor	t plan year return.	report (less than 12)	months)	
C	Check h	box if filing under:	Form 5558	1	auton	natic extension			DFVC progra	am
	On ook a	box ii iiiiig anaon	븜	ension (enter des	ш					
Pa	rt II	Basic Plan Info		•						
	Name		THE STATE OF THE S	tor an requestion	momadon			1b	Three-digit	
		SHERIDAN, INC. PRO	FIT SHARING	PLAN & TRUST					plan number	
									(PN) ▶	001
								1c	Effective date o	•
0 -									06/01	
		ponsor's name and add SHERIDAN, INC.	dress; include ro	oom or suite num	nber (employe	er, if for a single-e	employer plan)	2b	Employer Identi (EIN) 14-14	ification Number 193087
								2c	Sponsor's telep	hone number
		AVENUE							518-27	3-2411
WATE	ERVLIE	ET, NY 12189						2d		(see instructions)
20	Dlana		d = dd==== VC=	ana ao Dian Cao		Donne se Dien	Cooper Address	2 h	5242	
Эa	Pian a	dministrator's name an	d address NS	ame as Pian Spo	onsor Name	Same as Plan	Sponsor Address	30	Administrator's	CIIN
								3с	Administrator's	telephone number
4	16.41				- 41 144		. Alada ar la ar ar ar Alaar Alaa	41.		
4		name and/or EIN of the , EIN, and the plan nun		•	e the last ret	urn/report filed foi	this plan, enter the	46	EIN	
а		, Ent, and the plan han	1001 110111 1110 10	ot rotalimoport.						
	Sponso	or's name						4c	PN	
5a	•	or's name number of participants	at the beginning	g of the plan year	r			-	PN	2
_	Total r		•					5a	PN	2
b	Total r Total r Number	number of participants number of participants per of participants with a	at the end of the	e plan year es as of the end o	of the plan ye	ear (defined benef	it plans do not	- 5a - 5b	PN	2
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Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Paginning of Vac				(b) End of Voor
_ <u>'</u> _a		7a	(a) Beginning of Yea				(b) End of Year 147858
<u>a</u>	Total plan assets	7a 7b		0			0
	Net plan assets (subtract line 7b from line 7a)	76 7c	40437		147858		
8	,	70		•			
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total
и	(1) Employers	8a(1)	154	2			
	(2) Participants	8a(2)		0			
	(3) Others (including rollovers)	8a(3)		0			
b	Other income (loss)	8b	3315	0			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					34692
d	Benefits paid (including direct rollovers and insurance premiums						
	to provide benefits)	. 8d	29111				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		0			
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f	9	3			
g	Other expenses	8g		0			
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					291205
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					-256513
<u>j</u>	Transfers to (from) the plan (see instructions)	8j		0			
Pai	rt IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2R 2T 3D	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Charac	cterist	ic Cod	es in t	he instructions:
_							
Par	t V Compliance Questions						
10	During the plan year:				Yes	No	Amount
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corr	ection Program)	10a		X	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X	
				10c		X	
	Did the plan have a loss, whether or not reimbursed by the plan's			100		<u> </u>	
	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 instructions.)			10e		X	
f				10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g		Χ	
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	ne required	d notice or one of the				
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i			
Part							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
11a	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	ection 3	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter th Day	ne date of the letter ruling Year
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.				
h	Enter the minimum required contribution for this plan year					12b	

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	14b Trust's EIN		

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.

