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.

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pi	art I Annual Report Identification Information				
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2011	1	and ending 1	2/31/2	2011
Α	∆ This return/report is for: ☐ a single-employer plan ☐ a multiple-employer plan (not multiemployer) ☐ a one-participant plan				a one-participant plan
В	his return/report is: the first return/report the final return/report				
	an amended return/report	a short pla	in year return/report (less than 12 mo	onths)	
С	Check box if filing under: Form 5558	automatic	extension		DFVC program
	special extension (enter description	n)			
Pa	art II Basic Plan Information—enter all requested informa	•			
	Name of plan	111011		1b	Three-digit
	ER, BLACK & LYLE, LLP 401(K) PLAN				plan number
					(PN) • 001
				1C	Effective date of plan 06/01/2004
2a	Plan sponsor's name and address; include room or suite number (er	molover if	for a single-employer plan)	2h	Employer Identification Number
	'ER, BLACK & LYLE, LLP		Ter a emigre empreyer plant,		(EIN) 20-1641227
				2c	Sponsor's telephone number
1616	WEST STATE STREET				716-373-1920
OLE	AN, NY 14760			2d	Business code (see instructions)
2-		. "0	m	O.L.	541110
	Plan administrator's name and address (if same as plan sponsor, en ER, BLACK & LYLE, LLP 1616 WEST S			30	Administrator's EIN 20-1641227
	OLEAN, NY 1	4760		3с	Administrator's telephone number
				4.	716-373-1920
4	If the name and/or EIN of the plan sponsor has changed since the la name, EIN, and the plan number from the last return/report.	ast return/	report filed for this plan, enter the	4b	EIN
а	Sponsor's name			4c	PN
5a	Total number of participants at the beginning of the plan year			5a	1.
b	Total number of participants at the end of the plan year			5b	1
С	Number of participants with account balances as of the end of the p	lan year (defined benefit plans do not	_	
	complete this item)			5c	1
-	Were all of the plan's assets during the plan year invested in eligible		'		X Yes No
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a				X Yes ∏ No
	If you answered "No" to either 6a or 6b, the plan cannot use Fo		•		
Pa	rt III Financial Information				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
а	Total plan assets	7a	671699		709709
b	Total plan liabilities	7b			
С	Net plan assets (subtract line 7b from line 7a)	7c	671699		709709
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	14983		
	(2) Participants	8a(2)	34205		
	(3) Others (including rollovers)	8a(3)			
b	Other income (loss)	8b	-11178		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			38010
d	Benefits paid (including direct rollovers and insurance premiums				
	to provide benefits)	8d			
e	Certain deemed and/or corrective distributions (see instructions)	8e			
f	Administrative service providers (salaries, fees, commissions)	8f			
g	Other expenses	8g			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			0
į	Net income (loss) (subtract line 8h from line 8c)	8i			38010
J	Transfers to (from) the plan (see instructions)	8i			

Form	5500-	SF	201

Page 2 -	1	
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Part IV	Plan	Characteri	ietice
railiv	riaii	Character	เอเเตอ

- 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 3D
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

