## 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 accorda	ance with the instruc	tions to the Form 5500	0-SF.		•
Part I		dentification Information					
For calend	ar plan year 2013 or fis	cal plan year beginning 01/01/2013		and ending 1	2/31/2	2013	
A This ref	turn/report is for:	X a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-particip	oant plan
<b>B</b> This ref	turn/report is:	the first return/report	he final return/report				
	,	an amended return/report	short plan year return	n/report (less than 12 mg	onths)		
C Chook	box if filing under:		automatic extension		,	DFVC progra	m
C Check	box if filling under.					_ Di ve piogra	1111
		special extension (enter description	<u>,                                      </u>				
Part II		rmation—enter all requested informat	ion				
1a Name	•				1b	Three-digit plan number	
THE FUN RI	ETIREMENT PLAN					(PN)	001
					10	Effective date of	
						01/01/	
2a Plan s	ponsor's name and add	dress; include room or suite number (em	plover, if for a single-	emplover plan)	2h	Employer Identif	
	ANTETOMASO PC	(	, , , , , , , , , , , , , , , , , , , ,	- 1-7-1-7		(EIN) 20-53	
					2c	Sponsor's telep	hone number
1674 FMPIF	RE BLVD SUITE 200					585-787	
WEBSTER,					2d	Business code (	see instructions)
						54111	,
3a Plan a	idministrator's name and	d address Same as Plan Sponsor Na	me Same as Plan	Sponsor Address	3b	Administrator's E	ΞIN
	ANTETOMASO PC	1674 EMPIRE B		•		20-53	56935
		WEBSTER, NY	14580		3с		elephone number
						585-787	7-7000
<b>A</b> 16.0					41		
		plan sponsor has changed since the last return/report.	st return/report filed fo	r this plan, enter the	4b	EIN	
	or's name	iber from the last retain/report.			4c	PN	
		at the beginning of the plan year			5a		4
_		at the end of the plan year			5b		
		account balances as of the end of the pla			อม		4
		account balances as of the end of the pla	, ,	•	5с		4
	•	during the plan year invested in eligible					X Yes No
	·	the annual examination and report of ar	•				M
		(See instructions on waiver eligibility ar					X Yes No
If you	ı answered "No" to eit	ther line 6a or line 6b, the plan canno	t use Form 5500-SF	and must instead use	Form	5500.	
C If the	plan is a defined benefit	t plan, is it covered under the PBGC ins	urance program (see	ERISA section 4021)? .	П	Yes No	Not determined
Cautiana	N			laaaaaaabla aa			•
Caution: A	A penalty for the late o	or incomplete filing of this return/repo	ort will be assessed	uniess reasonable cau			abla a Cabadula
I local a se se se se	-14:4:4:	an manaltian ant fauth in the instructions	I de alone that I have			ciudina ir abblica	able a Schedule
		ner penalties set forth in the instructions,					
SB or Sche		d signed by an enrolled actuary, as well					
SB or Sche belief, it is	edule MB completed an true, correct, and comp	d signed by an enrolled actuary, as well lete.					
SB or Sche belief, it is	edule MB completed an true, correct, and comp	d signed by an enrolled actuary, as well					
SB or Sche belief, it is	edule MB completed an true, correct, and comp	d signed by an enrolled actuary, as well lete. valid electronic signature.			, and t	to the best of my	knowledge and
SB or Sche belief, it is SIGN HERE	edule MB completed an true, correct, and comp	d signed by an enrolled actuary, as well lete. valid electronic signature.	as the electronic ver	sion of this return/report	, and t	to the best of my	knowledge and
SB or Sche belief, it is	edule MB completed an true, correct, and comp Filed with authorized/v Signature of plan ac	d signed by an enrolled actuary, as well elete.  valid electronic signature.  dministrator	Date	sion of this return/report	, and t	ning as plan adm	knowledge and
SB or Schebelief, it is  SIGN HERE  SIGN HERE	edule MB completed an true, correct, and comp Filed with authorized/v Signature of plan ac Signature of employ	d signed by an enrolled actuary, as well elete.  valid electronic signature.  dministrator  ver/plan sponsor	Date  Date	Enter name of individu	, and tual sigual sigual	ning as plan adm	knowledge and ninistrator r or plan sponsor
SB or Schebelief, it is  SIGN HERE  SIGN HERE	edule MB completed an true, correct, and comp Filed with authorized/v Signature of plan ac Signature of employ	d signed by an enrolled actuary, as well elete.  valid electronic signature.  dministrator	Date  Date	Enter name of individu	, and tual sigual sigual	ning as plan adm	knowledge and
SB or Schebelief, it is  SIGN HERE  SIGN HERE	edule MB completed an true, correct, and comp Filed with authorized/v Signature of plan ac Signature of employ	d signed by an enrolled actuary, as well elete.  valid electronic signature.  dministrator  ver/plan sponsor	Date  Date	Enter name of individu	, and tual sigual sigual	ning as plan adm	knowledge and ninistrator r or plan sponsor
SB or Schebelief, it is  SIGN HERE  SIGN HERE	edule MB completed an true, correct, and comp Filed with authorized/v Signature of plan ac Signature of employ	d signed by an enrolled actuary, as well elete.  valid electronic signature.  dministrator  ver/plan sponsor	Date  Date	Enter name of individu	, and tual sigual sigual	ning as plan adm	knowledge and ninistrator r or plan sponsor
SB or Schebelief, it is  SIGN HERE  SIGN HERE	edule MB completed an true, correct, and comp Filed with authorized/v Signature of plan ac Signature of employ	d signed by an enrolled actuary, as well elete.  valid electronic signature.  dministrator  ver/plan sponsor	Date  Date	Enter name of individu	, and tual sigual sigual	ning as plan adm	knowledge and ninistrator r or plan sponsor

