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 section 6058(a) of the Internal Revenue Code (the Code).

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

2009

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

P	art I Annual Report Identification Information							
For	calendar plan year 2009 or fiscal plan year beginning 01/01/2009	9	and ending	12/31/2	2009			
Α	This return/report is for:	multiple-e	mployer plan (not multiemployer)		one-participant plan			
В	This return/report is for: first return/report	final retur	n/report					
	an amended return/report	short plan	year return/report (less than 12 mg	nths)				
С	Check box if filing under:	automatic	extension		DFVC program			
	special extension (enter description	n)						
Pá	art II Basic Plan Information—enter all requested informa	,						
	Name of plan	20011		1b	Three-digit			
	WEESH, LEWIS, KELLY & VONDOHLEN 401K PLAN				plan number			
				_	(PN)			
				10	Effective date of plan 01/01/1997			
	Plan sponsor's name and address (employer, if for single-employer	plan)		2b	Employer Identification Number			
DAR	WEESH, LEWIS, KELLY & VONDOHLEN LLP			-	(EIN) 16-1218797			
1081	LONG POND ROAD			2C	Plan sponsor's telephone number 585-225-3446			
	CHESTER, NY 14626			2d	Business code (see instructions)			
					541110			
	Plan administrator's name and address (if same as Plan sponsor, er WEESH, LEWIS, KELLY & VONDOHLEN LLP 1081 LONG F			3b	Administrator's EIN 16-1218797			
	ROCHESTER			3c	Administrator's telephone number			
4	(the constant of the character and the least	1 1 1	and Clad for the arter at a section than	41.	585-225-3446			
	If the name and/or EIN of the plan sponsor has changed since the las name, EIN, and the plan number from the last return/report. Sponsor		port filed for this plan, enter the	40	EIN			
				4c	PN			
5a	Total number of participants at the beginning of the plan year			5a	9			
b	Total number of participants at the end of the plan year			5b	9			
С	Total number of participants with account balances as of the end of complete this item)			5c	9			
62	Were all of the plan's assets during the plan year invested in eligible							
b			` ,					
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a		•		Yes 📙 No			
Do	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 55	500.				
7			(a) Developing of Very		(b) Ford of Ween			
· .	Plan Assets and Liabilities Total plan assets	70	(a) Beginning of Year 43519	a	(b) End of Year 509501			
a h	Total plan liabilities	7a 7b		0	0			
C	Net plan assets (subtract line 7b from line 7a)	7c	43519		509501			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			
а	Contributions received or receivable from:		(4)		/~/			
	(1) Employers	8a(1)						
	(2) Participants	8a(2)	430	1				
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	7001	1				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			74312			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d						
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g	1	0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			10			
	Net income (loss) (subtract line 8h from line 8c)	٥.			74000			
ı	The modifie (1939) (Subtract line on from line obj	8i			74302			

Dort IV	Dian	Charac	teristics
Part IV	Plan	Charac	'teristics

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SIGN HERE Signature of plan administrator

Signature of employer/plan sponsor

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 2T 3B 3D

b	If the	e plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan	Characteris	itic Co	des in	the instru	ictions		
art	٧	Compliance Questions							
0	Dur	ring the plan year:		Yes	No		Am	ount	
а		s there a failure to transmit to the plan any participant contributions within the time period describ CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			X				
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)								
С	Wa	as the plan covered by a fidelity bond?	10с		X				
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?									
е									
f	Has	s the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X					713
h		nis is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10h		X				
i		Oh was answered "Yes," check the box if you either provided the required notice or one of the epitions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI	Pension Funding Compliance							
1	Is th	nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions ar						Yes	X No
2	ls t	this a defined contribution plan subject to the minimum funding requirements of section 412 of the	Code or se	ection	302 of	ERISA?.		Yes	X No
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					_		_
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see	instructions	, and e	enter th	ne date of	f the le	tter ruli	ng
14.	-	nting the waiver.			Day		Yea	r	
	If 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.								
Enter the minimum required contribution for this plan year.									
		er the amount contributed by the employer to the plan for this plan year			12c				
_		pative amount)			12d	<u> </u>		_	=
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	ı	No	N/A
art	VII	Plan Terminations and Transfers of Assets							
3а	Has	s a resolution to terminate the plan been adopted during the plan year or any prior year?						Yes	X No
	If "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or br he PBGC?	ought under	the co	ontrol			Yes	X No
С									
1	13c(1) Name of plan(s):			13c(2) EIN(s) 13c(3)			PN(s)		
`2114	ior:	A penalty for the late or incomplete filing of this return/report will be accessed unless rec	sonable co	iee ic	ostab	liched			
		A penalty for the late or incomplete filing of this return/report will be assessed unless rea- nalties of perjury and other penalties set forth in the instructions, I declare that I have examined to					cable	a Sche	dule
Во	· Śch	nedule MB completed and signed by an enrolled actuary, as well as the electronic version of this strue, correct, and complete.							
SIGI	, F	Filed with authorized/valid electronic signature. 09/13/2010 JOSEPH N	I. DARWEE	SH					

