## 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

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

Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

Part I		t Identification Informatior	1						
For calenda	ar plan year 2014 or	fiscal plan year beginning 01/01/2	201 <u>4</u>	and ending 12	2/31/2014				
A This retu	urn/report is for:		er) (Filers checking this box must attach a list cordance with the form instructions)						
	·	a one-participant plan		,					
<b>B</b> This retu	rn/report is								
		an amended return/report a short plan year return/report (less than 12 months)							
C Check b	oox if filing under:	DFVC program							
		special extension (enter desc							
Part II		ormation—enter all requested in	nformation						
1a Name o	•	C 404/K) PROFIT CLIARING DLAN	1		<b>1b</b> Three-digit plan number				
WEST PENN	N HARDWOODS, LL	C 401(K) PROFIT SHARING PLAN	V		(PN)	001			
					1c Effective da	ate of plan 01/01/2014			
2a Plan sp	oonsor's name and a	ddress; include room or suite numb	per (employer, if for a singl	e-employer plan)	1	dentification Number			
	HARDWOODS, LLC			, , ,		25-1479101			
230 S. CLINT	ON STREET					telephone number 6-373-6434			
OLEAN, NY 1					2d Business co	ode (see instructions)			
						153990			
3a Plan ad	dministrator's name	and address XSame as Plan Spor	nsor.		<b>3b</b> Administrat	or's EIN			
					3c Administrat	or's telephone number			
		he plan sponsor has changed since umber from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN				
<b>a</b> Sponso		,			4c PN				
<b>5a</b> Total n	number of participant	s at the beginning of the plan year			5a	14			
<b>b</b> Total n	number of participant	s at the end of the plan year			5b	14			
		n account balances as of the end of			5c	14			
<b>d(1)</b> Tota	al number of active p	articipants at the beginning of the p	olan year		5d(1)	12			
<b>d(2)</b> Tota	al number of active p	articipants at the end of the plan ye	ear		5d(2)	12			
		terminated employment during the			5e	C			
		e or incomplete filing of this retu			use is established	d.			
Under pena SB or Sche	alties of perjury and o	other penalties set forth in the instruand signed by an enrolled actuary,	ictions, I declare that I hav	e examined this return/re	port, including, if a	pplicable, a Schedule			
	elief, it is true, correct, and complete.  Filed with authorized/valid electronic signature.  O5/19/2015  RAKESH MEHTA								
HERE	Signature of plan	re of plan administrator Date Enter name of individ			lual signing as plar	administrator			
SIGN									
HERE	Signature of emp	loyer/plan sponsor	Date	Enter name of individ		oloyer or plan sponsor			
Preparer's r	name (including firm	name, if applicable) and address (	include room or suite numb	oer) (optional)	Preparer's teleph	none number (optional)			

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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 your answered "No" to either line 6a or line 6b, the plan cannot be a second	an indepen and conditi not use For	ndent qualified public accounta ons.)rm 5500-SF and must instead	nt (IQ	PA) Form	5500.	·		X	′es [ ′es [	No
	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pi	rogram (see ERISA section 40	21)?		Yes	No	1	Not de	termi	ned
Par											
	Plan Assets and Liabilities		(a) Beginning of Yea				(b) E	nd of	Year		
	Total plan assets	. 7a		0	_					19816 0	
	Total plan liabilities	. 7b		0						19816	
	Net plan assets (subtract line 7b from line 7a)	. 7с	(a) Amount		-			b) To		10010	
	Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:		(a) Amount				(ı	b) To	lai		
	(1) Employers	. 8a(1)	145								
	(2) Participants	. 8a(2)	353								
	(3) Others (including rollovers)	. 8a(3)		0							
	Other income (loss)	. 8b		-1							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							4	19816	)
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		0							
е	Certain deemed and/or corrective distributions (see instructions)	. 8e		0							
f	Administrative service providers (salaries, fees, commissions)	. 8f		0							
g	Other expenses	. 8g		0							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h								C	)
	Net income (loss) (subtract line 8h from line 8c)								4	19816	<u>;</u>
j	Transfers to (from) the plan (see instructions)	· 8j		0							
b	If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits and the plan provides welfare benefits and the plan provides welfare for the plan provides welfare for the plan provides welfare benefits and the plan provides welfare for the plan provides welfare for the plan provides welfare benefits and the pl	eature code	es from the List of Plan Charac	cterist	ic Cod	les in t	he instr	uctio	ns:		
10	During the plan year:				Yes	No		Α	moui	nt	
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			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					
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the bene	efits under the plan? (See	10e		X					
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year e	nd.)	10g		X					
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 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)								Y	es )	X No
	Enter the unpaid minimum required contribution for current year fr	rom Sched	ule SB (Form 5500) line 39			11a					
12	Is this a defined contribution plan subject to the minimum funding			or se	ction (	302 of	ERISA	?	Y	'es	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below		·					- ( .:	. 1. 41		
а	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.	-			, and e 	enter th Day			e lette ′ear _	r rulin	.g 

