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

2016

This Form is Open to Public Inspection

Part I		t identification information								
For calenda	r plan year 2016 or	fiscal plan year beginning 01/01/2	2016	and ending 1	2/31/2016	_				
		🔀 a single-employer plan		olan (not multiemployer)						
A This return/report is for:		a one-participant plan	_	ne form instructions.)						
		a one participant plan	a foreign plan							
B This retur	rn/renort is	the first return/report	the final return/report							
D This retai	III/Ieport is	an amended return/report	H .	urn/report (less than 12 n	months)					
_				ani/report (iess than 12 h						
C Check be	ox if filing under:	X Form 5558	automatic extension		DFVC progra	ım				
		special extension (enter desc	ription)							
Part II	Basic Plan Inf	formation—enter all requested in	formation							
1a Name o					1b Three-dig					
THE FUN RE	TIREMENT PLAN				plan numl	ber 001				
					(PN) •					
					IC Lilective	01/01/2006				
2a Plan sp	onsor's name (emp	loyer, if for a single-employer plan)			2b Employer	Identification Number				
		oom, apt., suite no. and street, or P.0		atrustic no.	(EIN)	20-5356935				
	NTETOMASO PC	nce, country, and ZIP or foreign pos	iai code (ii ioreign, see ins	structions)	2c Sponsor's	s telephone number				
						35-787-7000				
1674 EMPIRE	BLVD SUITE 200				2d Business	code (see instructions)				
WEBSTER, N						541110				
3a Plan ad	lministrator's name	and address Same as Plan Spo	nsor.		3b Administra					
GERARD G A	NTETOMASO PC		PIRE BLVD SUITE 200		20-5356935					
		WEBSTE	R, NY 14580		3c Administrator's telephone number 585-787-7000					
					50	33-767-7000				
4 If the na	ome and/or EIN of t	the plan energer has shanged since	the last return/report filed	for this plan, optor the	4h FIN	_				
		the plan sponsor has changed since number from the last return/report.	the last return/report filed	ioi iiis pian, enter the	4b EIN					
a Sponso	r's name				4c PN					
5a Total no	umber of participan	ts at the beginning of the plan year.			5a					
b Total no	umber of participan	ts at the end of the plan year			5b					
C Numbe	er of participants wit	h account balances as of the end of	the plan year (only define	ed contribution plans	5c					
•	,									
d(1) Tota	I number of active p	participants at the beginning of the p	lan year		5d(1)					
		participants at the end of the plan ye			5d(2)					
		at terminated employment during the			5e	(
		e or incomplete filing of this retur			use is establish	ed.				
Under penal	Ities of perjury and	other penalties set forth in the instru	ctions, I declare that I hav	e examined this return/re	eport, including, if	applicable, a Schedule				
	dule MB completed rue, correct, and col	and signed by an enrolled actuary, mplete.	as well as the electronic v	ersion of this return/repo	rt, and to the bes	of my knowledge and				
	•	d/valid electronic signature.	09/05/2017	GERARD ANTETOM	ASO					
HERE Signature of plan administrator Date Enter name of individe						an administrator				
OLON	Signature or plan	adililistrator	Date	Litter flame of flidivit	duai signing as pi	an administrator				
SIGN HERE										
		loyer/plan sponsor name, if applicable) and address (i	Date		dual signing as er Preparer's tele	nployer or plan sponsor				
i ichaici s II	iamo (including lilli	i name, ii applicable) allu audiess (l	norace room or suite num	JOI)	i Toparei s tele	phone number				
Ī										

