-	5500-SF	Short Form Annua	Il Return/Report Benefit Plan	of Small Emplo	oyee	С	0MB Nos. 1210-0110 1210-0089
	t of the Treasury evenue Service	This form is required to be filed		065 of the Employee R	etirement		2016
Employee Benefit	nent of Labor s Security Administration	Income Security Act of 1974 (I		7(b) and 6058(a) of the			orm is Open to
	Guaranty Corporation	Complete all entries in ac	ccordance with the instr	uctions to the Form 5	500-SF.		
		dentification Information al plan year beginning 07/01/20	16	and ending 00	6/30/2017		
		a single-employer plan	a multiple-employer pla	<u> </u>		king this bo	must attach a
A This return/	report is for:	a one-participant plan		ployer information in ac		-	
<b>B</b> This return/r	report is	the first return/report	the final return/report				
		an amended return/report	a short plan year returr	n/report (less than 12 m	onths)		
C Check box	if filing under:	Form 5558	automatic extension		DFVC p	orogram	
		special extension (enter descrip	 otion)		_		
Part II B	asic Plan Infori	mation—enter all requested info	rmation				
<b>1a</b> Name of p FINGER LAKES		CES, INC. 401(K) PROFIT SHARI	NG PLAN		1b Thre plan (PN)	number	001
					( )	ctive date of	plan /1987
Mailing ad	dress (include room,	r, if for a single-employer plan) apt., suite no. and street, or P.O. country, and ZIP or foreign postal		uctions)	2b Emp (EIN	loyer Identif	ication Number 211052
	FINANCIAL SERVIC		r code (il loreign, see insti		2c Spo	nsor's telepl 585-586	none number -2600
29 LASALLE PA VICTOR, NY 145					2d Busi	ness code (: 5242	see instructions)
<b>3a</b> Plan admin	nistrator's name and	address X Same as Plan Spons	sor.			inistrator's E inistrator's t	EIN elephone number
		plan sponsor has changed since the point of the point of the last return/report.	ne last return/report filed fo	or this plan, enter the	4b EIN		
a Sponsor's	· ·	· · · · · · · · · · · · · · · · · · ·			<b>4c</b> PN		
5a Total num	ber of participants a	t the beginning of the plan year			5a		3
<b>b</b> Total num	ber of participants a	t the end of the plan year			5b		3
		count balances as of the end of th		•	5c		3
<b>d(1)</b> Total nu	umber of active parti	cipants at the beginning of the pla	n year		5d(1)		3
• •		cipants at the end of the plan year			5d(2)		3
		rminated employment during the p			5e		C
Caution: A pe	nalty for the late or	incomplete filing of this return/	report will be assessed	unless reasonable cau			
SB or Schedul		er penalties set forth in the instruction signed by an enrolled actuary, as bete.					
		lid electronic signature.	06/16/2019	DAVID GWYNN			
HERE	gnature of plan adı	ministrator	Date	Enter name of individ	ual signing	as plan adn	ninistrator
SIGN							
HERE	gnature of employe	er/plan sponsor	Date	Enter name of individ	ual signing	as employe	r or plan sponsor
Preparer's nan	ne (including firm nar	ne, if applicable) and address (inc	lude room or suite numbe	r )	Preparer'	s telephone	number

b	<ul> <li>6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li></ul>									
Pa	rt III Financial Information	_								
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year						
а	Total plan assets	7a	2268205	2519170						
b	Total plan liabilities	7b								
C	Net plan assets (subtract line 7b from line 7a)	7c	2268205	2519170						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total						
а	Contributions received or receivable from:		00050							

8a(1) 8a(2) 8a(3)	58125	
8b	194944	
		313428
	61910	
s). <b>8e</b>		
8f	553	
8g		
8h		62463
8i		250965
····· 8j		
• • •		
	8b           8c           8c           8c           ns           8d           s).         8e           8f           8g           8h           8i           8j	8b         194944           8c         61910           ss         61910           s).         8e         61910            8f         553            8g             8g             8i

## **Plan Characteristics**

9a	If the	plan	provid	des per	sion ben	nefits, e	nter the a	pplicable	pension fe	eature o	codes from	n the L	ist of Plar	h Charac	teristic C	Codes i	n the	instruct	tions:
	2E	2G	2J	3D															

