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).

2016

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

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

For calendar plan year 2016 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011 A This return/report is for: a one-participant plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participanting employer information in accordance with the form instructions.) a foreign plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participanting employer information in accordance with the form instructions.) B This return/report is the first return/report the final return/report (less than 12 months) C Check box if filing under: Form 5558 automatic extension DFVC program Part II Basic Plan Information—enter all requested information 1a Name of plan Special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan DFVC program 1b Three-digit plan number (PN) 001 1c Effective date of plan 01/01/2007 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) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 86 ELMWOOD -LORUSSO FAMILY, LP 286 ELMWOOD AVE SUFFALO, NY 14222-2262 Same as Plan Sponsor. 3b Administrator's telephone number 716-884-3800 2d Business code (see instructions) Same as Plan Sponsor. 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year 5b 5c 5d(1) 4d(1) Total number of participants at the beginning of the plan year 5d(1)					
A This return/report is for: a one-participant plan a foreign plan a short plan year return/report (less than 12 months) Part II Basic Plan Information—enter all requested information 1a Name of plan a Name of p					
B This return/report is					
C Check box if filing under:					
C Check box if filing under:					
Special extension (enter description) Part II					
Part II					
1a Name of plan 1b Three-digit plan number (PN)					
plan number (PN) b 001 1c Effective date of plan 01/01/2007 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) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Sponsor's telephone number 716-884-3800 2d Business code (see instructions) 366 ELMWOOD AVE 8UFFALO, NY 14222-2262 369 ELMWOOD AVE 8UFFALO, NY 14222-2262 370 Administrator's name and address Same as Plan Sponsor. 370 Administrator's telephone number 3110 370 Administrator's telephone number 32110 370 Administrator's telephone number 32110 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4 Sponsor's name 4 PN 5 Total number of participants at the beginning of the plan year					
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) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2b Employer Identification Number (EIN) 26-0318794 2c Sponsor's telephone number 716-884-3800 2d Business code (see instructions) 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number 531110 3c Administrator's telephone number as Sponsor's name and address sponsor's name and address from the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year					
Plan sponsor's name (employer, if for a single-employer plan) 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) 66 ELMWOOD -LORUSSO FAMILY, LP 366 ELMWOOD AVE BUFFALO, NY 14222-2262 368 ELMWOOD AVE BUFFALO, NY 14222-2262 369 ELMWOOD AVE BUFFALO, NY 14222-2262 360 ELMWOOD AVE BUFFALO, NY 14222-2262 360 ELMWOOD AVE BUFFALO, NY 14222-2262 360 ELMWOOD AVE BUFFALO, NY 14222-2262 361 ELMWOOD AVE BUFFALO, NY 14222-2262 362 ELMWOOD AVE BUFFALO, NY 14222-2262 363 ELMWOOD AVE BUFFALO, NY 14222-2262 364 ELMWOOD AVE BUFFALO, NY 14222-2262 365 ELMWOOD AVE BUFFALO, NY 14222-2262 365 ELMWOOD AVE BUFFALO, NY 14222-2262 366 ELMWOOD AVE BUFFALO, NY 14222-2262 375 Administrator's EIN 375 Administrator's telephone number 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 375 A Total number of participants at the beginning of the plan year					
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Sponsor's telephone number 716-884-3800 2d Business code (see instructions) 366 ELMWOOD AVE 8UFFALO, NY 14222-2262 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name 4 If the name of participants at the beginning of the plan year					
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366 ELMWOOD AVE BUFFALO, NY 14222-2262 38 Plan administrator's name and address Same as Plan Sponsor. 39 Administrator's EIN 30 Administrator's telephone number 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 3 Sponsor's name 40 PN 50 Total number of participants at the beginning of the plan year					
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5a Total number of participants at the beginning of the plan year					
b Total number of participants at the end of the plan year					
C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)					
complete this item)					
d(1) Total number of active participants at the beginning of the plan year					
= 1/0					
d(2) Total number of active participants at the end of the plan year					
than 100% vested					
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule					
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 belief, it is true, correct, and complete.					
SIGN Filed with authorized/valid electronic signature. 01/19/2017 ANTHONY P. LORUSSO					
HERE Signature of plan administrator Date Enter name of individual signing as plan administrator					
Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN					
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 or plan sponsor					
Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE					

