## 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).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	➤ Complete all entries in accorda	nce with the instruc	tions to the Form 5500	)-SF.		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Part I	Annual Report lo	dentification Information							
For calend	ar plan year 2013 or fisc	cal plan year beginning 01/01/2013		and ending 12	2/31/20	013			
A This ret	turn/report is for:			an (not multiemployer)		a one-partici	oant plan		
<b>B</b> This ret	turn/report is:	the first return/report	he final return/report						
an amended return/report a short plan year return/report (less than 12 months)									
C Check	box if filing under:		DFVC program						
Dowt II	Decis Dien Inform	special extension (enter description	,						
Part II		mation—enter all requested informat	ion		41-				
1a Name	of plan ACK & LYLE, LLP 401(I	K) DLAN				Three-digit plan number			
DWIEK, DL	ACK & LTLE, LLP 401(I	N) FLAN				(PN) ▶	001		
						Effective date o	f plan		
						06/01	/2004		
	ponsor's name and add ACK & LYLE, LLP	ress; include room or suite number (em	ployer, if for a single-	employer plan)			fication Number 41227		
1616 WEST STATE STREET						Sponsor's telep			
OLEAN, NY 14760						Business code (	(see instructions)		
3a Plan administrator's name and address ⊠Same as Plan Sponsor Name □Same as Plan Sponsor Address						Administrator's			
					3c /	Administrator's	telephone number		
4 If the r	name and/or FIN of the	plan sponsor has changed since the las	st return/report filed fo	r this plan enter the	4b	EINI			
		ber from the last return/report.	st return/report med to	i tilis plan, enter the	40	EIIN			
	or's name	·			4c	PN			
5a Total	number of participants a	at the beginning of the plan year			5a		12		
<b>b</b> Total i	number of participants a	at the end of the plan year			5b		12		
		ccount balances as of the end of the pla	• (	'	5c		11		
<b>6a</b> Were	all of the plan's assets	during the plan year invested in eligible	assets? (See instruct	tions.)			X Yes No		
		the annual examination and report of ar					X Yes □ No		
		(See instructions on waiver eligibility ar her line 6a or line 6b, the plan canno					X Yes   No		
-		•			_		] Nat datamasia.ad		
C if the p	pian is a defined benefit	plan, is it covered under the PBGC ins	urance program (see	ERISA Section 4021)?	📙	res Lino L	Not determined		
Caution: A	A penalty for the late or	r incomplete filing of this return/repo	rt will be assessed u	unless reasonable caus	se is e	stablished.			
SB or Sche		er penalties set forth in the instructions, d signed by an enrolled actuary, as well ete.							
SIGN	Filed with authorized/va	alid electronic signature.	07/02/2014	JEFFREY BLACK					
HERE	Signature of plan ad	ministrator	Date	Enter name of individu	ıal sigr	ning as plan adn	ninistrator		
CION	Filed with authorized/va	allal ala duanta alamadona	07/02/2014	JEFFREY BLACK					
SIGN		alid electronic signature.							
HERE	Signature of employ	rer/plan sponsor	Date	Enter name of individu	ıal sigr	ning as employe	er or plan sponsor		
HERE							er or plan sponsor number (optional)		
HERE		rer/plan sponsor							
HERE		rer/plan sponsor							
HERE		rer/plan sponsor							

Form 5500-SF 2013 Page **2** 

Pa	rt III Financial Information									
<u>га</u> 7	Plan Assets and Liabilities		(a) Paginning of Var				/b) En	d of V	oor	
a	Total plan assets	7a	(a) Beginning of Yea		+		(b) En		ear 05465	3
b	Total plan liabilities	7b						•	00 100	
	Net plan assets (subtract line 7b from line 7a)	7c	74947	6				1	05465	3
8	Income, Expenses, and Transfers for this Plan Year	70	(a) Amount				(h)	Total		
a	Contributions received or receivable from:		(a) Amount				(D)	TOtal		
	(1) Employers	8a(1)	4148	2						
	(2) Participants	8a(2)	6237	<b>'</b> 5						
	(3) Others (including rollovers)	8a(3)	376	57						
b	Other income (loss)	8b	20402	3						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						(	311647	7
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	636	0						
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	11	0						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							647	0
i	Net income (loss) (subtract line 8h from line 8c)	8i							30517	7
j	Transfers to (from) the plan (see instructions)	8j								
Pa	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 3D	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instr	uction	s:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cteristi	ic Coc	des in t	he instru	ctions	1	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Am	ount	
а				10a		Х				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		X				
	Was the plan covered by a fidelity bond?			10c	Χ					100000
0	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud	10d		X				100000
	or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth			100						
-	insurance service, or other organization that provides some or all		•			V				
	instructions.)			10e		X				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
9	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g	X					20003
h	If this is an individual account plan, was there a blackout period? ( 2520.101-3.)	•		10h		X				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i		Х				
Par	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	X No
11:	Enter the unpaid minimum required contribution for current year from the contribution for current year from the contribution for current year.					11a		··   _		
12							EDIGAG	Тг	Yes	X No
14	Is this a defined contribution plan subject to the minimum funding			or se	CUON	JUZ 0T	EKISA?		165	^ NO
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is being greating the waiver.	ng amortiz	ed in this plan year, see instru		and e	_	ne date c			ling
16	you completed line 12a, complete lines 3, 9, and 10 of Schedule			1111		Day		_ Yea	al	
	Enter the minimum required contribution for this plan year	•				12b				

