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).

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in accorda	nce with the instruc	tions to the Form 5500	0-SF.		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Part I	Annual Report I	dentification Information					
For calenda	ar plan year 2013 or fisc	cal plan year beginning 01/01/2013		and ending 1	2/31/2	2013	
	diffireport is for.			an (not multiemployer)		a one-partici	pant plan
B This ret	turn/report is:		e final return/report				
		an amended return/report	short plan year returr	n/report (less than 12 mo	onths)		
C Check I	box if filing under:	▼ Form 5558	utomatic extension			DFVC progra	am
Part II	Rasic Plan Infor	mation—enter all requested information					
1a Name		mation—enter all requested information	JII		1h	Three-digit	
		01(K) PROFIT SHARING PLAN & TRUS	т		וו	plan number	001
					10	(PN) Effective date of	
						01/01	
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) ROCHESTER STAIR & RAILING						Employer Identi (EIN) 16-15	fication Number
440 DODTI	AND AVENUE				2c	Sponsor's telep	
	AND AVENUE ER, NY 14605				2d		(see instructions)
3a Plan a	dministrator's name and	d address XSame as Plan Sponsor Nar	ne Same as Plan	Sponsor Address	3b	Administrator's	
					3с	Administrator's	telephone number
		plan sponsor has changed since the las	t return/report filed fo	r this plan, enter the	4b	EIN	
	, EIN, and the plan num or's name	ber from the last return/report.			4c	PN	
5a Total r	number of participants a	at the beginning of the plan year			5a		14
b Total r	number of participants a	at the end of the plan year			5b		4
		ccount balances as of the end of the pla	• •	'	5c		4
6a Were	all of the plan's assets	during the plan year invested in eligible	assets? (See instruct	tions.)			X Yes No
under	29 CFR 2520.104-46?	the annual examination and report of an (See instructions on waiver eligibility an	d conditions.)				X Yes No
-		her line 6a or line 6b, the plan cannot			_		7
C If the p	olan is a defined benefit	plan, is it covered under the PBGC insu	rance program (see	ERISA section 4021)?		Yes No	Not determined
Caution: A	penalty for the late o	r incomplete filing of this return/report	t will be assessed u	unless reasonable cau	se is	established.	
SB or Sche		er penalties set forth in the instructions, d signed by an enrolled actuary, as well lete.					
SIGN	Filed with authorized/v	alid electronic signature.	09/26/2014	LANCE KELLETT			
HERE	Signature of plan ad	lministrator	Date	Enter name of individu	ual sig	ıning as plan adr	ministrator
SIGN							
HERE	Signature of employ	ver/plan sponsor	Date	Enter name of individu	ual sic	ining as employe	er or plan sponsor
Preparer's		ame, if applicable) and address; include i					number (optional)

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Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	or.	T		(b) End o	f Voor			_
	Total plan assets	7a	(a) Beginning of Tea		+		(b) End 0	1017	84		_
	Total plan liabilities	7b			+				11		_
	Net plan assets (subtract line 7b from line 7a)	76 7c	26753	0				1017			
	Income, Expenses, and Transfers for this Plan Year	70			+		/b) To				_
	Contributions received or receivable from:		(a) Amount				(b) To	lai			
	(1) Employers	8a(1)									
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	3393	5							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						339	35		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	19954	2							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	. 8f	15	0							
g	Other expenses	8g									
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1996	92		_
ī	Net income (loss) (subtract line 8h from line 8c)	8i						-1657	57		_
j	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics	, <u>o</u> ,									
9a		feature co	des from the List of Plan Char	acteris	stic Co	des in	the instruction	ons:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instructio	ns:			
Dan	W Compliance Overtions									—	
Par				1							
10	During the plan year:			г	Yes	No	ļ ,	moun			_
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corr	ection Program)	10a		X					
	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	ner person	s by an insurance carrier,								_
	insurance service, or other organization that provides some or all		. ,	100		X					
	instructions.)			10e		X					
f	Has the plan failed to provide any benefit when due under the plan			10f							
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	X					319)2
h		•		405		X					
	2520.101-3.)			10h							
•	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)							П үе	es X	N	Jo
110	Enter the unpaid minimum required contribution for current year fr					11a			- 2	1	_
	· · · · · · · · · · · · · · · · · · ·		,				EDICA2	☐ Ye	se V	N	ماد
12	Is this a defined contribution plan subject to the minimum funding			or se	Cuon	3U∠ Of	EKISA!		.o ^	IN	iU
	(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	enter th	ne date of the	a letter	rulina	<u> </u>	
	granting the waiver.	-			and t	Day		ear	· um (<u> </u>	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.								
b	Enter the minimum required contribution for this plan year					12b					

