Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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

2018

This Form is Open to **Public Inspection**

For celedar plan year 2018 or fiscal plan year teginning 0.01/2018 an untiple-employer plan foot multienployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) a non-participant plan a toreign plan an amended return/report a short plan year return/report (less than 12 months)		ort identification information							
A This return/report is for: a one-participant plan a foreign plan a short plan year return/report (less than 12 months) C Check box if filing under: Form 5558 automatic extension DFVC program DFVC prog	For calendar plan year 2018	or fiscal plan year beginning 01/01/	2018	and ending 12/	/31/2018				
B This return/report is	A This return/report is for:	X a single-employer plan							
me tinst return/report me tinst return/report me tinst return/report me tinst return/report me tinst return/report (less than 12 months)	·	a one-participant plan		, ,,		,			
C Check box if filing under:	B This return/report is	the first return/report	the final return/report						
Special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan Corporation—enter all requested information		an amended return/report	a short plan year retu	rn/report (less than 12 mo	nths)				
Part II Basic Plan Information—enter all requested information 1a Name of plan GORDON, CHODAK & CHAPIN, CPAS, P.C. 401(K) PROFIT SHARING PLAN 1c Effective date of plan GORDON, CHODAK & CHAPIN, CPAS, P.C. 401(K) PROFIT SHARING PLAN 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 protonice, country, and ZIP or foreign postal code (if foreign, see instructions) GORDON, CHODAK & CHAPIN, CPAS, P.C.	C Check box if filing under:	Form 5558	automatic extension		DFVC progra	m			
18 Name of plan GORDON, CHODAK & CHAPIN, CPAS, P.C. 401(K) PROFIT SHARING PLAN 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) GORDON, CHODAK & CHAPIN, CPAS, P.C. 2b Employer Identification Number (EIN) ECIN) 2c Sponsor's telephone number 565-586-6210 2d Business code (see instructions) 541211 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number 565-586-6210 3c Administrator's telephone number 565-586-6210 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4 If the name and/or EIN of the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4 If the name and/or EIN of the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4 If the name and/or EIN of the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4 If the name and/or EIN of the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4 If the name and/or EIN of the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4 If the name and/or EIN of the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 5 Total number of participants at the beginning of the plan year. 5 Description of the plan year of plan Name. 5 Description of the plan year of the plan year of plan year of participants with account balances as of the end of the plan year. 5 Description of the plan year of the plan year. 5 Description of the plan year of the plan year of the plan year of the plan year. 5 Description of the plan year of the plan year of the		special extension (enter desc	cription)						
18 Name of plan GORDON, CHODAK & CHAPIN, CPAS, P.C. 401(K) PROFIT SHARING PLAN 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) GORDON, CHODAK & CHAPIN, CPAS, P.C. 2b Employer Identification Number (EIN) ECIN) 2c Sponsor's telephone number 565-586-6210 2d Business code (see instructions) 541211 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number 565-586-6210 3c Administrator's telephone number 565-586-6210 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4 If the name and/or EIN of the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4 If the name and/or EIN of the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4 If the name and/or EIN of the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4 If the name and/or EIN of the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4 If the name and/or EIN of the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4 If the name and/or EIN of the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 5 Total number of participants at the beginning of the plan year. 5 Description of the plan year of plan Name. 5 Description of the plan year of the plan year of plan year of participants with account balances as of the end of the plan year. 5 Description of the plan year of the plan year. 5 Description of the plan year of the plan year of the plan year of the plan year. 5 Description of the plan year of the plan year of the	Part II Basic Plan	nformation—enter all requested in	nformation						
Plan number (PN) 001 C Effective date of plan (ORN) 001 C Employer determine, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 001 C Effective date of plan (EIN) 101 C Effective date of plan (EIN) 101 C Effective date of plan (EIN) 101 C Employer determines code (see instructions) 001 C Effective date of plan (EIN) 101 C Number of participants at the beginning of the plan year 5b 10 C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) 5c 10 C Number of participants with account balances as of the end of the plan year 5d(1) 8 6d(2) 8 6d(2) 8 6d(2) 8 6d(2) 701 C Number of participants with exercipants at the end of the plan year 5d(2) 8 6d(2)		·			1b Three-digi	t			
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) GORDON, CHODAK & CHAPIN, CPAS, P.C. 2b Employer Identification Number (EIN) 16-1485545 2c Sponsor's Lelephone number 585-586-6210 2d Business code (see instructions) 3d Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number 585-586-6210 2d Business code (see instructions) 541211 3c Administrator's EIN 4b EIN 4d PN 4d PN 5a Total number of participants at the beginning of the plan year	·					er			
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) GORDON, CHODAK & CHAPIN, CPA'S, P.C. 2c Sponsor's telephone number 585-586-6210 2d Business code (see instructions) 541211 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number this plan, enter the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name 5a Total number of participants at the beginning of the plan year 5b 10 b Total number of participants at the end of the plan year 5c 10 c Number of participants with account balances as of the end of the plan year 5d(1) 8 d(2) Total number of active participants at the beginning of the plan year 5d(2) 8 e Number of participants with account balances as of the end of the plan year 5d(2) 8 e Number of participants with account balances as of the end of the plan year 5d(2) 8 e Number of participants with account balances as of the end of the plan year 5d(2) 8 e Number of participants who terminated employment during the plan year with accrued benefits that were less 1 than 100% vested 5e 5e 0 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, II applicable, a Schedule Sor of 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 telled it is true. correct, and complete. Signature of plan administrator Date Enter name of individual signing as plan administrator					•				