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Part I	Annual Report I	dentification Information						
For calend	lar plan year 2013 or fis	cal plan year beginning 06	/01/2013	and ending	05/31/201	4		
A This re	turn/report is for:	a single-employer plan	multiple-employer p	an (not multiemployer)	a one-participant plan			
B This re	turn/report is:	the first return/report	ne final return/report					
		an amended return/report a	short plan year retur	n/report (less than 12 m	onths)			
C Check	box if filing under:	Form 5558	utomatic extension		DFVC program			
		special extension (enter description))					
Part II	Basic Plan Infor	mation—enter all requested informati	on					
1a Name					1b Three-digit			
WILL	IAM E. SHERIDA	AN, INC. PROFIT SHARING			plan number			
PLAN	& TRUST				(PN)	001		
					1c Effective date of 06/01/1969			
2a Plan s	ponsor's name and add	dress; include room or suite number (em	ployer, if for a single-	employer plan)	2b Employer Identif			
WILL	IAM E. SHERIDA	AN, INC.			(EIN) 14-149			
					2c Sponsor's telepl	hone number		
604	THIRD AVENUE				(518) 273-			
				10100	2d Business code (see instructions)		
	RVLIET	d address XSame as Plan Sponsor Na		12189 Sponsor Address	524210 3b Administrator's E			
Ja mana	diffilistrators flattle and	d address Asame as Flam Sponsor Nai	ne Same as Flai	Sponsor Address	JD Administrators	=IIN		
					3c Administrator's t	elephone number		
4 If the	name and/or EIN of the	plan sponsor has changed since the las	t return/report filed for	or this plan, enter the	4b FIN			
name	, EIN, and the plan num	plan sponsor has changed since the las ber from the last return/report.	t return/report filed for	or this plan, enter the	4b EIN			
name a Spons	, EIN, and the plan num or's name	ber from the last return/report			4b EIN 4c PN			
name a Spons 5a Total	, EIN, and the plan num or's name number of participants a	ber from the last return/report.			4c PN 5a	2		
name a Spons 5a Total b Total	, EIN, and the plan num or's name number of participants a	at the end of the plan year			4c PN	2		
name a Spons 5a Total b Total c Numb	, EIN, and the plan num or's name number of participants a number of participants a er of participants with a	ber from the last return/report.	n year (defined bene	fit plans do not	4c PN 5a			
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Par	t III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır		(b) End of	Year	
a	Total plan assets	7a	404	4,371			14	7,858
b	Total plan liabilities	7b		0				0
С	Net plan assets (subtract line 7b from line 7a)	7c	404	4,371			14	7 , 858
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Tot	al	
	Contributions received or receivable from:			1 5 4 2				
	(1) Employers	8a(1)	-	1,542				
	(2) Participants	8a(2)		0				
	(3) Others (including rollovers)	8a(3)	3.	3,150			_	
	Other income (loss)	8b	J.	J , 130				4,692
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c						1,002
	to provide benefits)	8d	293	1,112				
е	Certain deemed and/or corrective distributions (see instructions)	. 8e		0				
f	Administrative service providers (salaries, fees, commissions)	8f		93				
g	Other expenses	8g		0				
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1,205
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i			_		(256	,513)
j	Transfers to (from) the plan (see instructions)	8j		0				
Par								
9a	If the plan provides pension benefits, enter the applicable pension $2E\ 2G\ 2R\ 2T\ 3D$	feature co	des from the List of Plan Chara	acteristic	Codes in	the instruction	ons:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cteristic	Codes in t	the instruction	ns:	
Part	V Compliance Questions						-	-
10	During the plan year:			Y	es No	A	mount	
а	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulations)			10a	Х			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	•	10b	Х			
	Was the plan covered by a fidelity bond?				Х			
	Did the plan have a loss, whether or not reimbursed by the plan's			10c	^A	-		
u	or dishonesty?			10d	Х			
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of							
	instructions.)			10e	Х			
f	Has the plan failed to provide any benefit when due under the plan	n?		10f	Х			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	Х			
h	If this is an individual account plan, was there a blackout period? (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 2520.10	ne required	d notice or one of the	10i				
Part				•				
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						☐ Yes	□ No
	Enter the unpaid minimum required contribution for current year fr							
12	Is this a defined contribution plan subject to the minimum funding		· ·		-	ERISA?	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,				30 <u>2</u> 01			
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		nd enter th Day		letter ru ear	ling
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedul							
b	Enter the minimum required contribution for this plan year				12b			

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C 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 negative amount)		12d			
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 Has a resolution to terminate the plan been adopted in any plan year?		Y	'es X N	lo	
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a	_		
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?		control		Yes	X No
c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	e plan(s) t	to			
13c(1) Name of plan(s):	1;	3c(2) El	N(s)	13c(3)	PN(s)
Part VIII Trust Information (optional)					
14a Name of trust		14b ⊺r	ust's EIN		