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Pa	rt III   Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	of Y	ear		
a	Total plan assets	7a	34998				(3) = 113		43371	6	
	Total plan liabilities	7b									
	Net plan assets (subtract line 7b from line 7a)	7c	34998	349986			433716				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total				
	Contributions received or receivable from:		(a) ranount				(5)	. Ota.			
	(1) Employers	8a(1)	125	1							
	(2) Participants	8a(2)	1742	28							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	6515	1							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							83830	)	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d									
e	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f	10	0							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							10	0	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							8373	0	
j	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 3D 2G	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instru	ctions	3:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	des in t	he instruc	tions:			
Par	t V Compliance Questions										
10	During the plan year:				Yes	No		Δm	ount		
а	Was there a failure to transmit to the plan any participant contribution 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.)	? (Do not i	include transactions reported	10b		X					
c				40-		X					
				10c							
d	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	Has the plan failed to provide any benefit when due under the pla	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of vear e	end.)	10q	X					296	336
h		(See instru	uctions and 29 CFR	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	ne required	d notice or one of the	10ii							
Part		1 0									
11	Is this a defined benefit plan subject to minimum funding requirem								1 ./		
	5500) and line 11a below)								Yes	Ш	No
	Enter the unpaid minimum required contribution for current year fr					11a		T -	1 -		
12	Is this a defined contribution plan subject to the minimum funding			e or se	ection	302 of	ERISA?		Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						<u> </u>				
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon	ıth	, and e	enter th Day	ne date of	the le		ling	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•					ı				
b	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	<b>3c(1)</b> Name of plan(s):	c(2) Ell	V(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l <b>4b</b> Tr	ust'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).

2013

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OMB Nos. 1210-0110

1210-0089

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

Part I	Annual Report	: Identification Infor					
For calend	ar plan year 2013 or f	iscal plan year beginning	01/01/:	2013	and ending	12/	31/2013
A This ref	turn/report is for:	X a single-employer pl	an 🗌 a multi	ple-employer pla	n (not multiemployer)	☐ a	one-participant plan
B This ref	turn/report is:	the first return/report	the fina	al return/report			
		an amended return/r	eport 🔲 a short	plan year return	report (less than 12 mo	onths)	
C Check	box if filing under:	X Form 5558	automa	atic extension		[] D	FVC program
		special extension (er	nter description)				
Part II	Basic Plan Info	ormation—enter all requ	ested information				
1a Name	of plan					<b>1b</b> Thre	<u> </u>
THE FU	N RETIREMENT	PLAN				plan (PN)	number 001
							ctive date of plan
						01/	01/2006
		ddress; include room or su	ite number (employe	r, if for a single-e	employer plan)		loyer Identification Number
GERARD	G ANTETOMASC	) PC					) 20-5356935
1674 E	MPIRE BLVD SU	JITE 200					nsor's telephone number 5-787-7000
							ness code (see instructions)
WEBSTE	R	NY 1	4580	·		541	.110
3a Plan a	dministrator's name a	ınd address	an Sponsor Name	Same as Plan	Sponsor Address		ninistrator's EIN - 5356935
GERARD	G ANTETOMASC	) PC					inistrator's telephone number
1674 171	MDTDE DIVD CI	משדד מחס				585	-787-7000
10/4 E	MPIRE BLVD SU	111E 200					
WEBSTE	R	NY 1458	0				
4 If the	name and/or EIN of th	ne plan sponsor has chang	ed since the last retu	irn/report filed for	r this plan, enter the	4b EIN	
name	, EIN, and the plan nu	umber from the last return/				4c PN	
	or's name	s at the beginning of the pl	an year			5a	4
		s at the end of the plan yea				5b	4
		account balances as of th					
comp	lete this item)					5c	4
6a Were	all of the plan's asse	ts during the plan year inv	ested in eligible asse	ts? (See instructi	ions.)		X Yes No
<b>b</b> Are you	ou claiming a waiver o 29 CFR 2520 104-46	of the annual examination 6? (See instructions on wa	and report of an inde iver eligibility and cor	pendent qualified nditions.)	public accountant (IQ	PA) 	X Yes No
if you	answered "No" to	either line 6a or line 6b, t	he plan cannot use	Form 5500-SF	and must instead use	Form 5500	).
		efit plan, is it covered unde					
Caution: A	nenalty for the late	or incomplete filing of t	nis return/report wil	I be assessed u	ınless reasonable cau	ıse is esta	blished.
Under nen	alties of periury and o	ther penalties set forth in t	he instructions. I dec	lare that I have e	examined this return/rep	oort, includi	ing, if applicable, a Schedule
SB or Sche	edule MB completed a true, correct, and con	and signed by an enrolled	actuary, as well as th	e electronic vers	sion of this return/report	t, and to the	e best of my knowledge and
Dellei, it is	irde, correct, and con	112/	<del></del>				
SIGN	LMC	10/4ww	9	119/14	GERARD ANTETO	MASO	
HERE	Signature of plan	administrator	Da	ite	Enter name of individ	ual signing	as plan administrator
SIGN							
HERE	Signature of empl	oyer/plan sponsor		ate			as employer or plan sponsor
Preparer's	name (including firm	name, if applicable) and a	ddress; include room	or suite number	(optional)	Preparer	s telephone number (optional)
						- 100 cm - 100 cm - 100 cm	and the second s

