Foi	rm 5500-SF	Short Form Annual Return/Report of Small Employ Benefit Plan				OMB Nos. 1210-0110 1210-0089			
	rtment of the Treasury rnal Revenue Service	This form is required to be filed	е	2013					
	Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 60 Employee Benefits Security Administration the Internal Revenue Code (the Code).					This Form is Open to Public			
Pension B	enefit Guaranty Corporation	Complete all entries in accord	Inspection						
Part I		dentification Information							
For calend	ar plan year 2013 or fisc			and ending 1	2/31/	2013			
A This ref	turn/report is for:		a multiple-employer p	lan (not multiemployer)		a one-participant plan			
B This ret	turn/report is:		the final return/report						
•				n/report (less than 12 mo	onths				
C Check	box if filing under:		automatic extension			DFVC program			
Dert II	Decis Dian Infor	special extension (enter description							
Part II		mation—enter all requested informa	tion		1h	Three-digit			
1a Name ANSELL, BL	JFFINGTON & CO., CP/	A, P.C. 401(K) PLAN				plan number			
						(PN) ▶ 001			
					1c	Effective date of plan 01/01/2003			
	ponsor's name and add	ress; include room or suite number (en A, P.C.	nployer, if for a single-	-employer plan)	2b				
7606 TRAN	SIT ROAD				2c	Sponsor's telephone number 716-204-1124			
SUITE 200	(ILLE, NY 14221-6017				2d	Business code (see instructions) 541211			
3a Plan a	dministrator's name and	I address XSame as Plan Sponsor Na	ame Same as Plar	n Sponsor Address	3b	Administrator's EIN			
					30	Administrator's telephone number			
					50	Administrator 3 telephone number			
4 If the	name and/or FIN of the	plan sponsor has changed since the la	st return/report filed fo	or this plan enter the	4h	EIN			
name	, EIN, and the plan num	ber from the last return/report.							
<u> </u>	or's name					PN			
		t the beginning of the plan year			5a	11			
		t the end of the plan year			5b	11			
		ccount balances as of the end of the pl			. 5c				
6a Were	all of the plan's assets	during the plan year invested in eligible	e assets? (See instruc	ctions.)		X Yes 🗌 No			
		he annual examination and report of a (See instructions on waiver eligibility a				X Yes 🗌 No			
		her line 6a or line 6b, the plan canno							
-		plan, is it covered under the PBGC ins							
Caution: A	A penalty for the late or	r incomplete filing of this return/repo	ort will be assessed	unless reasonable cau	ise is	established.			
Under pen	alties of perjury and othe	er penalties set forth in the instructions	, I declare that I have	examined this return/rep	oort, ii	ncluding, 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/va	alid electronic signature.	07/22/2014	CRAIG ANSELL	L				
	Signature of plan ad	ministrator	Date	Enter name of individu	ual się	gning as plan administrator			
HERE	Signature of employ		Date			gning as employer or plan sponsor			
Preparer's	name (including firm na	me, if applicable) and address; include	e room or suite numbe	er (optional)	Prep	parer's telephone number (optional)			

Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End	of Year	
a Total plan assets	7a	142729	1				1847584	4
b Total plan liabilities	7b		0				()
C Net plan assets (subtract line 7b from line 7a)	7c	142729	1				1847584	1
Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal	
a Contributions received or receivable from:	0-(4)	1368	7					
(1) Employers		6292						
(2) Participants		55	-					
(3) Others (including rollovers) b Other income (loss)	l `´	34530						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		01000	<u> </u>				422464	1
d Benefits paid (including direct rollovers and insurance premiums	00						72270-	,
to provide benefits)	8d	212	1					
e Certain deemed and/or corrective distributions (see instructions)	8e		0					
f Administrative service providers (salaries, fees, commissions)	8f	50	0					
g Other expenses	. 8g	(0					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						217	1
i Net income (loss) (subtract line 8h from line 8c)	-						42029	3
j Transfers to (from) the plan (see instructions)			0					
b If the plan provides welfare benefits, enter the applicable welfare	feature codes	from the List of Plan Charac	cterist	ic Cod	les in tl	ne instructi	0115.	
Part V Compliance Questions	feature codes	from the List of Plan Charac	cterist	ic Cod	les in t		0115.	
	feature codes	from the List of Plan Charac	cterist	ic Cod Yes	les in ti No		Amount	
Part V Compliance Questions	utions within t	he time period described in	terist					
Part V Compliance Questions 0 During the plan year: a Was there a failure to transmit to the plan any participant contrib	utions within t luciary Correc st? (Do not inc	he time period described in tion Program)			No			
 Part V Compliance Questions During the plan year: a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fic b Were there any nonexempt transactions with any party-in-interest 	utions within t luciary Correc st? (Do not inc	he time period described in tion Program) lude transactions reported	10a		No X			5000
 Part V Compliance Questions During the plan year: a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fic b Were there any nonexempt transactions with any party-in-interes on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's 	utions within t luciary Correc st? (Do not inc s fidelity bond	he time period described in tion Program) clude transactions reported	10a 10b	Yes	No X			5000
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Part V Compliance Questions 0 During the plan year: a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fice b Were there any nonexempt transactions with any party-in-interes on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or or insurance service, or other organization that provides some or al instructions.) f Has the plan failed to provide any benefit when due under the plan	utions within t luciary Correc st? (Do not inc s fidelity bond ther persons t I of the benefi an?	he time period described in tion Program) clude transactions reported transactions	10a 10b 10c 10d 10e 10f	Yes	No X X X			5000
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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	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 of the PBGC?	control		Yes 🗙 No			
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.)							
1	3c(1) Name of plan(s): 1	3c(2) EIN	l(s)	13c(3) PN(s)			
Part	VIII Trust Information (optional)						
14a	Name of trust	14b Trust's EIN					

