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 03/31/2015 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 CORNWELL APPLIANCE CO. PROFIT SHARING PLAN plan number (PN) ▶ 001 1c Effective date of plan 04/01/1972 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number CORNWELL APPLIANCE CO. (EIN) 22-3115080 Sponsor's telephone number 518-459-3700 1357 CENTRAL AVE. ALBANY, NY 12205 Business code (see instructions) 443141 **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) d(2) Total number of active participants at the end of the plan year..... 5d(2) 2 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

Dellel, It is	true, correct, and complete.						
SIGN	Filed with authorized/valid electronic signature.						
HERE	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				
Preparer's	name (including firm name, if applicable) and address (include r	oom or suite number	r) (optional)	Preparer's telephone number (optional)			

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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 a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lif you answered "No" to either line 6a or line 6b, the plan cannot be a considerable or the considera	an indepen and conditi	dent qualified public accounta	int (IC	(PA)		X	Yes T	No No
C	f the plan is a defined benefit plan, is it covered under the PBGC in	surance pi	rogram (see ERISA section 40	21)?		Yes	□ No □ Not	t determine	d
Par	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Y	ear	
<u>a</u>	Total plan assets	7a	7475					851981	
	Total plan liabilities	7b		0				0	
	Net plan assets (subtract line 7b from line 7a)	7c	7475	534				851981	
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
	Contributions received or receivable from: (1) Employers	8a(1)	398	301					
	(2) Participants	8a(2)		0					
	(3) Others (including rollovers)	8a(3)		0					
b	Other income (loss)	8b	647	777					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						104578	
	Benefits paid (including direct rollovers and insurance premiums	0.1		0					
	co provide benefits)	8d		0					
	Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions)	8e 8f		0					
	Other expenses	8g	1	131					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						131	_
	Net income (loss) (subtract line 8h from line 8c)	8i						104447	
	Transfers to (from) the plan (see instructions)	8j		0					
b Part	If the plan provides welfare benefits, enter the applicable welfare for V Compliance Questions	eature code	es from the List of Plan Charad	cterist	tic Cod	des in t	he instructions:		
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)	ciary Corr	ection Program)	10a		X			0
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Χ			0
c	Was the plan covered by a fidelity bond?			10c	X			1000)00
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X			0
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			0
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X			0
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	10g		X			0
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		X			
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Yes X	No
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a			0
12	Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of the Code	or se	ection	302 of	ERISA?	Yes 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 beir granting the waiver.	-			, and (enter th Day		-	_

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If	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	rm 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 X 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 t	this year	13a		(
b	Were all the plan assets distributed to participants or beneficiaries, transferr of the PBGC?		ler the control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this play which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify the p	olan(s) to		
1	3c(1) Name of plan(s):		13c(2) EI	N(s)	13c(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

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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

