## 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).

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I		t Identification Information							
For calend	ar plan year 2014 or	fiscal plan year beginning 01/01/	201 <u>4</u>	and ending 12/	31/2014				
A This re	turn/report is for:	a single-employer plan		r plan (not multiemployer) ( ployer information in accord					
		a one-participant plan	a foreign plan	•					
<b>B</b> This ret	urn/report is	the first return/report	the final return/report						
	·	an amended return/report	a short plan year re	turn/report (less than 12 mo	onths)				
C Check	box if filing under:	X Form 5558	automatic extensio	n	DFVC p	orogram			
		special extension (enter des	cription)						
Part II	Basic Plan Inf	ormation—enter all requested in	nformation						
1a Name	of plan	·			1b Three-digit	t			
THE FUN R	ETIREMENT PLAN				plan numb				
					(PN) 1C Effective d	oto of plan			
						01/01/2006			
	ponsor's name and a ANTETOMASO PC	address; include room or suite num	per (employer, if for a sing	gle-employer plan)		dentification Number 20-5356935			
1674 FMPIR	E BLVD SUITE 200					telephone number			
WEBSTER,						code (see instructions)			
3a Plan a	idministrator's name	and address Same as Plan Spor	nsor.		<b>3b</b> Administra				
GERARD G	ANTETOMASO PC	1674 El	MPIRE BLVD SUITE 200		20-5356935				
		WEBST	ER, NY 14580		<b>3c</b> Administrator's telephone number				
					58	85-787-7000			
		he plan sponsor has changed since	the last return/report file	d for this plan, enter the	4b EIN				
		umber from the last return/report.			40. 50				
	or's name	ts at the beginning of the plan year			4c PN				
_		0 0 1 7			5a	4			
		ts at the end of the plan year			5b	4			
compl	ete this item)	n account balances as of the end o			5c	4			
<b>d(1)</b> Tot	al number of active p	articipants at the beginning of the p	olan year		5d(1)	3			
<b>d(2)</b> Tot	tal number of active p	participants at the end of the plan ye	ear		5d(2)	3			
		terminated employment during the			5e	C			
		or incomplete filing of this retu			se is establishe	d.			
SB or Sche	edule MB completed	other penalties set forth in the instru and signed by an enrolled actuary,							
SIGN	Filed with authorized	d/valid electronic signature.							
HERE				idual signing as plan administrator					
	Signature of plan	administrator	Date	Enter name of individu	uai signing as pia	n administrator			
SIGN HERE									
	Signature of employer/plan sponsor   Date   Enter name of individed					ployer or plan sponsor			
Freparers	name (including firm	name, ii applicable) and address (	molude room of Suite nun	ibei ) (Optional)	Freparer Sitelep	hone number (optional)			

	Form 5500-SF 2014		Page <b>2</b>				
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 to the plan c	an indepe and condit ot use Fo	ndent qualified public accounta tions.) orm 5500-SF and must instead	nt (IQ	PA)  <b>Form</b>	5500.	Xes No
C	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	program (see ERISA section 40	21)? .		Yes	No Not determined
Par	t III Financial Information		1				
7	Plan Assets and Liabilities		(a) Beginning of Yea		_		(b) End of Year
<u>a</u>	Total plan assets	7a	4337	716			485731
	Total plan liabilities	7b					
C	Net plan assets (subtract line 7b from line 7a)	7c	4337	716			485731
8	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from:  (1) Employers	8a(1)	13	805			
	2) Participants	8a(2)	294	135			
		, ,					
	3) Others (including rollovers)	8a(3) 8b	213	375			
	` ,						52115
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					32113
	o provide benefits)	8d					
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f	1	00			
g	Other expenses	8g					
h ·	Fotal expenses (add lines 8d, 8e, 8f, and 8g)	8h					100
	Net income (loss) (subtract line 8h from line 8c)	8i					52015
	Fransfers to (from) the plan (see instructions)	8j					
Part	IV Plan Characteristics	<u> </u>					
b	2E 2J 3D 2G  If the plan provides welfare benefits, enter the applicable welfare fe  V Compliance Questions	eature coo	les from the List of Plan Charad	cterist	c Cod	les in t	he instructions:
10	During the plan year:				Yes	No	Amount
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Cor	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		Χ	
е	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 ber	efits under the plan? (See	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 as	s of year e	end.)	10g	Χ		16575
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instr	uctions and 29 CFR	10h		Χ	
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	ne require	d notice or one of the	10i			
Part							
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)						
11a	Enter the unpaid minimum required contribution for current year fro					11a	
12	Is this a defined contribution plan subject to the minimum funding					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 bein granting the waiver.	ng amortiz	ed in this plan year, see instruc		and e	enter th Day	

