Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

HERE

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

Р	art I	Annual Repor	t Identifi	cation Inform	ation							
For	calenda	r plan year 2015 or	fiscal plan y	ear beginning	01/01/2016		and ending 04	/12/2	016			
A	This retu	urn/report is for:	_	gle-employer plan e-participant plan	lis		an (not multiemployer) ployer information in ac	•	•			
В	This retu	s return/report is the first return/report an amended return/report										
С	Check b	ox if filing under:	片	5558 al extension (ente		utomatic extension			DFVC prog	ram		
Pa	art II	Basic Plan Inf	ormatio	1—enter all reque	sted information	on						
1a	Part II Basic Plan Information—enter all requested information 1a Name of plan MICHALSKI MILITELLO, LLP RETIREMENT SAVINGS PLAN								Three-digit plan number (PN)	001		
								1c		•		
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box)								2b Employer Identification Number (EIN) 27-1048060				
MICH	•		ice, country	r, and ZIP or foreig	gn postal code	e (If foreign, see instru	uctions)	2c Sponsor's telephone number 585-351-2500				
5579	FAST A	VON-LIMA ROAD						2d Business code (see instructions)				
P.O.	BOX 172	Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Sponsor's telephone number 585-351-2500 2d Business code (see instructions)										
3a	Plan ad	Iministrator's name a	and addres	s XSame as Plar	Sponsor.			3b	Administrator's	EIN		
								3с	Administrator's t	elephone number		
4						t return/report filed fo	or this plan, enter the	4b EIN				
а	Sponso	r's name						4c	PN			
5a	Total n	umber of participant	ts at the be	ginning of the plan	year					1		
b				. ,			ł	5	b	0		
С	comple	ete this item)						. 5c				
d	(1) Tota	I number of active p	articipants	at the beginning o	f the plan year	r						
								5d	(2)	0		
	P Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested								0			
SB	or Sched		and signed									
SIG	SN	Filed with authorized	d/valid elec	tronic signature.		05/04/2016	JEANNIE D. MICHALS	SKI				
HE	RE	Signature of plan	administra	The effective date of plan 01/01/2013 To Effective date of plan 01/01/2013 To a single-employer plan) Suite no. and street, or P.O. Box) Stry, and ZIP or foreign postal code (if foreign, see instructions) To see instructions) To see instructions To see ins								
SIG	≥NI					1						

Date

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

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

	Form 5500-SF 2015		Page 2									
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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann	an indepe and condi not use Fo	ndent qualified public a tions.)orm 5500-SF and must	ccount	ant (IQ	PA) Form	5500.			X Ye		
C I	f the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ection 4	021)? .	📙	Yes	No	N	lot dete	ermined	
Par	t III Financial Information		1									
	Plan Assets and Liabilities		(a) Beginning	•				(b) Eı	nd of	Year		
	Total plan assets	. 7a		7	954	0						
	Total plan liabilities	. 7b		7	0						0	
	Net plan assets (subtract line 7b from line 7a)	. 7c	(a) A		'954			//-	\ T -4		U	
	ncome, Expenses, and Transfers for this Plan Year 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			-99							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c									-99	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		7	452							
е	Certain deemed and/or corrective distributions (see instructions)	. 8e										
f /	Administrative service providers (salaries, fees, commissions)	. 8f			403							
g	Other expenses	. 8g										
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h								-	7855	
	Net income (loss) (subtract line 8h from line 8c)								-7	7954		
	Transfers to (from) the plan (see instructions)	· 8j										
Par												
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	odes from the List of Pla	an Cha	racteris	stic Co	des in t	the inst	ructio	ns:		
В	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Plan	n Chara	acterist	ic Cod	les in th	ne instr	uction	ns:		
Part	•				1			ı				
10	During the plan year: Was there a failure to transmit to the plan any participant contribu	utiono vuithi	in the time period		Yes	No	N/A		A	moun	t	
а	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	Fiduciary Correction	10a		X						
b	Were there any nonexempt transactions with any party-in-interest					>						
	reported on line 10a.)			10b		X						
<u>c</u>	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 som the plan? (See instructions.)	ne or all of	the benefits under	10e		X						
f	Has the plan failed to provide any benefit when due under the pla			10f		X						
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of vear	end.)	10g		Χ						
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instr	uctions and 29 CFR	10g		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 require	d notice or one of the	10ii								
i	Did the plan trust incur unrelated business taxable income?			10i 10j								
Part	·			ivj	<u> </u>]				
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	Name	of trustee or custodian				s or custodi	an's
					telepnon	e 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)?		ha	sed safe arbor ethod	L ADF	P/ACP
15c		DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c		Ye		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			atio ercentage		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 Has the plan been timely amended for all required tax law changes?						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, entire termination letter from the IRS, entire termination letter from the IRS, entire termination letter from the IRS, entire from the IRS, en		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 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).

