## 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

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

Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

Part I		t Identification Informatio				
For calenda	ar plan year 2014 or	fiscal plan year beginning 01/01	/2014	and ending 12	2/31/2014	
A This ret	urn/report is for:	a single-employer plan	of participating emplo	olan (not multiemployer) oyer information in acco	,	
		a one-participant plan	a foreign plan			
<b>B</b> This retu	urn/report is	the first return/report	the final return/report			
		an amended return/report		rn/report (less than 12 r	-	
C Check b	box if filing under:	Form 5558	automatic extension		X DFVC pro	gram
		special extension (enter des	scription)			
Part II	Basic Plan Inf	ormation—enter all requested	information			
1a Name		ormation—enter an requested	IIIIOIIIIalioii		<b>1b</b> Three-digit	
		K PROFIT SHARING PLAN TRU	IST		plan number	001
					1c Effective date	e of plan /01/2008
	ponsor's name and a	address; include room or suite num	nber (employer, if for a single	e-employer plan)	2b Employer Ide	entification Number
1404 PORTL	AND AVE				2c Sponsor's tel	lephone number
	R, NY 14621-3016				2d Business cod	le (see instructions)
					62	1210
<b>3a</b> Plan ad	dministrator's name	and address XSame as Plan Spo	onsor.		<b>3b</b> Administrator	's EIN
					<b>3c</b> Administrator	's telephone number
<b>4</b> If the n	name and/or EIN of t	he plan sponsor has changed sinc	ce the last return/report filed t	for this plan, enter the	4b EIN	
	, EIN, and the plan n	he plan sponsor has changed sinc umber from the last return/report.	ce the last return/report filed t	for this plan, enter the	4b EIN 4c PN	
name, <b>a</b> Sponso	, EIN, and the plan n or's name			· 	4c PN	3
a Sponso	, EIN, and the plan n or's name number of participan	umber from the last return/report.	r		4c PN 5a	3
name, a Sponso 5a Total r b Total r C Number	, EIN, and the plan n or's name number of participan number of participan er of participants witl	umber from the last return/report.	rof the plan year (defined ben	efit plans do not	4c PN 5a	3
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	Form 5500-SF 2014		Page <b>2</b>								
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 a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lif you answered "No" to either line 6a or line 6b, the plan cannot be a considerable with the considerable with th	an indeper and conditi	ident qualified public accounta	int (IQ	PA)				X Ye	_	No No
C	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40	21)?		Yes	No	_ N	lot det	ermir	ned
Par	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) Er	nd of	Year		
a	Total plan assets	7a	117	777						0	
b	Total plan liabilities	7b		0						0	
	Net plan assets (subtract line 7b from line 7a)	7c	117	777						0	
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b	) Tot	al		
	Contributions received or receivable from: (1) Employers	8a(1)		0							
	(2) Participants	8a(2)	15	555							
	(3) Others (including rollovers)	8a(3)		0							
	Other income (loss)	8b	(	643							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								2198	
	Benefits paid (including direct rollovers and insurance premiums		139	75							
	to provide benefits)	8d	100	0							
	Certain deemed and/or corrective distributions (see instructions)	8e		0							
	Administrative service providers (salaries, fees, commissions)  Other expenses	8f 8g		0							
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1:	3975	
	Net income (loss) (subtract line 8h from line 8c)	8i							-1	1777	
	Transfers to (from) the plan (see instructions)	8j		0							
Par	IV Plan Characteristics	O)									
b Part	If the plan provides welfare benefits, enter the applicable welfare for V Compliance Questions	eature cod	es from the List of Plan Chara	cterist	tic Cod	des in t	he instru	iction	s:		
10	During the plan year:				Yes	No		Α	moun	t	
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c	Χ					2	20000
d	Did the plan have a loss, whether or not reimbursed by the plan's			100							-
e	or dishonesty?	······		10d		X					
	insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		X					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	10g		X					
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 provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Y	es	No
11a	Enter the unpaid minimum required contribution for current year fr					11a					
12	Is this a defined contribution plan subject to the minimum funding					302 of	ERISA?		Ye	es X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,										
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter tl Day			letter ear	rulin	g 

	F	Form 5500-SF 2014	Page <b>3</b> - 1					
lf y	ou c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Forn	n 5500), and skip to line 13.					
b	Ente	r the minimum required contribution for this plan year			12b			
С	Ente	r the amount contributed by the employer to the plan for this plan year			12c			
d			`		12d			
е	Will t	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?			. X	Yes N	lo	
	If "Ye	es," enter the amount of any plan assets that reverted to the employer th	is year		. 13a			
b				under the o	control		X Yes	No
С	If du			ne plan(s)	to			
1	3c(1)	Name of plan(s):	tributed by the employer to the plan for this plan year					