Date

Date

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Form 5500-SF

Short Form Annual Return/Report of Small Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service 2009 This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Department of Labor This Form is Open to Public Employee Benefits Security Administration Internal Revenue Code (the Code). Inspection Pension Benefit Guaranty Corporation ▶ Complete all entries in accordance with the instructions to the Form 5500-SF. **Annual Report Identification Information** For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 12/31/2009 and ending single-employer plan multiple-employer plan (not multiemployer) one-participant plan A This return/report is for: B This return/report is for: first return/report final return/report an amended return/report short plan year return/report (less than 12 months) C Check box if filing under: Form 5558 automatic extension DFVC program special extension (enter description) Basic Plan Information—enter all requested information Part II 1a Name of plan 1b Three-digit DARWEESH, LEWIS, KELLY & VONDOHLEN plan number 002 (PN) > 401K PLAN 1c Effective date of plan 01/01/1997 Plan sponsor's name and address (employer if for single-employer plan) DARWEESH, LEWIS, KELLY & VONDOHLEN 2b Employer Identification Number (EIN) 16-1218797 2c Plan sponsor's telephone number (585) 225-3446 1081 LONG POND ROAD 2d Business code (see instructions) 541110 ROCHESTER NY 14626 3b Administrator's EIN 3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") 3c Administrator's telephone number 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year..... 5a **b** Total number of participants at the end of the plan year..... 9 5b Total number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c Yes 6a 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) Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.).... If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III | Financial Information Plan Assets and Liabilities (b) End of Year (a) Beginning of Year 435,199 509,501 a Total plan assets..... 7a 0 **b** Total plan liabilities..... 7b 435,199 509,501 C Net plan assets (subtract line 7b from line 7a)..... 7c Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total Contributions received or receivable from: (1) Employers 8a(1) 4,301 (2) Participants 8a(2) (3) Others (including rollovers)..... 8a(3) 70,011 **b** Other income (loss)..... 8b 74,312 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8с Benefits paid (including direct rollovers and insurance premiums

8d

8e

8f

8g

8h

8i

to provide benefits).....

Certain deemed and/or corrective distributions (see instructions)...

Administrative service providers (salaries, fees, commissions)......

Other expenses.....

Total expenses (add lines 8d, 8e, 8f, and 8g).....

Net income (loss) (subtract line 8h from line 8c).....

Transfers to (from) the plan (see instructions)

10

74,302

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Page	2-	
1 444	-	

Enter name of individual signing as employer or plan sponsor

	1 01111 0000 °G1 2000		age L -[]						
Part	IV Plan Characteristics						·		
	the plan provides pension benefits, enter the applicable pension fea	ature codes from the	List of Plan Chara	acteris	tic Co	des in	the instruc	tions:	· · · · · · · · · · · · · · · · · · ·
b i	2E 2G 2J 2K 2T 3B 3D the plan provides welfare benefits, enter the applicable welfare fea	ture codes from the	List of Bian Chara	otorio	lia Car	doc in t	ho inotrust	iona:	
	the plan provides wehate benefits, effer the applicable wehate lea	ture codes nom the	LIST OF Flatt Chara	Cleris	110 000	ies iii t	ine mstruct	IONS.	
Part \	Compliance Questions								
10	During the plan year:				Yes	No		Amount	
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia	ary Correction Progra	am)	10a		Х			
	Were there any nonexempt transactions with any party-in-interest? (on line 10a.)			10b		Х			
C	Was the plan covered by a fidelity bond?			10c		х			
	Did the plan have a loss, whether or not reimbursed by the plan's fid or dishonesty?			10d		х			
	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of tinstructions.)	he benefits under the	e plan? (See	10e		Х			
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 o	of year end.)		10g	X				71
h	If this is an individual account plan, was there a blackout period? (Se	ee instructions and 2	9 CFR	10h		х			7.1
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3	required notice or or	ne of the	10i					
	/I Pension Funding Compliance						<u> </u>		
11	s this a defined benefit plan subject to minimum funding requiremen 5500))	ts? (If "Yes," see ins	tructions and com	plete	Sched	lule SB	(Form	☐ Yes	X No
	Is this a defined contribution plan subject to the minimum funding re							Yes	<u></u>
а	If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable f a waiver of the minimum funding standard for a prior year is being granting the waiver	amortized in this pla	Mont	ctions, th	and e	enter th Day	e date of the	ne letter ru Year	uling
b	Enter the minimum required contribution for this plan year				_	12b			
	Enter the amount contributed by the employer to the plan for this plan				_	12c			
	Subtract the amount in line 12c from the amount in line 12b. Enter th negative amount)					12d			
	Mill the minimum funding amount reported on line 12d be met by the	funding deadline?					Yes	No	N/A
Part \	/II Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted during the plan	year or any prior yea	ar?				·	Yes	X No
	f "Yes," enter the amount of any plan assets that reverted to the emp					13a			
	Nere all the plan assets distributed to participants or beneficiaries, trof the PBGC?			*******				Yes	X No
	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify th	ne pla	n(s) to		****		
13	c(1) Name of plan(s):			13c(2) EIN(s)			N(s)	13c(3	8) PN(s)
Cautio	on: A penalty for the late or incomplete filing of this return/repor	t will be assessed	unless reasonabl	le cau	se is	establ	ished.		
SB or	penalties of perjury and other penalties set forth in the instructions, I Schedule MB completed and signed by an enrolled actuary, as well it is true, correct, and complete.	I declare that I have as the electronic ver	examined this return/	ırn/report	oort, in	cluding to the b	g, if applica pest of my	ble, a Sch knowledge	nedule e and
SIGN	fly Jan	9/2/2010	JOSEPH N.	DARV	IEES	Н			
HERE		Date	Enter name of in	ndividu	ıal sig	ning as	s plan adm	nistrator	~
SIGN	ft Jan	9/2/2010	JOSEPH N. 1	DARV	IEES.	Н			
HERE		Date	Enter name of individual signing as employer or plan spo					onsor	