Department Revenue Service 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 Inspection Pension Benefit Guaranty Corporation • Complete all entries in accordance with the instructions to the Form 5500-SF. This form is Open to Public Inspection Part I Annual Report Identification Information a single-employer plan a nultiple-employer plan (not multiemployer) a one-participant plan B This return/report is: the first return/report a short plan year return/report (less than 12 months) C Check box if filing under: DFVC program Part II Basic Plan Information—enter all requested information DFVC program DFVC program Straubus GROUP 401 K PROFIT SHARING PLAN TRUST 1b Three-digit plan number (PN) > 001 1c Effective date of plan 03/15/2006 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number (EIN) 16-1603281 2c Sponsor's telephone number 716-631-3200	Internal Revenue Service Department of Labor Employee Benefits Security Administration		Short Form Annual Return/Report of Small Employe Benefit Plan				e OMB Nos. 1210-0110 1210-0089			
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b 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.) 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. Yes No C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined 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. SIGN Filed with authorized/valid electronic signature. 07/17/2014 RANDY STRAUSS HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor			•		•	5c		12		
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) 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. Yes No C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No No determined 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. SIGN HERE Filed with authorized/valid electronic signature. 07/17/2014 RANDY STRAUSS SIGN 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		•	0 1 3 0	· ·	,					
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HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	HER	Signature of plan ad	Signature of plan administrator Date Enter name of individ					ual signing as plan administrator		
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	SIGN	1								
		F	/er/plan sponsor	Date	Enter name of individu	ual sin	ining as employed	r or plan sponsor		
	Prep									

7 Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Year			
a Total plan assets	7a	70651		973669				
b Total plan liabilities	7b		0	0				
C Net plan assets (subtract line 7b from line 7a)	7c	70651	5	973669				
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total				
a Contributions received or receivable from:		(d) / line unit				(0) 1000		
(1) Employers	8a(1)	19973						
(2) Participants	8a(2)	71568						
(3) Others (including rollovers)	8a(3)	0						
b Other income (loss)	8b	183541						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_	275082			
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	0						
e Certain deemed and/or corrective distributions (see instructions)	8e		0					
f Administrative service providers (salaries, fees, commissions)	8f	792	8					
g Other expenses	8g							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					7928		
i Net income (loss) (subtract line 8h from line 8c)	8i					267154		
j Transfers to (from) the plan (see instructions)	8j							
Part IV Plan Characteristics								
Part V Compliance Questions I0 During the plan year:				Yes	No	Amount		
 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) 					X	Amount		
 Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 					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 fidelity bond, that was caused by fraud or dishonesty?								
or dishonesty?			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	ner persons by of the benefit	y an insurance carrier, s under the plan? (See		X	X	445		
e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	ner persons by of the benefit	y an insurance carrier, s under the plan? (See	10e	X	X	445		
 e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the plan 	ner persons by of the benefit	y an insurance carrier, s under the plan? (See	10e 10f	x	x	445		
e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	ner persons by of the benefit n? s of year end	y an insurance carrier, s under the plan? (See	10e	X	X X	445		
 e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the pla g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.) 	ner persons by of the benefit n? s of year end (See instruction	y an insurance carrier, s under the plan? (See) ons and 29 CFR	10e 10f	x	x	445		
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 e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the pla g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10 Pension Funding Compliance 	ner persons by of the benefit n? s of year end (See instruction he required no 1-3	y an insurance carrier, s under the plan? (See) ons and 29 CFR otice or one of the	10e 10f 10g 10h 10i		X X X			
 e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the pla g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10 Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) 	ner persons b of the benefit n? s of year end (See instruction he required no 1-3 hents? (If "Yes	y an insurance carrier, s under the plan? (See)	10e 10f 10g 10h 10i	Scheo	X X X	Form		
 e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the pla g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) 	ner persons b of the benefit n? s of year end (See instruction he required no 1-3 hents? (If "Yes	y an insurance carrier, s under the plan? (See)	10e 10f 10g 10h 10i	Scheo	X X X	Form		
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 e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the pla g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10 Pension Funding Compliance I1 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) I1a Enter the unpaid minimum required contribution for current year fr Is this a defined contribution plan subject to the minimum funding 	ner persons b of the benefit n? s of year end. (See instruction he required no 1-3 nents? (If "Yes rom Schedule requirements , as applicable ng amortized	y an insurance carrier, s under the plan? (See 	10e 10f 10g 10h 10i e or see	Schec	X X X Iule SB (11a 302 of EF	Form		
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C	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	Part VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?	Ye	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 c of the PBGC?	ontrol		Yes X No				
С	C 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): 1				13c(3) PN(s)				
Part	VIII Trust Information (optional)		1					
14a	lame of trust	14b Trust's EIN						