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

2015

This Form is Open to Public Inspection

Part I	Annual Repor	rt Identification Information									
For calend		fiscal plan year beginning 01/01/20	015	and ending 12/3	31/2015						
A This re	turn/report is for:	a single-employer plan		, , , ,	yer) (Filers checking this box must attach a in accordance with the form instructions)						
	·	a one-participant plan	a foreign plan								
B This ret	urn/report is	the first return/report	the final return/report								
2		an amended return/report	a short plan year retu	rn/report (less than 12 mor	_						
C Check	box if filing under:	Form 5558	automatic extension		☐ DFVC ¡	program					
D 4 II		special extension (enter descri	' '								
Part II		formation—enter all requested info	ormation	<u> </u>	41						
1a Name RADOMIR		PC 401(K) PROFIT SHARING PLAN	I TRUST		1b Three-digit plan number (PN) ▶						
					1c Effective da	ate of plan 01/01/2011					
Mailin	g address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.O.				dentification Number 27-3017065					
	r town, state or provir O STEVANOVIC, MD,	tructions)	2c Sponsor's telephone number 607-266-9100								
20 40 N. T DI	DUAMMED					ode (see instructions)					
2343 N. TRI THACA, NY						453990					
3a Plan a	administrator's name	and address XSame as Plan Sponso	or.		3b Administrate	or's EIN					
					3c Administrate	or's telephone number					
		he plan sponsor has changed since to umber from the last return/report.	he last return/report filed	for this plan, enter the	4b EIN						
	sor's name	anno non une nace retain properti			4c PN						
		ts at the beginning of the plan year			5a	10					
b Total	number of participant	ts at the end of the plan year			5b	0					
		h account balances as of the end of the		·	5c	0					
d(1) Tot	tal number of active p	participants at the beginning of the pla	ın year		5d(1)	10					
d(2) To	tal number of active p	participants at the end of the plan yea	r		5d(2)	0					
than	100% vested	at terminated employment during the			5e	0					
Caution: /	A penalty for the late	e or incomplete filing of this return	report will be assessed	l unless reasonable caus							
SB or Sch		other penalties set forth in the instruct and signed by an enrolled actuary, as mplete.									
SIGN	Filed with authorize	d/valid electronic signature.	01/13/2016	RADOMIR STEVANOV	TIC						
HERE	Signature of plan	administrator	Date	Enter name of individua	al signing as plar	ı administrator					
SIGN											
HERE	Signature of emp	lover/plan sponsor	Date	Enter name of individua	olover or plan sponsor						

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

Preparer's telephone number

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 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 a lf you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a second t	an indepen and condition	dent qualified public a	ccount	ant (IQ	PA)			X Ye	П
c If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No	Not dete	ermined
Part III Financial Information	, ,								
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End	of Year	
a Total plan assets	7a		7	032					0
b Total plan liabilities	7b			0					0
C Net plan assets (subtract line 7b from line 7a)	7c			032					0
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b) T	otal	
(1) Employers	8a(1)			0					
(2) Participants	8a(2)			0					
(3) Others (including rollovers)	8a(3)			0					
b Other income (loss)	8b			322					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								-322
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		6	710					
e Certain deemed and/or corrective distributions (see instructions)	8e			0					
f Administrative service providers (salaries, fees, commissions)	8f			0					
g Other expenses	8g			0					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							(6710
i Net income (loss) (subtract line 8h from line 8c)	8i							-7	7032
j Transfers to (from) the plan (see instructions)	8j			0					
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2T 3D	feature cod	des from the List of Pla	an Cha	racteris	stic Co	des in th	ne instruc	tions:	
B If the plan provides welfare benefits, enter the applicable welfare for	eature code	as from the List of Pla	n Char	octorist	ic Coc	les in the	instructi	one.	
If the plant provides well are benefits, effect the applicable well are in	cature cout	23 HOM the List of Flat	ii Onaie	actorist	10 000	103 111 1110	motracti	0113.	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amoun	t
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary Fi	duciary Correction	10a		X				
b Were there any nonexempt transactions with any party-in-interest									
reported on line 10a.)			10b		X				
C Was the plan covered by a fidelity bond?			10c	Х					20000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som	ner persons	by an insurance he benefits under							
the plan? (See instructions.)			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		,	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	he required	notice or one of the	10i						
j Did the plan trust incur unrelated business taxable income?			10i		Χ				
Part VI Pension Funding Compliance			. •,	I					
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 all years from						11a		<u></u>	
12 Is this a defined contribution plan subject to the minimum funding							RISA?	Ye	es X No