Page	3	-	1	
гаус	J	_		

			1				
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	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			0		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the 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 plan(s) to which assets or liabilities were transferred. (See instructions.)							
1	13c(1) Name of plan(s):	13c(2) EI	N(s)	13c(3)	PN(s)		
Part	VIII Trust Information (optional)			•			
14a Name of trust				14b Trust's EIN			

Form 5500-SF

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Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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2013

Inspection

This Form is Open to Public

OMB Nos. 1210-0110 1210-0089

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

	art I Annual Report Id	jentification Information	rdance with the insti	ructions to the Form 55	<i>J</i> U-SF.	-	The second section of the second second second second section	
For	calendar plan year 2013 or fisc	al plan year beginning 01/01/20	113	and ending	12/31/2	2013		
A	A This return/report is for: X a single-employer plan							
В	This return/report is:	the first return/report	the final return/repo			Ll		
	•	an amended return/report	red ere	um/report (less than 12 m	nonths)			
C	Check box if filing under:	Form 5558	automatic extension		101111107	DFVC progra	am	
	and the second second	special extension (enter descript	⊶			O or vo progra	att1	
P	rt II Basic Plan Infor	mation—enter all requested inform		***************************************	**************			
	Name of plan	matori-citte an requested filtoti	nauon		1h	Three-digit		
	ester Stair & Railing 401(k) Pro	ofit Sharing Plan & Trust			1.0	plan number		
		Q			l	(PN) >	001	
*******					10	Effective date of 01/01/		
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) Rochester Stair & Railing						Employer Ident (EIN) 16-156	ification Number 34249	
440 1			·			Sponsor's telep (585) 42		
448 1	Portland Avenue				2d		(see instructions)	
Roch	ester, NY 14605					23810		
За	Plan administrator's name and	address XSame as Plan Sponsor	Name Same as P	lan Sponsor Address	3b	Administrator's	EIN	
					3c	Administrator's	telephone number	
4		plan sponsor has changed since the	ast return/report file	d for this plan, enter the	4b	EIN		
я	name, EIN, and the plan numb Sponsor's name	per from the last return/report.			Ac	Fiki		
-5a		I the beginning of the plan year			4c	<u> </u>	14	
b		t the end of the plan year					4	
C					. <u>5b</u>	<u> </u>	d .	
	complete this Item)	ecount balances as of the end of the	************************	***************************************			4	
6a		during the plan year invested in elig he annual examination and report o		1 1		****************	Yes No	
www.		ne annual examination and report t (See instructions on walver eligibilit					Ves ☐ No	
		ner line 6a or line 6b, the plan car					had had	
C	If the plan is a defined benefit	plan, is it covered under the PBGC	insurance program (s	ee ERISA section 4021)7	· [Yes No	Not determined	
Cau	tion: A penalty for the late or	incomplete filing of this return/r	eport will be assess	ed unless reasonable ca	iuse is	established.		
Und	er penalties of perjury and other	er penalties set forth in the instruction	ons, I declare that I ha	ve examined this return/r	eport, ir	ncluding, if appli	cable, a Schedule	
	or Schedule MB completed and of, it is true, correct, and complete.	I signed by an enrolled actuary, as etc.	well as the electronic	version of this return/repo	irt, and	to the best of m	y knowledge and	
SIG	N W YMI	16-	W 9 23/1	4 Lance Kellett	***************************************			
HEF	Signature of plan ad	ministrator	Date	Enter name of indivi	dual ele	nning ac nian ac	iminietrator	
SIG		1911111			uuu on	grining are proint an	immonator	
HE				Cata a constitution	***************************************	·		
Pre	Signature of employers name (including firm na	er/pian sponsor me, if applicable) and address; incl	Date Ude room or suite num	Enter name of indivi			er or plan sponsor e number (optional)	
	Annual of tentering for extending the state state	that it alabitations were enoughed inter-		(aprotion)	''	omero terebitori	o number (ophonar)	

