## 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

	• •	Complete all entries in accordant	ice with the instruc	tions to the Form 550	10-5F.		
Part	l Annual Report	Identification Information					
For ca	alendar plan year 2013 or fis	scal plan year beginning 01/01/2013		and ending	12/31/2	2013	
<b>A</b> Th	is return/report is for:	a single-employer plan	multiple-employer pl	an (not multiemployer)		a one-particip	oant plan
<b>B</b> Th	is return/report is:	x the first return/report the	e final return/report				
		an amended return/report as	short plan year return	/report (less than 12 m	onths)	)	
C Ch	neck box if filing under:	X Form 5558	itomatic extension			DFVC progra	ım
		special extension (enter description)				_	
Part	II Basic Plan Info	rmation—enter all requested information	on				
<b>1a</b> N	ame of plan				1b	Three-digit	
BRIAN	S LAVACK 401(K) PROFIT	SHARING PLAN & TRUST				plan number	004
					10	(PN) •	001 f nlan
					10	Effective date of 07/19/	
	lan sponsor's name and ad K'S CUSTOM BUILDERS L	dress; include room or suite number (emp LLC	loyer, if for a single-	employer plan)	2b	Employer Identification (EIN) 26-33	
51 CHL	JRCHILL AVENUE				2c	Sponsor's telep	
	NA, NY 13662				2d	Business code (	
<b>3a</b> P	lan administrator's name ar	nd address XSame as Plan Sponsor Nam	ne Same as Plan	Sponsor Address	3b	Administrator's I	EIN
					3с	Administrator's t	elephone number
							•
<b>A</b> 15	the name and/on FINI of the		unaturum/unara aut fila d fa		41-		
		e plan sponsor has changed since the last mber from the last return/report.	return/report filed to	r this plan, enter the	4b	EIN	
	ponsor's name				4c	PN	
<b>5a</b> ⊤	otal number of participants	at the beginning of the plan year			5a		0
<b>b</b> T	otal number of participants	at the end of the plan year			5b		0
		account balances as of the end of the plar	•	•	5c		0
<b>6a</b> \	Nere all of the plan's assets	s during the plan year invested in eligible a	assets? (See instruct	tions.)			X Yes No
	, ,	the annual examination and report of an			,		
		? (See instructions on waiver eligibility and ither line 6a or line 6b, the plan cannot					X Yes   No
					_		1
C If	the plan is a defined benef	it plan, is it covered under the PBGC insul	rance program (see	ERISA section 4021)?		Yes No	Not determined
Cautio	on: A penalty for the late	or incomplete filing of this return/repor	t will be assessed ι	unless reasonable ca	use is	established.	
SB or		her penalties set forth in the instructions, I nd signed by an enrolled actuary, as well a plete.					
SIGN		valid electronic signature.					
HERE	Signature of plan a	dministrator	Date	Enter name of individ	lual sig	gning as plan adn	ninistrator
SIGN							
	Signature of emplo	yer/plan sponsor	Date	Enter name of individ	lual sic	ning as employe	r or plan sponsor
SIGN HERE	rer's name (including firm n	yer/plan sponsor name, if applicable) and address; include re		Enter name of individence (optional)			r or plan sponsor number (optional)
SIGN HERE Prepa MARK	rer's name (including firm n						number (optional)
SIGN HERE Prepa MARK MARK	rer's name (including firm n BOGDAN D BOGDAN CPA					parer's telephone	number (optional)
SIGN HERE Prepa MARK MARK 40 MA	rer's name (including firm n					parer's telephone	number (optional)

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Pa	rt III   Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) En	d of Y	ear		
a	Total plan assets	7a	(a) Dogg or rec	<u> </u>			(8) =::	<u> </u>		0	
	Total plan liabilities	7b									
	Net plan assets (subtract line 7b from line 7a)	7c									
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total			
	Contributions received or receivable from:		(a) / unount				(8)	Total			
	(1) Employers	8a(1)									
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b									
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c									
d	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									
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h									
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i									
j	Transfers to (from) the plan (see instructions)	8j									
Pai	rt IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 1A 3D	feature co	des from the List of Plan Char	acteris	tic Co	des in	the instri	uction	3:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cteristi	c Cod	es in t	ne instru	tions			
Par	t V   Compliance Questions						1				
10	During the plan year:				Yes	No		Am	ount		
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	ıciary Corı	rection Program)	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										
	instructions.)			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 a	s of year e	end.)	10g		Χ					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instru	uctions and 29 CFR	10h							
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 require	d notice or one of the	10i							
Part											
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form											
11a	5500) and line 11a below)										
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, as applicable.)										
а	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		and e	nter th	e date o	the le		uling	J
If	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				]	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).