	F	orm 5500-SF 2015 Page 3 - 1								
	(If "Ye	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ng the waiver		enter the Day	e date of	the letter ru Year	ling			
If		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_		Τσαι				
b	Enter ti	he minimum required contribution for this plan year		12b						
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c						
	Subtra	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the	left of a	12d						
		ve amount)			Yes	No	N/A			
Part		e minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets			163	NO	IN/A			
		resolution to terminate the plan been adopted in any plan year?			X Ye	sПNo				
		s," enter the amount of any plan assets that reverted to the employer this year		13a		<u> </u>	(
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou PBGC?	ght under the co	ontrol	×	Yes	No			
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)								
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)			
Part		Trust Information								
14a	Name o	f trust		14b 1	rust's Ell	N				
14c	14c Name of trustee or custodian					14d Trustee's or custodian's				
				telephone number						
Par	t IX	IRS Compliance Questions								
15a	Is the	plan a 401(k) plan?		☐ Ye	s	No				
	10 110			_ D	esign-					
15b		"," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		based safe ADP/ACP harbor test method						
15c		DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c		Yes No						
		method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?								
16a		the box to indicate the method used by the plan to satisfy the coverage requirements under section		Ratio A			erage efit test			
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye		No				
17a		e plan been timely amended for all required tax law changes?		Ye	S	No	N/A			
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions			
17c	If the p	lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play letter, enter the date of that favorable letter/ and the letter's serial r		t to a fa	vorable I	RS opinion	or			
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e lination letter/		the plai	 n's last fa	vorable				
18	Is the I	Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	S	No				
19	Were in	n-service distributions made during the plan year?		Ye	s	No				
	If "Yes	," enter amount	·····	19						
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A			

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benests 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

2015

This Form is Open to Public inspection

		t identification information								
For calenda	ır plan year 2015 or	fiscal plan year beginning 01/01/			/31/2015 (Filers checking this	hov must attach a				
A This retu	um/report is for:	x a single-employer plan	a multiple-employer plan (not multiemployer) (Fiters checking this box must list of participating employer information in accordance with the form instru							
	a	a one-participant plan	a foreign plan							
B This retu	ım/report is	the first return/report	the final return/report							
		an amended return/report	a short plan year retum	report (less than 12 m	onths)					
C Check box if filing under: Form 5558 automatic extension DFVC program										
		special extension (enter desc	cription)							
Part II	Basic Plan Inf	ormation—enter all requested in	nformation							
1a Name o		PC 401(K) PROFIT SHARING PL	AN TRUST		1b Three-digit plan number					
(ADOMIN E	O I EVAROVIO IND	10401(1)1110111101111011	ar thou		(PN) ▶	001				
					1c Effective date	of plan /01/2011				
Mailing	address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.	O. Box)		2b Employer Ider (EIN) 27	ntification Number -3017065				
	town, state or proving STEVANOVIC, MD.	ictions)	2c Sponsor's tele 607	ephone number -266-9100						
			2d Business code	e (see instructions)						
1343 N. TRIP THACA, NY					45	3990				
3a Plan ac	dministrator's name	and address XSame as Plan Spor	nsor.		3b Administrator	s EIN				
4 If the r	name and/or EIN of t	the plan sponsor has changed sincumber from the last return/report.	e the last return/report filed fo	r this plan, enter the	4b EIN					
a Sponso		tamber from the tact foranti opera.			4c PN					
5a Total r	number of participan	its at the beginning of the plan year	***************************************		5a	10				
		its at the end of the plan year			5b	0				
		h account balances as of the end o			5c	0				
d(1) Tota	al number of active p	participants at the beginning of the	plan year		5d(1)	10				
		participants at the end of the plan y			5d(2)					
than :	100% vested	at terminated employment during the		***************************************	5e	0				
Caution: A	penalty for the lat	e or incomplete filing of this retu other penalties set forth in the instr	rn/report will be assessed	unless reasonable ca	use is established.	dinable a Schodule				
SB or Sche	aities of perjury and edule MB completed true, correct, and cor	and signed by an enrolled actuary,	as well as the electronic ver	examined this return/repor	t, and to the best of	ny knowledge and				
SIGN	T 6	Stevanovic, MD, PC	01/13/2016	Susan C. Pen	14 - Lusan (Young Office A'g				
HERE	Signature of plan	administrator	Date	Enter name of individ		dministrator				
SIGN HERE	Radomir D	, ·	0/13/2016	Susan C. Fani	7.7.	J. Panny Olic to				
1		ployer/plan sponsor name, if applicable) and address	Date	Enter name of individ	ual signing as emplo Preparer's telepho					
Preparers	name (including lim	rname, ii applicable) and address	priciade foots of saide nambe	, ,	r repairer a telephio	ie Hunibet				
						•				