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lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 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 negative amount)	-	1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g 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 the	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		inder the control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify th	e plan(s) to		
1	3c(1) Name of plan(s):		<b>13c(2)</b> EI	N(s)	<b>13c(3)</b> 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 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

2014

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information							
For calenda	r plan year 2014 or fi	scal plan year beginning	01/01/2014	and ending	12/31/	2014			
A This retu	urn/report is for:	☑ a single-employer plan		a multiple-employer plan (not multiemployer) (Filers checking this box must attach a lis of participating employer information in accordance with the form instructions)					
		a one-participant plan	a foreign plan						
<b>B</b> This retu	rn/report is	x the first return/report	the final return/report						
		an amended return/report	a short plan year return	nonths)					
C Check bo	ox if filing under:	Form 5558	automatic extension		DFVC program				
		special extension (enter descrip	tion)						
Part II	Basic Plan Info	ormation—enter all requested info	rmation	·····					
1a Name					1b Three-digit				
Wort Do	nn Hardwoode	, LLC 401(k) Profit			plan numbe				
Sharing		, HAC 401(K) FIOTIC			(PN)	001			
•	,				1c Effective date of plan 01/01/2014				
2a Plan sr	onsor's name and ac	idress; include room or suite number	(employer, if for a single-	emplover plan)		lentification Number			
	enn Hardwoods	•	(	,	(EIN) 25-				
					2c Sponsor's t	elephone number			
					(716) 3	73-6434			
230 S.	Clinton Stre	et			2d Business co	ode (see instructions)			
Olean			NY	14760	453990				
3a Plan ac	lministrator's name a	nd address 🏻 Same as Plan Sponso	r.		3b Administrat	or's EIN			
					3C Administrat	or's telephone number			
4 If the n	ame and/or EIN of th	e plan sponsor has changed since th	ne last return/report filed fo	r this plan, enter the	4b EIN	- I - I - I - I - I - I - I - I - I - I			
name,	EIN, and the plan nu	mber from the last return/report.							
	sor's name				4c PN				
		s at the beginning of the plan year				14			
		s at the end of the plan year			. 5b	14			
comple	te this item)	account balances as of the end of th		***************************************	5c	14			
<b>d(1)</b> Tota	l number of active pa	articipants at the beginning of the plan	n year		5d(1)	12			
• •	· ·	articipants at the end of the plan year			5d(2)	. 12			
		erminated employment during the pla			5e	0			
Caution: A	nenalty for the late	or incomplete filing of this return/	report will be assessed	unless reasonable ca	use is established	l.			
Under pena SB or Sche	ltipe of porium and o	ther penalties set forth in the instruct and signed by an enrolled actuary, as	ions I declare that I have	examined this return/re	eport, including, if a	oplicable, a Schedule			
SIGN	Royne		5/15/15	Rakesh Mehta					
HERE	141.000				dual signing as plar	administrator			
SIGN	KAMI		5/15/15	Rakesh Mehta	Fresiden	+			
HERE	Signature of empl	oyer/plan sponsor	Date		lividual signing as employer or plan sponsor				
Preparer's	name (including firm	name, if applicable) and address (inc	olude room or suite numbe	r ) (optional)	Preparer's telepi	none number (optional)			