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

## Part 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 contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х		
С	Was the plan covered by a fidelity bond?	10c	Х			226820
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		Х		
e	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	х			1312
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 of year-end.)	10g		Х		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х		
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				

Part	VI	Pension Funding Compliance						
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co m 5500) and line 11a below)						Yes 🗙 No
11a	Ente	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a			
12		his a defined contribution plan subject to the minimum funding requirements of section 412 of the Co						Yes 🗙 No
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				•••••		
a	,	valver of the minimum funding standard for a prior year is being amortized in this plan year, see instr	uctior	ns, and	l enter t	he date	of the lett	er ruling
	gran	ting the waiver	onth _	-	_ Day		_ Year	
lf	you c	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			
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le ative 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?				Yes	s XI	No
		es," enter the amount of any plan assets that reverted to the employer this year			13a			
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough rol of the PBGC?	nt und	er the			Yes	X No
С	lf, d	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)			to			
1		Name of plan(s):		13c(2)	EIN(s)		13c(	<b>3)</b> PN(s)
Part	VIII	Trust Information						
14a	Name	e of trust			<b>14b</b> ⊺	Frust's E	IN	
14c	Name	e of trustee or custodian					s or custo ne number	
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes		[	No	
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section )(3) for the plan year? Check all that apply:		Desig safe h	n-basec arbor	1	"Prior y test	ear" ADP
				"Curre ADP t	ent year' est		N/A	
16a		t testing method was used to satisfy the coverage requirements under section 410(b) for the plan ? Check all that apply:		Ratio perce test	entage		verage enefit test	□ N/A
16b		he plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No	
	the le		-			-		
	letter		ter the	e date	of the m	lost rece	ent determ	ination
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 separce?		from	Yes	s [	No	
19	Was	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Yes	s	No	

	We have a second s				
Form 5500-SF	Short Form Annu	al Return/Repor Benefit Plan	t of Small Empl	loyee	OMB Nos. 1210-0110 1210-0089
Internal Revenue Service	This form is required to be file	d under sections 104 and	4065 of the Employee R	Retirement	2016
Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Income Security Act of 1974	Revenue Code (the Cod	ө).		This Form is Open to Public Inspection
	Complete all entries in a	accordance with the inst	tructions to the Form 5	500-SF.	- upilo inspecticit
For calendar plan year 2016 or 6	Identification Information scal plan year beginning 07/01/201				n de la composition de la device de la composition de la composition de la composition de la composition de la Recorderación
To odicitoal plan year 2010 01 1	net and the second s		and ending 06/3		an a
A This retum/report is for:	X a single-employer plan	a multiple-employer p list of participating e a foreign plan	lan (not multiemployer) mployer information in a	(Filers checki ccordance wit	ng this box must attach a h the form instructions.)
<b>B</b> This return/report is	☐ the first return/report Ⅹ an amended return/report	the final return/report	uning and the second second		А.
		La snort plan year retu	m/report (less than 12 m	ionths)	
C Check box if filing under:	Form 5558	automatic extension		DFVC pro	ogram
	special extension (enter descr				
Pantill Basic Plan Info	ormation enter all requested inf	ormation			
1a Name of plan FINGER LAKES FINANCIAL SER	VICES, INC, 401(K) PROFIT SHAF	RING PLAN	to an the second se	1b Three plan n (PN)	umber 001
artin and an	<u> </u>	Marina di seconda di se		1c Effecti 07/01/	ve date of plan 1987
2a Plan sponsor's name (emplo Mailing address (include roor City or town, state or provinc	yer, if for a single-employer plan) m, apt., suite no, and street, or P.O e, country, and ZIP or foreign posta	. Box)		2b Emplo	yer Identification Number 16-1211052
FINGER LAKES FINANCIAL SERV	/ICES,INC	a code (il loreign, see insi	ructions)	2c Spons	or's telephone number (585) 586-2600
29 LASALLE PARKWAY				2d Busine 524210	ss code (see instructions)
MOTOD NV/ ARCA					
VICTOR, NY 14564			an a	and the second second	
Sa Plan administrator's name ar	nd address 🛛 Same as Plan Spon	sor.	1947 - 1	3b Admini	strator's EIN
				A 🛥 ann a Màrmana	- A CONTRACTOR OF
				<b>3C</b> Admini	strator's telephone number
					1 1 1
4 If the name and/or EIN of the	plan sponsor has changed since t	he last return/report filed t	or this plan, enter the	4b EIN	<u>n an an</u>
name, EIN, and the plan nur <b>a</b> Sponsor's name	nber from the last return/report.			40 EIN 4c PN	<u> </u>
5a Total number of participants	at the beginning of the plan year	en e		5a	3
b Total number of participants	at the end of the plan year	n a na shekarar na shekarar a shekarar sa shekarar		5b	
C Number of participants with a	account balances as of the end of t	he plan voor (only dofined			3
complete this item)			**********	5c	3
w(1) Total number of active par	ticipants at the beginning of the pla	an year		5d(1)	3
C(2) Total number of active participants that	rticipants at the end of the plan yea	Гунунан на алтан (1997) Дага улс ад 1994		5d(2)	3
than 100% vested	terminated employment during the	。 「「「「「「」」」」「「」」」」「「「「「」」」」」「「「」」」」」」」		<b>5</b> e	0
Caution: A penalty for the late of	or incomplete filing of this return her penalties set forth in the instruct	report will be assessed	unless reasonable car	ise is establi	shed.
SB or Schedule MB completed ar belief, it is true, correct, and comp	iu signeu by an enrolled actuary, as	s well as the electronic ve	rsion of this return/report	port, including t, and to the b	i, if applicable, a Schedule est of my knowledge and
SIGN Chang 7 C		· · · · · · · · · · · · · · · · · · ·	David Gwynn		
HERE Signature of plan a	dministrator	Date 6/16/19	Enter name of individu	ual sionino es	plan administrator
SIGN	n na hanna an	77	1 <u></u>	0	
HERE Signature of employ	yer/plan sponsor	Date	Enter name of individu		employer or plan sponsor
Preparer's name (including firm n	ame, if applicable) and address (inc	clude room or suite numbe	()		employer of plan sponsor elephone number
For Paperwork Reduction Act Notice 2019-01-28T11:16:39,661-06:00	e, see the Instructions for Form 5500-	SF.			Form 5500-SF (2016) v.160205