									-
-	Form 5500-SF 2015		Page 2			<u>-</u>			
60	Were all of the plan's assets during the plan year invested in eligible	a seeate?	(See instructions)	 .			-)X	Yes No
b	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	an indepen and conditi	dent qualified public ad ons.)	ccounta	ni (iQi	PA)		·····	Yes No
	If you answered "No" to either line 6a or line 6b, the plan cannot if the plan is a defined benefit plan, is it covered under the PBGC in							vio □ Not	determined
		surance pi	ogram (see LNISA se		, z 1 j :		тез Ц		determined
Par		· · · · · · · · · · · · · · · · · · ·	(a) Basinsins	af Vaa		T	71-) End of Y	nar
<u> </u>	Plan Assets and Liabilities	70	(a) Beginning		032	+		J Ella Ol 1	0
	Total plan assets Total plan liabilities	7a 7b			0	+		•	0
	Net plan assets (subtract line 7b from line 7a)	76 7c		7(332	 			0
	Income, Expenses, and Transfers for this Plan Year	76	(a) Amou			1		(b) Total	
	Contributions received or receivable from:		(a) Alliou	111		\top		(6) 1041	
	(1) Employers	8a(1)			0				
	(2) Participants	8a(2)			0				
	(3) Others (including rollovers)	8a(3)			0	<u> </u>		_	·
b	Other income (loss)	8b	b						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							-322
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		6	710				-
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	_			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	<u> </u>				•		6710
i	Net income (loss) (subtract line 8h from line 8c)	8i				_			-7032
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 2T 3D								
В	if the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	acterist	ic Cod	es in the	instructions	:
Par	t V Compliance Questions								
10	During the plan year.				Yes	No	N/A	An	nount
а	Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's Nerogram)	/oluntary F	iduciary Correction	'10a		Х			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		Х			-
c	Was the plan covered by a fidelity bond?			10c	Х				20000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		Х			
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ne or all of	the benefits under	10e		Х			
f	Has the plan failed to provide any benefit when due under the pla	ın?	*****	10f		Σ			
g				10a		Х			
	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instr	uctions and 29 CFR	10h		Х			
i	If 10h was answered "Yes," check the box if you either provided t				-				

J	Did	Did the plan trust incur unrelated business taxable income?	Ĭ.				
Part	۷I	Pension Funding Compliance				 	
11		s this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete S 500) and line 11a below)	ched	lule SB	(Form	Yes X	No
11a	Ente	enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40		11a			
12	is th	s this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sec	tion 3	302 of E	RISA?	Yes 🗵	No

exceptions to providing the notice applied under 29 CFR 2520.101-3.....

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v	(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 instruction granting the waiver	s, and e	nter the Day		e letter rul Year	ìng	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	-	- 1		·-·-		
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		<u> </u>		
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	No	 	
	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 another plan, or brought under of the PBGC?			X	Yes []	No	
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the planth assets or liabilities were transferred. (See instructions.)	an(s) to					
	i3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) F	N(s)	
Part			4.41 =			<u> </u>	
14a	Name of trust		14b Trust's EIN				
140	Name of trustee or custodian	14d Trustee's or custodian's telephone number					
Par	t IX IRS Compliance Questions		·				
15a	Is the plan a 401(k) plan?		Ye	s	∏No		
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and emplomatching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	esign- ased safe arbor ethod	ADP/ACP test		
150	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current y testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	ear	Ye	:S	∏No		
16a	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	Ratio percentage test		Average benefit test		
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?		Ye	!S	No		
17a	Has the plan been timely amended for all required tax law changes?		Ye	: \$	No	□ N/A	
17b	Date the last plan amendment/restatement for the required tax law changes was adopted/ Enter for tax law changes and codes).	er the ap	plicable	code	(See ins	tructions	
17c	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is advisory letter, enter the date of that favorable letter// and the letter's serial number	s subjec	t to a fa	vorable IF	RS opinion	ог	
17d	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the determination letter/	date of	the pla	n's last fav	rorable	_	
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (If no election under ERISA section 1022(i)(2) has be made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands		Yes	3	∏ No	-	
19	Were in-service distributions made during the plan year?		Ye	s	∏No	· 	
	If "Yes," enter amount		19				
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or retired), as required under section 401(a)(9)?	or not	Ye	:S	No	N/A	