Page	3 -	1
------	-----	---

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)	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?	Y	es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the coof the PBGC?	ontrol		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) to which assets or liabilities were transferred. (See instructions.)	)		
1	<b>3c(1)</b> Name of plan(s):	c(2) Ell	V(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l <b>4b</b> Tr	ust's EIN	

OMB Nos. 1210-0110

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

## 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).

This Form is Open to Public

2013

Complete all entries in accord	ance with the instru	ctions to the Form 550	0-SF.	Ins	spection			
Part Annual Report Identification Information								
	1/01/2013	and ending		12/31/20	13			
A This return/report is for:	a multiple-employer p	lan (not multiemployer)	mployer) a one-participant plan					
B This return/report is: the first return/report	the final return/report							
an amended return/report	short plan year retur	n/report (less than 12 m	onths)					
C Check box if filing under:	automatic extension			DFVC progra	am			
special extension (enter description	1)				•			
Part II Basic Plan Information—enter all requested information			<del></del>					
1a Name of plan			1b	Three-digit				
Dwyer, Black & Lyle, LLP 401(k) Plan				plan number				
			<u> </u>	(PN) ▶	001			
			1c	Effective date of 06/01/200				
2a Plan sponsor's name and address; include room or suite number (em	inlover if for a single	employer plan)	26	····				
Dwyer, Black & Lyle, LLP	iproyor, it for a diligio	employer plant		(EIN) 20-164	fication Number 1227			
				Sponsor's telep				
1616 West State Street		•		(716) 373-	-1.920			
			2d	Business code (	see instructions)			
Olean		14760		541110				
3a Plan administrator's name and address XSame as Plan Sponsor Na	me Same as Plar	Sponsor Address	3b	Administrator's I	EIN			
			3c	Administrator's t	elephone number			
				Administrator 3 t	erebuone number			
		•						
		•						
4 If the name and/or EIN of the plan sponsor has changed since the las			<u> </u>	(716) 373-	<u>-1920</u>			
name, EIN, and the plan number from the last return/report.	st return/report filed to	or this plan, enter the	4b	EIN				
a Sponsor's name	· 	•	4c	PN	•			
5a Total number of participants at the beginning of the plan year			5a		12			
<b>b</b> Total number of participants at the end of the plan year			5b		12			
c Number of participants with account balances as of the end of the pla	an year (defined bene	fit plans do not						
complete this item).			5c	<u> </u>	11			
Were all of the plan's assets during the plan year invested in eligible	assets? (See instruc	tions.)		•	X Yes   No			
b Are you claiming a waiver of the annual examination and report of an under 29 CFR 2520.104-46? (See instructions on waiver eligibility an	i independent qualifie id conditions.)	d public accountant (IQ	PA)		X 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.	H 100 L 110			
c If the plan is a defined benefit plan, is it covered under the PBGC inst					Not determined			
Caution: A penalty for the late or incomplete filing of this return/repo				<u> </u>				
Under penalties of perjury and other penalties set forth in the instructions,	declare that I have	uniess reasonable cau	ISO IS C	stablished.	-bla - Oab - I b			
od of schedule ivid completed and signed by an enfolied actuary, as well	as the electronic vers	sion of this return/report	, and to	o the best of my	knowledge and			
belief, it is true, correct, and complete.								
SIGN		Jeffrey Black	•	***************************************				
HERE Signature of plan administrator	Date 7/1/14		بحثم امر					
SIGN -	Date ////4	Entername of individu Jeffrey Black	ıaı sıgr	iing as pian adm	iinistrator			
HERE:	21.11							
Signatule of employer/plan sponsor  Preparer's name (including firm name, if applicable) and address; include	Date 7/1/14	Enter name of individu						
		(opnorm)	i-reha	irei a reichtiotte i	number (optional)			
	*							
		ļ						
•								