			on			
For calendar plan y	ear 2014 or hisc	ai pian year beginning	4/1/2014	and ending	3/31/2	015
A This return/repo	ort is for:	a single-employer plan a one-participant plan	a multiple-employer a foreign plan	plan (not multiemployer))	
B This return/repor	tis [the first return/report	the final return/repor	t um/report (less than 12 n		
	L.		La silvit plati year ret	numebou (sess man 12 n	nonuis)	
C Check box if filin	ng under:	Form 5558 special extension (enter de	automatic extension	ŀ	DFV	C program
					-	
	: Plan Inform	nation—enter all requested	Information			· · · · · · · · · · · · · · · · · · ·
1a Name of plan Cornwell Ap	ppliance Co. F	Profit Sharing Plan			1b Three-di plan nun (PN)	
					1c Effective	date of plan
2a Plan sponsor's Comwell Applia	name and addre	ess; include room or suite nur	mber (employer, if for a singli	e-employer plan)	2b Employe (EIN)	r Identification Number 223115080
1357 Central A	ve.				1	's telephone number
Albany 12205		MY				code (see instructions) 443141
	tor's name and a	iddress /Same as Plan Spo	insor.		3b Administ	
					-	
		an sponsor has changed sincer from the last return/report.	e the last return/report filed	for this plan, enter the	4b EIN	
name, EIN, and a Sponsor's name	the plan numbe	er from the last return/report.		, ,	4b EIN	
name, EiN, and a Sponsor's name 5a Total number of	the plan numbe participants at t	er from the last return/report. the beginning of the plan year	r			4
name, EIN, and a Sponsor's name 5a Total number of b Total number of	the plan number participants at the participants at the	er from the last return/report. The beginning of the plan year the end of the plan year	r	, , , , , , , , , , , , , , , , , , , ,	4c PN	Å.
name, EiN, and a Sponsor's name 5a Total number of b Total number of c Number of partic complete this ite	I the plan number f participants at the participants at the color of	the beginning of the plan year the end of the	r	efit plans do not	4c PN 5a	
name, EIN, and a Sponsor's name 5a Total number of b Total number of c Number of partic complete this ite d(1) Total number	participants at to participants at to participants at to cipants with account of active participants participants at the parti	the beginning of the plan year the end of the plan year the end of the plan year the end count balances as of the end counts at the beginning of the	r	efit plans do not	4c PN 5a 5b 5c 5d(1)	4 4
name, EiN. and a Sponsor's name 5a Total number of b Total number of c Number of partic complete this ite d(1) Total number	the plan number f participants at the participants at the cipants with account of active participants of active participants participants with account of active participants with a contract of active participants with account of active participants with a contract of active par	the beginning of the plan year the end of the end of the plan years at the end of the plan years at the end of the plan years at the end of the plan years.	r	efit plans do not	4c PN 5a 5b 5c 5c 5d(1) 5d(2)	4
name, EiN, and a Sponsor's name 5a Total number of b Total number of c Number of partic complete this ite d(1) Total number d(2) Total number e Number of partici	the plan number participants at the participants at the cipants with accumulation of active participants that terminate the control of active participants that terminate the cipants that terminate the cipants that terminate cipants cipant	the beginning of the plan year the end of the plan year the end of the plan year the end count balances as of the end counts at the beginning of the	of the plan year (defined ben plan year	efit plans do not	4c PN 5a 5b 5c 5d(1)	4 4
name, EiN, and a Sponsor's name 5a Total number of b Total number of partic complete this ite d(1) Total number d(2) Total number e Number of partic less than 100% of Caution: A penalty f	the plan number participants at the participants at the cipants with account of active participants that terminested.	the beginning of the plan year he end of the end of the end of the plan years at the end of the plan years.	of the plan year (defined ben plan year ear e plan year with accrued ben	efit plans do not efits that were unless reasonable cau	4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is established	4 4 2 0
name, EIN. and a Sponsor's name 5a Total number of b Total number of partic complete this ite d(1) Total number d(2) Total number e Number of partic less than 100% v Caution: A penalty f Under penalties of pe SB or Schedule MB,c	participants at to participants at to participants at to participants at to participants with account of active participants that terminates the late or in the late or in party and other participants and participa	the beginning of the plan year he end of the plan year he end of the plan year he end of the end count balances as of the end count balances as of the end counts at the beginning of the plan yearts at the end of the plan yearts at the end of the plan yearted employment during the enables set forth in the instructions of the end of the return greed by an enrolled actuary.	of the plan year (defined ben plan year. ear. plan year with accrued ben plan year will be assessed uctions, I declare that I have	efit plans do not efits that were unless reasonable cau	4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is establishort, including, if	4 4 4 2 0 ed. applicable, a Schedule
name, EIN, and a Sponsor's name 5a Total number of b Total number of c Number of partic complete this ite d(1) Total number d(2) Total number e Number of partic less than 100% v Caution: A penalty f Under penalties of pe SB or Schedule MB c belief, it is true, corte	participants at to participants at to participants at to participants at to participants with account of active participants that terminates the late or in the late or in party and other participants and participa	the beginning of the plan year he end of the plan year he end of the plan year he end of the end count balances as of the end count balances as of the end counts at the beginning of the plan yearts at the end of the plan yearts at the end of the plan yearted employment during the enables set forth in the instructions of the end of the return greed by an enrolled actuary.	of the plan year (defined ben plan year. ear. plan year with accrued ben plan year will be assessed uctions, I declare that I have	efit plans do not efits that were unless reasonable cau	4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is establishort, including, if	4 4 4 2 0 ed. applicable, a Schedule
