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

2017

This Form is Open to Public Inspection

Part I	Annual Repor	<u>t Identification Information</u>	1								
For calend	dar plan year 2017 or	fiscal plan year beginning 07/01/2	2017	and ending 0	6/30/2018						
A This re	eturn/report is for:	X a single-employer plan		plan (not multiemployer) (employer information in ac							
		a one-participant plan	a foreign plan								
B This ref	turn/report is	the first return/report	the final return/repor	t							
		an amended return/report	a short plan year ret	urn/report (less than 12 m	an 12 months)						
C Check	box if filing under:	X Form 5558	automatic extension	n	DFVC progra	m					
		special extension (enter desc	ription)		_						
Part II	Basic Plan Inf	ormation—enter all requested in	formation								
1a Name FINGER LA	•	RVICES, INC. 401(K) PROFIT SHA	RING PLAN		1b Three-digi plan numb (PN) ▶						
					1c Effective of	late of plan 07/01/1987					
		loyer, if for a single-employer plan)			2b Employer	Identification Number					
		om, apt., suite no. and street, or P.C nce, country, and ZIP or foreign pos		structions)	(EIN)	16-1211052					
FINGER LA	KES FINANCIAL SEI	RVICES,INC				telephone number 85-586-2600					
					2d Business	code (see instructions)					
	9 LASALLE PARKWAY /ICTOR, NY 14564				524210						
					01						
3a Plan a	administrator's name	and address X Same as Plan Spo	nsor.		3b Administra	itor's EIN					
					3c Administra	itor's telephone number					
		he plan sponsor or the plan name honsor's name, EIN, the plan name a			4b EIN						
	sor's name	one of thame, and plan hame of	and the plan namber nen	ratio laot rotali proporti	4d PN						
C Plan i	Name										
5a Total	number of participan	ts at the beginning of the plan year.			5a	3					
		ts at the end of the plan year			5b	3					
		h account balances as of the end of			5c	3					
	,	participants at the beginning of the p			5d(1)	3					
		participants at the end of the plan ye			5d(2)	3					
		no terminated employment during the			5e						
Caution:	A penalty for the late	e or incomplete filing of this retur	n/report will be assesse	ed unless reasonable ca							
SB or Sch		other penalties set forth in the instru and signed by an enrolled actuary, a mplete.									
SIGN	Filed with authorize	ed/valid electronic signature.	04/09/2019	DAVID GWYNN							
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing as pla	an administrator					
SIGN											
HERE	Signature of emp	lover/plan sponsor	Date	Enter name of individ	lual signing as en	nplover or plan sponsor					

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b	 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 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.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 							
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) En	d of Year
а	Total plan assets	7a		19170			(/	2817139
	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c	25	19170				2817139
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt			(b)	Total
а	Contributions received or receivable from:		. ,				. ,	
	(1) Employers	8a(1)	,	70560				
	(2) Participants	8a(2)	!	58898				
	(3) Others (including rollovers)	8a(3)			_			
<u> </u>	Other income (loss)	8b	2	38306	_			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						367764
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		68525				
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f		1270				
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						69795
i	Net income (loss) (subtract line 8h from line 8c)	. 8i						297969
j	Transfers to (from) the plan (see instructions)	8j						
Pai	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 3D	feature co	des from the List of Pl	an Cha	racteri	stic Co	odes in the in	structions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	des in the ins	tructions:
Par	t V Compliance Questions							
10	During the plan year:				Yes	No		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		t? (Do not	include transactions	10b		Х		
С	Was the plan covered by a fidelity bond?			10c	X			251917
d				10d		X		201017
е	by fraud or dishonesty?				X			
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X		
g	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-	•	10g		Χ		
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				

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Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below)	nedule S	B	Y	′es X 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 or section ERISA?	n 302 o	f 	Y	′es X No		
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an granting the waiver			of the lette Year _	r ruling		
lf y	you completed 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					
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 of a negative 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	s X N	0		
	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 under the control 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), identify the plan(s which assets or liabilities were transferred. (See instructions.)) to					
1	3c(1) Name of plan(s): 13c(2) EIN(s)		13c(3) PN(s)		

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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).

