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 Info	rmation								
For calend	lar plan year 2015 or fis	scal plan year beginning	01/01/2015)	and ending 12	2/31/2015					
A This ret	turn/report is for:	plan (not multiemployer) mployer information in ac									
		a one-participant pla	an 📗	a foreign plan	1 1,1		· · · · · · · · · · · · · · · · · · ·				
B This retu	urn/report is	the first return/repor	=	the final return/report							
		an amended return/	report	a short plan year retu	rn/report (less than 12 m	onths)					
C Check	box if filing under:	X Form 5558		automatic extension		DFVC	program				
Dant II	Dania Dian Info	special extension (e		,							
Part II		enter all rec	quested inform	nation		41	. 1				
1a Name	of plan RETIREMENT PLAN					1b Three-digi					
THE FUNK	KETIKEWENT PLAN					(PN) ▶	001				
		1c Effective date of plan 01/01/2006									
Mailing	g address (include roor	yer, if for a single-emplom, apt., suite no. and stre	eet, or P.O. Bo			2b Employer (EIN)	Identification Number 20-5356935				
	r town, state or provinc ANTETOMASO PC	e, country, and ZIP or fo	reign postal co	ode (if foreign, see ins	tructions)	2c Sponsor's telephone number 585-787-7000					
						2d Business	code (see instructions)				
1674 EMPIR WEBSTER, I	RE BLVD SUITE 200										
WEBSTER, I	NT 14500						541110				
3a Plan a	administrator's name ar	nd address Same as F	Plan Sponsor.			3b Administra					
GERARD G	ANTETOMASO PC		1674 EMPIRI WEBSTER, N	E BLVD SUITE 200		3c Administra	20-5356935 ator's telephone number				
			WEDSTER, I	1114300		3C Administra	ttor's telephone number				
						5	85-787-7000				
		e plan sponsor has chan		last return/report filed	for this plan, enter the	4b EIN					
	sor's name	mber from the last return	лероп.			4c PN					
		at the beginning of the r	olan vear			5a	4				
		at the end of the plan ye				5b	4				
C Numb	per of participants with	account balances as of t	he end of the p	plan year (defined ber	nefit plans do not	5c					
		rticipants at the beginnin				5d(1)	3				
		rticipants at the end of th				5d(2)	3				
e Numb	ber of participants that	terminated employment	during the pla	n year with accrued be	enefits that were less	5e	0				
		or incomplete filing of			d unless reasonable car						
Under pena	alties of perjury and ot	her penalties set forth in	the instruction	ns, I declare that I have	e examined this return/re	port, including, if	applicable, a Schedule				
	edule MB completed an true, correct, and comp		actuary, as w	ell as the electronic ve	ersion of this return/repor	t, and to the best	of my knowledge and				
SIGN	Filed with authorized/	valid electronic signature	е.	10/06/2016	GERARD ANTETOM	ASO					
HERE	Signature of plan a	Signature of plan administrator Date Enter name of individual					an administrator				
SIGN											
HERE	Signature of employer/plan sponsor Date Enter name of individu						nployer or plan sponsor				
Preparer's name (including firm name, if applicable) and address (include room or suite number)						Preparer's telephone number					

Form 5500-SF 2015		Page 2							
 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 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 	an indepen and conditi	dent qualified public a	ccount	ant (IQ	PA)				Yes 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 de	etermined
Part III Financial Information	, ,								
7 Plan Assets and Liabilities		(a) Beginning					(b) End		
a Total plan assets	7a		485	731				5	516469
b Total plan liabilities	7b								
C Net plan assets (subtract line 7b from line 7a)	7c			731					516469
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	unt				(b)	Total	
(1) Employers	8a(1)		3	305					
(2) Participants	8a(2)		28	8653					
(3) Others (including rollovers)	8a(3)								
b Other income (loss)	8b		-1	085					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								30873
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
e Certain deemed and/or corrective distributions (see instructions)	8e								
f Administrative service providers (salaries, fees, commissions)	8f			135					
g Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								135
i Net income (loss) (subtract line 8h from line 8c)	8i								30738
j Transfers to (from) the plan (see instructions)	8j								
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension	feature cod	des from the List of Pl	an Cha	racteris	stic Co	des in t	he instru	ctions:	
B If the plan provides welfare benefits, enter the applicable welfare fe		as from the List of Dis	n Char	- at a ri at	io Coo	امد نمدا	o inotruo	tionor	
in the plan provides wellare benefits, enter the applicable wellare is	eature cout	es nom the List of Pla	II Cliai	acterist	.10 000	162 111 111	e mstruc	uons.	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amou	unt
a Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	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		X				
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 the plan? (See instructions.)	ne or all of t	he benefits under	10e		X				
f Has the plan failed to provide any benefit when due under the plan					Х				
			10f	V					40705
Did the plan have any participant loans? (If "Yes," enter amount ash If this is an individual account plan, was there a blackout period? (,	10g	X					13725
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?			10j						
Part VI Pension Funding Compliance				-	-	•			
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									Yes 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	requireme	nts of section 412 of t	he Cod	e or se	ction (302 of E	RISA?		Yes X No

