Form 5500	-SF	Short Form Annu			oyee	C	OMB Nos. 1210-0110 1210-0089		
Department of the Trea Internal Revenue Ser		This form is required to be fil	Benefit Pla						
Department of Labo Employee Benefits Security Ac Pension Benefit Guaranty C	dministration	Income Security Act of 197	4 (ERISA), and sections Revenue Code (the C	6057(b) and 6058(a) of the Internal					
	•	 Complete all entries in entification Information 		nstructions to the Form 5	500-SF.		-		
For calendar plan year 2				and ending 1	2/31/2015				
A This return/report is	for:	a single-employer plan a one-participant plan		er plan (not multiemployer) g employer information in ac		0			
B This return/report is		the first return/report an amended return/report	the final return/rep	ort eturn/report (less than 12 m	onths)				
C Check box if filing ur	nder:	Form 5558	automatic extension		_	im			
		special extension (enter dese							
	lan Inforn	nation—enter all requested in	nformation						
1a Name of plan BENEX CORP. PROFIT	SHARING F	PLAN			1b Three plan r (PN)	number	001		
					1c Effect	ive date of 01/01			
Mailing address (in	clude room,	r, if for a single-employer plan) apt., suite no. and street, or P.			2b Emplo	oyer Identifi	cation Number 34310		
City or town, state of ENEX CORPORATION	or province,	country, and ZIP or foreign pos	tal code (if foreign, see	nstructions)	2c Spons	sor's teleph 585-54	one number 4-9210		
95 BLOSSOM RD OCHESTER, NY 14610					2d Busine	ess code (s 33290	ee instructions)		
3a Plan administrator's ENEX CORPORATION	s name and	595 BL0	nsor. DSSOM RD STER, NY 14610				IN 34310 lephone number		
						585-544			
		lan sponsor has changed since er from the last return/report.	the last return/report file	ed for this plan, enter the	4b EIN				
a Sponsor's name					4C PN		2		
_		the beginning of the plan year					3		
		the end of the plan year count balances as of the end o			<u> </u>		5		
complete this item))				5c		3		
.,		ipants at the beginning of the p	-		5d(1) 5d(2)		2		
e Number of particip	pants that ter	pipants at the end of the plan ye minated employment during th	e plan year with accrued	benefits that were less	50(2) 5e		0		
Under penalties of perju SB or Schedule MB con	ury and othein mpleted and	incomplete filing of this return r penalties set forth in the instru- signed by an enrolled actuary,	ctions, I declare that I h	ave examined this return/re	port, includin	g, if applica			
belief, it is true, correct,SIGNFiled with au		te. lid electronic signature.	10/17/2016	GEORGE HOFFMAN	IN				
HERE	of plan adn		Date	Enter name of individ		s plan admi	nistrator		
SIGN									
		r/plan sponsor ne, if applicable) and address (Date	Enter name of individ	lual signing a Preparer's				
Freparers name (incluc	ang mm nan	ie, il applicable) and address (nder)			unibei		
For Paperwork Reduction	1 Act Notice a	and OMB Control Numbers, see t	ne instructions for Form 5	500-SE		F	orm 5500-SF (2015)		

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 a 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							
-	f the plan is a defined benefit plan, is it covered under the PBGC in	isurance p	rogram (see ERISA se	ection 4	021)? .		Yes	No Not determined
Par	t III Financial Information					-		
7	Plan Assets and Liabilities		(a) Beginning	(a) Beginning of Year				(b) End of Year
-	Total plan assets	7a		43	650	_		43650
	Total plan liabilities	7b				_		
	Net plan assets (subtract line 7b from line 7a)	7c	43650					43650
	Income, Expenses, and Transfers for this Plan Year		(a) Amou	Int		_		(b) Total
	Contributions received or receivable from: (1) Employers	8a(1)						
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b			0			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						0
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d						
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						
i	Net income (loss) (subtract line 8h from line 8c)	8i						0
j	Transfers to (from) the plan (see instructions)	8j						
Par	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension $2A$ $2E$ $3D$	feature co	des from the List of Pla	an Cha	racteris	stic Co	odes in t	the instructions:
В	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	les from the List of Pla	n Chara	acterist	ic Coo	les in th	ne instructions:
Part	V Compliance Questions							
10	During the plan year:				Yes	No	N/A	Amount
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X		
С	Was the plan covered by a fidelity bond?			10c		Х		
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		
e	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 person ne or all of	s by an insurance the benefits under	10e		X		
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		х		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10q		Х		
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		Х		
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	ne require	d notice or one of the	10i				
j	Did the plan trust incur unrelated business taxable income?			10j		Х		
Part				,	1		1	ı

11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Scher 5500) and line 11a below)	lule SB	(Form	Yes	No
11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40	11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section	302 of E	RISA?	Yes	X No