Pai	till Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End	of Yea	r	
а	Total plan assets	. 7a	34	4998	6				43	3716
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	. 7c	34	4998	6		-a		43	3716
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	·			(b) T	otal		
а	Contributions received or receivable from:			125	1		SUA TO			
	(1) Employers	. 8a(1)			(34 u.)				345-56 386 A.S	
	(2) Participants	8a(2)		1742	8				Alega ya	
	(3) Others (including rollovers)	8a(3)			_ 130 c		fi e de sijo		esta con C	
	Other income (loss)	. 8b	12.864.764.76.2.119.86649.88.61.68.80.47.75.74.87.99.8	6515	1 15	interior				2020
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c				SAUS AGENTS	034 GAAA 339		8	3830
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d			120					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	. 8e								1 5 5 6
<u>f</u>	Administrative service providers (salaries, fees, commissions)	. 8f		10	0					
g	Other expenses	8g		victoriiai						<u> </u>
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		an established						100
<u>    i                                </u>	Net income (loss) (subtract line 8h from line 8c)	. 8i		trio ha	(20) (20) (20)	25 N (4) 8	de li Maria	06 2a6 K. 138 (	8	3730
j	Transfers to (from) the plan (see instructions)	- 8j			200		Artin B			
Pai	t IV Plan Characteristics								···	
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 3D 2G	feature co	des from the List of Plan Char	acteris	tic Co	odes in	the instruc	tions:		
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	es from the List of Plan Chara	cterist	ic Cod	des in t	he instruct	ions:		
	1									
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Amou	ınt	
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	itions withi uciary Cori	n the time period described in rection Program)	10a		х				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	t? (Do not	include transactions reported	10b		х				····
С	Was the plan covered by a fidelity bond?			10c		х				
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х			***	1
е	Were any fees or commissions paid to any brokers, agents, or ot	her person	s by an insurance carrier,		·			-		
	insurance service, or other organization that provides some or all instructions.)			10e		Х				
f	Has the plan failed to provide any benefit when due under the pla			10f		х				
				H	x				2	9636
g				10g		<u> </u>	1.04 E 16.60		u, 355	
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 t exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i	•					
Part	. N. Janes				-					
11	Is this a defined benefit plan subject to minimum funding requiren							П	Yes [	] No
110	5500) and line 11a below)  Enter the unpaid minimum required contribution for current year f					11a		<u> </u>		<del>-</del>
							EDIGAS	П	Yes [	X No
_12	Is this a defined contribution plan subject to the minimum funding			or se	GUON	JUZ UI	LNISA!			<u> </u>
a	(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 bei	ng amortiz	ed in this plan year, see instru	ctions	, and	enter th	ne date of	the lett	er rulir	ıg
	granting the waiver.		Mor	ith		Day		Year		
	you completed line 12a, complete lines 3, 9, and 10 of Schedu					12b				
b	Enter the minimum required contribution for this plan year					120	l			

	Form 5500-SF 2013	Page <b>3 -</b>				
	Enter the amount contributed by the employer to the plan	n for this plan year		12c		
d	Subtract the amount in line 12c from the amount in line 1 negative amount)			12d		
е	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	Assets				
13a	Has a resolution to terminate the plan been adopted in any p	plan year?			Yes 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
С	If during this plan year, any assets or liabilities were tran which assets or liabilities were transferred. (See instruct		e plan(s) t	to		
1	3c(1) Name of plan(s):		1:	3c(2) E	EIN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)					
r respect to appear	14a Name of trust				Trust's EIN	I
			:			