	F	orm 5500-SF 2015 Page 3 - 1						
	_ `	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 inc ng the waiver		enter the Day	date of t	he letter rul Year	ing	
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui		
b	Enter t	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				
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the	12d					
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A	
Part		Plan Terminations and Transfers of Assets			100	110	1471	
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No		
		s," 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 to another plan, or brough	ght under the co	ontrol		Yes X	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	: VIII	Trust Information						
14a	Name o	f trust		14b Trust's EIN				
14c	Name	of trustee or custodian		14d Trustee's or custodian's				
	rianio	of tubics of suctorial		telephone number				
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan?		Ye	S	No		
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)?		Design- based safe ADP/ACP harbor test method				
15c	testing	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 1.4(ii))?	101(m)-	Ye	S	No		
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st	ge Average benefit 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	s	No		
17a	Has the	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		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	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 fav	vorable		
18		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 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 Report	t Identification Information							
For calendar plan year 2015 or f	îscal plan year beginning	01/01/2015	and ending	12/31/20				
A This return/report is for:	X a single-employer plan	a multiple-employer pla	(Filers checking this cordance with the fo	box must attach a rm instructions)				
,	a one-participant plan	a foreign plan						
B This return/report is	the first return/report	the first return/report						
	an amended return/report	onths)						
C Check box if filing under:	X Form 5558	automatic extension		DFVC pr	ogram			
	special extension (enter descr	iption)						
Part II Basic Plan Info	ormation—enter all requested inf	formation						
1a Name of plan THE FUN RETIREMENT		1b Three-digit plan number 001						
				1c Effective date 01/01/20				
Mailing address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O		otions)	2b Employer Ide (EIN) 20-5	356935			
GERARD G ANTETOMAS	ce, country, and ZIP or foreign posta O PC	ai voue (ii ioreign, see iiistiu	ouono,	2c Sponsor's tel 585-787-	•			
1674 EMPIRE BLVD S	UITE 200			2d Business cod 541110	e (see instructions)			
WEBSTER	NY 14580							
3a Plan administrator's name a		sor.		3b Administrator's EIN				
GERARD G ANTETOMASO	PC			20-5356935 3c Administrator's telephone number				
1674 EMPIRE BLVD SU		585-787-7000						
WEBSTER 4 If the name and/or EIN of the	NY 14580 ne plan sponsor has changed since	the last return/report filed fo	r this plan, enter the	4b EIN				
	umber from the last return/report.	the last retaining on means	, and plant, evident and	4c PN				
				5a	4			
, ,	s at the beginning of the plan year			5b	4			
b Total number of participantc Number of participants with	s at the end of the plan year a account balances as of the end of	the plan year (defined bene-	fit plans do not	5c				
complete this item)				5d(1)	3			
• •	articipants at the beginning of the pl			E4/2)	3			
	articipants at the end of the plan yea at terminated employment during the				3			
than 100% vested				5e	0			
Caution: A penalty for the late	or incomplete filing of this return other penalties set forth in the instruc	n/report will be assessed t	inless reasonable cat	nort including if an	nlicable, a Schedule			
SB or Schedule MB completed a belief, it is true, correct, and con	and signed by an enrolled actuary, a	as well as the electronic vers	sion of this return/repor	t, and to the best of	my knowledge and			
SIGN Jun regular 10/6/16 GERARD ANTETOMASO								
HERE Signature of plan administrator Date Enter name of individual signing as plan administrator								
SIGN HERE								
Signature of emp	loyer/plan sponsor name, if applicable) and address (ii	Date nclude room or suite numbe	Enter name of individ	Preparer's telepho				
,								

Form 5500-SF 2015		Pag	ge 2					
 Were all of the plan's assets during the plan Are you claiming a waiver of the annual examunder 29 CFR 2520.104-46? (See instruction If you answered "No" to either line 6a or lift the plan is a defined benefit plan, is it cover 	nination and report of an ind is on waiver eligibility and cone 6b, the plan cannot us	dependent qualified onditions.)e Form 5500-SF an	oublic accour	tant (IQ	PA) Form	5500.	X	
Part III Financial Information		p9 (
7 Plan Assets and Liabilities		(a) Ber	ginning of Y	ar	Т	(b) End of Ye	ar
a Total plan assets				35,73	1		,	516,469
b Total plan liabilities	7	b						
c Net plan assets (subtract line 7b from line 7a	7	С	4.8	35,73	1			516,469
8 Income, Expenses, and Transfers for this Pla	n Year	(a) Amount				(b) Total	
Contributions received or receivable from: (1) Employers	8a	(1)		3,30	5			
(2) Participants		······································		8,65	_			
(3) Others (including rollovers)								
b Other income (loss)	i i			1,08	5	•		
c Total income (add lines 8a(1), 8a(2), 8a(3), a	nd 8b) 8	С						30,873
d Benefits paid (including direct rollovers and in	•	.						
