## 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.

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information				
For calenda	ar plan year 2015 or fis	cal plan year beginning 01/01/201	15	and ending 12	2/31/2015	
A This ret	urn/report is for:	a single-employer plan		lan (not multiemployer) nployer information in ac		
		a one-participant plan	a foreign plan			
<b>B</b> This retu	ırn/report is	the first return/report an amended return/report	the final return/report a short plan year return	n/report (less than 12 m	onths)	
C Check b	oox if filing under:	Form 5558	automatic extension	. ,		; program
		special extension (enter descript			Ш -	1 3
Part II	Basic Plan Info	rmation—enter all requested infor	mation			
1a Name	•	IREMENT SAVINGS PLAN			1b Three-digi plan numb	
					1c Effective of	
Mailing	address (include roon	ver, if for a single-employer plan) n, apt., suite no. and street, or P.O. E			<b>2b</b> Employer (EIN)	Identification Number 27-1048060
,	town, state or province MILITELLO, LLP	e, country, and ZIP or foreign postal	code (if foreign, see instr	ructions)		telephone number 585-351-2500
5579 EAST A	AVON-LIMA ROAD				2d Business	code (see instructions)
P.O. BOX 17. AVON, NY 14	2					541110
3a Plan ad	dministrator's name an	d address XSame as Plan Sponsor	r.		<b>3b</b> Administra	itor's EIN
					3c Administra	ator's telephone number
	, EIN, and the plan num	plan sponsor has changed since the object from the last return/report.	e last return/report filed fo	or this plan, enter the	4b EIN 4c PN	
		at the beginning of the plan year			5a	3
		at the end of the plan year			5b	1
		account balances as of the end of the			5c	1
		ticipants at the beginning of the plan			5d(1) 5d(2)	1
<b>e</b> Numb	er of participants that t	ticipants at the end of the plan year. terminated employment during the pl	lan year with accrued bei	nefits that were less	5e 5e	0
Under pena SB or Sche	alties of perjury and oth	or incomplete filing of this return/r ner penalties set forth in the instruction ad signed by an enrolled actuary, as alete.	ons, I declare that I have	examined this return/rep	port, including, if	applicable, a Schedule
SIGN		valid electronic signature.	05/04/2016	JEANNIE D. MICHAL	SKI	
HERE	Signature of plan ac	dministrator	Date	Enter name of individ	ual signing as pla	ın administrator
SIGN HERE	Signature of omple	wor/plan spansor	Data	Enter name of individ	ual signing as am	applever or plan appear
Prenarer's	Signature of employ	yer/pian sponsor ame, if applicable) and address (incl	ude room or suite numbe		Preparer's telep	nployer or plan sponsor
	(	and address (mor	and the state of t	,		

