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.

2015

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Part I Annual Repor	t Identification Informatio	on										
For calendar plan year 2015 or f	fiscal plan year beginning 01/0°	1/2015 and ending 12	2/31/2015									
A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions) a foreign plan												
B This return/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 m	nal return/report rt plan year return/report (less than 12 months)									
C Check box if filing under:	Form 5558 special extension (enter des	automatic extension scription)	DFVC	program								
Part II Basic Plan Info	ormation—enter all requested	information										
1a Name of plan HAYS & WORMUTH, INC. 401(K	() PLAN		1b Three-digit plan number (PN) ▶	er 001								
			1c Effective da	ate of plan 01/01/2010								
Mailing address (include roo	oyer, if for a single-employer plan om, apt., suite no. and street, or P	.O. Box)	' '	dentification Number 14-1397740								
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) AYS AND WORMUTH, INC.				2c Sponsor's telephone number 518-377-9096								
ARISI, COAN AND SACCOCIO, 76 BROADWAY, 2ND FLOOR CHENECTADY, NY 12305	PLLC		2d Business co	ode (see instructions) 524210								
3a Plan administrator's name a	and address XSame as Plan Spo	onsor.	3b Administrat	or's EIN								
			3c Administrat	or's telephone number								
name, EIN, and the plan nu	ne plan sponsor has changed sind umber from the last return/report.	the last return/report filed for this plan, enter the	4b EIN									
a Sponsor's name			4c PN	10								
_		г	5a									
· · ·	· •	of the other way (defined by a fitted as a	5b	2								
complete this item)			5c	2								
		plan year	5d(1)	0								
		/ear	5d(2)	0								
than 100% vested		he plan year with accrued benefits that were less	5e	0								
		urn/report will be assessed unless reasonable cal ructions, I declare that I have examined this return/re										

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

beller, it is	true, correct, and complete.	•					
	Filed with authorized/valid electronic signature.	07/22/2016	PATRICK SACCOCIO				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN							
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer				
Preparer's name (including firm name, if applicable) and address (include room or suite number)				Preparer's telephone number			
-							

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Form 5500-SF 2015		Page 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 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 cannot be a second to the plan cannot be a second	an independendendendendendendendendendendendende	dent qualified public a ons.) m 5500-SF and mus	ccount	ant (IQ	PA) Form	5500.		X	Yes [No No
C If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No	Not	determi	ned
Part III Financial Information										
7 Plan Assets and Liabilities		(a) Beginning					(b) En	d of Ye		
a Total plan assets	7a		97	076					45208	
b Total plan liabilities	7b		07	076						0
Net plan assets (subtract line 7b from line 7a) Income. Expenses. and Transfers for this Plan Year	7c	(a) A		076			4.1	T-4-1	45208	•
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(a)	Total		
(1) Employers	8a(1)		10	026						
(2) Participants	8a(2)			0						
(3) Others (including rollovers)	8a(3)			0						
b Other income (loss)	8b			696						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								9330)
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		61	198						
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								61198	3
i Net income (loss) (subtract line 8h from line 8c)	8i								-51868	3
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 2K 2S 2T 3D	feature cod	des from the List of Pla	an Cha	racteris	stic Co	des in t	he instr	uctions	:	
B If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Pla	n Chara	acterist	ic Coc	les in the	e instru	ctions:		
— In the plant provides we have believed, other the applicable we have	oataro ooat	50 Hom the List of Flat	T Onarc	20101101			o mond	0110110.		
Part V Compliance Questions										
10 During the plan year:				Yes	No	N/A		Am	ount	
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						5000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X					0000
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.)	ner persons ne or all of t	by an insurance he benefits under	10e		X					
f Has the plan failed to provide any benefit when due under the plan			10f		Х					
g Did the plan have any participant loans? (If "Yes," enter amount a					X					
h If this is an individual account plan, was there a blackout period?	•	,	10g							
i If 10h was answered "Yes," check the box if you either provided the			10h		X					
exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i							
j Did the plan trust incur unrelated business taxable income?			10j							
Part VI Pension Funding Compliance										
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									Yes	X No
11a Enter the unpaid minimum required contribution for all years from	Schedule S	SB (Form 5500) line 4	0			11a				
12 Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of t	he Cod	e or se	ction 3	302 of E	RISA?.	[]	Yes	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_		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>	(
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)	· V (3)	
Dant		Turnet hafe amount on						
Part	Name o	Trust Information		14h 1	Γrust's Ell	N		
ı T a	Name 0	ii iiust		140	iusi s Lii	14		
14c	Name	of trustee or custodian		14d Trustee's or custodian's telephone number				
				telephone number				
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan?		Ye	s	No		
					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)?			ased safe arbor	∐ ADF test	P/ACP	
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)		Ye	S	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 comun with any other plans under the permissive aggregation rules?		Ye	s	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 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	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)?							