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					1				
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
a	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver								
lf	you c	ompleted 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					
-		the amount contributed by the employer to the plan for this plan year		12c					
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative 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?			Ye	es X No			
		es," enter the amount of any plan assets that reverted to the employer this year		13a					
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou							
	of th	e PBGC?	-			Yes X	No		
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi h assets or liabilities were transferred. (See instructions.)	fy the plan(s) to						
1	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)		
Part	VIII	Trust Information	-						
14a	Name	of trust		14b	Trusťs E	IN			
14c	Nam	e of trustee or custodian		14d Trustee's or custodian's telephone number					
Par	t IX	IRS Compliance Questions							
15a	Is th	e plan a 401(k) plan?		Ye	es	No			
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		b h	esign- ased safe arbor nethod		ADP/ACP test		
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?		Yes IN			No		
16a	Chec	k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):	Цр	atio ercentag est		erage nefit test		
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con lan with any other plans under the permissive aggregation rules?	0	Ye	es	No			
17a	Has	he plan been timely amended for all required tax law changes?		Ye	es	No	N/A		
	for ta	the last plan amendment/restatement for the required tax law changes was adopted///x law changes and codes).	•				tructions		
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placer letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable 	IRS opinion	or		
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/	nter the date of	the pla	in's last fa	avorable			
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		Ye	S	No	No		
19	Were	in-service distributions made during the plan year?		Ye	es	No			
	lf "Y€	es," enter amount		19					
20	Were	required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w d), as required under section 401(a)(9)?		Y	es	No	N/A		

For	m 5500-SF	Short Form Annu	oyee	yee OMB Nos. 1						
	ment of the Treasury al Revenue Service	This form is required to be file	Benefit Plan	4065 of the Employee R	etiremer	nt	2015			
	Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee Retirement Department of Labor Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Pension Benefit Guaranty Corporation Normal Revenue Code (the Code).									
Pension Ber				tructions to the Form 55	500-SF.		lic Inspection			
Part I		Identification Information	01/01/2015	and ending		12/31/201	5			
For calenda	r plan year 2015 or fi	iscal plan year beginning X a single-employer plan		plan (not multiemployer)						
A This retu	urn/report is for:	a one-participant plan	list of participating e	employer information in ac	cordanc	e with the forn	n instructions)			
B This retu	rn/report is	the first return/report	the final return/report	t						
	initoportio	an amended return/report	a short plan year ret	urn/report (less than 12 m	onths)					
C Check b	ox if filing under:	 X Form 5558	automatic extension	I		DFVC prog	ram			
	-	special extension (enter desc	ription)							
Part II	Basic Plan Info	ormation—enter all requested in	formation							
1a Name o					p p	Three-digit blan number	001			
					<u> </u>	PN) Fifective date c	l			
						01/01/200	•			
Mailing	address (include roc	over, if for a single-employer plan) om, apt., suite no. and street, or P.	O. Box)			Employer Identi EIN) 16-13	fication Number			
	town, state or provin CORPORATION	ce, country, and ZIP or foreign pos	tal code (il loreign, see in	structions)		Sponsor's teler				
10111111	00111 01011 + 011				2d Business code (see instructions)					
595 BL	OSSOM RD					32900				
ROCHES	TER	NY 14610								
	dministrator's name a	and address Same as Plan Spor	isor.			\dministrator's 6−1334310				
	CORPORATION DSSOM RD					Administrator's 85 - 544 - 92	telephone number			
ROCHEST	TER	NY 14610								
4 If the n	ame and/or EIN of th	ne plan sponsor has changed since umber from the last return/report.	e the last return/report file	d for this plan, enter the	4b	EIN				
a Sponso		,			4c					
5a Total r	number of participant	s at the beginning of the plan year			. 5a					
b Total r	number of participant	s at the end of the plan year			. 5b)	3			
C Numbe	er of participants with	n account balances as of the end o	f the plan year (defined be	enefit plans do not	5 c	;				
•		articipants at the beginning of the p			E 16	1)	:			
		articipants at the end of the plan y			- F .5/1	2)	2			
e Numb	per of participants that	at terminated employment during th	e plan year with accrued	benefits that were less	. 5e					
Coution: A	popalty for the late	or incomplete filing of this retu	rn/report will be assess	ed unless reasonable ca	use is e	established.	icable a Schedule			
SB or Sche	alties of perjury and o edule MB completed true, <u>correct, and cor</u>	other penalties set forth in the instru- and signed by an enrolled actuary, nplete.	as well as the electronic	version of this return/repo	rt, and t	o the best of m	ly knowledge and			
SIGN				GEORGE HOFFMA	ANN					
HERE	Signature of plan	administrator	Date	Enter name of indivi	dual sigi	ning as plan ac	iministrator			
SIGN		······································								
HERE	Signature of emp	loyer/plan sponsor	Date	Enter name of indivi		ning as employ arer's telephon				
Preparer's	name (including firm	name, if applicable) and address	Include room of suite nur	iber)						
L			the instructions for Form 50				Form 5500-SF (2015			