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

Fo	orm 5500-SF	Sharte						
Oco	periment of the Transpry ternal Revenue Service	Short Form Annua	<b>Benet</b>	it Plan				OMB Nos. 1210-0110 1210-0089
Employee	Opportment of Labor Benefits Security Administration	This form is required to be Retirement income Security Ar- the Inte	e filed under a ct of 1974 (Ef lemal Revenu	PERSONAL SERVICES	Addition of the Party of the Pa	<b>ee</b> 38(a) o	f	2014
Part I	Annual Report	Complete all entries in ac	Name and Address of the Owner,	th the instru	etions to the Form 55	00-8F <u>.</u>	Inis rorm In	is Open to Public espection
For calend	iar plan year 2014 or fis	scal plan year beginning 01/01/		-	and ending	12/17/	John of a s	
A This ret	turn/report is for:	= a single-employer plan	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN	e employer p	olan (not multiemployer)	(Filers	2014	
	turn/report is:	a one-participant plan the first return/report	a foreign	plan return/report	Dyer information in acco	rdence	with the form in	ox must attach (i list istructions)
		an amended return/report	a short p	lan year retur	m/report (less than 12 n	nontha	)	
C Check	box if filling under:	Form 5558 special extension (enter descri	autometic	ic extension			DFVC progn	DIT
Part II	Basic Plan Infor	rmation—enter all requested info	-matian					
1a Name LINDA E JO	of plan ONES ODS PLLC	And an arrange of the Land of the State of t	N 1 s Marketon 1	Andrews and the Andrews and the Andrews		1b	Three-digit plan number	
401(K) PRO	OFIT SHARING PLAN &	TRUST				NATIONAL PROPERTY.	(PN) Fractive date o	001 f plan
28 Plens	ponsor's name and add ONES DDS PLLC	iress; include room or suite number	r (employer, i	f for a single-	employer plan)	4	Employer Identi	
1404 PORT	O AND AVE					and the same of the	(EIN) 20-29 Sponsor's telep (585)39	
CONTRACT.	MATERIAL PROPERTY.					24		(see instructions)
ROCHESTE	ER NY 14621-3016	-				- Su	6212	
3a Plan a	dministrator's name and	d address XSame as Plan Spon	1907		PPHARmore measure to the Atlantic attitude to	3b	Administrator's	
SAME						Зс .	Administrator's t	telephone number
name,	, EIN, and the plan num	plan sponsor has changed since th aber from the last return/report.	so last return/	report flied fo	r this plan, enter the	-	EIN	No. To be ITM Bank large boar or resource successors
PROPERTY AND PERSONS ASSESSED.	or's name					4c	PN	
		at the beginning of the plan year				5a		3
		at the end of the plan year				5b		0
compl	lete this item)	eccount balances as of the end of th	****************	****************		5¢		0
		iniparts at the teginning of the plan	•			Sel(1)	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	0
		icipants at the end of the plan year.				5d(2	)	O.
lessth	an 100% vested	rminated employment during the pl		****************	****************************	5e		0
Caution: A	penalty for the late of	r incomplete filing of this return/s	report will b	e assessed t	uniess ressonable cau	180 is c	satablished.	
SB or Sche	attles of perjury and other edute MB completed and true, correct, and complete	er penalties set forth in the instructi d signed by an enrolled actuary, as lete.	ons, I declare well as the e	that I have a lectronic vers	acemined this return/repaid and of this return/report,	ort, inc , and to	sluding, if applica the best of my	able, a Schedule knowledge and
SIGN	1 6	20.10.0	41	24117				
HERE	Signature of plan ad	mune-	Date		Enter name of Individu	role In-	-lan an alam ada	-1-1-1-4
manat .	Sifficient or brest and	ministrawi	500		Chies Heline of Bressell	the pasts	mil as han arii	BURFACION
SIGN HERE								
	Signature of employed name (including firm name)	rer/plan sponsor ime, if applicable) and address; incl	Date	auite number	Enter name of Individu (optional)			r or plan sponsor number (optional)

