## 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.

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information									
For calenda	ar plan year 2015 or fis	scal plan year beginning 07/01/20	015		and ending 06	/30/20	016				
A This ret	urn/report is for:		r) (Filers checking this box must attach a accordance with the form instructions)								
		a one-participant plan	a fo	oreign plan							
<b>B</b> This retu	ırn/report is	/report (less than 12 mo	onths)								
C Check b	an amended return/report										
		special extension (enter descrip	ption)								
Part II	Basic Plan Info	rmation—enter all requested info	ormation	า							
1a Name MONAHAN		MACISTS 401(K) PLAN				1b	Three-digit plan number (PN)	001			
						1c	Effective date o	f plan 1/1994			
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)							<b>2b</b> Employer Identification Number (EIN) 14-1648390				
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)  MONAHAN & BROSWSKI PHARMACISTS LTD						2c	2c Sponsor's telephone number 518-686-2572				
24 CHURCH	STREET					2d	Business code (	see instructions)			
	ALLS, NY 12090						4461	110			
3a Plan ad	dministrator's name an	nd address XSame as Plan Sponso	or.			3b	Administrator's	EIN			
						3c	Administrator's t	telephone number			
		e plan sponsor has changed since the nber from the last return/report.	he last r	return/report filed for	r this plan, enter the	4b	EIN				
<b>a</b> Sponso	or's name					4c	PN				
<b>5a</b> Total r	number of participants	at the beginning of the plan year				5	a	11			
<b>b</b> Total r	number of participants	at the end of the plan year				51	b	12			
		account balances as of the end of th		• •	•	5	С	12			
<b>d(1)</b> Tota	al number of active par	rticipants at the beginning of the plar	an year .			5d(	(1)	9			
<b>d(2)</b> Tota	al number of active par	rticipants at the end of the plan year	r			5d(	(2)	8			
		terminated employment during the p				5	е	0			
		or incomplete filing of this return/									
SB or Sche		ner penalties set forth in the instructi nd signed by an enrolled actuary, as olete.									
SIGN	Filed with authorized/v	valid electronic signature.		02/09/2017	JAMES E. MONAHAN						
HERE	Signature of plan a	dministrator		Date	Enter name of individu	ıal sig	ning as plan adr	ninistrator			
CICN											

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

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<ul> <li>Were all of the plan's assets during the plan year invested in eligible</li> <li>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</li> </ul>	an indepen and conditi	dent qualified public a	ccount	ant (IQ	PA)			X Ye	
<b>c</b> 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 dete	rmined
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End	of Year	
a Total plan assets	7a		2352	2137				2451	153
<b>b</b> Total plan liabilities	7b								
C Net plan assets (subtract line 7b from line 7a)	7c		2352	2137	-			2451	153
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	ınt				(b) T	otal	
Contributions received or receivable from:     (1) Employers	8a(1)		41	389					
(2) Participants	8a(2)		34	980					
(3) Others (including rollovers)	8a(3)								
<b>b</b> Other income (loss)	8b		22	2672					
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							99	041
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			25					
g Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								25
i Net income (loss) (subtract line 8h from line 8c)	8i							99	016
j Transfers to (from) the plan (see instructions)	8j								
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature cod	des from the List of Pla	an Cha	racteris	stic Co	des in th	e instruc	tions:	
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	instructi	ons:	
	oataro ooat	50 Hom the List of Flat	ii Onait	20101101		100 111 1110	motraoti	0110.	
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 contributed described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fi	duciary Correction	10a		X				
<b>b</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					230000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bor	nd, that was caused	10d		X				200000
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 as				X					0
h If this is an individual account plan, was there a blackout period? (	(See instru	ctions and 29 CFR	10g	^	X				0
i If 10h was answered "Yes," check the box if you either provided the	ne required	notice or one of the	10h						
j Did the plan trust incur unrelated business taxable income?			10i 10i						
Part VI Pension Funding Compliance			. 0,		<u> </u>				
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								☐ Ye	s 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	s X No

	F	orm 5500-SF 2015 Page <b>3</b> - 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						<b>14d</b> Trustee's or custodian's				
140 Name of trustee of custodian						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)-	Yes No						
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):	☐ Ratio ☐ Average						
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	17b Date the last plan amendment/restatement for the required tax law changes was adopted/ Enter the applicable code (See instructions for tax law changes and codes).									
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		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