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6a Were all of the plan's assets during the plan year invested in eli	gible assets?	(See instructions.)						X Yes	No
b Are you claiming a waiver of the annual examination and report under 29 CFR 2520.104-46? (See instructions on waiver eligibil If you answered "No" to either line 6a or line 6b, the plan ca	ity and conditi	ons.)						X Yes	No
C If the plan is a defined benefit plan, is it covered under the PBG						-	No	Not dete	ermined
Part III Financial Information							<u> </u>		
7 Plan Assets and Liabilities		(a) Beginning	of Year				(b) End c	of Year	
a Total plan assets	7a	(2) = 2 3	87967				()	85762)
b Total plan liabilities									
C Net plan assets (subtract line 7b from line 7a)	7с		87967					85762)
8 Income, Expenses, and Transfers for this Plan Year		(a) Amour	ıt				(b) To	otal	
a Contributions received or receivable from:		• •	3802						
(1) Employers		3892 6129							
(2) Participants	` '								
(3) Others (including rollovers)	<u> </u>		-455						
b Other income (loss)			-433					05.00	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)								9566	
Benefits paid (including direct rollovers and insurance premiums to provide benefits)		11731							
Certain deemed and/or corrective distributions (see instructions)									
f Administrative service providers (salaries, fees, commissions)		40							
g Other expenses			C						
h Total expenses (add lines 8d, 8e, 8f, and 8g)							11771		
i Net income (loss) (subtract line 8h from line 8c)	97							-2205	,
j Transfers to (from) the plan (see instructions)									
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension benefits and the pension benefits are the applicable pension benefits and the pension benefits are the applicable pension benefits are the applic	on feature co	des from the List of Pl	an Cha	racteri	stic Co	odes in	the instr	uctions:	
b If the plan provides welfare benefits, enter the applicable welfar	e feature code	es from the List of Pla	n Chara	acteris	tic Cod	des in t	he instru	ctions:	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amount	
Was there a failure to transmit to the plan any participant contr described in 29 CFR 2510.3-102? (See instructions and DOL' Program)	s Voluntary F	iduciary Correction	10a		Х				
b Were there any nonexempt transactions with any party-in-inter reported on line 10a.)			10b		Х				
C Was the plan covered by a fidelity bond?			10c		X				
d Did the plan have a loss, whether or not reimbursed by the pla by fraud or dishonesty?			10d		X				
Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides s the plan? (See instructions.)	ome or all of	the benefits under	10e		X				
f Has the plan failed to provide any benefit when due under the	plan?		10f		Χ				
g Did the plan have any participant loans? (If "Yes," enter amour	-	•	10g	X					5943
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 provide exceptions to providing the notice applied under 29 CFR 2520.			10i						

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Part	VI	Pension Funding Compliance						
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)						Yes X No
		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40						
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?							
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
	grant	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	onth _	s, and	d enter t Day		of the lette Year _	er ruling
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		1		
<u>b</u>	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								
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)								
		he 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			1			
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				Yes	s X N	lo
	If "Ye	es," 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 brought under the control of the PBGC?							Yes	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	lan(s)) to			
				EIN(s)		13c(3	B) PN(s)	
Part	VIII	Trust Information			•			
14a	Name	of trust			14b ⁻	Trust's E	ΞIN	
14c	Name	of trustee or custodian					s or custod ne number	lian's
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No	
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	- LL ;		n-based narbor	d [Test	ear" ADP
			ΙП '	"Curre	ent year test	<u>"</u>	N/A	
16a 	16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply: Ratio percentage percentage test N/A						□ N/A	
	for the	be plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	'	Yes			No	
	the le							
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rec	ent determ	ination
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		rom	Ye	s [No	
19	19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?							

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 6058(a) of the Internal Revenue Code (the Code).