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Form 5500-SF 2018

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· · · · · ·	Form 5500-SF 2016		Page 2	a ta ann				
b	Were all of the plan's assets during the plan year invested in eligib 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 cann	an indepen and conditio ot use For	dent qualified public a ons.) m 5500-SF and must	ccount t instea	ant (IC ad use	PA) Form	5500.	X Yes 🗌 No
Ċ	If the plan is a defined benefit plan, is it covered under the PBGC ir	isurance pr	ogram (see ERISA se	ection 4	021)?		Yes	No 🔲 Not determined
িছিল	Financial Information			· ~ ,	<u>.</u>		<u></u>	
7	Plan Assets and Liabilities		(a) Beginning o	of Year	·		(b)	End of Year
a	Total plan assets	7a		226820	05			2519170
b	Total plan liabilities	7b						
10 st. 100	Net plan assets (subtract line 7b from line 7a)	7c	7	226820	05			2519170
and the second s	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t				(b) Total
a	Contributions received or receivable from: (1) Employers	8a(1)		6035	59			
	(2) Participants	8a(2)		5812	25			
-	(3) Others (including rollovers)	8a(3)						
<u>b</u>	Other income (loss)	8b		19494	14			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						313428
b	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	na energia de secondo de las estas en entre en e	6191	10			
e	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salarles, fees, commissions)	8f	and a second	55	53			
g	Other expenses	8g	na sa sa sa sa sa sa sa sa	a e e a a e e e				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						62463
1	Net income (loss) (subtract line 8h from line 8c)	81						250965
j	Transfers to (from) the plan (see instructions)	8j	n an	5		4 15 - F		
Pei	IM Plan Characteristics	ta a serie de la compositione de la Esta de la compositione de la compos	en ander ander en andere en an				en en el compositor de la	and a second of the second
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 3D	feature coo	les from the List of Pla	an Cha	racteri	stic Co	odes in the	instructions:
b	If the plan provides welfare benefits, enter the applicable welfare f	eature code	es from the List of Plai	n Chara	acterist	lic Co	les in the	instructions:
Par	Compliance Questions		<u>, and the second s</u>					<u>in andre son son son son son</u>
10	During the plan year:	n an airte an the state of the			Yes	Nö	N/A	Amount
a	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 Fi	duciary Correction	10a		з <b>х</b> -		¢.
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not i	nclude transactions	10b		x		
C	Was the plan covered by a fidelity bond?			10c	X			226820
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bon	d, that was caused	10d		×		
6	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.)	ie or all of t	he benefits under	10e	×			1312
f	Has the plan failed to provide any benefit when due under the pla	in?		10f		X		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-e	nd.)	10g		X		<u> </u>
-	If this is an Individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ctions and 29 CFR	10g 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	he required	notice or one of the	101				