Dapartment of the Treesury Internal Revenue Service

## 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 5057(b) and 6058(a) of the Internal

OMB Nos. 1210-0110 1210-0089

2015

Employee Benefits Security Administration	memai	This Form is Open to							
Pension Benefit Guaranty Corporation		accordance with the instr	uctions to the Form 5:	500-SF.	Public Inspection				
	t Identification Information								
For calendar plan year 2015 or	a single-employer plan	07/01/2015	and ending		/30/2016				
A This return/report is for:	lan (not multiemployer) iployer information in ac	ver) (Filers checking this box must attach a n accordance with the form instructions)							
B This return/report is	the first return/report	e first return/report							
• • • •	an amended return/report								
C Check box if filing under:	X Form 5558	automatic extension		DFVC program					
	special extension (enter desc	ription)							
Part II Basic Plan Inf	ormation—enter all requested in	formation							
1a Name of plan MONAHAN & BROSWSKI	PHARMACISTS 401(K) PI	LAN	V 4 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<b>1b</b> Threaplan (PN)	number 001				
					tive date of plan 01/1994				
Mailing address (include roo	oyer, if for a single-employer plan) om, apt., sulte no. and street, or P.C ce, country, and ZIP or foreign post				oyer Identification Number 14-1648390				
MONAHAN & BROSWSKI		iai code (ii foreign, see instri	uctions)	2c Sponsor's telephone number 518-686-2572					
24 CMURCH STREET				2d Business code (see instructions) 446110					
HOOSICK FALLS	NY 12090								
3a Plan administrator's name a	ind address XSame as Plan Spon	sor.		<b>3b</b> Admii	nistrator's EIN				
4 If the name and/or EIN of th	ie plan sponsor has changed since imber from the last return/report.	the last return/report filed fo	r this plan, enter the	<b>46</b> EIN	* ***				
a Sponsor's name				4c PN					
5a Total number of participants	at the beginning of the plan year		**************************************	5a	11				
<b>b</b> Total number of participants	s at the end of the plan year	***************************************		5b	12				
C Number of participants with	account balances as of the end of	the plan year (defined bene	fit plans do not	5c	12				
d(1) Total number of active pa	nticipants at the beginning of the pl	an year	.,,,,,,,,,,,	5d(1)	9				
	articipants at the end of the plan yea			5d(2)	8				
than 100% vested	terminated employment during the			5e	0				
Under penalties of perjury and of	or incomplete filing of this return ther penalties set forth in the instruc- ind signed by an enrolled actuary, a inlete	ctions. I declare that I have a	examined this return/rep	ort, includin	o, if applicable, a Schedule				
POSPOSE CONTROL (CONTROL CONTROL CONTR	tenahan	7 1	James e. Monai	IAN					
HERE Signature of plan a	•	Date 7/9/17	Enter name of individu		e nien edministrator				
SIGN James	A7 (A	1 4 7 .	JAMES E. MONA						
PHERE TO SEE									
Signature of emplo	(YVOnadaun	Date (X/9/1)	Enter name of individu	ial signing a	s employer or plan sponsor				
warmana andustria or anthu	pyer/plan sponsor name, if applicable) and address (in	Date 9111	Enter name of individu		<u>s employer or plan sponsor</u> telephone number				