Page 2

Pa	rt III Financial Information					-		···	
7	Plan Assets and Liabilities	7775	(a) Beginning of Yea	<u></u>			(b) End	of Year	<del></del>
а	Total plan assets	7a		9,47	76				4,653
	Total plan liabilities	7b							
	Net plan assets (subtract line 7b from line 7a)	7c	74	9,47	76			1,05	54,653
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				/h) 1	otal	
а	Contributions received or receivable from:				million to the second of the s				Control of the Contro
	(1) Employers	8a(1)		1,48					
	(2) Participants	8a(2)		2,37					
	(3) Others (Including rollovers)	8a(3)		3,76	0-0000				
	Other income (loss)	8b	20	4,02	23				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						31	1,647
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	** · · · · · · · · · · · · · · · · · ·	6,36	50				
e	Certain deemed and/or corrective distributions (see instructions)	8e	· · · · · · · · · · · · · · · · · · ·		2004 - 20000 2004 - 10000 2004 - 10000 2000 - 10000 2000 - 10000				
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f		13	10				
g	Other expenses	8g			00000 v 00000 00000 v 000000 00000 v 00000 00000 v 00000 v 00000 00000 v 00000 00000 v 00000 00000 v 00000 00000 v 000000 00000 v 00000 00000 v 00000 00000 v 00000 00000 v 00000 000000 v 00000 00000 v 00000 00000 v 00000 00000 v 00000 00000 v 000000 00000 v 00000 00000 v 00000 00000 v 00000 00000 v 00000 000000 v 00000 00000 v 00000 00000 v 00000 00000 v 00000 00000 v 00000 v 00000 00000 v 00000 00000 v 00000 v 00000 00000 v 00000 v 00000 v 00000 00000 v 00000 v 00000 v 00000 00000 v 00000 v 0000 v 000				
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							6,470
<u>   i                                 </u>	Net income (loss) (subtract line 8h from line 8c)	81						30	5,177
j	Transfers to (from) the plan (see instructions)	8j							
9a b	2E 2G 2J 2K 3D  If the plan provides welfare benefits, enter the applicable welfare fe								
10	During the plan year:				Yes	No	I		
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	tions within	the time period described in	10a	163	X		Amount	
ь	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported	10a		Х			
c				10c	Х			10	00,000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?		nd, that was caused by fraud	10d		х			•
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)	of the bene	fits under the plan? (See	10e		Х			
f	Has the plan failed to provide any benefit when due under the plan	n?	***************************************	10f		Х			
g	Did the plan have any participant loans? (if "Yes," enter amount a	s of year e	nd.)	10g	Х				20,003
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	See instru	ctions and 29 CFR	10h		Х			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne required	notice or one of the	10i		Х			
Part	VI Pension Funding Compliance						- conformation facility - conformation - conformati		
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (if "Y	es," see instructions and com	plete	Sched	lule SE	3 (Form	Yes	⊠ No
11a	Enter the unpaid minimum required contribution for current year fr					11a			<del></del> _
12	is this a defined contribution plan subject to the minimum funding						ERISA?	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,							Ba-lada and and and and and and and and and	
•	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.	ig amortize	ed in this plan year, see instru	ctions	, and e	enter the Day	ne date of t	he letter ru Year	ling
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (For	n 5500), and skip to line 13.						
<u>b</u>	Enter the minimum required contribution for this plan year				<u> </u>	12b			

P.004/004

	Form 5500-SF 2013 130118		Page <b>3</b> -							
			<del></del>							
<u> </u>	Enter the amount contributed by the employer	to the plan for this pla	an year	***********		12c	•			
- d	Subtract the amount in line 12c from the amount negative amount)				а	12d				
<u>      e</u>	Will the minimum funding amount reported on I	ine 12d be met by th	e funding deadline?.	•••••••			Yes	N	lo	N/A
Part	VII Plan Terminations and Transfe	ers of Assets								
13a	Has a resolution to terminate the plan been adopted	ed in any plan year?	***************************************	***************************************			es X	No		
	if "Yes," enter the amount of any plan assets the	at reverted to the en	nployer this year			13a				
b	Were all the plan assets distributed to participa of the PBGC?	nts or beneficiaries,	transferred to anothe	r plan, or brought un	der the d	control			Yes	X No
С	If during this plan year, any assets or liabilities which assets or liabilities were transferred. (Se	were transferred from e instructions.)	m this plan to another	r plan(s), identify the	plan(s) t	0			***	
1	3c(1) Name of plan(s):		per.	·	- 13	3c(2) El	N(s)		3c(3)	PN(s)
					,					
Part	VIII Trust Information (optional)							<del>'</del>		
	Name of trust	¢				14b ⊤ı	ust's EIN			- 11