Form 5500-SF 2016

e 3-		

B						
	VI Pension Funding Compliance			- 52		
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c (Form 5500) and line 11a below)			В	Yes	X No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	a - aloba ba mara	115			
12	is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Co	de or see	ion 202 of		Yes	X No
	ERISA?				, 1975 1975	
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst granting the waiver.	onth	ind enter l Day		of the letter rul Year	ling
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.				<u> </u>
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			t starførste.	ana ang ang ang ang ang ang ang ang ang	· · · · · · · · · · · · · · · · · · ·
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the la negative amount)	eft of a	12d			<u></u>
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
2810	Plan Terminations and Transfers of Assets			a an	· · · · · · · · · · · · · · · · · · ·	<u></u>
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		<u></u>	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug control of the PBGC?	ht under ti	10	[	] Yes 🕅 N	ò
C	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.)	y the plan	(s) to		All	<u> </u>
	3c(1) Name of plan(s):	130	2) EIN(s)		13c(3) PN	l(s)
	VIII Trust Information	11-11-11-11-11-11-11-11-11-11-11-11-11-		<u>,                                     </u>	a ann tar an 200 <del>1 - 2011 -</del>	
14a	Name of trust		14b 1	rust's El	N	
14c	Name of trustee or custodian				or custodian's number	4 
Pari	IX IRS Compliance Questions		<u></u>		i ya ka ba ku ku ka ka ji Ma	<del>ni in t</del>
15a	Is the plan a 401(k) plan? If "No," skip b		5		No	<u>, all a communit de la c</u>
15b	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:		ign-based harbor	<u>[</u> ]	"Prior year", test	ADP
	<u>a na kana na kana kana kana kana kana k</u>		rrent year" <sup>9</sup> test	Î	N/A	and a second
	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	Ra per tes	centage		erage nefit test	N/A
16b	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes	5		Nő	<u></u>
17a	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS of the letter and the serial number					
17b	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, en letter	ter the dat	e of the m	ost recer	nt determinatio	n N
	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not sepai service?	rated from	Tes		No	
	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		🗌 Yes	Π	No	

