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 first return/report the final return/report **B** This return/report is 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) Basic Plan Information—enter all requested information Part II 1a Name of plan **1b** Three-digit G A SANTOS INC 401(K) PROFIT SHARING PLAN & TRUST plan number (PN) ▶ 001 1c Effective date of plan 01/01/2007 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number G A SANTOS INC (EIN) 20-1556583 GORDY'S Sponsor's telephone number 585-248-9690 3108 EAST AVENUE ROCHESTER, NY 14618 Business code (see instructions) 812990 3b Administrator's EIN **3a** Plan administrator's name and address | Same as Plan Sponsor. 20-1556583 G A SANTOS INC 3108 EAST AVENUE ROCHESTER, NY 14618 **3c** Administrator's telephone number 585-248-9690 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. a Sponsor's name 4c PN 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) 2 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 belief, it is true, correct, and complete Filed with authorized/valid electronic signature **SIGN HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN **HERE**

Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

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 eligible. Are you claiming a waiver of the annual examination and report of a runder 29 CFR 2520.104-46? (See instructions on waiver eligibility a figure of you answered "No" to either line 6a or line 6b, the plan cannot will be a second of the plan canno	an indepe and condit ot use Fo	ndent qualified public accounta tions.) orm 5500-SF and must instead	nt (IQ	PA) Form	5500.	Xes No
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA section 40)21)? .		Yes	No Not determined
Par	III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End of Year
	Total plan assets	7a	442	236			47947
	Total plan liabilities	7b	440		_		470.47
	Net plan assets (subtract line 7b from line 7a)	7c	442	236	-		47947
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from: 1) Employers	8a(1)	8	800			
	2) Participants	8a(2)	3	320			
	3) Others (including rollovers)	8a(3)					
	Other income (loss)	8b	25	591			
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					3711
	Benefits paid (including direct rollovers and insurance premiums						
1	o provide benefits)	8d					
_ е	Certain deemed and/or corrective distributions (see instructions)	8e					
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f					
<u>g</u>	Other expenses	8g					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					0
	Net income (loss) (subtract line 8h from line 8c)	8i					3711
J	Fransfers to (from) the plan (see instructions)	8j					
Par							
9a	If the plan provides pension benefits, enter the applicable pension to 2E 2G 2J 2K 2T 3D	feature co	odes 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	ature coc	les from the List of Plan Chara	rterist	ic Cod	les in t	the instructions:
	in the plant provided wellard benefits, effect the applicable wellard to	ature ooc	ico nom the List of Flam onarat	otoriot	10 000	100 111 0	ine mondonorie.
Part	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		X	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	`	•	10b		Χ	
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.)	er person of the ber	s by an insurance carrier, nefits under the plan? (See	10e		X	
f	Has the plan failed to provide any benefit when due under the plan					X	
	· · · · · · · · · · · · · · · · · · ·			10f		^	
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount as	-	·	10g	X		7276
n	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 2520.101			10i	X		
Part	VI Pension Funding Compliance						
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						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 being	ng amortiz	ed in this plan year, see instruc		, and e	_	
	granting the waiver	<u></u>	Mon	th		Day	Year

	Form 5500-SF 2014	Page 3 - 1					
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to lin	e 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)			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 the	nis year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		•	ontrol		Yes	(No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	in to another plan(s), ide	ntify the plan(s) to)			
1	3c(1) Name of plan(s):		130	c(2) EI	N(s)	13c(3) P	N(s)
			1			l	

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

Form 5500-SF

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Pension Benefit Guaranty Corporation

Department of Labor Employee Benefits Security Administration

Short Form Annual Return/Report of Small Employee Benefit Plan

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OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