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

2011

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	art I Annua	Report Ide	entification Information	THE RESIDENCE OF	and the transfer of the country of t	00-01.	SU STREET PARTY.	
For	calendar plan yea	r 2011 or fisca	plan year beginning 01/01	/2011	and ending	12/31/	2011	
A	This return/report i	is for:	single-employer plan	multiple-en	nployer plan (not multiemployer)	anoi	one-participar	nt nlan
В	This return/report i	is for:	first return/report	final return			1572 736	
		× [an amended return/report	short plan	year return/report (less than 12 m	onths)		
C	Check box if filing	under:	Form 5558	automatic		Ontina	□ prvc	E PERSON DE
			special extension (enter descr		SKONSIGN		DFVC program	n
Pa	art II Basic I	Plan Inform	ation—enter all requested info					
_	Name of plan	iun mom	ation—enter all requested line	ormation		46	T B YO DEDINGS TO	
366	ELMWOOD - LOR	RUSSO FAMIL	Y L			10	Three-digit plan number	
101/	IA DDAELT OLLED					The same of the sa	(PN)	001
401(K) PROFIT SHAR	ING PLAN & T	RUST			1c	Effective date of	plan
22	Dian sponsor's no	, , , , , , , , , , , , , , , , , , ,	- /				01/01/2	
366	ELMWOOD - LOR	NISSO FAMILY	ss (employer, if for single-emplo	yer plan)		2b	Employer Identifi	
		.cco i / iiiic	l Kana		holarde	20	(EIN) 26-0318 Plan sponsor's te	
366	ELMWOOD AVE				MALLER	20	(716)88	
DITE	EALONY 14000	2000			JUANNEI	2d	Business code (s	
	FALO NY 14222-2 Plan administrator		ddress (if same as Plan sponso	r ontor "Come"		01	531110	
SAM	IE TO	, o name and a	odices (ii saine as Fian sponso	r, enter Same		30	Administrator's E	IN
						3c	Administrator's te	lenhone number
1 1	f the name and/s	FINI - CII			rannamica hance un'ursus a			apriorie riumber
4 1	name, EIN, and the	EIN of the plan	sponsor has changed since the from the last return/report. Spo	last return/repo	ort filed for this plan, enter the	4b	EIN	
			ment and table returning port. Opo	nisor's name		4c	PN	
5a	Total number of p	participants at t	he beginning of the plan year			5a	A STREET, STRE	
b	Total number of p	participants at t	he end of the plan year			5b		6
C	Total number of p	participants with	account balances as of the en-	d of the plan ve	ar (defined benefit plans do not			5
	complete this iten	n)				5c	The Thomas of the line	5
6a	Were all of the pl	lan's assets du	ring the plan year invested in eli	gible assets? (S	See instructions.)			× Yes No
b	Are you claiming	a waiver of the	annual examination and report	of an independ	ent qualified public accountant (IC	DAN		
	If you answered	"No" to eithe	r 6a or 6b, the plan cannot use	Ty and condition	rs.) and must instead use Form 5	•••••		× Yes No
Pa	rt III Fina <mark>n</mark> ci	ial Informat	ion	5 1 OIIII 5500-SI	and must instead use Form 5	500.		
7	Plan Assets and L	Liabilities	The state of the s		(a) Beginning of Year	-	/b) F1 -	£.V
a	Total plan assets.			7a	8796	7	(b) End c	85762
							-	-
			from line 7a)		8796			0
8			s for this Plan Year		(a) Amount		4.7	85762
а	Contributions rece	eived or receiva	able from:		(a) Amount		(b) To	tai
					3892	2		
					6129			
					-45	5		
			a(2), 8a(3), and 8b)				and the Company of th	9566
d	benefits paid (incl	luding direct ro	lovers and insurance premiums	6.				
e			e distributions (see instructions)		1173	2 455		
f								
			(salaries, fees, commissions)		40			
			Of and On))		
			, 8f, and 8g)					11771
			th from line 8c)					-2205
			instructions)		(
. 41	-POINOIR REGULTION	ALL NOTICE and O	wid Control Numbers, see the instru	ctions for Form 55	inn-SE			_

Page	2-		
age			

	Form 5500-SF 2012 Page 2-						
Part	IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chara	acteris	stic Co	des in t	he instructio	ns:	
	2A 2E 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	cteris	tic Cor	les in th	ne instruction	ıs:	
b	If the plan provides welfare benefits, enter the applicable welfare leature codes from the cist of Flan Onara	1010113		100 111 (1	10 11 10 11 11 11 11		
Part	V Compliance Questions						
10	During the plan year:		Yes	No	Aı	nount	
	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		×			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		×			
С	Was the plan covered by a fidelity bond?	10c		×			
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		×			
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		×			
f	Has the plan failed to provide any benefit when due under the plan?	10f		×			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	×			2000	5943
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		×			
i	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	10i					
Part							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con	nplete	Sched	dule SB	(Form	Yes	× No
12	5500))					Yes	× No
12	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	# 1.0 m / 1.0					
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.	ctions	, and	enter th Day	e date of the	letter ru ear	uling
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13		Г				
b	Enter the minimum required contribution for this plan year			12b			
С	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 left negative amount)	of a		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 during the plan year or any prior year?					Yes	× No
	If "Yes," 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 brought of the PBGC?	unde	r the c			Yes	× No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	the pla	an(s) t	0		ı	
	13c(1) Name of plan(s):	_	13	3c(2) E	N(s)	13c(3	3) PN(s)
-							
_	tion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasona	ble ca	use is	estab	lished.		
Lind	as populties of pariury and other penalties set forth in the instructions. I declare that I have examined this re	turn/re	eport,	includin	g, if applicat	le, a Sc	hedule
SB	or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return ef, it is true, correct, and complete.	n/repo	rt, and	to the	best of my k	nowledg	e and

SIGN							
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN	anthon V. To Russo	1/19/11	ANTHONY P. LORUSSO				
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor				