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.

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Annual Report Identification Information For calendar plan year 2014 or fiscal plan year beginning and ending 12/31/2014 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the final return/report **B** This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan **1b** Three-digit MICHALSKI MILITELLO, LLP RETIREMENT SAVINGS PLAN plan number (PN) ▶ 001 1c Effective date of plan 01/01/2013 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number MICHALSKI MILITELLO, LLP (EIN) 27-1048060 Sponsor's telephone number 585-351-2500 5579 EAST AVON-LIMA ROAD P.O. BOX 172 Business code (see instructions) **AVON, NY 14414** 541110 **3a** Plan administrator's name and address XSame as Plan Sponsor. Administrator's EIN **3c** Administrator's telephone number 4b EIN If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name Total number of participants at the beginning of the plan year 5a **b** Total number of participants at the end of the plan year..... 5b Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c complete this item) d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 3 d(2) Total number of active participants at the end of the plan year..... 5d(2) 3 e Number of participants that terminated employment during the plan year with accrued benefits that were 0 5e less than 100% vested. 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

SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and

bellet, it is t	true, correct, and complete.					
SIGN HERE	Filed with authorized/valid electronic signature.					
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator			
SIGN						
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor			
Preparer's	name (including firm name, if applicable) and address (include r	oom or suite number	r) (optional)	Preparer's telephone number (optional)		

	Form 5500-SF 2014		Page 2								
b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the plan cannumber of the plan is a defined benefit plan, is it covered under the PBGC in	an indepe and condi ot use Fo	endent qualified public accounta itions.)orm 5500-SF and must instea	int (IQ d d use	PA) Form	5500.			X Ye	es	No No
Par	t III Financial Information			-	-		<u> </u>				
	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) F	nd of	Year		
	Total plan assets	. 7a		358			(6)	a o.		1762	
	Total plan liabilities	7b									
	Net plan assets (subtract line 7b from line 7a)	7c	43	358					2	1762	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	tal		
	Contributions received or receivable from:		` '				,	-,			
	(1) Employers	. 8a(1)		170							
	(2) Participants	. 8a(2)	92	204							
	(3) Others (including rollovers)	8a(3)									
<u>b</u>	Other income (loss)	. 8b	9	907							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							1	7581	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d									
	Certain deemed and/or corrective distributions (see instructions)	8e									
f_	Administrative service providers (salaries, fees, commissions)	. 8f	1	177							
	Other expenses	. 8g									
	Total expenses (add lines 8d, 8e, 8f, and 8g)									177	
	Net income (loss) (subtract line 8h from line 8c)								1	7404	
	Transfers to (from) the plan (see instructions)	8j									
Par											
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	odes from the List of Plan Char	acteris	stic Co	odes in	the ins	tructio	ons:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	des from the List of Plan Chara	cterist	ic Cod	des in t	he insti	uction	ns:		
Part	V Compliance Questions										
10	During the plan year:				Yes	No		Α	moun	t	
а	Was there a failure to transmit to the plan any participant contribu										
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu		<u> </u>	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		Χ					
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.)	ner persor of the ber	ns by an insurance carrier, nefits under the plan? (See	10e		X					
f	Has the plan failed to provide any benefit when due under the pla			10f		Χ					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	10g		Χ					
h	If this is an individual account plan, was there a blackout period?					X					
i	2520.101-3.)			10h							
	exceptions to providing the notice applied under 29 CFR 2520.10			10i							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	•							Ye	es X	No
11a	Enter the unpaid minimum required contribution for current year fr	rom Sched	dule SB (Form 5500) line 39	<u></u>		11a					
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	or se	ction	302 of	ERISA	?	Ye	es X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below										
а	If a waiver of the minimum funding standard for a prior year is being	na amortiz	zed in this plan year, see instru	ctions	and e	enter th	ne date	of the	letter	ruling	,

.. Month

Day

Year

granting the waiver.

	Form 5500-SF 2014 Page 3 - 1				
lf :	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			
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?	X	Yes 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 under the of the PBGC?	control		Yes	s 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) which assets or liabilities were transferred. (See instructions.)) to			
1	3c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3	3) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