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D	Were as of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on weiver eligibility if you answered "No" to either line 6a or line 6b, the plan cannot the plan is a defined benefit plan, is it covered under the PBGC is	an indeperand and condition an	indent qualified public accountions.)orm 5500-SF and must juste	tant (I ad us	QPA) e Fon	m 5500).	Z	Yes No
	nt III Financial Information	***************************************	program (See CNIGA Section) -	*UZ 1)		Jres	∏ Mo	Nota	etermined
7	Plan Assets and Liabilities	7		**	T			-	
<u></u>		+ -	(a) Beginning of Ye		= $+$	·	(b) En	d of Yea	
b	Total plan liabilities	7a 7b		475	34 n		**************************************		261981 7
C	Net plan assets (subtract line 7b from line 7a)	7 _G	***************************************	7475			······		351981
3	Income, Expenses, and Transfers for this Plan Year	1	(a) Amount		\exists			Total	<i>3</i> 41741
ā	Contributions received or receivable from: (1) Employers	8a(1)		398	14	************	10)	647021	
	(2) Participants	8a(2)		man in i dahada	a				
	(3) Others (including rollovers)	8a(3)			n		······································		**************************************
b	Other income (loss)	86		647	7	***************************************		··········	
	Total shoome (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1	04578
-	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	84			Û				
	Certain deemed and/or corrective distributions (see instructions)	8e	-\		0		~-~-		
	Administrative service providers (salaries, fees, commissions)	81			<u> </u>	*****		······································	
	Other expenses	8g		13	1		~~~~~~~~~~	······································	
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				·	***************************************	····	131
	Net moome (loss) (subtract line 8h from line 8c)	8i				-	·	1	04447
1	Transfers to (from) the plan (see instructions). t IV Plan Characteristics	8		·	0	and and the second of the second	~~``		
	25 30 If the plan provides welfare benefits, enter the applicable welfare fe	ature code	es from the List of Plan Chara	cterisi	ic Cod	les in ti	he instruc	ions:	
Part		***************************************							
10	During the plan year				Yes	No		Amour	rt
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Com	ection Program)	10a	·	1			0
	Were there any nonexempt transactions with any party-in-interest on line 10a)		***************************************	10b					5
C	Was the plan covered by a fidelity bond?	· · · · · · · · · · · · · · · · · · ·		10c	1		Selection	handa (ilika (ilika kanada	100000
đ	Did the plan have a loss, whether or not reimbursed by the plan's tox dishonesty?		.,	10d		€ munumphummum			e,
e	Were any fees or commissions paid to any brokers, agents, or other organization that provides some or all constructions.)	of the bene	fits under the plan? (See	10e		/			0
W	Has the plan falled to provide any benefit when due under the plan	?		10f		/			0
g	Did the plan have any participant loans? (if "Yes," enter amount as	of year er	rd.)	10g		/		micego, dopida podrnima da	0
13	If this is an individual account plan, was there a blackout period? (\$ 2520 f01-3)	See instru	dions and 29 CFR	10h		~			translandra er er er di un not denderado de di de de er
e avec	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	periuper s	notice or one of the	101			fur-1-)	***************************************	······································
Part	VI Pension Funding Compliance	·····		*****	<u>k</u>	L	*************		·····
11	is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)	ints? (If "Y	es," see instructions and com	piete :	Sched	uke SB	roteamopeamontotasissis (FOIII)	Gy	es // No
11a	Enter the unpaid minimum required contribution for current year fro					l1a [
12	is this a defined contribution plan subject to the minimum funding r					02 of E	RISA?.] ×	s 🛭 No
	Rf "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a	as applical	ole.)						
3	if a wasser of the minimum funding standard for a prior year is being granting the walver.				and e	nter the Day	date of t	ne letter Year	rukng

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<u>If</u>	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form	n 5500), and skip to line 13.	***************************************	·····	
<u>b</u>	Enter the minimum required contribution for this plan year		125		
·					
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 (negative amount)	enter a minus sign to the left of a	12d		***************************************
e	Will the minimum funding amount reported on line 12d be met by the funding			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?		[]] \	′es ⊠N	0
	If "Yes," enter the amount of any plan assets that reverted to the employer thi	s year	13a		24-144
b	Were all the plan assets distributed to participants or beneficiaries, transferred of the PBGC?	d to another plan, or brought under t			∏ Yes 🛭 N
С	If during this plan year, any assets or liabilities were transferred from this plan which assets or liabilities were transferred. (See instructions.)	to another plan(s), identify the plan	(s) to	**************************************	·····
1	3c(1) Name of plan(s):		13c(2) EII	N(s)	13c(3) PN(s)

Part	VIII Trust Information (optional)				
14a N	Vame of trust		14b Tn	ıst's EIN	3-,
			e Constitution of the Cons		
			Vedicumano-popular		
-		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			