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

form 5500-SF (2016) v. 150123

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b	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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either line 6a or line 6b, the plan cannot be a continued to the continued to the p	an indepe and condi not use Fo	ndent qualified public tlons.) orm 5500-SF and mus	accoun st inste	tant (IC ad use	(PA) Forn	n 5500.			Yes	<u>—</u> ,	
	#I the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA s	ection 4	4021)?		Yes	No	Not	determ	ined	
	Financial Information											
7_	Plan Assets and Liabilities	eganera cesta	(a) Beginnin					(b) End				
	Total plan liabilities	. 7a . 7b		<u> </u>	2,13	4-				,451	,153	
	Net plan assets (subtract line 7b from line 7a)	70 7c		2 3 5	2,12	<u></u>	···			151	1 # 5	
8	Income, Expenses, and Transfers for this Plan Year	Crono (500) 678 356 889	(a) Amo		, , , , ,	+	2,451,					
	Contributions received or receivable from:	5 K W 25 CO 1 K 7 P 1 C	ta) Amo	unt		2000 2000 2000	Nagarangan Nagarangan	(D) marent error	<u>Total</u>	Crafe (Brains B Crafe Crafe Co Discover (Glister)	10 100 100 100 100 10 100 100 100 100	
	(1) Employers	8a(1)		4	1,38		a paragraphica Property of Co processors	Carlotta (Carlotta)			di sarahan da di sarah Saraha di sarah	
	(2) Participants	8a(2)		3	4,98	0	ing paragonal ing distance to	ore of the reset of the control of t		Georgia		
	(3) Others (including rollovers)	. 8a(3)				(30,000) (30,000)	Tariffe dan penal Tariffe dan penal Tariffe dan penal	in Amerika in del Ye Amerika in del Ye Amerika in del Ye	Charletti Cita Kilomoto (1997) Kilomoto (1997)	(sg sou tur		
	Other income (loss)	. 8b	Nar-Segregation (Section 1988)		2,67	2 (3)	Carrier and St. 1.	Sand Fill 1989	e allekada		4.666	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	Andrewski strategije se denomi. Krista strategije strategije se denomi.	d Samuel		dali yang	COCKE OF ST	250 (000 000 000 000	(5),5(2),25(3)	و و مهرموس	,041	
<u> </u>	to provide benefits)	8d						annad ar the Lagrania Sangara	0000000 540000			
ę	Certain deemed and/or corrective distributions (see Instructions)	8e				30877 2002		CALLED TO THE WINDS AND THE STATE OF THE STA				
f	Administrative service providers (salaries, fees, commissions)	8f			2	5 888			(e154) ikil 3710 (e154) ikil 3710 (e154) ikil 3710 (e154) ikil 3710		N. Marinda, I	
g	Other expenses	8g					ing Color (1997) Marian Goral Parintaga	garaga da ang sans Baraga da ang sans				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	The control of the co		1890 H	24) 24)					25	
	Net Income (loss) (subtract line 8h from line 8c)	8i	The second state of the second	etiske sagerije grang kanal	Silvers (Silver Angertherens	(10.1) (10.1) (10.1)	्रकासाम्बद्धाः अस्ति	II Comment was			,016	
j	Transfers to (from) the plan (see instructions)	8]				360					11 12 60 75	
and of the latest	2E 2F 2G 2G 2K 3D  If the plan provides welfare benefits, enter the applicable welfare for the specific section of the section	eature çod	es from the List of Pla	л Char	acterist	ic Cod	ies in th	ie Instruc	lions:			
	V Compliance Questions											
10	During the plan year:				Yes	No	N/A		Ame	unt		
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-1027 (See instructions and DQL's V Program)	oluntary F	iduciary Correction	10a		х						
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	7 (Do not i	nclude transactions	10b		Х						
¢	Was the plan covered by a fidelity bond?	,,,		10c	х					23	0,000	
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х						
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.)	e or all of	the benefits under	10e		х						
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х	120000					
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	10g	х							
h	If this is an individual account plan, was there a blackout period? (			10h		х	1000	(A)			2 (3.4)	
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	d the required notice or one of the						South and the state of the stat		3 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Heli Charles (1970) Heli Charles (1970) Heli Charles (1970) Heli Charles (1970) Heli Charles (1970)	
j	Did the plan trust incur unrelated business taxable income?		• • • • • • • • • • • • • • • • • • • •	10j								
Part	M Pension Funding Compliance											
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "\	es," see instructions :	and cor	nplete	Sched	lule SB	(Porm	had he	Yes	No	
11a	Enter the unpaid minimum required contribution for all years from	Schedule	SB (Form 5500) line 4	00		,,,,	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 2	No D	

	Form 5500-Si <sup>#</sup> 2015 Page <b>3</b> -						
	(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 ins granting the waiver	/lonth	enter the Day_	date of the	ie letter rui Year	ing	
<u>If</u>	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.					
<u>b</u>	Enter the minimum required contribution for this plan year		12b			11	
<u>C</u>	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 I negative amount)		12d	<u> </u>			
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No 🗌	N/A	
Part	MII 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				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug of the PBGC?				Yes X	No	
¢	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.)						
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13e(3) P	N(s)	
Part	VIII Trust Information						
14a	Name of trust		14b T	rust's EIN			
14c	Name of trustee or custodian		14d Trustee's or custodian's telephone number				
Par	IRS Compliance Questions					Street Wildlife AND	
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)?		∐ ba ha	Design- based safe ADP harbor test method		/ACP	
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "citesting method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.42(a)(2)(ii))?	Q1(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):	□ Ra pe te:	rcentage		rage efit test	
16b	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	s	∏ No		
17a	Has the plan been timely amended for all required tax law changes?		Ye	S	∏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	applicat	ole code _	(See ir	structions	
	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	umber				or	
17d	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, el determination letter		the plat	n's last fav	orable		
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)?	Yes	3	∐ No		
19	Were in-service distributions made during the plan year?		Ye	5	No		
	If "Yes," enter amount		19				
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wirefred), as required under section 401(a)(9)?		Ye	s	No	N/A	