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

Constant	Pension Benefit Guaranty Corporation	► Complete all entries in ac	cordance with the instr	uctions to the Form 55	00-SF.	Inspection						
200000000		t Identification Information										
For	r calendar plan year 2015 or fis		01/01/2016	and ending	04/12/20	16						
	This return/report is for: This return/report is:	a single-employer plan a one-participant plan the first return/report an amended return/report	a list of participating a foreign plan the final return/repor	employer information in	er) (Filers checking this box must attach in accordance with the form instructions)							
С	Check box if filing under:	Form 5558 special extension (enter descr	automatic extension		DFVC p	rogram						
Б	art II Basic Plan Info		100000000									
2000	Name of plan	ormation enter all requested	information		46							
1	a resource of contrast the contrast	o, LLP Retirement Savin	gs Plan		1b Three-digi plan numb (PN) ▶	er 001						
	Dian anamada nama (i				1c Effective of 01/01/2							
Zđ	Mailing Address (include roo City or town, state or province	oyer, if for a single-employer plan) om, apt., suite no. and street or P.O ce, country, and ZIP or foreign posta	. Box) al code (if foreign, see ins	structions)		dentification Number -1048060						
	Michalski Militello	o, LLP		137	(585) 3	telephone number 51-2500 code (see instructions)						
	5579 East Avon-Lima P.O. Box 172 US Avon NY 14414											
3a	Plan administrator's name ar		3b Administrator's EIN									
4	If the name and/or EIN of the name, EIN, and the plan nun	e plan sponsor has changed since ti mber from the last return/report.	he last return/report filed	for this plan, enter the	3c Administra 4b EIN	tor's telephone number						
а	Sponsor's name	mos nom mo lastrotam/roport.			4c PN							
5a	Total number of participants	at the beginning of the plan year			5a	1						
b		at the end of the plan year			5b	0						
С	Number of participants with a	account balances as of the end of the	ne plan year (defined ben	efit plans do not	5c	0						
d(Total number of active part	rticipants at the beginning of the plan	n year	••••••	5d(1)	1						
d(2) Total number of active part	rticipants at the end of the plan year	***************************************	***************************************	5d(2)	0						
е	Number of participants that to	terminated employment during the p	olan year with accrued be	nefits that were	5e	0						
Ca	ution: A penalty for the late	or incomplete filing of this return	report will be assessed	d unless reasonable ca	use is established	1.						
Un SB	der penalties of perjury and ot	ther penalties set forth in the instruc and signed by an enralled actuary, a	tions. I declare that I have	e examined this return/re	port including if a	nnlicable a Schedule						
	GN LERE Signature of plan adm	ninistrator	3 /4//W	Enter name of individu	O. M. Che	elec'-						
	GN		Date									
	Signature of employer	Enter name of individu										
Pre	pparer's name (including firm n	name, if applicable) and address; ind	clude room or suite numb	er	Preparer's teleph	one number						