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Form 5500-SF	Short Form Annu	al Return/Repor Benefit Plan	t of Small Emp	loyee		OMB Nos. 1210-01 1210-008
Department of the Treasury Internal Revenue Service	This form is required to be file	ed under sections 104 and	4065 of the Employee	Retirement		2016
Department of Lebor Employee Benefits Security Administration		Revenue Code (the Cod	le).			Form is Open to lic inspection
Pension Benefit Guaranty Corporatio	> Combrete su entries in		tructions to the Form	5500-SF.		
	rt Identification Information		and ending 06	(30/2047		
roi calendar plan year 2010 0	X a single-employer plan		plan (not multiemployer)		nking this h	y must attach a
A This return/report is for:	a one-participant plan		mployer information in a			
<b>B</b> This return/report is	the first return/report	the final return/report				
	an amended return/report	🗍 a short plan year retu	rn/report (less than 12 r	nonths)		
C Check box if filing under:	Form 5558	automatic extension			program	
	special extension (enter descr					
Part II Basic Plan In	formation-enter all requested int	formation				
1a Name of plan NGER LAKES FINANCIAL SE	RVICES, INC. 401(K) PROFIT SHAI	RING PLAN		plar	se-digit number	001
				(PN		
				1	ctive date o 01/1987	rpian
Mailing address (include ro	bloyer, if for a single-employer plan) bom, apt., suite no. and street, or P.C	). Box)			oloyer Identi ) 16-12110	fication Number 52
City or town, state or provi NGER LAKES FINANCIAL SE	nce, country, and ZIP or foreign post: RVICES,INC	al code (If foreign, see insi	ructions)	2c Spo		hone number 588-2800
	•			1	ness code (	see instructions)
LASALLE PARKWAY				5242	240	
	and address 🛛 Same as Plan Spon	150 <i>1</i> .	A BALMANELIN	3b Adm	inistrator's i	EIN elephone numbe
3a Plan administrator's name				3b Adm 3c Adm	inistrator's i	
4 If the name and/or EIN of t name, EIN, and the plan n	and address X Same as Plan Spon		or this plan, enter the	3b Adm	inistrator's i	-
<ul> <li>Ba Plan administrator's name</li> <li>If the name and/or EIN of t name, EIN, and the plan n</li> <li>a Sponsor's name</li> </ul>	he plan sponsor has changed since to umber from the last return/report.	he last return/report filed f		3b Adm 3c Adm 4b EIN 4c PN	inistrator's i	elephone numbe
<ul> <li>Plan administrator's name</li> <li>If the name and/or EIN of t name, EIN, and the plan n</li> <li>Sponsor's name</li> <li>Total number of participan</li> </ul>	the plan sponsor has changed since the plan sponsor has changed since the the last return/report.	he last return/report filed f		3b Adm 3c Adm 4b Ein 4c PN 5a	inistrator's i	elephone numbe
<ul> <li>Plan administrator's name</li> <li>If the name and/or EIN of t name, EIN, and the plan n</li> <li>a Sponsor's name</li> <li>a Total number of participan</li> <li>b Total number of participants wit</li> </ul>	the plan sponsor has changed since the plan sponsor has changed since the test return/report. Its at the beginning of the plan year Its at the end of the plan year	ihe last return/report filed f he plan year (only defined	contribution plans	3b Adm 3c Adm 4b Ein 4c PN 5a	inistrator's i	elephone numbe
<ul> <li>Plan administrator's name</li> <li>If the name and/or EIN of t name, EIN, and the plan n</li> <li>Sponsor's name</li> <li>Total number of participan</li> <li>D Total number of participants wit complete this item)</li> </ul>	the plan sponsor has changed since the plan sponsor has changed since the number from the last return/report. Its at the beginning of the plan year	he last return/report filed f he plan year (only defined	contribution plans	3b         Adm           3c         Adm           3c         Adm           4b         EIN           4c         PN           5a         5b           5c         5c	inistrator's i	elephone numbe
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# From:FINGER LAKES FNCL SVCS 585 586 7897 12/22/2017 11:56 #201 P.004/005