	Form 5500-SF	Short Form Annual R	eturn/Report Benefit Plan	of Small Emplo	yee		OMB Nos. 1210-011 1210-008	
	Department of the Treasury Internal Revenue Service	This form is required to be filer	d under sections 104	and 4065 of the Employe	oyee 2013			
	Department of Lebor Employee Benefits Socurity Administration Pension Benefit Guerranty Corporation	Retirement income Security Act of the Internal	1974 (ERISA), and se I Revenue Code (the t	ictions 6057(b) and 605 Code).	8(a) of	Is Open to Public		
		Complete all entries in accord	lance with the Instru	ctions to the Form 66(0-SF.	111	spection	
	For calendar plan year 2013 or fisc	Ientification Information	2				· · ·	
		[77]		· · · · · · · · · · · · · · · · · · ·	12/31/2	013		
	A This return/report is for:	X a single-employer plan	a mulliple-employer p	lan (not multlemployer)	[a one-partic	ipant plan	
	B This return/report is:	the first return/report	the final return/report					
		🔇 an amended return/report 🛛 🗋 i	a short plan year retur	n/report (less than 12 m	onths)	``		
	C Check box if filing under:	Form 5558	automatic extension		1	DFVC progr	am.	
		special extension (enter description	n)		ĩ			
	Partill Basic Plan Inform	mation-enter all requested informa	ation	****			·····	
	1a Name of plan			an an an	16	Three-digit	Т	
	Ansell, Buffington & Co., CPA, P.C.	401(k) Plan	an in airte			plan number		
	n andre de la service de la					(PN)	001	
					10	Effective date o 01/01/2		
	2a Plan sponsor's name and addr Ansell, Buffington & Co., CPA, P.C.	ess; include room or suite number (en	nployer, if for a single-	employer plan)			fication Number	
	and the second second second	starat2 a an trainight	·	•		EIN) 16-150 Sponsor's telep		
	7606 Transit Road			···		(716) 20		
į	Sulte 200	「「「「「「」」を見ていていた。」 「「」」	a shi a Maharina. Tari		2d 6	Business code (see Instructions)	
	Williamsville, NY 14221-6017					541211		
	3a Plan administrator's name and	address Same as Plan Sponsor Na	ame Same as Plar	Sponsor Address	3b /	dministrator's	EIN	
					20			
	가 있는 것이다. 1993년 - 1993년 1월 2013년 - 1985년				96 /	vorninistrator s i	elephone number	
		3						
		e l'internet e		1 · · ·				
		a protozna a cereba						
		lan sponsor has changed since the la	ist return/report filed for	r this plan, enter the	4b 8	EIN .		
		er from the last return/report.	and the second		4c	3 6 1		
•		the beginning of the plan year			5a		11	
		the end of the plan year					11	
					5b	÷ •••••	31	
		count balances as of the end of the pl			5c		11.	
		luring the plan year invested in eligible				······	X Yes No	
	for anne serve interest to be a server of the server of th	a manual manufacturation and second of a						
	b Are you claiming a waiver of the	te annual examination and report of al	n independent qualifie	d public accountant (IQF	PA)			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility ar	nd conditions.)	*****			Yes No	
•	under 29 CFR 2520.104-46? (If you answered "No" to eith	See instructions on waiver eligibility ar er line 6a or line 6b, the plan canno	nd conditions.) t use Form 5500-SF	and must instead use l	Form 5		Yes 🛛 No	
	under 29 CFR 2520.104-46? (If you answered "No" to eith	See instructions on waiver eligibility ar	nd conditions.) t use Form 5500-SF	and must instead use l	Form 5		Yes No	
•	under 29 CFR 2520.104-46? (If you answered "No" to eith C If the plan is a defined benefit p	See instructions on waiver eligibility ar er line 6a or line 6b, the plan canno plan, is it covered under the PBGC ins	nd conditions.) t use Form 5500-SF urance program (see	and must instead use i ERISA section 4021)?	Form 6	res (No []		
•	under 29 CFR 2520.104-46? (If you answerod "No" to eith C If the plan is a defined benefit p Caution: A penalty for the late or Under penalties of periury and other	See instructions on waiver eligibility ar er line 6a or line 6b, the plan canno blan, is it covered under the PBGC ins incomplete filing of this return/report penalties set forth in the instructions.	nd conditions.) t use Form 5500-SF urance program (see ort will be assessed in .1 declare that L have.	and must instead use i ERISA section 4021)? Inless reasonable cau examined this return/rep	Form 6	res (No () No () Nablished,	Not determined	
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Page 2