	Form 5500-SF 2015		Page <b>2</b>								
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 sunder 29 CFR 2520.104-46? (See instructions on waiver eligibility all fyou answered "No" to either line 6a or line 6b, the plan cann	an indepe and condit	ndent qualified public a	ccount	ant (IQ	PA)				X Ye	
C	f the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	program (see ERISA se	ection 4	021)? .		Yes	No	N	lot dete	rmined
Par	t III Financial Information		1								
	Plan Assets and Liabilities		(a) Beginning					(b) Er	nd of		
	Total plan assets	. 7a		21	762	-				7	954
	Total plan liabilities	. 7b		0.4	762	-				7	954
	Net plan assets (subtract line 7b from line 7a)ncome, Expenses, and Transfers for this Plan Year	. 7c	(a) Amai		702	+		/h	\ Tat		334
	Contributions received or receivable from:		(a) Amou	ınt				a)	) Tota	aı	
	1) Employers	. 8a(1)									
	2) Participants	. 8a(2)									
	(3) Others (including rollovers)	. 8a(3)									
	Other income (loss)	. 8b			-159						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c								-	159
	o provide benefits)	. 8d		12	2435						
е	Certain deemed and/or corrective distributions (see instructions)	. 8e									
f_	Administrative service providers (salaries, fees, commissions)	. 8f		1	214						
g	Other expenses	. 8g									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h									649
	Net income (loss) (subtract line 8h from line 8c)	. 8i								-13	808
_	Transfers to (from) the plan (see instructions)	8j									
Par 9a	t IV Plan Characteristics  If the plan provides pension benefits, enter the applicable pension	footuro co	adas from the List of Pl	an Cha	ractorio	ctic Co	odos in t	ho inct	ructic	nc:	
Ja	2E 2F 2G 2J 2K 2T 3D	reature co	des nom the List of the	an Ona	racteris	Sile Oc	ides III	.116 11131	ructio	1113.	
В	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Chara	acterist	ic Coc	les in th	e instru	uction	ıs:	
Dont	V Compliance Questions										
Part 10	V Compliance Questions  During the plan year:				Yes	No	N/A				
a	Was there a failure to transmit to the plan any participant contribu	ıtions withi	n the time period		163	140	IVA		A	mount	
_	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	Fiduciary Correction								
	Program)			10a		X					
D	reported 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 by fraud or dishonesty?			10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some the place (Considerations).	ne or all of	the benefits under	40-		X					
f	the plan? (See instructions.)  Has the plan failed to provide any benefit when due under the pla			10e							
				10f		X					
<u>g</u>	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			10i							
j	Did the plan trust incur unrelated business taxable income?			10i							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									☐ Ye	s X No
11a	Enter the unpaid minimum required contribution for all years from						11a				
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of t	he Cod	e or se	ection 3	302 of E	RISA?		Ye	s X No

	F	orm 5500-SF 2015 Page <b>3</b> - 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_		Toal		
b	Enter th	ne 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	s $\square$ No		
		," enter the amount of any plan assets that reverted to the employer this year		13a		<u> П</u>	<u> </u>	
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou	ght under the co			Yes X	No	
С	If durin	PBGC?  ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi				<u> </u>		
		assets or liabilities were transferred. (See instructions.)  lame of plan(s):	13c(2)	FIN(e)		13c(3) F	PN(e)	
	100(1)	uno oi piuntoj.	130(2)	L114(3)		130(3)	· <b>V</b> (3)	
Dant		Turnet hafe amount on						
Part	Name o	Trust Information		14h 1	Γrust's Ell	N		
ı <del>T</del> a	Name 0	ii iiust		140	iusi s Lii	14		
14c	Name	of trustee or custodian		14d Trustee's or custodian's telephone number				
					tolophon	o mambon		
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan?		Ye	s	No		
				Design-				
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				
450				method				
150		DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(k)-2(a)(2)(ii) and 1.401(k)-2(a)(b) and 1.401(k)		Yes No				
	2(a)(2)	(ii))?		□ Ra	atio			
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under section	on 410(b):		ercentage		erage efit test	
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by comin 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?					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 ination 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	\$	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 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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2015