	uaranty Corporation	▶ Complete all entries in a	ccordance with the instru	ctions to the Form 55	00-SF.				
Part I Ar	nual Report lo	lentification Information							
For calendar pla	n year 2014 or fisc	al plan year beginning	01/01/2014	and ending		[′] 31/201			
A This return/re	L	x a single-employer plan a one-participant plan	a multiple-employer pla of participating employ a foreign plan	an (not multiemployer) (er information in accord					
B This return/re	port is	the first return/report	the final return/report a short plan year return	Ironart (less than 12 mg	onthe)				
	l	an amended return/report	a snort plan year return	report (less than 12 mc) iiiis)				
C Check box if	filing under:	Form 5558 special extension (enter descrip	automatic extension		DI	FVC progra	am		
D-44 D	ala Dian Infan								
·		mation—enter all requested info	rmation		1b Thre	e-digit			
1a Name of pla G A SANTOS		PROFIT SHARING PLAN	1 & TRUST		plan (PN)	number	001		
						tive date o			
2a Plan sponsor G A SANTOS		ess; include room or suite number	r (employer, if for a single-6	employer plan)		loyer Identi) 20-155	ification Number 56583		
3108 EAST	AVENUE	GORDY'S				nsor's telep -248-96	hone number 690		
ROCHESTER		NY 14618			2d Busin 812		(see instructions)		
3a Plan admini	strator's name and	address Same as Plan Sponso	or.			inistrator's			
G A SANTOS	S INC	-			20-1556583 3c Administrator's telephone number				
3108 EAST	AVENUE					-248-96	•		
ROCHESTER		NY 14618							
	==d/== FIN of the	olan sponsor has changed since the	as last return/report filed fo	r this plan, enter the	4b EIN				
	and the plan num	per from the last return/report.	ie last returnireport med to	Titlis plan, enter the	4c PN				
		t the beginning of the plan year			5a		2		
b Total numb	er of participants a	t the end of the plan year			5b		2		
c Number of	participants with ac	count balances as of the end of th	ne plan year (defined benef	fit plans do not	5c		2		
,	•	cipants at the beginning of the pla			5d(1)		2		
` '	•	cipants at the end of the plan year			5d(2)		2		
		minated employment during the pl		fits that were	5e		0		
Caution: A pen	alty for th∳e late o	incomplete filing of this return	/report will be assessed ι	ınless reasonable cau	se is estal	olished.			
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 belief, it is true, correct, and complete.									
SIGN GORDON SANTOS									
HERE Signature of plan administrator Date Enter name of individual signing as plan administrator					ministrator				
SIGN									
HERE -			Date	Enter name of individ	ual signing	as employe	er or plan sponsor		
Preparer's nam	inature of employ e (including firm na	me, if applicable) and address (inc					e number (optional)		

Ρ	age	2

	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	an indepe and condit	ndent qualified public accounta	nt (IQ	PA) 				es [No No
С	If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in				_		No	Not de	termir	ned
Pa	rt III Financial Information		WF			-				
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End	l of Year		
а	Total plan assets	7a		1423	6				4	7947
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c		4423	6				4	7947
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(a) Amount			(b) Total			
а	Contributions received or receivable from:			80						
	(1) Employers	8a(1)								<u> </u>
	(2) Participants	8a(2)		32	:0	****				
	(3) Others (including rollovers)	8a(3)		0.5.0	_	i. Wasii				
	Other income (loss)	8b		259	11				<u> </u>	2011
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					**********	4 2. 8		3711
a	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d								del.
e	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								Mar.
g	Other expenses	8g			75.7					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								0
i	Net income (loss) (subtract line 8h from line 8c)	8i								3711
j	Transfers to (from) the plan (see instructions)	8i								1, 5, 1
Pa	rt IV Plan Characteristics	11	110000000000000000000000000000000000000	-						
9a b	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare for									
			4.44						<u>. </u>	
Par					Yes	No	ı			
10	During the plan year: Was there a failure to transmit to the plan any participant contribu	itione with	in the time period described in	Ι	162	NO		Amou	nt	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	uciary Cor	rection Program)	10a		Х				
t t	Were there any nonexempt transactions with any party-in-interest on line 10a.)	t? (Do not	include transactions reported	10b		Х				-
- 0				10c		Х			v	
C	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 oth insurance service, or other organization that provides some or all					Х				
	instructions.)			10e		ļ				
f				10f		Х	<u> </u>			
6				10g	Х					7276
ŀ	I 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 t exceptions to providing the notice applied under 29 CFR 2520.10			10i	х					
Par										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							. П	res [No
11:	Enter the unpaid minimum required contribution for current year f					11a				
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Cod	e or se	ection	302 of	ERISA?.		es X	No N
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below									
	If a waiver of the minimum funding standard for a prior year is bei granting the waiver.				, and e	enter th Day		the lette Year	r rulin	g

	Form 5500-SF 2014	Page 3 -			
If	ou 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 (a negative amount)		12d		
е	Will the minimum funding amount reported on line 12d be met by the funding of	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?		🔲 \	res 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 of the PBGC?				Yes X No
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) El	N(s)	13c(3) PN(s)
I STATE OF THE PARTY OF THE PAR	VIII Trust Information (optional)		T 4 41		
14a	Name of trust		140 Ti	rust's EIN	