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).

➤ 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

Parf IS	Annual Report	Identification Information	a jay taan r	and ending	12/31/2015	
or calendar	plan year 2015 or f	scal plan year beginning	01/01/2015 a multiple-employer plan	(not multiamplayer) (FII	ers checking this	box must attach
	m/report is for:	x a single-employer plan a one-participant plan	a foreign plan a foreign plan	loyer information in acc	cordance with the	form instructions)
_		the first return/report	the final return/report	•		
B This retu	rn/report is:	an amended return/report	a short plan year return/r	eport (less than 12 mor	nths)	
C Chaob he	ox if filing under:	Form 5558	automatic extension		DFVC pro	gram
CHECK DO	OV II THINKS WHOO!	special extension (enter desc	ription)		····	
a section and	Maria Milan Ind	ormation — enter all requested			.45 14 E	
Part II 1a Name		VI III OU VI CIRCL ON TOUGOUSE		Ì	1b Three-digit plan number	
		nc. 401(k) Plan			(PN) ►	001
Hays	* MOLMUCT, T	TOTAL SAME AND A COMMENT			1c Effective dat 01/01/20	10
2a Plan s	ponsor's name (em	ployer, if for a single-employer plan room, apt., suite no. and street or P.	O. Box)	aliana)	(EIN) 14-	
Gity or	town, state or prov and Wormuth,	NICE, COUNTY, AND ELF OF ICIOSH PO	stal code (if foreign, see instru	Glioffs)	(518) 37	
				· •		de (see instructions)
Pari 376	si, Coan and Broadway, 2nd	Saccocio, PLLC i Floor			524210	
		15	pongor Name		3b Administrat	or's EIN
3a Pian a	administrator's nam	e and address X Same as Plan S	houses traine			
				ţ	3c Administrat	or's telephone number
	<u>,</u>		the last return/report filed fo	r this plan, enter the	4b EIN	
4 If the name	name and/or EIN o , EIN, and the plan	f the plan sponsor has changed sin number from the last return/report.	25 (146 (1991) etro) into bout 1894 19		4c PN	
a Spon	sor's name			444	5a	10
5a Total	number of participa	ants at the beginning of the plan year		\$990E6645EB98779BHI72249464EB9F8648	5b	2
		ants at the end of the plan year vith account balances as of the end	of the bian year (defined being	ilit higus go uge	5c	2
	aloto this item)	· · · · · · · · · · · · · · · · · · ·	A4 D F C 4 4 D B A F D B A D D B A D D B A D A D A D A D A D		5d(1)	0
d(1) To	tal number of active	participants at the beginning of the	plati year		5d(2)	0
d(2) To	tal number of active	participants at the end of the plan	/ear	effis that were		
V 1	them 4000% upoted	hat terminated employment during	4424446693444444444444444444444444444444		5e	0
		late or incomplete filing of this re	turn/report will be assessed	uniess reasonable ca	use is establish	ed
Under p	enaities of perjury a chedule MB comple	nd other penalties set forth in the in ted and signed by an enrolled actua	structions, I declare that I have try, as well as the electronic ve	e examined this return/reportsion of this return/repo	eport, including, if art, and to the bes	applicable, a Schedule t of my knowledge and
bellef, it	is true, correct, and	i complete.		Patrick Saccoci		
SIGN	Gent			Enter name of individu		administrator
	Signature of elar	administrator	Date 7/22/15			
10334	7-4-5	*		Patrick Saccoci		sinuar or nian enoneor
SIGN		oloyer/plan sponsor	Date 7/22/15	Enter name of individu	Preparer's tele	phone number
Prepare	er's name (including	firm name, if applicable) and addre	ss; include room or suite numb	ber	Liebater 2 relei	Alfore Hallings
					ļ	
l l					对于对对方对于农村的	electric de la companya de la compa