OMB Nos. 1210-0110

1210-0089

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

This Form is Open to Public Inspection

Pi	art I Annual Repor	t Identification Information			10/01/00	
For	calendar plan year 2015 or f	iscal plan year beginning	01/01/2015	and ending	12/31/201	
Α.	This return/report is for:	x a single-employer plan	a list of participating em	n (not multiemployer) (Fi aployer information in acc	lers checking this cordance with the	s box must attach form instructions)
		a one-participant plan	a foreign plan			
В	This return/report is:	the first return/report	the final return/report	/ 1 // 1b 10	-41>	
		an amended return/report	a short plan year return	/report (less than 12 mor	ntns)	
С	Check box if filing under:	Form 5558 special extension (enter descrip	automatic extension		DFVC pr	ogram
5000000						
-		formation enter all requested in	nformation		1b Three-digit	
та	Name of plan		re Dian		plan numbe	er 001
	Michalski Militel.	lo, LLP Retirement Saving	le Lian		(PN) ►	
					1c Effective da 01/01/2	, [1] [1] [1] [1] [1] [1] [1] [1] [1] [1]
2a	Mailing Address (include r	oloyer, if for a single-employer plan) oom, apt., suite no. and street or P.O.	. Box)		2b Employer le	dentification Number -1048060
	City or town, state or provi	ince, country, and ZIP or foreign posta	al code (if foreign, see instru	ictions)		elephone number
				-	(585) 3.	ode (see instructions)
	5579 East Avon-Lin P.O. Box 172	ma Road			541110	ode (see instructions)
_	US Avon NY 14414		anner Name		<b>3b</b> Administra	tor's FIN
3a	Plan administrator's name	and address X Same as Plan Spo	onsor Name		OD Administra	101 3 E114
					3c Administra	tor's telephone number
4	If the name and/or EIN of	the plan sponsor has changed since t	the last return/report filed fo	r this plan, enter the	4b EIN	
	name, EIN, and the plan n	number from the last return/report.			40 00	
_a	Sponsor's name				4c PN 5a	3
5a	Total number of participan	nts at the beginning of the plan year	•••••	-	5b	1
b	Total number of participan	nts at the end of the plan yearth account balances as of the end of t	the plan year (defined bene	fit plans do not		
С	complete this item)				5c	3
d	(1) Total number of active p	participants at the beginning of the pla	an year		5d(1)	
d	(2) Total number of active p	participants at the end of the plan year	г		5d(2)	1
е	less than 100% vested	at terminated employment during the	•••••		5e	0
C	aution: A penalty for the la	ate or incomplete filing of this retur	n/report will be assessed	unless reasonable cau	se is establishe	d
S	nder penalties of perjury and B or Schedule MB complete elief, it is true, correct, and c	d other penalties set forth in the instru d and signed by an enrolled actuary, complete.	actions, I declare that I have as well as the electronic ver	examined this return/report,	oort, including, if a , and to the best	applicable, a Schedule of my knowledge and
	NON S	n O.you	5/4/14	Jeannic ,	O Mich	dist.
50000	HERE Signature of plan a	administrator (	Date	Enter name of individua	al signing as plan	administrator
	HERE Signature of emplo	over/plan sponsor	Date	Enter name of individua	al signing as emp	loyer or plan sponsor
P	reparer's name (including fir	rm name, if applicable) and address; i	include room or suite number	er	Preparer's telep	hone number
L	or Paperwork Reduction A	Act Notice and OMB Control Number	ers, see the instructions fo	or Form 5500-SF.		Form 5500-SF (2015) v.150123