Form 5500-SF 2016	2.184	Page 2					
<ul> <li>6a Were all of the plan's assets during the plan year invested in the barry year law and report of the annual examination and report of the annual examination and report of the plan is 29 CFR 2520.104-467 (See instructions on waiver eligit if you answered "No" to either line 6a or line 6b, the plan of the plan is a defined benefit plan, is it covered under the PBC</li> </ul>	of an Indepen bility and condition cannot use Fo	ident qualified public lons.) rm 5500-SF and mus	accouni stinste	ant (I) ad us	QPA) e Forr	т 5500. 	X Yes No
Part III   Financial Information						los	
7 Plan Assets and Liabilities		(a) Beginning	of Voa	Ī		(ħ)	End of Year
a Total plan assets		(a) ບະນູແກກເຊ	22496			<u>(</u> ~/	2514582
b Totel plan liabilities							
C Net plan assets (subtract line 7b from line 7a)			224963	38		· · · · · · · · · · · · · · · · · · ·	2514582
8 Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) Total
a Contributions received or receivable from: (1) Employers	8a(1)	177	6035	19			
(2) Participants	8a(2)		5812	25			
(3) Others (including rollovers)	8a(3)						
b Other income (loss)	8b		20892	3			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						327407
d Benefits pald (including direct rollovers and insurance premium to provide benefits)			6191	0			annal - S. M. M. M. Market State Strategy and an annual strategy of the state strategy of the stra
Certain deemed and/or corrective distributions (see instructions)							
f Administrative service providers (salarles, fees, commissions).	81		55	3			
g Other expenses	Z	1921. La . Anna menanana menangkan menangkan penangkan penangkan penangkan penangkan penangkan penangkan penang	1542 DWG705200049437				
h Total expenses (add lines 8d, 8e, 8f, and 8g)							62463
Net income (loss) (subtract line 8h from line 8c)				ump			264944
j Transfers to (from) the plan (see instructions)	····· 8j	1977-1977 Albert Statement and a statement and				. Mahananingan manakiya	
Part IV         Plan Characteristics           9a         if the plan provides pension benefits, enter the applicable pension           2E         2G         2J         3D	sion feature cod	es from the List of Pla	an Char	acteria	stic Co	odes in the	instructions:
b If the plan provides welfare benefits, enter the applicable welfa	ire feature code	s from the List of Plar	n Chara	cterist	lo Coc	les in the i	Instructions:
Part V Compliance Questions	******	an a		*******			
10 During the plan year:			Shidhter and an and an	Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant cont described in 29 CFR 2510.3-102? (See Instructions and DOL Program)	's Voluntary Fig	luciary Correction	10a		х		
b Were there any nonexempt transactions with any party-in-inte reported on line 10a.)			105		Х		
C Was the plan covered by a fidelity bond?			10c	x			251458
d Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?	an's fidelity bon	d, that was caused	10 <b>ci</b>		х		
e Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides the plan? (See instructions.)	some or all of th	ne benefits under	10e	x			1312
f Has the plan falled to provide any benefit when due under the	plan?		10F		Х		
g Did the plan have any participant loans? (If "Yes," enter amount	nt as of year-er	id.)	10g	Ī	Х		
h if this is an individual account plan, was there a blackout perio 2520.101-3.)			10h		x		
I If 10h was answared "Yes," check the box if you either provide exceptions to providing the notice applied under 29 CFR 2520	d the required	notice or one of the	101				

## From:FINGER LAKES FNCL SVCS 585 586 7897 12/22/2017 11:56 #201 P.005/005

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Page 3- 1

r		4200-11 <b></b>							
Pari					-				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp (Form 5500) and line 11a below)	lete Sc	hadula S	8		Yes 🛛 No			
	Enter the unpeld minimum required contributions for all years from Schedule SB (Form 5500) line 40			Orea and a second second					
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code of ERISA?	or sectio	on 302 o			Yes 🗙 No			
,000	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					NA			
4	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructi granting the weiver,		o enter t Day		ortne lette Year	er runng			
H	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						
C	Enter the amount contributed by the employer to the plan for this plan year		12c						
and the second se	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)				-14-11	1884-1991			
9	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A			
Part					************				
13a	Has a resolution to terminate the plan been adopted in any plan year?	*******		Yes	XN	lo			
A C C C C C C C C C C C C C C C C C C C	If "Yes," enter the amount of any plan assets that reverted to the employer this year	In This Manager Colors	13a						
b	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 which assets or liabilities were transferred. (See Instructions,)								
1	3c(1) Name of plan(s):	13c(2)	EIN(s)	EIN(s) 13c(3) PN(s)					
				1					
Part	VIII Trust Information								
14a i	Name of trust		14b T	rust's El	N .				
					<del>.,.,.</del>				
14c Name of trustee or custodian				14d Trustee's or custodian's telephone number					
				•					
Part	IX IRS Compliance Questions					and the second			
15a	ls the plan a 401(k) plan? If "No," skip b	Yes			No				
				n-based [] "Prior year" ADP harbor [] test					
		"Curre	nt year" est		N/A				
	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	Ratio perce test			rage efit test	□ N/A			
	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	Yas							
17a	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinio the letter and the serial number			-					
	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the letter	e date o	of the ma	st recen	t determir	ation			
١	Defined Benefit Plan or Money Purchase Pension Plan Only: Nere any distributions made during the plan year to an employee who attained age 62 and had not separated service?	from	🗍 Yes		No				
19 \	Nas any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		Yes		No				