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) GORDON, CHODAK & CHAPIN, CPA'S, P.C. 2c Sponsor's telephone number 585-586-6210 2d Business code (see instructions) 541211 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number this plan, enter the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name 5a Total number of participants at the beginning of the plan year 5b 10 b Total number of participants at the end of the plan year 5c 10 c Number of participants with account balances as of the end of the plan year 5d(1) 8 d(2) Total number of active participants at the beginning of the plan year 5d(2) 8 e Number of participants with account balances as of the end of the plan year 5d(2) 8 e Number of participants with account balances as of the end of the plan year 5d(2) 8 e Number of participants with account balances as of the end of the plan year 5d(2) 8 e Number of participants who terminated employment during the plan year with accrued benefits that were less 1 than 100% vested 5e 5e 0 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, II applicable, a Schedule Sor of 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 telled it is true. correct, and complete. Signature of plan administrator Date Enter name of individual signing as plan administrator	2a Plan sponsor's name (el	mployer if for a single-employer plan)							
AU OFFICE PARK WAY PITTSFORD, NY 14534 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number sponsor. 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filled for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name 5a Total number of participants at the beginning of the plan year. 5b 10 b Total number of participants at the end of the plan year. 5c 10 c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item). d(1) Total number of active participants at the end of the plan year. 5d(1) 8 d(2) Total number of active participants at the end of the plan year. 5d(2) 8 c Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested. Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established. Signature of plan administrator Date Enter name of individual signing as plan administrator	Mailing address (include room, apt., suite no. and street, or P.O. Box)								
A If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name has changed since the last return/report. A Sponsor's name C Plan Name 5a Total number of participants at the beginning 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). d(1) Total number of active participants at the beginning of the plan year C Number of participants with account balances as of the end of the plan year Society this item). d(2) Total number of active participants at the ned of the plan year E Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. SIGN Filed with authorized/valid electronic signature. Oat 10 Administrator's EIN 3b Administrator's EIN 4b EIN 4b EIN 4d PN 5a 10 END END END Enter name of individual signing as plan administrator			tal code (il foreign, see insi	indetions)	•				
3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 3 Sponsor's name c Plan Name 5a Total number of participants at the beginning of the plan year									
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 or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name 5a 10 b Total number of participants at the beginning of the plan year	40 OFFICE PARK WAY				541211				
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name 5a Total number of participants at the beginning of the plan year	PHTSFORD, NY 14534								
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name 5a Total number of participants at the beginning of the plan year									
4b EIN 4d PN Total number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item). 4d PN 5a Total number of participants at the beginning of the plan year (only defined contribution plans complete this item). 5b 10 C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item). 5c 10 d(1) Total number of active participants at the beginning of the plan year (only defined contribution plans complete this item). 5c 10 d(2) Total number of active participants at the end of the plan year with accrued benefits that were less than 100% vested. 5d(2) 8 6 Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested. Caution: A penalty for the late or incomplete filling 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 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 Merchald Signal Plan administrator Date Enter name of individual signing as plan administrator	3a Plan administrator's nan	ne and address X Same as Plan Spo	onsor.		3b Administrator's EIN				
this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name 5a Total number of participants at the beginning of the plan year					3c Administrator's telephone number				
this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name 5a Total number of participants at the beginning of the plan year									
this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name 5a Total number of participants at the beginning of the plan year									
a Sponsor's name c Plan Name 5a Total number of participants at the beginning of the plan year					4b EIN				
Total number of participants at the beginning of the plan year		sponsor's name, EIN, the plan name	and the plan number from		4d PN				
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). d(1) Total number of active participants at the beginning of the plan year	5a Total number of participants at the beginning of the plan year					10			
d(1) Total number of active participants at the beginning of the plan year	· · · · · · · · · · · · · · · · · · ·				5b	10			
d(2) Total number of active participants at the end of the plan year						10			
Provided the second straight of 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 HERE Filed with authorized/valid electronic signature. Date Enter name of individual signing as plan administrator	d(1) Total number of active participants at the beginning of the plan year			` '	8				
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 HERE Filed with authorized/valid electronic signature. O4/14/2019 ALAN CHODAK Signature of plan administrator Date Enter name of individual signing as plan administrator					5d(2)	8			
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 HERE Filed with authorized/valid electronic signature. O4/14/2019 ALAN CHODAK Signature of plan administrator Date Enter name of individual signing as plan administrator	than 100% vested								
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. Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE									
SIGN HERE Filed with authorized/valid electronic signature. O4/14/2019 ALAN CHODAK Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE	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								
Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERF	SIGN Filed with author		04/14/2019	ALAN CHODAK					
HERE	HERE Signature of pl	an administrator	Date	Enter name of individu	al signing as pla	ın administrator			
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor									
	HERE Signature of er	nployer/plan sponsor	Date	Enter name of individua	al signing as em	ployer or plan sponsor			