	Form 5500-SF 2015		Page 2							
<b>b</b> A	/ere all of the plan's assets during the plan year invested in eligible re you claiming a waiver of the annual examination and report of an order 29 CFR 2520.104-46? (See instructions on waiver eligibility and	n independe	nt qualified public accour	ntant (	(IQPA	.)			Yes N	
If	you answered "No" to either line 6a or line 6b, the plan canno the plan is a defined benefit plan, is it covered under the PBGC ins	t use Form	5500-SF and must inste	<b>ad u</b> 4021	se Fo	rm 55 	<b>00.</b> ]Yes □	No 🗌	Not determ	ined
Par	Financial Information							11		
<b>7</b> P	lan Assets and Liabilities	100 Co. 100 Co.	(a) Beginning of	Year			(b) Er	d of Y	ear	
ат	otal plan assets	7a	2	1,76	52				7,954	
b T	otal plan liabilities	7b								
C N	et plan assets (subtract line 7b from line 7a)	7c	2	1,76	52				7,954	
8 Ir	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(t	) Total		
UTR 33	Contributions received or receivable from:	8a(1)								
	1) Employers 2) Participants	8a(2)							100	
		8a(3)								
_	3) Others (including rollovers)  Other income (loss)	8b		(159	9)			140		4.00
	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							(159)	
d E	Benefits paid (including direct rollovers and insurance premiums						120	The state of		
t	provide benefits)	. 8d	1	2,43	35		111		A	
<b>e</b> (	Certain deemed and/or corrective distributions (see instructions)	. 8e					7077			
f A	Administrative service providers (salaries, fees, commissions)	. 8f		1,2	14	A 5 ***********************************				5
	Other expenses	999							12 640	
	otal expenses (add lines 8d, 8e, 8f, and 8g)	1 1							13,649	_
	Net income (loss) (subtract line 8h from line 8c)	. 8i	A Committee of the Comm				605000 TO		(13,808)	
<u> </u>	ransfers to (from) the plan (see instructions)	. 8j					di iniado de			
	f the plan provides welfare benefits, enter the applicable welfare fea									
Par					Yes	No	N/A	Δm	nount	_
10	During the plan year:  Was there a failure to transmit to the plan any participant contribu	itions within	the time period	П	163	NO	1100	All	iount	
а	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	oluntary Fide	uciary Correction							
	Program)			10a		х				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not in	clude transactions	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 by fraud or dishonesty?			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	ne benefits under	10e		x				
f	Has the plan failed to provide any benefit when due under the plan			10f		х				
_				10g		x				_
_ <u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount a			109		-				
	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 exceptions to providing the notice applied under 29 CFR 2520.10	)1-3		10i		_	101.703			
j	Did the plan trust incur unrelated business taxable income?	••••••		10j						
Pai	t VI Pension Funding Compliance	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )		6	wattyo s		200 100 100 100 100			
11	Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)		••••••		plete	Sched	ule SB (Forn	n 	Yes X	No
11:	a Enter the unpaid minimum required contribution for current year				••••••		11a			_
12	Is this a defined contribution plan subject to the minimum funding	g requiremen	nts of section 412 of the 0	Code	or sec	ction 3	02 of ERISA	?	Yes X	. No

Form 5500-SF 2015	Page 3-			
(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 granting the waiver.	this plan year, see instructions, and enter the date of the letter ruling  Month  Day  Year			
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500				
b Enter the minimum required contribution for this plan year				
c Enter the amount contributed by the employer to the plan for this plan year				
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter	r a minus sign to the left of a			
e Will the minimum funding amount reported on line 12d be met by the funding dead				
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				
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to a of the PBGC?				
C If during this plan year, any assets or liabilities were transferred from this plan to an which assets or liabilities were transferred. (See instructions.)				
13c(1) Name of plan(s):	13c(2) EIN(s) 13c(3) PN(s)			
Part VIII Trust Information	E			
14a Name of trust	14b Trust's EIN			
14c Name of trustee or custodian	14d Trustee or custodian's			
140 Name of dustee of custodian	telephone number			
Boot IV IDC Compliance Questions				
Part IX IRS Compliance Questions				
<b>15a</b> Is the plan a 401(k) plan:	Yes No			
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for enmatching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	and the state of t			
15c If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year usi testing method" for nonhighly compensated employees (Treas. Reg. section 1.401(2(a)(2)(ii))?	(k)-2(a)(2)(ii) and 1.401(m)-			
16a Check the box to indicate the method used by the plan to satisfy the coverage requ	Test Benefit Test			
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) at this plan with any other plans under the permissive aggregation rules?	and 401(a)(4) by combining Yes No			
17a Has the Plan been timely amended for all required law changes?	Yes No N/			
17b Date of the last plan amendment/restatement for the required tax law changes was instructions for tax law changes and codes).	s adopted//Enter the applicable code (See			
17c If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or vo	d the letter's serial number.			
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERIS made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islam	SA section 1022(i)(2) has been nds or the U.S. Virgin Islands)?			
19 Were in-service distributions made during the plan year?				
If Yes, enter amount				
20 Were minimum required distributions made to 5% owners who have attained age 7 not retired) as required under section 401(a)(9)?	70 ½ (regardless of whether or Yes No N/			