## 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

P		ance with	n the instructions to the Form 5500	)-SF.		•	
Pä	art I Annual Report Identification Information						
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2012	)	and ending 02	2/29/20	012		
Α .	This return/report is for:	a multiple	-employer plan (not multiemployer)	Ī	a one-particip	ant plan	
		•	eturn/report	L		•	
			·	4   \			
_		in year return/report (less than 12 mo	ontns) r	7			
С	Check box if filing under:	extension	_	DFVC progra	m		
	special extension (enter description	n)					
Pa	Irt II Basic Plan Information—enter all requested informa	tion					
1a	Name of plan			1b	Three-digit		
	DAYCARE CENTER OF WNY, INC. 401(K) PLAN				plan number		
					(PN) <b>▶</b>	001	
				1c	Effective date of	plan	
					10/01/	2008	
	Plan sponsor's name and address; include room or suite number (en	nployer, if	for a single-employer plan)		Employer Identif		
ABC	DAYCARE CENTER OF WNY, INC.				(EIN) 06-15		
				2c	Sponsor's telep		
	TRANSIT ROAD				716-683		
DEPI	EW, NY 14043			2d	,	see instructions)	)
					62441		
	Plan administrator's name and address (if same as plan sponsor, en		")	3b /	Administrator's E	EIN 34276	
ABC	DAYCARE CENTER OF WNY, INC. 5779 TRANSI' DEPEW, NY 1		-	20			
				36	716-683	elephone numbe 3-3766	BI
4	If the name and/or EIN of the plan sponsor has changed since the la	st return/i	report filed for this plan, enter the	4b			
-	name, EIN, and the plan number from the last return/report.		open med is the plan, eller and				
а	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			5b			
С	Number of participants with account balances as of the end of the pl		-	0.0			_
•	complete this item)	• (	•	5c			
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)			X Yes	No
b	Are you claiming a waiver of the annual examination and report of a	n indepen	dent qualified public accountant (IQF	PA)			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	nd conditi	ons.)			X Yes	No
_	If you answered "No" to either 6a or 6b, the plan cannot use Fo	rm 5500-	SF and must instead use Form 550	00.			
Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year	
а	Total plan assets	7a	25640			0	
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	25640			0	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal	
a	Contributions received or receivable from:		(4) 7		(-, 1		
	(1) Employers	8a(1)	0				
	(2) Participants	8a(2)	0				
	(3) Others (including rollovers)	8a(3)	0				
b	Other income (loss)	8b	1275				
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				1275	
d	Benefits paid (including direct rollovers and insurance premiums	OC.					
u	to provide benefits)	8d	26525				
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f					
	Other expenses		390				
g	·	8g				26915	
h :	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					
ı	Net income (loss) (subtract line 8h from line 8c)	8i				-25640	
J	Transfers to (from) the plan (see instructions)	8j					

Form	5500.	SF.	201

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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: 9a 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:

		Yes	No		A		
During the plan year:  Was there a failure to transmit to the plan any participant contributions within the time period described in		162	NO		АП	nount	
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported							
on line 10a.)	10b		X				
Was the plan covered by a fidelity bond?	10c	Χ					7000
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				
• 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			X				
instructions.)	10e		^				
Has the plan failed to provide any benefit when due under the plan?	10f		X				
Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10~	Χ					(
If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR)	10g						
2520.101-3.)	10h		X				
If 10h was answered "Yes," check the box if you either provided the required notice or one of the	1011						
exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
t VI Pension Funding Compliance							
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor	nolete	Sched	ule SF	(Form	1		
5500))						Yes	X N
						Yes	H
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod						-	
	e or se	ction 3	302 of	ERISA	?	Yes	X N
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	e or se uctions, nth	ction 3	302 of Inter th	ERISA ie date	?	Yes etter rul	X No
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru	e or se uctions, nth	ction 3	02 of Inter th	ERISA ie date	?	Yes etter rul	X No
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	e or se uctions, nth	and e	302 of Inter th	ERISA ie date	?	Yes etter rul	X No
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Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.  Mof you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13  Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.	e or se uctions, nth	and e	nter th Day	ERISA ie date	?	Yes etter rul	X No
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Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	e or se	and e	12b 12c 12d	e date	? [ of the I Ye	Yes etter rul	No No
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Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	e or se  uctions,  nth  t of a	and e	12b 12c 12d	ERISA  e date  Ye	? [ of the I Ye	Yes etter rul ar No Yes	N/A
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Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	e or se  uctions,  nth  t of a	and e	12b 12c 12d	ERISA  e date  Ye	? [ of the I Ye	Yes etter rul ar No Yes	N/A