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6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)						X Ye	s No
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								X Ye	s No
	If you answered "No" to either line 6a or line 6b, the plan cann					_	-	_		
	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	∐ No	Not det	ermined
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning					(b) End		_
<u>a</u>	Total plan assets	7a		516469)				60368	5
	Total plan liabilities	7b		540400						_
C	Net plan assets (subtract line 7b from line 7a)	7c		516469)				60368	5
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) T	otal	
а	Contributions received or receivable from: (1) Employers	8a(1)		3746						
	(2) Participants	8a(2)		49926						
	(3) Others (including rollovers)	8a(3)			\neg					
	Other income (loss)	8b		33644						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							8731	6
	Benefits paid (including direct rollovers and insurance premiums	- 55								
	to provide benefits)	8d								
<u>e</u>	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		100						
g	Other expenses	8g								
<u>h</u>	1 Total expenses (add lines 8d, 8e, 8f, and 8g)								10	0
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							8721	6
j	Transfers to (from) the plan (see instructions)	8j								
Pai	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 3D 2G	feature co	odes 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 welfare f	eature cod	des from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	ctions:	
Par	t 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 contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Normal)	oluntary F	Fiduciary Correction	10a		X				
b	,	t? (Do not	include transactions	10b		X				
С	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				
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		X				
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X				
g		-		10g	X					6067
h	2520.101-3.)	` 		10h		X				
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10			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 con 5500) and line 11a below)				Y	es No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a		•	
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co			f	ΠY	es X No
	ERIS (If "\	A?				🖰	
а		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ing the waiver		nd enter i		of the letter Year _	ruling
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.				
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			
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the letive amount)	eft of a	12d			
е	Will t	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					
13a	Has a	a resolution to terminate the plan been adopted in any plan year?			Yes	s X No)
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year		13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug				Yes X	No
С		rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif h assets or liabilities were transferred. (See instructions.)	fy the plan(s) to			
	13c(1)	Name of plan(s):	13c(2) EIN(s)		13c(3)	PN(s)
Part	VIII	Trust Information					
14a	Name	of trust		14b	Trust's E	EIN	
14c	Name	of trustee or custodian				s or custodia ne number	an's
Par	t IX	IRS Compliance Questions		•			
15a	Is the	plan a 401(k) plan? If "No," skip b	Yes			No	
15b		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		gn-based harbor	d [Test	ar" ADP
				rent year test	,"	N/A	
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	Rat	centage		verage enefit test	□ N/A
16b		ne 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		<u>'</u>				
	letter		nter the date	e of the n	nost rec	ent determir	ation
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		Ye	s [No	
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			s	No	

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.

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Part I		t Identification Information				· · · · · · · · · · · · · · · · · · ·	
For calenda	ar plan year 2016 or	fiscal plan year beginning X a single-employer plan	01/01/2016	and ending	12/31/2		
A		an (not multiemployer)					
A This ret	urn/report is for:	nployer information in a	ccordance with ti	e form instructions.)			
B This retu	ırn/report is	the first return/report	the final return/report				
		an amended return/report	a short plan year retur	n/report (less than 12 m	nonths)		
C Check t	oox if filing under:	X Form 5558	automatic extension		DFVC progra	ım	
		special extension (enter desc	ription)				
Part II	Basic Plan Inf	ormation—enter all requested in	formation				
1a Name	of plan				1b Three-dig		
THE FUN	RETIREMENT P	PLAN			plan numi	ber 001	
					1c Effective	date of plan	
					01/01/2		
Mailing	address (include ro	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C			1	Identification Number	
•	•	ce, country, and ZIP or foreign post	tal code (if foreign, see inst	ructions)	2c Sponsor's	telephone number	
GERARD	G ANTETOMASC) PC			585-787	-7000	
1674 EM	PIRE BLVD SU	፲፹፱ 200				code (see instructions)	
10/4 1514	FIRE BLVD 30	11E 200			541110		
WEBSTER		NY 14580					
		and address Same as Plan Spo	nsor.		3b Administra		
	G ANTETOMASO				20-5356		
					3c Administrator's telephone number 585 – 787 – 7000		
1674 EMI	PIRE BLVD SU	TE 200			365-767	- 7000	
HED GEED		14500					
WEBSTER 4 If the n	amo and/or EIN of th	NY 14580 ne plan sponsor has changed since	the last return/report filed f	or this plan, enter the	4b EIN		
		ie plan sponsor has changed since imber from the last return/report.	the last return/report filed i	or this plan, enter the	40 EIN		
a Sponso	or's name				4c PN		
5a Total r	number of participant	s at the beginning of the plan year.			<u> </u>		
b Total r	number of participant	s at the end of the plan year			5b	5	
		account balances as of the end of			5c		
d(1) Tota	al number of active p	articipants at the beginning of the p	lan vear		5d(1)	3	
	·	articipants at the end of the plan ye	•		5d(2)	4	
		t terminated employment during the			5e		
than 1	100% vested					0	
Linder nena	penalty for the late	or incomplete filing of this returnation or incomplete filing of this returnation or incomplete filing of this returnation.	ctions I declare that I have	examined this return/re	eport, including, if	applicable, a Schedule	
SB or Sche	dule MB completed	and signed by an enrolled actuary,	as well as the electronic ve	rsion of this return/repo	rt, and to the bes	t of my knowledge and	
	rue, correct, and con	nplete.	رس سن ومع	GERARD ANTETO	MACO		
SIGN HERE	M	Jan Contraction of the second	9-5-17				
114174	Signature of plan	administrator	Date	Enter name of individ	dual signing as pl	an administrator	
SIGN							
HERE		mployer or plan sponsor					
Preparer's	name (including firm	name, if applicable) and address (i	nclude room or suite numb	er)	Preparer's tele	phone number	

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nstructions.)	 	 	