	FEOD OF 2045		Page 2							
	Form 5500-SF 2015	nametan 10	oo instructions \	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	******	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	********	. [2	Yes	No
a W	ere all of the plan's assets during the plan year invested in eligible	2556(5) (5) 2556(5) (5)	es menucione.) ant custified sublic accounts	ent (IC	(APQ			_	<u> </u>	-
b An	you claiming a waiver of the annual examination and report of an	moeperat	**************************************	***********	*******		PRD800465F7	2	Yes	No
un	der 29 CFR 2520.104-46? (See instructions on waiver eligibility an you answered "No" to either line 6a or line 6b, the plan cannot you answered "No" to either line 6a or line 6b, the plan cannot	d condition use Form	ns.) 1 5500-SF and must instea	ad us	e For	m 550). /ap [∃No F	ື Not de	termined
c If	der 29 CFR 2620. No" to either line 6a or line 6b, the plan cannot you answered "No" to either line 6a or line 6b, the plan cannot he plan is it covered under the PBGC ins	urance pro	ogram (see ERISA section 4	1021)		··· <u> </u>	. 03			
	III Financial Information				1			End of		
	an Assets and Liabilities		(a) Beginning of Y		-					208
	itai plan assets ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7a		,076 0						0
h T	rigi nian liabilities	7b	07	,076					45,	208
c N	et plan assets (subtract line 7b from line 7a)	7c	(a) Amount	,	_		(b) Total			
R tr	come. Expenses, and Transfers for this Plan Year									
a c	ontributions received or receivable from:) Employers	8a(1)	10	,026				geredekter Karistan		
	Participants ************************************	8a(2)		0						2.7
<u>(</u>	Others (including rollovers)	8a(3)		0			+000 ±00			NEDATE:
b (ther income (loss)	8b	(696)	-2:500E	34 1E 52	F0.8	K. 11 C. 11 C. 11	O C	,330
	-4-1 in-e (orld lines 8a/1) 8a/2), 8a(3), and 8b)	8c		The Base	200	e dive				
-3 E	enotite neid (including direct rolloyers and insurance premiums	. 8d	61	,198	3			(A) (A)		
+	nmvide benefits)	·		{	3	经证法				28
e (certain deemed and/or corrective distributions (see instructions)	. 8f			0				2000	
	Administrative service providers (salaries, fees, commissions)	. 8g		1	0					
g 1	Other expenses	. 8h		非选	外报					,198
<u>h</u> :	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 81			思觀				(51,	868)
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	81			0					
	Fransfers to (from) the plan (see instructions)							.,,		<u> </u>
b	If the plan provides welfare benefits, enter the applicable welfare for							<u></u>		
P	riv Compliance Questions				Yes	Ma I	N/A		Amount	
10	The state was the state of the		t et allow make		res	140	200			
a	in the section to transmit to the plan any participant contrib	outions with	hin the time period			İ				
	described in 29 CFR 2510.3-102? (See instructions and DOL'S	voluntary i	-infinitially contention	10a		x				
	Program) Were there any nonexempt transactions with any party-in-intere	st? (Do no	t include transactions							
	The state of the s	I Bert de transparation		10b		X				5,0
_	the also arroad for a fidelity hand?	********	************	106	X					3,0
-	Did the plan have a loss, whether or not reimbursed by the plan	is tidenty c	Mild' filst Mas cansea	10d		x				
	by heart or courte or	other ners	ons by an insurance							
•	 Were any fees or commissions paid to any process, agents, or carrier, insurance service, or other organization that provides se 	ome or all	of the benefits under	10e		x				
	the nian? (See instructions.)	***************************************		10f		x				
_	Has the plan falled to provide any benefit when due under the	olan?	***************************************	-		 				
	Did the plan have any participant loans? (If "Yes," enter amour	it as of yea	rend.)	10g		X				
	there a blacknit perform	d? (See ins	Structions and 29 GFR	10h		x				
	OFON 404 2 \	********		10		 -			11.5	
	i If 10h was answered "Yes," check the box if you either provide exceptions to providing the notice applied under 29 CFR 2520.	1010 00		101		-	10.7%			
	Did the plan trust incur unrelated business taxable income?	***********	***************************************	10j		<u> </u>	<u> </u>	<u> </u>		
T.	artVI Pension Funding Compliance	<u> </u>					ada atau m	D (Care	- - - - - - - - - - 	
W. S.		irements?	(If "Yes," see instructions a	nd co	mplet	e Sche	due S		🗆	Yes 🗓
							ľ l			<u>-</u> -
	5500) and line 11a below)	ar from Sc	hedule SB (Form 5500) line	40	******	*******	11a			Yes X
-	5500) and line 11a below) 1a Enter the unpaid minimum required contribution for current ye 1s this a defined contribution plan subject to the minimum func-	ar from Sc	hedule SB (Form 5500) line	40	******	*******	11a			Yes 🗓