	Form 5500-SF 2014	Page <b>3</b> - 1			
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).

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection** 

Pension Be	enefit Guaranty Corporation	➤ Complete all entries in a	accordance with the instr	uctions to the Form 5500-S	SF.			
Part I	Annual Report	: Identification Information						
For calend	ar plan year 2014 or fi	iscal plan year beginning	01/01/2014	and ending	12/31/2014			
	turn/report is for:	an (not multiemployer) (Filer yer information in accordance	rs checking this box must attach a list e with the form instructions)					
D I nis rett	urn/report is	the first return/report an amended return/report	the final return/report					
		n/report (less than 12 months	onths)					
C Check	box if filing under:		DFVC program					
		special extension (enter descr						
Part II	Basic Plan Info	ormation—enter all requested inf	ormation					
1a Name			•	1b	1b Three-digit			
THE FUI	N RETIREMENT	PLAN			plan number 001			
				4.0	(PN) •			
				10	1c Effective date of plan 01/01/2006			
2a Plan s	ponsor's name and ac	Idress; include room or suite numbe	er (employer, if for a single-	employer plan) 2b	2b Employer Identification Number			
GERARD	G ANTETOMASO	PC			(EIN) 20-5356935			
				20	Sponsor's telephone number			
1674 EI	MPIRE BLVD SU	ITE 200			585-787-7000			
WEBSTE	7	NY 14580		20	Business code (see instructions) 541110			
	dministrator's name a		or	3h	3b Administrator's EIN			
	G ANTETOMASO		ion.		20-5356935			
GERARD	G ANTETOMASO	FC		30	3c Administrator's telephone number			
1674 E	MPIRE BLVD SU	TTE 200			585-787-7000			
IO/I LI	TIRE BEVE CO	110 200						
WEBSTE	₹.	NY 14580						
4 If the	name and/or EIN of th	e plan sponsor has changed since	the last return/report filed fo	or this plan, enter the 4b	4b EIN			
	, EIN, and the plan nu or's name	mber from the last return/report.		40	PN			
<u> </u>		at the beginning of the plan year			5a 4			
		s at the end of the plan year			5b			
	• •	account balances as of the end of		Stl d d.				
compl	ete this item)				5c ,			
<b>d(1)</b> Tot	al number of active pa	articipants at the beginning of the pl	an year	5c	d(1)			
` '	•	articipants at the end of the plan yea		<del></del>	d(2)			
		erminated employment during the p			5e			
Caution: A	penalty for the late	or incomplete filing of this return	/report will be assessed	unless reasonable cause is	s established.			
Under pen SB or Sche	alties of perjury and of	ther penalties set forth in the instruc and signed by an enrolled actuary, a	tions, I declare that I have	examined this return/report,	including, if applicable, a Schedule			
SIGN	/ bull	Mondo	9/05/15	GERARD ANTETOMAS	50			
HERE			Deta	Enter name of individual a	signing of plan administrator			
<u>는 12일 본</u> 경 2021년 건 <u>강장</u> 말장 2021년	Signature of plan a	aummistrator	Date	Litter hame of morvioual's	signing as plan administrator			
SIGN HERE								
	Signature of emplo	oyer/plan sponsor name, if applicable) and address (ir	Date		signing as employer or plan sponsor eparer's telephone number (optional)			
rieparer's	name (including firm i	name, ii applicable) and address (ir	iciade room of suite numbe	a / (optional)	sparer a telephone number (optional)			
				<u> </u>	Transportation of the College of the			