6a	a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)						X Ye	es 📙 No		
b	Are you claiming a waiver of the annual examination and report of								X Ye	es 🗌 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								E	
С	If the plan is a defined benefit plan, is it covered under the PBGC ir								☐ Not de	etermined
	rt III Financial Information							<u> </u>	<u> </u>	
7	Plan Assets and Liabilities	T	(a) Beginning	of Year				(b) End	of Year	
a	Total plan assets	7a	(a) Beginning	516,			-	(10) 11110		603,685
	Total plan liabilities	7b			· · · · · · ·					
	Net plan assets (subtract line 7b from line 7a)	7c		516,	469					603,685
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	ıt				(b) T	otal	
	Contributions received or receivable from:		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		746					
	(1) Employers	8a(1)			746	<u> </u>	 			
	(2) Participants	8a(2)		49,	926					
	(3) Others (including rollovers)	8a(3)			-		100			
b	Other income (loss)	8b		33,	644					0.77.01.4
<u> </u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							 	87,316
d	Benefits paid (including direct rollovers and insurance premiums	8d								
	to provide benefits)	8e			$-\dagger$					
	Administrative service providers (salaries, fees, commissions)	8f		****	100					
<u>,</u>	Other expenses	8g					•			
_ _	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		100 mg					in	100
¨	Net income (loss) (subtract line 8h from line 8c)	 								87,216
÷	Transfers to (from) the plan (see instructions)	8i								-
Pa	rt IV Plan Characteristics	oj								
9a	If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Pl	an Cha	racteri	stic Co	des in	the inst	ructions:	
Ju	2E 2J 3D 2G									
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acterist	ic Coc	ies in t	the instru	uctions:	
Pai					1					
10	During the plan year:				Yes	No	N/A		Amoun	it
а	Was there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's V									
	Program)	•	-	10a		Х				
b	Were there any nonexempt transactions with any party-in-interest	t? (Do not	include transactions			Х				
	reported on line 10a.)			10b			524			
C	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	•		10d		Х				
	by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other			100						
е	carrier, insurance service, or other organization that provides son	ner persor ne or all of	f the benefits under			x				
	the plan? (See instructions.)			10e		11				
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g	Х					6,06
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 t	he require	d notice or one of the	10i						
	exceptions to providing the notice applied under 29 CFR 2520.10	11-3		101	1	<u> </u>	<u> </u>			

Form 5500-SF 2016

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Part \	Pension Funding Compliance					
	ls this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com (Form 5500) and line 11a below)				Ye	s No
11a	Enter the unpaid minimum required contributions 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 ERISA?				Ye	s 🛛 No
2	(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 instruc	rtions and	d enter t	he date of t	he letter r	rulina
	granting the waiver Mon	th_	Day		Year_	
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
b E	nter the minimum required contribution for this plan year		12b			
CE	nter the amount contributed by the employer to the plan for this plan year		12c			
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)		12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No [N/A
Part V	II 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 brought control of the PBGC?				Yes 🛚	No
	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t which assets or liabilities were transferred. (See instructions.)	he plan(s) to			
13	c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)
Part \	/III Trust Information					
14a N	ame of trust		14b 1	rust's EIN		
14c N	ame of trustee or custodian			rustee's or elephone r		n's
Part	IX IRS Compliance Questions					
15a t	s the plan a 401(k) plan? If "No," skip b	Yes		_ l	No	
15b ⊦	low did the plan satisfy the nondiscrimination requirements for employee deferrals under section		n-based		Prior yea	r" ADP
4	01(k)(3) for the plan year? Check all that apply:	Curr ADP	ent year' test		N/A	
	Vhat testing method was used to satisfy the coverage requirements under section 410(b) for the plan rear? Check all that apply:	Ratio perc test	o entage	Avera	age fit test	□ N/A
f	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) or the plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes			No	
1	f the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS op he letter and the serial number					
	f the plan is an individually-designed plan that received a favorable determination letter from the IRS, ente etter Defined Benefit Plan or Money Purchase Pension Plan Only:	r trie date	or the m	ust recent	uetermina	анон ———————————————————————————————————
\	Verined Benefit Plan or Money Purchase Pension Plan Only: Vere any distributions made during the plan year to an employee who attained age 62 and had not separa ervice?	ted from	Yes	1 <u> </u>	40	
19 \	Vas any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		Ye	s [] 1	10	