Page 3-					
FOIII 3000-OF 2013					
(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 instru- Month_	ctions, and Da	enter the	adate of the Year	e letter ruli	ng
granting the walver. If you 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			
c Enter the amount contributed by the employer to the plan for this plan year	*************	12c			
the doctors the amount in line 12h. Enter the result (enter a minus sign to the lott	via	40.2			
	***************************************	12d			
e Will the minimum funding amount reported on line 12d be met by the funding deadline?	************		Yes L.J	No L	N/A
Part VIII Plan Terminations and Transfers of Assets				<u></u>	
420 Line a conduction to terminate the plan been adopted in any plan year?		X Ye	s 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 the co			Yes 🗓	No
of the PBGC7	ne plants) to	· · · · · · · · · · · · · · · · · · ·			
13c(1) Name of plan(s):	13c	(2) EIN(s)	13c(3) Pt	Y (s)
Pair VIII Trust Information		14h T	rust's EIN		
14a Name of trust		,45	, , , , , , , , , , , , , , , , , , , ,		
14c Name of trustee or custodian	14d Trustee or custodian's telephone number				
			p//04/4 / 14/4		
Part X IRS Compliance Questions					
1282/2013-7-2-7-17-2013	*********	☐ Ye	≥S	□ No	
15a is the plan a 401(k) plan:		De	∍sign-		
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	employer	ha ha	ised safe irbor ethod	☐ ADP/A test	CP
15c 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	(m)-	☐ Ye	3 \$	☐ No	
2(a)(2)(ii))?	************	R:	atio		
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section			ercentage est	Avera Benef	ge it Test
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combotine plan with any other plans under the permissive aggregation rules?		☐ Y		□ No	
17a Has the Plan been timely amended for all required law changes?	1440424444444444444			∐ No	□ N/A
17b Date of the last plan amendment/restatement for the required tax law changes was adopted/_/_	Enter t	he appli	cable code	(Se	е
instructions for tax law changes and codes). 17c If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volume submitter plan the	at is subject	to a fav	orable IRS	opinion or	
advisory letter, enter the date of that ravorable letter 17d If the plan is an individually-designed plan and recieved a favorable determination letter from IRS, please	enter the d	ate of pl	an's last fa	vorable	
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(I)(2) in made), American Samoa, Guam, the Commonwealth of the Northern Mariana islands or the U.S. Virgin I	nas been slands)?	□ Y	es	☐ No	
19 Were in-service distributions made during the plan year?		. □ Y	'es	☐ No	
If Yes, enter amount	****************	19			
Were minimum required distributions made to 5% owners who have attained age 70 ½ (regardless of who not retired) as required under section 401(a)(9)?	ether or	<u> </u>	'es	☐ No	N