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	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 a under 29 CFR 2520.104-46? (See instructions on waiver eligibility and the plan's assets during the plan year invested in eligibility and the plan's assets during the plan year invested in eligibility and the plan's assets during the plan year invested in eligibility and the plan's assets during the plan year invested in eligibility and the plan's assets during the plan year invested in eligibility and the plan's assets during the plan year invested in eligible.	dent qualified public accounta	nt (IQ	PA)	,,,,,,,,,,		X Yes	_	
c	If you answered "No" to either line 6a or line 6b, the plan cannot fithe plan is a defined benefit plan, is it covered under the PBGC in							Not determi	ned
		sarance p	Togram (See Estro/ Geotion 40	/2-1/-		, 03		riot determ	
	t III   Financial Information				Т	<del></del>	(1) = 1 -	£ \/	
7	Plan Assets and Liabilities	<b>-</b>	(a) Beginning of Yea	<u>r</u>	_		(b) End o		016
	Total plan assets	7a			0			49	,816
	Total plan liabilities	7b			0			4.0	016
	Net plan assets (subtract line 7b from line 7a)	7c			0		41.	······	,816
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	tal	
а	Contributions received or receivable from: (1) Employers	8a(1)	14	,50	4				
	(2) Participants.	8a(2)		, 31					
	(3) Others (including rollovers)	8a(3)			0	<del></del>	·:		
h	Other income (loss)	8b		_	1				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				• *****		49	,816
	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							······································	
g	Other expenses								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)								0
	Net income (loss) (subtract line 8h from line 8c)	8i						49	,816
j	Transfers to (from) the plan (see instructions)	8j	0			. ··· . · · · · ·			
	t IV Plan Characteristics								
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 3D								
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Charac	cterist	ic Cod	les in th	e instructio	ons:	
Par	V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
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)	tions withi ıciary Corı	n the time period described in rection Program)	10a		Х			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		Х			
С	Was the plan covered by a fidelity bond?		************	10c		Х			
d		fidelity bo	nd, that was caused by fraud	10d		Х			
е	or disnonesty?  Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)					Х			
f	f Has the plan failed to provide any benefit when due under the plan?					Х			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					Х			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					Х			
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3								
Par	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirer 5500 and line 11a below)							Yes	X No

11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39... Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?.. X No (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling Year Day

Form	1 5500-SF 2014	Pa	ge <b>3</b>		_				
If you comp	pleted line 12a, complete lines 3, 9, and 10 of Sch	nedule MB (Form 550	0), and skip to line 13.						
<b>b</b> Enter the	e minimum required contribution for this plan year				12b				
		- 11-1		T	12c	· · · · · · · · · · · · · · · · · · ·			
-	e amount contributed by the employer to the plan for				120			. v	
	t the amount in line 12c from the amount in line 12b.				12d				
e Will the r	minimum funding amount reported on line 12d be me	et by the funding dead	fline?			Yes	No	□ N/A	
Part VII P	lan Terminations and Transfers of Asse	ets							
13a Has a res	13a Has a resolution to terminate the plan been adopted in any plan year?						No		
If "Yes,"	enter the amount of any plan assets that reverted to	the employer this ye	ar		13a				
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?							Ye	s X No	
	this plan year, any assets or liabilities were transfern ssets or liabilities were transferred. (See instructions.		nother plan(s), identify the	ne plan(s) t	0				
<b>13</b> c(1) Na	me of plan(s):			13	3c(2) El	N(s)	13c(	3) PN(s)	
							j		
Part VIII Tr	rust Information (optional)			<del>*</del>					
14a Name of trust					14b Trust's EIN				