Part l	II Financial Information			******				
7 Pl	an Assets and Liabilities		(a) Beginning of Year	****			(b) End of Year	
a To	otal plan assets	7a	267530			······································	101784	
b To	otal plan liabilities	7b		************	<u> </u>		11	
C No	et plan assets (subtract line 7b from line 7a)	7c	267530	.67530			101773	
8 In	come, Expenses, and Transfers for this Plan Year		(a) Amount		<u> </u>	(b) Total		
	ontributions received or receivable from:	0~(6)						
) Employers	8a(1)		<u>pęiąpomesi</u>				
***********************) Participants	8a(2)		***************************************				
~~~	) Others (including rollovers)	8a(3)	33935					
	ther income (loss)	8b				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	33935	
	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)enefits paid (including direct rollovers and insurance premiums	8c				W		
u b	provide benefits)	. 8d	199542	*******				
	ertain deemed and/or corrective distributions (see instructions)	8e						
f A	dministrative service providers (salaries, fees, commissions)	. 8f	150	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		4. 94		
***********	ther expenses	. 8g			112	gyihi,		
·	otal expenses (add lines 8d, 8e, 8f, and 8g)	. 8h			1_	-	199692	
i N	et Income (loss) (subtract line 8h from line 8c)	. 8ĭ				wkanimining	-165757	
	ransfers to (from) the plan (see instructions)							
Part	IV Plan Characteristics	<del></del>						
· ·	f the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D fthe plan provides welfare benefits, enter the applicable welfare		:					
Part								
10	During the plan year:				Yes	No	Amount	
	Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fig.	duciary Co	rrection Program	10a		X		
	Were there any nonexempt transactions with any party-in-intere on line 10a.)		*********************************	10b		Х		
C	Was the plan covered by a fidelity bond?			10c		X		
d	Did the plan have a loss, whether or not reimbursed by the plan or dishonesty?		**************	10d		Х		
6	Were any fees or commissions paid to any brokers, agents, or or	other perso	ons by an insurance carrier,					
	insurance service, or other organization that provides some or a instructions.)	all of the of	anems under the plant (Ode)	10e		Х		
f	Has the plan failed to provide any benefit when due under the p			10f		Х		
Athenanticani	Did the plan have any participant loans? (If "Yes," enter amount	******		10g	Х		3192	
9	If this is an individual account plan, was there a blackout period	2 (See ins	tructions and 29 CFR	1.08				
n	2520 101-3.)	*********	**************************************	10h		X		
i	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.	the reaul	red notice or one of the	101				
Part	VI Pension Funding Compliance			-		×		
11	is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)			***	*****	edule SI	3 (Form ☐ Yes ☒ No	
11a	Enter the unpaid minimum required contribution for current year	r from Sch	edule SB (Form 5500) line 39	*******	<u>l</u>	11a	<u></u>	
12	Is this a defined contribution plan subject to the minimum fund	ing require	ments of section 412 of the Coo	le or	section	302 of	ERISA? Yes X No	
***************************************	(IF IVon I complete line 12a or lines 12h, 12c, 12d, and 12e beli	ow, as app	dicable.)					
	If a waiver of the minimum funding standard for a prior year is to	eing amo	rtized in this plan year, see instr	JI   1   1   1   1   1   1   1   1   1	ns, and	l enter t Day	he date of the letter ruling Year	
If	you completed line 12a, complete lines 3, 9, and 10 of Sched	lule MB (I	Form 5500), and skipto line 1	3.		r	***************************************	
h	Enter the minimum required contribution for this plan year	444444444		******		12b		

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CORDI	JULIU	.01.	201	Ü

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potential designation of the last of the l					
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 a negative amount).	12d		**************************************	
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Ye	s No	□ N/A
Part		***************************************			
13a	Has a resolution to terminate the plan been adopted in any plan year?	X	Yes	No	THE PERSON NAMED IN COLUMN TWO
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		***************************************	to have the constant of the second	0
b	Were all the plan assets distributed to participants or beneficiarles, transferred to another plan, or brought under the of the PBGC?	control	l i	Пч	s X No
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to			
1	I3c(1) Name of plan(s);	3c(2)	EIN(s)	13c	(3) PN(s)
		***************************************			alan <del>ni</del> na Politic Na Calantini na na maga ng ing ing ing pagangangangang
Part	VIII Trust Information (optional)	***************************************	*******************	anne de la companya d	tiving review i (i) ever in a review and a review
***************************************	Name of trust	14b	Trust's E	EIN	
*************			***************************************		