	art V Compliance Questions			1	1			
10	3 1 7			Yes	No	A	mount	
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)						
b	b Were there any nonexempt transactions with any par		10a					
-	on line 10a.)		10b		X			
С	C Was the plan covered by a fidelity bond?		10c	X			1	00000
d	d Did the plan have a loss, whether or not reimbursed or dishonesty?	• • •	10d		X			
е	Were any fees or commissions paid to any brokers, a insurance service or other organization that provides instructions.)	some or all of the benefits under the plan? (See	10e		X			
f	f Has the plan failed to provide any benefit when due u	inder the plan?	10f		X			
g	g Did the plan have any participant loans? (If "Yes," en	ter amount as of year end.)	10q		X			
h	h If this is an individual account plan, was there a black 2520.101-3.)	· · · · · · · · · · · · · · · · · · ·	10h		X			
i	i If 10h was answered "Yes," check the box if you either exceptions to providing the notice applied under 29 C	·	10i		X			
Part	rt VI Pension Funding Compliance							
11		ing requirements? (If "Yes," see instructions and com	plete	Sched	lule SB	(Form		
	5500))						Yes	X No
12	Is this a defined contribution plan subject to the minir	num funding requirements of section 412 of the Code	or se	ction :	302 of I	ERISA?	Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e bel							
а	a If a waiver of the minimum funding standard for a pric granting the waiver							
lf y	If you completed line 12a, complete lines 3, 9, and 10				-	·		
b	b Enter the minimum required contribution for this plan	year		[12b			
С	c Enter the amount contributed by the employer to the	blan for this plan year			12c			
	•				12d			
	negative amount)			L	124			1
е	e Will the minimum funding amount reported on line 12	d be met by the funding deadline?				Yes	No X	N/A
art	rt VII Plan Terminations and Transfers o	f Assets						
13a	Has a resolution to terminate the plan been adopted in ar	ny plan year?	····· <u>···</u>		Y	es X No		
	If "Yes," enter the amount of any plan assets that reve	erted to the employer this year	1	3a				
b	b Were all the plan assets distributed to participants or	beneficiaries, transferred to another plan, or brought	under	the co	ontrol		Пу	. N
c	of the PBGC? C If during this plan year, any assets or liabilities were t	rapeformed from this plan to another plan(s), identify the	nla	n/c) to			Yes	X No
C	which assets or liabilities were transferred. (See instr		ie pia	11(5) 10	'			
1	13c(1) Name of plan(s):			13	c(2) Ell	N(s)	13c(3)	PN(s)
Caut	aution: A penalty for the late or incomplete filing of th	is return/report will be assessed unless reasonab	le cau	ıse is	establ	ished.		
Unde	nder penalties of perjury and other penalties set forth in th	e instructions, I declare that I have examined this retu	ırn/re	oort, ir	ncluding	g, if applicab	le, a Sche	dule

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	Filed with authorized/valid electronic signature.	04/17/2012	JEFFREY BLACK		
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator		
SIGN	Filed with authorized/valid electronic signature.	04/17/2012	JEFFREY BLACK		
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor		

DWYER, BLACK & LYLE, LLP

ATTORNEYS AT LAW

1616 West State Street P.O. Box 648 OLEAN, NEW YORK 14760-0648

JOSEPH C. DWYER * JEFFREYA. BLACK⁰ ETHAN M. LYLE O

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CHERYL L. GIARDINI, R.N., L.N.C.C.

716-373-1920 800-524-9481 FAX

716-373-3110°

KEVIN M. HABBERFIELDO

¢ADMITTED IN NEW YORK AND PENNSYLVANIA

April 17, 2012

Ms. Heather Steuer Dyatech Attn: Client Services 805 South Wheatley Suite 600 Ridgeland, MS 39157

Re:

Form 5500-SF

Dear Ms. Steuer:

Pursuant to your e-mail of April 6, 2012, enclosed please find the signed Form 5500-SF. If you need any additional information, do not hesitate to call.

Thank you for your kind consideration.

Sincerely yours,

Jeffrey A. Black, Esq.

JAB/I Enc. VIA FAX

*NOT FOR LEGAL SERVICE

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).