F	Pension Benefit Guaranty Co	orporation	► Complet	e all entries in a	ccordanc	e with the instructi	ons to the Form	5500-SF.		
D	art Annual	Report Ide		n Information						
	calendar plan year 2	014 or fiscal	plan year be	ginning		01/01/2014	and ending		2/31/2014	
A	This return/report is f	x	a single-em a one-partic the first retu	ployer plan ipant plan	of p	nultiple-employer plai participating employe preign plan final return/report hort plan year return	r information in ac	ccordance	with the form ins	x must attach a list tructions)
С	Check box if filing un	ider:	Form 5558 special exte	ension (enter desc	ш	omatic extension			DFVC progra	am
P	art II Basic P	lan Inforn	nation e	enter all requested	informat	ion				
_	Name of plan Michalski Mi								Three-digit plan number (PN) ▶ Effective date 01/01/2013	1800 A 1800 B 1800
2a	Plan sponsor's nan Michalski Mi 5579 East Avon-I	litello,	ess; include ro LLP	oom or suite num	ber (empl	loyer, if for a single-e	mployer plan)	20	Employer Iden (EIN) 27-10 Sponsor's tele (585) 351-	tification Number 048060 phone number
	US Avon NY 14414 Plan administrator	1						26	Administrator's	EIN
									Administrator's	s telephone number
4	name, EIN, and th	EIN of the plan numb	olan sponsor le er from the la	has changed sinc ast return/report.	e the last	return/report filed for	r this plan, enter ti		PN	
_	Sponsor's name	articipante at	the heginnin	g of the plan year				5	ia	3
58 b	Total number of pa	articipants at	the end of th	e plan vear				5	5b	3
c	Number of particip	ants with ac	count balance	es as of the end o	of the plan	year (defined benef	fit plans do not		ic	3
c	(1) Total number of							50	d(1)	3
	(2) Total number of	active partic	pipants at the	end of the plan ye	ear			50	d(2)	3
E	Number of particing	oants that ter	minated emp	loyment during th	e plan ye	ar with accrued bene	efits that were		5e	0
-	Caution: A penalty for	or the lete o					unless reasonab	ole cause i	s established.	
ī	Jaution: A penalty to Jinder penalties of per SB or Schedule MB co pelief, it is true, correct	rjury and oth ompleted an	er penalties s d signed by a	- 4 fauth in the inch	tructions	I declare that I have	examined this ret rsion of this return	urn/report, /report, and	including, if app d to the best of r	
	CICH C	m c	V.14	1 Kin		1/28/15	Jeannic	0.111	chalsky)
	HERE Signature o	f plan admii	nistrator			Date / / '	Enter name of in	dividual sig	ning as plan ad	ministrator
	SIGN							والمراسات الماريات	ning oc ompless	er or plan enoneor
	HERE Signature o	of employer/	plan sponso	oble) and address	: include	Date				er or plan sponsor ne number (optional)
	Preparer's name (incl	luding firm na	ате, іг аррііс	able) and address	s, moidde	Toom of suite names	or (optionary			

	Form 5500-SF 2014		Page 2	_				
6a b	Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of ar	assets? (S	ent qualified public accountant (IC	QPA)			-	Yes No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility ar If you answered "No" to either line 6a or line 6b, the plan cannot fit the plan is a defined benefit plan, is it covered under the PBGC ins	nd condition	ns.) n 5500-SF and must instead use	e For	m 550	0.		Yes No
Pa	rt III Financial Information							-
7	Plan Assets and Liabilities		(a) Beginning of Year	_			(b) End of \	
а	Total plan assets	7a	4,358	3				21,762
b	Total plan liabilities	7b	2000					
С	Net plan assets (subtract line 7b from line 7a)	7c	4,358	3			(b) T-4-	21,762
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		1000	5.25	(b) Tota	
а	Contributions received or receivable from: (1) Employers	8a(1)	7,470	0	-53			
	(2) Participants	8a(2)	9,20	4				
_	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	. 8b	90'	7			er er er	
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						17,581
d	Benefits paid (including direct rollovers and insurance premiums	94						
_	to provide benefits)	. 8d . 8e						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	. 8f	17	7				
<u>†</u>	Administrative service providers (salaries, fees, commissions)							
<u>g</u>	Other expenses Total expenses (add lines 8d, 8e, 8f, and 8g)							177
<u>h</u>	Net income (loss) (subtract line 8h from line 8c)							17,404
÷	Transfers to (from) the plan (see instructions)	. 8j						
T _P	art IV Plan Characteristics							
_	If the plan provides pension benefits, enter the applicable pension for the plan provides welfare benefits, enter the applicable welfare fe							
b								
P	art V Compliance Questions				Yes	No	Δ	mount
10	During the plan year:	itions within	the time period described in		103	140		
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Corre	ection Program)	10a		х		
	b Were there any nonexempt transactions with any party-in-interes on line 10a.)			10b		x		
	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 or dishonesty?	•••••	***************************************	10d		х		
	Were any fees or commissions paid to any brokers, agents, or of insurance service, or other organization that provides some or al	of the pen	ents under the plant (See	10e		x		
_	instructions.) f Has the plan failed to provide any benefit when due under the plan			10f		х		
-				10g		х		
_	g Did the plan have any participant loans? (If "Yes," enter amount	as of year e	end.)	109				
	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 exceptions to providing the notice applied under 29 CFR 2520.1	the require 01-3	d notice or one of the	10i				
F	art VI Pension Funding Compliance							
1	1 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)	ments? (If	"Yes," see instructions and comp	lete S	Sched	ule SB	3 (Form	Yes X N
-1	1a Enter the unpaid minimum required contribution for current year	from Schee	dule SB (Form 5500) line 39					
_	2 Is this a defined contribution plan subject to the minimum funding	g requireme	ents of section 412 of the Code of	r sec	tion 3	02 of E	ERISA?	Yes X N
	(15 "Vee " complete line 12a or lines 12b, 12c, 12d, and 12e belo	w. as applic	cable.)					- Name of the second se
_	s the standard for a prior year is by	aina amorti	zed in this plan year see instruct	ions,	and e	nter th	ne date of th	e letter ruling
_	a If a waiver of the minimum funding standard for a prior year is be granting the waiver		Mo	ntn .		D	ау	. I Cal

	Form 5500-SF 2014	Page 3-					
If y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500),	and skip to line 13	B				
b	Enter the minimum required contribution for this plan year			12b			
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 negative amount)	minus sign to the le	eft of a	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadling			🗆	Yes _	No [N/A
Part							
13a	Has a resolution to terminate the plan been adopted in any plan year?			X Ye	es 🗌 N	0	
	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 an of the PBGC?			[Yes	X No	
С	If during this plan year, any assets or liabilities were transferred from this plan to and which assets or liabilities were transferred. (See instructions.)	other plan(s), identify	the plan(s) to				
	I3c(1) Name of plan(s):		130	(2) EIN	s)	13c(3)	PN(s)
Pari	VIII Trust Information (optional)						
14a	Name of trust			14b ⊤	rust's EIN		