Tanananania	Form 5500-SF 2014		D 0							
6a	Were all of the plan's assets during the plan was in		Page 2							
b	Were all of the plan's assets during the plan year invested in eligi Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-487 (See instructions on waiver eligibility	ble assets	7 (See instructions.)	********	*******	*********	******	The state of the s	Yes	No
	WWW AF VIN COLU. IUSASNY ISSA implementations and the second		CALLES AND SERVICE PROPERTY OF THE PROPERTY OF	mrvi (i	LAME			,	L	(L)
	If you answered "No" to either time 6a or line 6b, the plan came if the plan is a defined benefit plan is it assured benefit plan is it assured benefit plan.	not use F	orm 5506-SF and must instar	ad us	e Form	n 5500	********		t Yes	ı ∐ No
4.5	If the plan is a defined benefit plan, is it covered under the PBGC to	nsurance p	rogram (see ERISA section 40	321)7	П	ma I	No	Пм	t Deter	n Y A
Pa	rt III Financial Information					-	140	F 140	r müllei	THETOG
7	Plan Assets and Liabilities	T -								
8	Total plan assets		(a) Seginning of Yes	or_			(b) E	nd of	foar	
b	Total plan liabilities.	70	1177	-		-			(	)
C	Net plan assets (subtract line 7b from line 7a)	7b		0				Management	(	}
8	Income, Expenses, and Transfers for this Plan Year	7c	1177	7	+				(	)
a	Contributions received or receivable from:		(a) Amount		+		<u>(b</u>	) Tota		-
***************************************	(1) Employers	8a(1)		0						
-	(2) Participants	8#(2)	155	5		Militare Anidon Inches			-	
***************************************	(3) Others (including rollovers)	8u(3)		0					***************************************	
	Other income (loss)	86	84:	3				Mahamana		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		.,		4	The same of the sa		2198	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1397	<b>E</b>					1	
	Certain deemed and/or corrective distributions (see instructions)	80		)	+		, 	TO 100 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	Administrative service providers (salaries, fees, commissions)	81		)	+	-			<u> </u>	
	Other expenses	89		)	+-			Michigan Company		<del></del>
	Total expenses (add lines 8d. 8e. 8f, and 8g)	8h			+			Alderson	13975	
	Net income (loss) (subtract line 8h from line 8c)	81	*****		+			management	-11777	Milana and a second
	Transfers to (from) the plan (see instructions)	81		0	_			<b>California</b>		
Par		<u> </u>		Annian del seles		17 (7 1887)	(1 18 1 1 1 1 1 m)	****************	8 THE	
Incommental by	If the plan provides pension benefits, enter the applicable pension	faature co	des from the List of Plan Chan	acteri	stic Co	des in	the instr	uction	k!	
	2E 2G 2J 2T 3D									
ь	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Charac	cterial	le Coe	les in th	ne instru	ctions:		
		-		williani yana ta				Market St. 144	***************************************	
Part					Yes	No		A		
10	During the plan year:  Was there a failure to transmit to the plan any participant contribu	Pione withi	n the time period described in		109	146		Am	ount	
a	29 CFR 2510.3-102? (See Instructions and DOL's Voluntary Fide	clary Con	ection Program)	103		×				
b	Were there any nonexempt transactions with any party-in-interest								Lancing Control	
	on line 10a.)			106		×	-			
C	Was the plan covered by a fidelity bond?,	**********	**********************	10c	×			,,,		20000
d	Did the plan have a loss, whether or not reimbursed by the plan's									
-	or dishonesty?	CONTRACTOR DESCRIPTION OF	The state of the s	10d		×			-	
e	Were any fees or commissions paid to any brokers, agents, or oil insurance service or other organization that provides some or all of	ner person of the beni	s by an maurance carrer, effts under the plan? (See							
	instructions.)	+++++	MARKA SAN MARKAMANANA MAKAMANA	10e		×	-			
f	Has the plan falled to provide any benefit when due under the pla	n?	######################################	10f		×				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		×				
h	If this is an individual account plan, was there a blackout period?							and the trans		
nonconsolubbe	2520,101-3.)		***************************************	10h		×		rapesempsoon		
1	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			101						
Part									- China construction	
11	Is this a defined benefit plan subject to minimum funding requirem	ents? (If =	Yes." see instructions and com	plote	Schee	tule SE	(Form	T		
* *	5500) and line 11a below)								Yes	× No
11a	Enter the unpaid minimum required contribution for current year for	-	The state of the s	The state of the s	-				7	pain.
12	is this a defined contribution plan subject to the minimum funding			OF S	action.	302 of	ERISA?		Yes	≥ No
-	(If "Yes," complete line 12s or lines 12b, 12c, 12d, and 12e below.	, as applic	etxio.)					A 4-		
a	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.	ng asmortiz	ed in this plan year, see instru	ctions dh	, and (	enter th Day		of the h	ator ru L'	mg
-									-	

Form 5500-SF 2014 Page 3 - [ If you completed line 12s, complete lines 3, 9, and 10 of Schedule ME (Form 5500), and skip to line 13. 12b D Enter the minimum required contribution for this plan year..... C Enter the amount contributed by the employer to the plan for this plan year..... 120 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 12d N/A Yes No Will the minimum funding amount reported on line 12d be met by the funding deadline?.... Part VII Plan Terminations and Transfers of Assets M Yes 13a Has a resolution to terminate the plan been adopted in any plan year?...... 0 Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control ₩ Yes No C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.) 13c(3) PN(s) 13c(2) EIN(8) 13c(1) Name of plan(s): Part VIII Trust Information (optional) 14b Trust's EIN 14a Name of trust