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Page	2
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	Were all of the plan's assets during the plan year invested in eligib								Х	Yes	No	
b	Are you claiming a waiver of the annual examination and report of								х	Yes [ר ∣ No	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann								Ш	100 [
c	If the plan is a defined benefit plan, is it covered under the PBGC in] Νο Π	Not d	etermi	ned	
							L					
ra 7						<u> </u>		(h) End				
	Plan Assets and Liabilities	Norde State (m. 1997) State (m. 1997)	(a) Beginning		n 8,650			(b) End	orrea		,650	
	Total plan assets	. 7a		4.	5,050						,000	
	Total plan liabilities	. 7b		A -	3,650	<u>_</u>	,650					
	Net plan assets (subtract line 7b from line 7a)	. 7c			5,650							
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	nt		(b) Total						
а	Contributions received or receivable from: (1) Employers	. 8a(1)										
	(2) Participants	. 8a(2)										
	(3) Others (including rollovers)	. 8a(3)										
b	Other income (loss)	. 8b		0						i i i		
с	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c									0	
d	Benefits paid (including direct rollovers and insurance premiums											
	to provide benefits)	. 8d				3643 10864					Hall Strategy	
-	Certain deemed and/or corrective distributions (see instructions)	. <u>8e</u>						<u>ander Stande</u> Lander Stander				
	Administrative service providers (salaries, fees, commissions)	. 8f				itida 1. julija	Netradi II.			1999 1990-9		
<u>g</u>	Other expenses	. 8g			39.00 C	(Alger) 상		(E. V 밝는 APPAPE)	gand vije		0	
<u>n</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)			도 가지? 같이 가지?		2					0	
<u> </u>		income (loss) (subtract line 8h from line 8c)										
J	Transfers to (from) the plan (see instructions)	· 8j					ite Shed		in an	정말한 구요		
	rt IV Plan Characteristics	f	den from the Link of Di	Cho.	o otorio	tio Co	don in t	ho instruc	tione			
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 3D	i teature co	des from the List of Pla	an Char	acteris		des in t	ne mstruc	auns.			
В	If the plan provides welfare benefits, enter the applicable welfare f	feature cod	es from the List of Plar	h Chara	cteristi	c Coc	les in th	e instructi	ons:			
					•							
Par	t V Compliance Questions											
10	During the plan year:				Yes	No	N/A		Amo	unt		
a	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	Voluntary F	iduciary Correction	10a		х						
b	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	t? (Do not	include transactions	10b		х						
C				10c		Х						
d		s fidelity bo	nd, that was caused	10d		х						
e	Were any fees or commissions paid to any brokers, agents, or of carrier, insurance service, or other organization that provides son the plan? (See instructions.)	her person ne or all of	s by an insurance the benefits under	10e		х		- Carlor	,			
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		Х		1				
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year e	end.)	10g		Х						
										- 53	101	
	2520.101-3.)			10h		X			n. 844			
i	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10			10i								
j	Did the plan trust incur unrelated business taxable income?			10j		Х		1				
Par	t VI Pension Funding Compliance				I							
11	Is this a defined benefit plan subject to minimum funding requiren 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	g requirem	ents of section 412 of t	he Cod	e or se	ction	302 of E	ERISA?		Yes	X No	

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	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see insigranting the waiver	lonth	nter the Day	e date of th	ie letter rul Year	ing
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1/	3.	4.01			
<u>b</u>	Enter the minimum required contribution for this plan year		12b			
	Enter the amount contributed by the employer to the plan for this plan year		12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the la negative amount)		12d			
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
Part V	VII Plan Terminations and Transfers of Assets				·	
13a	Has a resolution to terminate the plan been adopted in any plan year?			Yes	X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug of the PBGC?				Yes X	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif which assets or liabilities were transferred. (See instructions.)	y the plan(s) to				
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)
(<u></u>						
Part	VIII Trust Information					
14a t	Name of trust		14b ⁻	Frust's EIN		
14c	Name of trustee or custodian		14d	Trustee's telephone		an's
Part	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 matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	d employer	ba ha	esign- ased safe arbor ethod	ADF test	PIACP
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cutesting method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2(a)(2)(ii))?	01(m)-	Ye		No	
16a	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section	on 410(b):	Ll p	atio ercentage est		erage nefit test
	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by com this plan 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?		Ye	es	No No	N/A
17b	Date the last plan amendment/restatement for the required tax law changes was adopted . for tax law changes and codes).	Enter the	applica	ble code _	(See i	nstruction
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pla advisory letter, enter the date of that favorable letter and the letter's serial n	umber				or
	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, endetermination letter		the pla	n's last fav	vorable	
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin	has been Islands)?	Ye		No	
19	Were in-service distributions made during the plan year?		Ye	es	No	
	If "Yes," enter amount		19			
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w retired), as required under section 401(a)(9)?	hether or not	- Y	es	No	[] N/A