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.	07/25/2012	DONNA WILCOX
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

## 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

2011

This Form Is Open to Public Inspection

	Part I Annual Report Identification Information								
For	For calendar plan year 2011 or fiscal plan year beginning 01/01/2012 and ending 02/29/2012								
Α	This return/report is for: 🛛 a single-employer plan	ſ	a one-participant plan						
В	This return/report is:	the final i	eturn/report		_ , , , ,				
	an amended return/report	a short pla	an year return/report (less than 12 m	onlhs)					
С	Check box if filing under: Form 5558	aulomali	extension	Í	DFVC program				
•	special extension (enter de			ι					
P	art II Basic Plan Information—enter all requested								
	Name of plan	ппоппацоп	<u> </u>	1b	Three-digit				
	DAYCARE CENTER OF WNY, INC. 401(K) PLAN				plan number				
				-	(PN) • 001				
				1c	Effective date of plan 10/01/2008				
2a	Plan sponsor's name and address; Include room or suite num DAYCARE CENTER OF WNY, INC.	iber (employer, i	for a single-employer plan)	2b	Employer Identification Number				
ABC	DAYCARE CENTER OF WNY, INC.			l	(EIN) 06-1534276				
				2c :	Sponsor's telephone number				
5779	TRANSIT ROAD				716-683-3766				
DEP	EW NY 14043			2d (	Business code (see instructions) 624410				
32	Plan administrator's name and address (if same as plan spor	nos ontos "Com	,*1	2h					
SAM		isor, enter Sant	; )	3b Administrator's EIN 06-1534276					
				3c /	Administrator's telephone number 716-683-3766				
4	If the name and/or EIN of the plan sponsor has changed since	e the last return/	report filed for this plan, enter the	4b					
	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		5a	4					
b				5b	0				
С	Number of participants with account balances as of the end of complete this item)	of the plan year (	defined benefit plans do not	5c	0				
6a	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 rep	ort of an indeper	dent qualified public accountant (IQI	PA)	M v □ u-				
	under 29 CFR 2520.104-46? (See instructions on waiver eligible from the second of the				X Yes [] No				
Pa	rt III Financial Information	use rolli 0000-	or and must matead use roim ag	JU,	· · · · · · · · · · · · · · · · · · ·				
7	Plan Assets and Liabilities	11.19.70	(a) Beginning of Year		(b) End of Year				
а	Total plan assets	7a	25640		0				
_	Total plan liabililies		-	1	<del></del>				
	Net plan assets (subtract line 7b from line 7a)		25640		0				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	1	(b) Total				
а	Contributions received or receivable from:	Fac. 12		100					
	(1) Employers	8a(1)	0		라 있는 1 등에는 보고를 제 기를 보고 있다는 가능하였다. 등 사용하다를 하는 기를 보고 있는 것이 되었다.				
	(2) Participants	8a(2)	0		그리 그 보이 하면 있을까지 하면				
	(3) Others (including rollovers)	<u>8a(3)</u>	0						
b	Other income (loss)	8b	1275						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				1275				
d	Benefits paid (including direct rollovers and insurance premiu to provide benefits)		26525						
е	Certain deemed and/or corrective distributions (see instruction			1					
f	Administrative service providers (salaries, fees, commissions	·							
g	Other expenses		390	-					
9 h	Total expenses (add lines 8d, 8e, 8f, and 8g)			<u>                                      </u>	<u>- 48 (18), 11, 11, 11, 11, 11, 11, 11, 11, 11, 1</u>				
 i	Net income (loss) (subtract line 8h from line 8c)			+	-25640				
i	Transfers to (from) the plan (see instructions)		<u> </u>	• .	-23040				
	The state of the s	81		1					