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 Id	lentification Information			1		
For calendar plan year 2013 or fiscal plan year beginning and ending						
A This return/report is for:	a single-employer plan	a multiple-employer	plan (not multiemployer)	) <u> </u>	a one-participant plan	
B This return/report is:	the first return/report	the final return/repo	rt	_		
	an amended return/report	a short plan year re	turn/report (less than 12	months)		
C Check box if filing under:	Form 5558	automatic extension			DFVC program	
	special extension (enter description	_				
Part II Basic Plan Inform	nation—enter all requested inform			1.		
1a Name of plan	The state of the s	, idea	<del></del>	1b Three-d	ligit	
BRIAN S LAVACK 401(K) PROFIT	SHARING PLAN & TRUST		•	plan nur (PN)	mber ▶ 001	
BRIAN S EAVACR 40 I(R) I ROI II	STANINOT LAN & TNOST			1c Effective		
					7/19/2013	
2a Plan sponsor's name and addre	ess; include room or suite number (	employer, if for a single	e-employer plan)	2b Employe (EIN)	er Identification Number 26-3342469	
LAVACK'S CUSTOM BUILDERS L	LC			2c Sponsor	r's telephone number	
54 04 11 10 04 11 11 11 11 11 11 11 11 11 11 11 11 11				(315) 250-40		
51 CHURCHILL AVENUE				2d Busines 236200	ss code (see instructions)	
MASSENA. NY 13662  3a Plan administrator's name and add	dress X Same as Plan Sponsor N	lame X Same as F	Plan Sponsor Address	<b>3b</b> Adminis	strator's EIN	
5 Train daminotrator o ritarro dillo dat	Entra Commo do Francoporto Fr	Carro do r	0,00.000			
0				3c Adminis	strator's telephone number	
Same						
				1		
4 If the name and/or EIN of the p	lan sponsor has changed since the	last return/report filed	for this plan, enter	4b EIN		
the name. EIN, and the plan nu	lan sponsor has changed since the umber from the last return/report.	last return/report filed	for this plan, enter			
the name. EIN, and the plan nu <b>a</b> Sponsor's name	umber from the last return/report.			4b EIN 4c PN 5a	0	
the name. EIN, and the plan nu a Sponsor's name  Total number of participants at the	· •			4c PN	0	
the name. EIN, and the plan nu a Sponsor's name 5a Total number of participants at b Total number of participants at c Number of participants with acc	the beginning of the plan yearthe end of the plan year	plan year (defined ber	nefit plans do not	4c PN 5a 5b	0	
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Part III Financial Information						
7 Plan Assets and Liabilities		(a) Beginning o	f Year			(b) End of Year
a Total plan assets	7a			0		0
b Total plan liabilities	. 7b			0		0
C Net plan assets (subtract line 7b from line 7a)	. 7c		0			0
8 Income, Expenses, and Transfers for this Plan Year		(a) Amoun	(a) Amount			(b) Total
a Contributions received or receivable from:						
(1) Employers	. 8a(1)			0		
(2) Participants	. 8a(2)			0		
(3) Others (including rollovers)	(3) Others (including rollovers) 8a(3)			0		
b Other income (loss)	. 8b			0		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c	<u> </u>			** <sub>1</sub> ,	0
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d			0		
e Certain deemed and/or corrective distributions (see instructions)	. 8e	:		0		
f Administrative service providers (salaries, fees, commissions)	. 8f		.Asg	0		
g Other expenses	. 8g			0		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					0
i Net income (loss) (subtract line 8h from line 8c)	. 8i					0
j Transfers to (from) the plan (see instructions)	- 8j		: 	0		
Part IV Plan Characteristics		**************************************				
9a If the plan provides pension benefits, enter the applicable pension 1A, 3D						
b If the plan provides welfare benefits, enter the applicable welfare	leature code:	s from the List of Plan C	haracteri	stic Co	odes in	the instructions:
Part V   Compliance Questions						
10 During the plan year:				Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions of in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciar)			10a		Х	
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х	
C 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 fraud or dishonesty?			10d		Х	
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som	er persons b	y an insurance				
the plan? (See instructions.)			10e		x	
f Has the plan failed to provide any benefit when due under the pla			10f		Х	
g Did the plan have any participant loans? (If "Yes," enter amount a	s of year end	.)	10g		Х	
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instruct	ions and 29 CFR	10h			
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 n	otice or one of the	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)	ents? (If "Ye	s," see instructions and	complete	Sche	dule St	Yes X No
11a Enter the unpaid minimum required contribution for current year fr	om Schedule	e SB (Form 5500) line 39	<u> </u>		11a	0
12 Is this a defined contribution plan subject to the minimum funding requir	ements of sec	tion 412 of the Code or se	ction 302	of ERI	SA?	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 being ranting the waiver.	ng amortized	in this plan year, see in: Month	struction	s, and	enter ti Day	
If you completed line 12a, complete lines 3, 9, and 10 of Schedu	ıle MB (Forn	n 5500), and skip to lir	ne 13.			
b Enter the minimum required contribution for this plan year					12b	