2017

OMB Nos. 1210-0110 1210-0089

This Form is Open to **Public Inspection**

Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.											
Part I Annual Report Identification Information											
For calendar plan year 2017 or f	iscal plan year beginning 07/01/201	17		and ending 06/3	30/2018						
A This return/report is for:	a single-employer plan	list			yer) (Filers checking this box must attach a in accordance with the form instructions.)						
B This return/report is	the first return/report	a supplied the supplied to the									
	an amended return/report		final return/report	n/report (less than 12 m	months)						
C Check box if filing under:	tud .	<u></u>	•	aroport (lood that in	_						
Crieck box ir ming drider.	X Form 5558 Special extension (enter descr	لــا	omatic extension		☐ prvc	program					
				ADVINCTOR OF THE PROPERTY OF T	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~						
handada in the control of the contro	ormation—enter all requested inf	formation	1	······································	4 L -:	71 11	ı — — — — — — — — — — — — — — — — — — —				
1a Name of plan FINGER LAKES FINANCIAL SEF	RVICES, INC. 401(K) PROFIT SHAF	RING PL	AN			ee-aigit n number i) 🕨	001				
						ective date of 01/1987	fplan				
Mailing address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O					oloyer Identii	fication Number 52				
City or town, state or proving FINGER LAKES FINANCIAL SER	ce, country, and ZIP or foreign post RVICES,INC	tal code (i	if foreign, see instr	uctions)	2c Spo		hone number 586-2600				
						iness code (see instructions)				
29 LASALLE PARKWAY					524210						
VICTOR, NY 14564											
3a Plan administrator's name a	nd address Same as Plan Spon	nsor.			3b Administrator's EIN						
					3c Administrator's telephone number						
	ne plan sponsor or the plan name ha				4b EIN						
a Sponsor's name C Plan Name	onsor's name, EIN, the plan name a	and me þi	an number from th	e iast retum/report.	4d PN						
	and quantity to a superior and a sup	WATER THE PARTY OF	Edward Company of the		**************************************						
	s at the beginning of the plan year				5a		3				
	s at the end of the plan year account balances as of the end of t				5b 5c		3				
complete this item)		**********	*************************	**************************	***************************************		3				
d(1) Total number of active participants at the beginning of the plan year					5d(1) 5d(2)		3				
d(2) Total number of active participants at the end of the plan yeare Number of participants who terminated employment during the plan year with accrued benefits that were less				nefits that were less	5e						
than 100% vested	than 100% vested										
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 De Want to		Q	4/5/19	David Gwynn							
HERE Signature of plan	administrator		Date	Enter name of Individu	ıa i signing	as plan adm	inistrator				
SIGN		- 1									

Date

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Form	DOLL	-5-	201

_	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)						Yes No	
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indepe	endent qualified public	accoun	tant (I	QPA)		X Yes No
	If you answered "No" to either line 6a or line 6b, the plan cann	not use Fo	orm 5500-SF and mu	st Inste	ad us	e For	n 550 0.	
C	If the plan is a defined benefit plan, is it covered under the PBGC is	nsurance j	program (see ERISA s	ection 4	4021)7][Yes No	Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the	ne PBGC p	premium filing for this	pian yea	ar	-		(See instructions.)
Pa	rt III Financial Information				<u> </u>	***************************************		
7	Plan Assets and Liabilities	,	(a) Beginning	of Yea	r		(b) End	of Year
а	Total plan assets	7a		25191		Garage Contract		2817139
b	Total plan liabilities	7b		Stock promobili (Sci				
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c		25191	70			2817139
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	nt			(þ) .	l'otal
a	Contributions received or receivable from:			705	80			
	(1) Employers	8a(1)		588				
Add Commissions	(2) Participants	8a(2)		700	30			
······································	(3) Others (including rollovers)	8a(3)		2383	26			
	Other income (loss)	8b		2000	-		MANAGO (A SPANO) A SPANOS A S	367764
Belleville and Street	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					dental construction and a second	301104
	to provide benefits)	8d		6852	25			
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f		127	70			
g	Other expenses	8 g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						69795
<u>. i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						297969
j	Transfers to (from) the plan (see instructions)	8]						
Pai	t IV Plan Characteristics			- Madesta Address				
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 3D	feature co	des from the List of Pl	an Cha	racteri	stic Co	des in the inst	ructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	acteris	tic Cod	les in the instr	uctions:
Par	t V Compliance Questions						Other Control of the	
10	During the plan year:		The second se		Yes	No	,	Amount
a	Was there a failure to transmit to the plan any participant contribut descr bed in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	40-		x	and the second s	
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.).	? (Do not i	include transactions	10a 10b		Х		
			MANAGEMENT CONTRACTOR AND			*************		054047
Ç				10c	Х	Policy Colorato	A PARTY NAMED IN COLUMN	251917
CCCPACTA NAMED IN	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	************		10d		×	Marine	
9	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 falled to provide any benefit when due under the plan	1?		10f		X		
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? (2520.101-3.)			10h		Х	entiedistriction (in the contraction of the contrac	
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required	notice or one of the	101			MMCCACACACACACACACACACACACACACACACACACA	

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Page 3-	1 1	

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Part	VI Pension Funding Compliance	****			Karanosto			
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (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	<u> </u>				
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.)							Yes	C)
<i></i>	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	an-	d enter Da	the da	te of	the le Yea	tter n	uling
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		danier and a second	NAMES TO BE A POST OF THE	400 Paris	-0-000000000000000000000000000000000000		
b	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		12c		***********	energe de la compansión de		25030000 managamana
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)	11400	12d					
6	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			.61D##320#60#	200000000000000000000000000000000000000			W. W
13a	Has a resolution to terminate the plan been adopted in any plan year?	****		□ \	es	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 brought under the control of the PBGC?						Yes	K I	Vo
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.)								
1	3c(1) Name of plan(s):	c(2)	EIN(s)	Τ	130	:(3) F	N(s)
		arional.						