_	Form 5500-SF 2015		Page 2			_			
6a	Were all of the plan's assets during the plan year invested in eligible	accete? (See instructions)						
	Are you claiming a waiver of the annual examination and report of a						••••••		X Yes No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a				135				X Yes No
	If you answered "No" to either line 6a or line 6b, the plan canno	t use Form	n 5500-SF and must ins	stead	use F	orm	5500		
С	If the plan is a defined benefit plan, is it covered under the PBGC ins	surance pr	ogram (see ERISA section	on 402	21)?		Yes	No	☐ Not determined
Pa	art III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning o	of Yea	ar	T		(b) End o	f Year
а	Total plan assets	7a		7,9	954	\top		, ,	0
<u>b</u>	Total plan liabilities	7b			0				0
c	Net plan assets (subtract line 7b from line 7a)	7c		7,9	954				0
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amoun	t				(b) To	otal
	(1) Employers	8a(1)	5						
	(2) Participants	8a(2)							
_	(3) Others (including rollovers)	8a(3)							
	Other income (loss)	8b		(9	9)				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							(99)
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		7,4	52			in ment	
е	Certain deemed and/or corrective distributions (see instructions)	8e		.,,					
f	Administrative service providers (salaries, fees, commissions)	8f		4	03		1000		
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							7,855
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						2.00	(7,954)
000000000000000000000000000000000000000	Transfers to (from) the plan (see instructions)	8j							
	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension fee	ature code	s from the List of Plan Ch	narac	teristic	Cod	es in the	instruction	ns:
\rightarrow	2E 2F 2G 2J 2K 2T 3D	+							
b	If the plan provides welfare benefits, enter the applicable welfare feat	ture codes	from the List of Plan Cha	aracte	ristic	Code	s in the ir	nstructions	s: .
Do	rt V Compliance Questions								
10	During the plan year:								
a		one within	the time period		Yes	No	N/A		mount
1000	described in 29 CFR 2510.3-102? (See instructions and DOL's Vol								
	Program)		5	10a		x			
b	Were there any nonexempt transactions with any party-in-interest?	(Do not in	clude transactions						49 78
	reported on line 10a.)			10b		X			
d				10c		Х	3 10 10 10 10 10 10 10 10 10 10 10 10 10		
	by fraud or dishonesty?			10d		x `			
е	Were any fees or commissions paid to any brokers, agents, or other	r persons	by an insurance						
	carrier, insurance service, or other organization that provides some the plan? (See instructions.)	or all of th	e benefits under	10e		x			
f	Has the plan failed to provide any benefit when due under the plan			10f		x	1000		
g	Did the plan have any participant loans? (If "Yes," enter amount as								
9	If this is an individual account plan, was there a blackout period? (S			10g		Х			
	2520.101-3.)			10h		x	100		
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-		notice or one of the	10i					
j	Did the plan trust incur unrelated business taxable income?	•••••		10j					
Par	t VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)	nts? (If "Ye	es," see instructions and	comp	lete S	chedi	ule SB (F	orm	Yes X No
11a	Enter the unpaid minimum required contribution for current year from					\neg	11a		
12	Is this a defined contribution plan subject to the minimum funding re							SA2 I	Yes X No
7		- quil official	5 5. 50000011 4 12 OI UIB OI	oue 0	1 3000	טוו טנ	Z UI EKI	OA!	L Tes L 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 this plan year, see instructions the waiver.	uctions and	ontor the	o data of t	ha lattar	
	granting the waiver.		ay	Yea		ruling —
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
<u>b</u>			12b			
<u>c</u>	your your		12c			
d	negative amount)	***************************************	12d			
е	g and a second s	••••••		Yes	No [□ N/A
	t VII Plan Terminations and Transfers of Assets					
<u>13a</u>	Has a resolution to terminate the plan been adopted in any plan year?	***************************************	X Ye	es 🔲 No	0	
	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 of the PBGC?			[X Yes	□ No
		ne plan(s) to				
	13c(1) Name of plan(s):	130	(2) EIN(s)	13c(3)	PN(s)
					4	
	t VIII Trust Information			40		
14a	Name of trust		14b Tr	rust's EIN		
140	Name of trustee or custodian			rustee or co		's
Pai	t IX IRS Compliance Questions					
15a	I Is the plan a 401(k) plan:		☐ Yes	; [No	
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and enterprise matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	mployer	bas bari	sign- sed safe [bor thod	ADP/ test	ACP
150	If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg. section 1.401(k)-2(a)(2)(ii) and 1.401(r.2(a)(2)(ii))?	n)-	☐ Yes		☐ No	
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section		Rati Per Tes	centage L	Avera Bene	age fit Test
160	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combin this plan with any other plans under the permissive aggregation rules?		☐ Yes	. [☐ No	
	Has the Plan been timely amended for all required law changes?		Yes Yes	[☐ No	□ N/A
	Date of the last plan amendment/restatement for the required tax law changes was adopted//_instructions for tax law changes and codes).			ble code _		е
1/0	If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volume submitter plan that advisory letter, enter the date of that favorable letter / / and the letter's serial number	is subject to	a favora	ble IRS op	inion or	
	If the plan is an individually-designed plan and recieved a favorable determination letter from IRS, please endetermination letter / /	nter the date	of plan's	last favor	able	
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Isla	been nds)?	☐ Yes] No	
19	Were in-service distributions made during the plan year?		☐ Yes] No	
	If Yes, enter amount		19			
20	Were minimum required distributions made to 5% owners who have attained age 70 ½ (regardless of wheth not retired) as required under section 401(a)(9)?		Yes	[] No	□ N/A