Form 5500-SF (2018) Page **2**

	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)						X	Yes 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.)							×	Yes No	
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.									
С	If the plan is a defined benefit plan, is it covered under the PBGC in					_			ot determined	
	If "Yes" is checked, enter the My PAA confirmation number from the	ie PBGC p	remium filing for this p	ian yea	r			(See	instructions.)	
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b)	(b) End of Year		
<u>a</u>	Total plan assets	7a	179	52299		1741530			1530	
b	Total plan liabilities	7b		0				0		
C	Net plan assets (subtract line 7b from line 7a)	7c	17	52299		1741530		1530		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt	_	(b) Total				
а	Contributions received or receivable from: (1) Employers	8a(1)	,	39656						
	(2) Participants			88109						
	(3) Others (including rollovers)			0						
b	Other income (loss)	8b	-1:	31524						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				-3759		3759		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		0						
е	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f		7010						
g	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				7010		7010		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-10	0769	
j_	Transfers to (from) the plan (see instructions)	8j		0						
Pai	Part IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2T 3D 3H	feature co	odes from the List of Pl	an Cha	racteri	stic Co	des in the	instruction	ns:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	des from the List of Pla	n Chara	acterist	ic Coc	des in the i	nstructions	S:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Amour	nt	
	Was there a failure to transmit to the plan any participant contribu	ıtions withi	n the time period		100	-110		Ailloui		
	described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			10a		X				
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)			10b		X				
С	C Was the plan covered by a fidelity bond?			10c	X				175000	
d	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		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	f Has the plan failed to provide any benefit when due under the plan?			10f		X				
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)			10g		X				
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			10h		X				
i	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						

Form 5500-SF (2018)	Page 3- 1
---------------------	------------------

Part	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sc (Form 5500) and line 11a below)	В	Yes 🛚 N	Ю		
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?		f	Yes 🛛 N	Ю	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date granting the waiver						
lf y	ou 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						
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)						
e Will the minimum funding amount reported on line 12d be met by the funding deadline?				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?				Yes X No		
If "Yes," enter the amount of any plan assets that reverted to the employer this year						
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.)	s) to				
13c(1) Name of plan(s): 13c(13c(3) PN(s)		