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

		Jance Witi	i the instructions to the Form 550	U-SF.	<u> </u>
	Annual Report Identification Information	1/01/2	011		10/21/2011
ror		1/01/2	011 and ending		12/31/2011
	This return/report is for: X a single-employer plan		-employer plan (not multiemployer)		a one-participant plan
В	This return/report is:		eturn/report		
	an amended return/report	a short pla	in year return/report (less than 12 m	onths)	
С	Check box if filing under: Form 5558	automatic	extension		DFVC program
	special extension (enter descriptio	ın)			
Pa	irt II. Basic Plan Information—enter all requested informa	ation			
	Name of plan			1b	Three-digit
	Dwyer, Black & Lyle, LLP 401(k) Plan				plan number
	• •				(PN) ▶ 001
				1c	Effective date of plan
22	Plan anapagia name and addresse include seem as quite number (e.		for a single ample of plan	01-	06/01/2004
Za	Plan sponsor's name and address; include room or suite number (en Dwyer, Black & Lyle, LLP	inpioyei, ii	lor a single-employer plan)	20	Employer Identification Number (EIN) 20-1641227
				20	Sponsor's telephone number
				20	(716) 373-1920
	1616 West State Street			2d	Business code (see instructions)
	Olean		NY 14760		541110
3a	Plan administrator's name and address (if same as plan sponsor, er	nter "Same	")	3b	Administrator's EIN
	Same			<u> </u>	
				JC	Administrator's telephone number (716) 373-1920
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/i	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
	Total number of participants at the beginning of the plan year			<u>5a</u>	12
b	Total number of participants at the end of the plan year			5b	13
С	Number of participants with account balances as of the end of the p complete this item)			5c	1:
6a	Were all of the plan's assets during the plan year invested in eligible	le assets?	(See instructions.)		X Yes ☐ No
	Are you claiming a waiver of the annual examination and report of a	an indeper	ident qualified public accountant (IQ	PA)	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a				X Yes [] No
D,	If you answered "No" to either 6a or 6b, the plan cannot use For the Financial Information	orm 5500-	SF and must instead use Form 55	00.	
7	Plan Assets and Liabilities		(a) Parincipal of Van	1	45 F 1 72
=	Total plan assets		(a) Beginning of Year 671,69		(b) End of Year
	Total plan liabilities	7a 7b	0/1,03	7.31	709,709
	Net plan assets (subtract line 7b from line 7a)	7c	671,69		709,709
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
a	Contributions received or receivable from:	mirrorden (r. A.)	(a) Amount		TO TOTAL
	(1) Employers	8a(1)	14,98	13	A second
	(2) Participants	8a(2)	34,20	5	
	(3) Others (including rollovers)	8a(3)		- Annabarra - Annabarra - Annabarra - Canabarra - Canabarra	A
b	Other income (loss)	8b	(11,178)	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	Application Application	Annier	38,010
d	Benefits paid (including direct rollovers and insurance premiums			20000000000000000000000000000000000000	A
	to provide benefits)	8d		200000 A	American
e f	Certain deemed and/or corrective distributions (see instructions)	8e		A CONTRACTOR	
1	Administrative service providers (salaries, fees, commissions)	8f		900 P	
g h	Other expenses	8g	Cont.		Administration
11		8h			
i	Net income (loss) (subtract line 8h from line 8c)	8i	1	2 3	38,010
1	Transfers to (from) the plan (see instructions)	8j		7	TANKS OF THE PARTY

Page 2 -Form 5500-SE 2011 Part IV **Plan Characteristics** 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 3D 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** During the plan year: Yes No Amount a Was there a failure to transmit to the plan any participant contributions within the time period described in Х 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported X. on line 10a.)..... 10b Was the plan covered by a fidelity bond?..... 10c X 100,000 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud X 10d 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 Х instructions.) 10e Has the plan failed to provide any benefit when due under the plan? Х 10f g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)..... Х 10g h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR Х 10h 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 Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 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 12a or 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 of the letter ruling If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 12b b Enter the minimum required contribution for this plan year..... 12c C Enter the amount contributed by the employer to the plan for this plan year..... 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 12d negative amount) N/A e Will the minimum funding amount reported on line 12d be met by the funding deadline?..... Part VII Plan Terminations and Transfers of Assets 13a Has a resolution to terminate the plan been adopted in any plan year? X No Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control Yes X No of the PBGC?..... 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.) 13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s) 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. Jeffrey Black SIGN HERE Signatur e of plan administrator Enter name of individual signing as plan administrator Jeffrey Black SIGN HERE Enter name of individual signing as employer or plan sponsor Signature of employer/plan sponsor