Pa	nt III Financial Information		· · · · · · · · · · · · · · · · · · ·								
7	Plan Assets and Liabilities		(a) Beginning of Ye	ar			(b) End	of \	'ear		
a	Total plan assets	7a	1427291			1847584					15
b	Total plan liabilities	7b			Lindowy de (0.81	۱.,		
<u> </u>	Net plan assets (subtract line 7b from line 7a)	<u>.</u> 7c	142729	01		1847584			4	1	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total					
а	Contributions received or receivable from: (1) Employers	8a(1)	1 1368 - J. 1368	7							
	(2) Participants	8a(2)	6292	20-							
	(3) Others (including rollovers)	8a(3)	ere i star set 1 2 5 5	52							
b	Other income (loss)	8b	34530	5							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						2	22464	ļ.	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	en 1991 en 212	1							
e	Certain deemed and/or corrective distributions (see instructions)	8e		0							
f	Administrative service providers (salaries, fees, commissions)	8f	-180208 etc. etc. etc. 600 g. 5	0							
g	Other expenses	8g		0							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					1.120		217	1	
i	Net income (loss) (subtract line 8h from line 8c)	8i						1 d. 1	420293	3 2.1	
j	Transfers to (from) the plan (see instructions)	8j	ELAS BARADELA	0							
Par	t IV Plan Characteristics				1077243		-	2840307677	AND DECEMPTION OF THE	0444082674783	100111575
9a	If the plan provides pension benefits, enter the applicable pension t 2E 2F 2G 2J 2K 3D	feature coo	des from the List of Plan Char	acteri	stic Co	des in	the instruc	tions	3:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan Chara	cterist	ic Coc	les in t	he instruct	ions:			
Part	V Compliance Questions										
10	During the plan year:				Yes	No		A	~···*		
	Was there a failure to transmit to the plan any participant contribut	lions within	the time period described in	I	103			Am	ount		
tur.	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Corre	ection Program)	10a		х		1	2.17		2
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		х			e a S	1	
С	Was the plan covered by a fidelity bond?			10c	х		£2.8			5000	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		x	uji tu	•	/811.		
e		er persons	s by an insurance carrier,								
	instructions.)			10e		х	1. A.				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		х	1.2.2.		100	1.629	
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of vear e	nd.)	10g	х		1.11.11.2		Agente	3588	
h		See instru	ctions and 29 CFR	10g		X				0000	<u>,,,</u>
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101	e required	notice or one of the	10i							
Part	VI Pension Funding Compliance					l					<u>1888)</u>
11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)							2	Yes	۲ N	No
<u>11a</u>	Enter the unpaid minimum required contribution for current year fro	om Schedu	ule SB (Form 5500) line 39			11a					
12	Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of the Code	orse	ction (302 of	ERISA?	1. " -	Yes	x N	٥V
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	•						. <u> </u>		<u> </u>	—
а	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	g amortize	ed in this plan year, see instruc	ctions, th	, and e	enter th Day	ne date of t	he le Yea		ling	_
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule					- ~y					
b	Enter the minimum required contribution for this plan year		·····			12b	1		14 L.	(<u>.</u>	

Form 5500-SF 2013

Page	3 -	÷	1	
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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 40t 5 to 11	12c		A CARAGE
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a Will the minimum funding amount).	12d		
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?	┶┯┢		
Part	VII Plan Terminations and Transfers of Assets		Yes	No N/A
_13a	Has a resolution to terminate the plan been adopted in any plan year?			
_	If "Yes," enter the amount of any plan assets that reverted to the employer this year	Yes	X No	
b		13a		
C	of the PBGC?	to	[Yes X No
	3c(1) Name of plan(s):			
		13c(2) EIN(s)		13c(3) PN(s)
1004000 and an and an and		1.1.4	en sig	ta de la
Part V	VIII Trust Information (optional)	- <u> </u>		
14a N	lame of trust			······································
	ame of trust in American Constants in 1997, Alter a submation of each and the State of American Constants in the American State of the Constants of the Constant of the American Constants of Management (1997), American of the American State of the Constant of the American Constants of Management (1997), American State of the Constants o	14b Trust's	EIN	