to provide benefits) • Certain deemed and/or corrective distribution					-			
f Administrative service providers (salaries, fee				13	5			
g Other expenses		···						
h Total expenses (add lines 8d, 8e, 8f, and 8g)			·····					135
i Net income (loss) (subtract line 8h from line 8	sc) 8	i						30,738
j Transfers to (from) the plan (see instructions)	8	j l						
Part IV Plan Characteristics								
B If the plan provides welfare benefits, enter the Part V Compliance Questions	e applicable welfare feature	e codes from the Lis	t of Plan Cha					
During the plan year:			a	Yes	No	N/A	Am	ount
Was there a failure to transmit to the plan a described in 29 CFR 2510.3-102? (See ins Program)	tructions and DOL's Volunt	ary Fiduciary Correc	tion		х			
b Were there any nonexempt transactions wit reported on line 10a.)					Х			
c Was the plan covered by a fidelity bond?			10c		Х			
d Did the plan have a loss, whether or not rein by fraud or dishonesty?	• •	•			х			
Were any fees or commissions paid to any carrier, insurance service, or other organiza the plan? (See instructions.)	tion that provides some or a	all of the benefits un	der		х			
f Has the plan failed to provide any benefit w					Х			
g Did the plan have any participant loans? (If	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)						<u></u>	13,72
h If this is an individual account plan, was the					х			
	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3							
j Did the plan trust incur unrelated business	axable income?		10j					
Part VI Pension Funding Complianc	e		1			·		
11 Is this a defined benefit plan subject to minimum 5500) and line 11a below)	num funding requirements?			-			1 1	Yes No
11a Enter the unpaid minimum required contribu	ition for all years from Sche	edule SB (Form 5500) line 40			11a		
12 Is this a defined contribution plan subject to	the minimum funding requ	irements of section	412 of the Co	de or se	ection	302 of ERI	SA?	Yes No

	F	orm 5500-SF 2015 Page 3 -						
	(lf "Y∈	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а		niver of the minimum funding standard for a prior year is being amortized in this plan year, see in ng the waiver.		enter the	e date of ti	ne letter ru Year	ling	
If	you co	mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		······			
<u>b</u>	b Enter the minimum required contribution for this plan year							
<u>c</u>	C Enter the amount contributed by the employer to the plan for this plan year							
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ve amount)		12d				
<u>e</u>	Will th	e 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?			Yes	No		
	If "Yes	," enter the amount of any plan assets that reverted to the employer this year		13a				
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou				Yes 🗌	No	
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi assets or liabilities were transferred. (See instructions.)						
1	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) i	PN(s)	
Part	VIII	Trust Information						
1	Name o	· · · · · · · · · · · · · · · · · · ·		14b Trust's EIN				
14c	Name	of trustee or custodian		14d Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions						
15a	Is the	olan a 401(k) plan?		Ye	es .	No		
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)?		ba ha	esign- ased safe arbor ethod	ADP/ACP test		
15c	testing	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 1.4(ii))?	101(m)-	Ye	es .	No		
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):	∐ р∈	atio ercentage est		erage nefit test	
16b		ne 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	es .	No		
	17a Has the plan been timely amended for all required tax law changes?						□ N/A	
17b		ne last plan amendment/restatement for the required tax law changes was adopted law changes and codes).	Enter the	applica	ble code _	(See i	nstructions	
	adviso	lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plants of the favorable letter and the letter's serial r	number				or	
	detern	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter		the pla	n's last fa\	orable		
18		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. Virgir		Yes		No		
19	Were i	n-service distributions made during the plan year?		Yes No				
	If "Yes	" enter amount		19				
20		equired minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w b, as required under section 401(a)(9)?		Ye	es	No	□ N/A	