	Form 5500-SF 2014		Page <b>2</b>						
b c	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 lf you answered "No" to either line 6a or line 6b, the plan cann lf the plan is a defined benefit plan, is it covered under the PBGC in rt III Financial Information	an indeper and conditi ot use Foi	dent qualified public accounta ons.)rm 5500-SF and must instead	nt (IQ d use	PA) Form	5500.	X Yes No		
7	Plan Assets and Liabilities		(a) Baginning of Vac		1		(h) End of Voor		
-	Total plan assets	70	(a) Beginning of Yea	3371	6		(b) End of Year 485731		
	Total plan liabilities	7a 7b			+				
	Net plan assets (subtract line 7b from line 7a)	7c	4.3	3371	.6		485731		
8	Income, Expenses, and Transfers for this Plan Year	10	(a) Amount		+-		(b) Total		
	Contributions received or receivable from:	no also ty i tto the i	(a) ranount	, ,					
	(1) Employers	8a(1)		130	)5	194, 195 24, 14 St. 4, 1904 - 25 F			
	(2) Participants	8a(2)		2943	5				
	(3) Others (including rollovers)	8a(3)			[5]				
b	Other income (loss)	8b		2137	'5	2008			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				521			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
е	Certain deemed and/or corrective distributions (see instructions)	8e			Company of the compan				
f	Administrative service providers (salaries, fees, commissions)	8f		10	100				
g	Other expenses	. 8g			jeri)				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					100		
i	Net income (loss) (subtract line 8h from line 8c)	8i		5			52015		
j	Transfers to (from) the plan (see instructions)	8i							
Pai	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 3D 2G	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan Charac	cterist	ic Cod	es in t	he instructions:		
Par	t V Compliance Questions								
10	During the plan year:				Yes	No	Amount		
а	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Х			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	•	10b		Х			
С	Was the plan covered by a fidelity bond?			10c		х			
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud			10d		Х			
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 persons of the bend	s by an insurance carrier, efits under the plan? (See	10e		х			
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 as	s of year e	nd.)	10g	х		16575		
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instru	ctions and 29 CFR	10h		Х			
i	If 10h was answered "Ves." check the hov if you either provided the								

Part V **Compliance Questions** During the plan year: Was there a failure to transmit to the plan any participant con-29 CFR 2510.3-102? (See instructions and DOL's Voluntary Were there any nonexempt transactions with any party-in-inte on line 10a.)..... C Was the plan covered by a fidelity bond?..... Did the plan have a loss, whether or not reimbursed by the pl or dishonesty? ..... Were any fees or commissions paid to any brokers, agents, o insurance service, or other organization that provides some o instructions.) ..... Has the plan failed to provide any benefit when due under the g Did the plan have any participant loans? (If "Yes," enter amou If this is an individual account plan, was there a blackout period 2520.101-3.) .....<u>.....</u> If 10h was answered "Yes," check the box if you either provide exceptions to providing the notice applied under 29 CFR 2520.101-3 ..... Part VI **Pension Funding Compliance** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form Yes No 5500) and line 11a below) 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?.. (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) 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

	Form 5500-SF 2014	Page <b>3 -</b>				
If	you completed line 12a, complete lines 3, 9, and 10 of Sche	dule 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 the	nis plan year		12c		
d	Subtract the amount in line 12c from the amount in line 12b. Energative 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 Asset	ts				
13a	Has a resolution to terminate the plan been adopted in any plan ye	ar?		<u>&gt;</u>	es X No	)
	If "Yes," enter the amount of any plan assets that reverted to the	he employer this year		13a		
b	Were all the plan assets distributed to participants or beneficial of the PBGC?					Yes X No
С	If during this plan year, any assets or liabilities were transferred which assets or liabilities were transferred. (See instructions.)					
	13c(1) Name of plan(s):		1:	3c(2) EIN	V(s)	13c(3) PN(s)
	VIII Trust Information (optional)  Name of trust			<b>14b</b> Tru	ust's EIN	
			1			