716 683 3661

HERE

Signature of employer/plan sponsor

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	F	Form 5500-SF 2011	Page 2			_					
Dar	t IV	Plan Characteristics		•							
<u>Рас</u> 9а	If the	plan provides pension benefits, enter the applicable pension feat	ure codes from the t	ist of Pian Charac	terist	ic Co	des in	the in	structio	ns:	
	2E	2G 2J 2K 3D									
b	If the	plan provides welfare benefits, enter the applicable welfare featur	re codes from the Lis	st of Plan Characte	eristic	; Cod	ies in t	ne ins	uucuon	<b>5</b> :	
 Part	v	Compliance Questions									
10		ing the plan year:			$\Box$	Yes	No		Ar	mount	
a	Was	there a failure to transmit to the plan any participant contributions	a within the time peri	iod described in			×				_
	29	CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduciar)	ry Correction Program	m) <u>[ 1</u>	10a		<u> </u>				
b	Wei	re there any nonexempt transactions with any party-in-Interest? (Dine 10a.)	o not include transac	cuons reported ,	10b		X				
^		s the plan covered by a fidelily bond?			10c	Х					7000
C		the plan have a loss, whether or not reimbursed by the plan's fidel			-		<del> </del>				
d	or d	ishonesty?	***************************************	.,	10d		×	<u> </u>			
e	Wei	re any tees or commissions paid to any brokers, agents, or other p trance service or other organization that provides some or all of the	ersons by an insuration because	nce carrier,	- 1			1			
	insu	ructions.)			10e		X	<u> </u>			
f		the plan failed to provide any benefit when due under the plan?			10f		Х				
g		the plan have any participant loans? (If "Yes," enter amount as of		_	10g	X					8897
ย h		is is an individual account plan, was there a blackout period? (See					x		_	_	
••	252	0.101-3.)			10h		<u></u>	<u> </u>	<del></del>		
ì	)f 1(	Oh was answered "Yes," check the box if you either provided the re eptions to providing the notice applied under 29 CFR 2520.101-3	equired notice or one	e of the	101				•		
		i a a a a a a a a a a a a a a a a a a a		***************************************	101			<del></del>			
Part	<u>VI</u>	Pension Funding Compliance is a defined benefit plan subject to minimum funding requirements	e2 /lf "Vac " cae inct	nuctions and comp	iete S	Scher	dule Sf	3 (For			
11	15 th 550	o))	37 (A 765, acc man		,				···	∐ Yes	X No
12	ls t	his a defined contribution plan subject to the minimum funding requ	uirements of section	1412 of the Code o	or sec	noik	302 of	ERISA	47	☐ Yes	s 🛛 No
	(If "	Ves " complete 12a or 12b, 12c, 12d, and 12e below, as applicable	e.)								
a	lf a	waiver of the minimum funding standard for a prior year is being an	mortized in this plan	ı year, see instructi Month	ions, 1	and e	anter ti Dav	ne date	e of the Y	letter ru ear	gnik
lf	grai	nung the warver. Completed line 12a, complete lines 3, 9, and 10 of Schedule Mi	B (Form 5500), and	skip to line 13.	. —			-			
b		er the minimum required contribution for this plan year				[	12b	l			
c		er the amount contributed by the employer to the plan for this plan					12¢				
d	Sub	stract the amount in line 12c from the amount in line 12b. Enter the	e result (enter a minu	us sign to the left o	f a	- 1	12d				
	лед	alive amount)	,,					<del> </del>			
е	Will	the minimum funding amount reported on line 12d be met by the f	funding deadline?		<u></u>			11 1	es	No	N/A
Parl		Plan Terminations and Transfers of Assets					- Total 2		<del>:</del>		
138		s a resolution to terminate the plan been adopted in any plan year?				<del></del>	Χ,	Yes	No		<del></del>
		fes," enter the amount of any plan assets that reverted to the emp				3a				0	
b	of t	re all the plan assets distributed to participants or beneficiaries, tra		.,,,			******			Yes	ои 🛚 в
C	lf d whi	uring this plan year, any assets or liabilities were transferred from the chassets or liabilities were transferred. (See Instructions.)	this plan to another	plan(s), Identify the	e plar	1(s) to	o 				
	13c(1) Name of plan(s):					13c(2) EłN(s) 13c(				13c(?	3) PN(s)
0	41	A penalty for the late or incomplete filling of this return/report		uniess reasonable	e cau	JSO IS		lished	d.		
1144		nation of nations and other apportion eat forth in the instructions.	declare that I have e	examined this retur	rn/rec	i .froc	inciudir	na, if a	pplicabl	le, a Sc	hedule
SB	or Šci	haddle MB completed and signed by an enrolled actuary, as well a s true, correct, and complete.	is the electronic vers	sion of this return/re	eport	, and	to the	best o	of my kn	owledge	e and
	ĺ	Maria Muli core	7-24-12	DONNA WILCO	x						
SIC		Signature of plan administrator	Date	Enter name of in	dividu	Jal sl	gning a	as plar	ı a <u>dmin</u> i	istrator	
		Noma mulilar	7-24-12	Donnal							
SIC	i Ne	11010000 1100000000	, <del></del>	<u> </u>	<del></del>	• = -	/		-		

Date

Enter name of individual signing as employer or plan sponsor