## 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

Complete all entries in accordance with the instructions to the Form 5500-SF.

Revenue Code (the Code).

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection** 

Annual Report Identification Information For calendar plan year 2014 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the final return/report **B** This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan **1b** Three-digit DWYER, 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 (employer, if for a single-employer plan) 2b Employer Identification Number DWYER, BLACK & LYLE, LLP (EIN) 20-1641227 Sponsor's telephone number 716-373-1920 1616 WEST STATE STREET **OLEAN, NY 14760** Business code (see instructions) 541110 **3a** Plan administrator's name and address XSame as Plan Sponsor. Administrator's EIN **3c** Administrator's telephone number 4b EIN If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name Total number of participants at the beginning of the plan year ...... 5a 12 Total number of participants at the end of the plan year..... 5b 11 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c 10 complete this item) ..... d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 11 d(2) Total number of active participants at the end of the plan year..... 5d(2) 11 e Number of participants that terminated employment during the plan year with accrued benefits that were 0 5e less than 100% vested. 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

SIGN HERE	Filed with authorized/valid electronic signature.	05/14/2015	JEFFREY BLACK				
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN							
HERE	Signature of employer/plan sponsor	Date	Enter name of indivi	dual signing as employer or plan sponsor			
Preparer's	name (including firm name, if applicable) and address (inclu	ide room or suite numb	er ) (optional)	Preparer's telephone number (optional)			

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b	Were all of the plan's assets during the plan year invested in eligib 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 If you answered "No" to either line 6a or line 6b, the plan cann	an indepe and condit	ndent qualified public accounta	nt (IQ	PA)			X Ye	
С	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	program (see ERISA section 40	21)?		Yes	No	Not dete	ermined
Par	t III Financial Information		1						
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End		
	Total plan assets	7a	10546	553				1158	365
	Total plan liabilities	7b	10546	553				1158	1365
	Net plan assets (subtract line 7b from line 7a)	7c		,,,,			/b) T.		
	Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:		(a) Amount				(b) To	rtai	
	(1) Employers	8a(1)	218						
	(2) Participants	8a(2)	389	921					
	(3) Others (including rollovers)	8a(3)	05/	177					
	Other income (loss)	8b	654	+//				400	270
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c						120	270
	to provide benefits)	8d	222	268					
е	Certain deemed and/or corrective distributions (see instructions)	8e							
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f	2	290					
	Other expenses	8g						00	VEEO.
	al expenses (add lines 8d, 8e, 8f, and 8g)								2558 3712
	Net income (loss) (subtract line 8h from line 8c)	ncome (loss) (subtract line 8h from line 8c)						100	17 12
Par	, , , , , , , , , , , , , , , , , , , ,	l 8j							
b	2E 2G 2J 2K 3D  If the plan provides welfare benefits, enter the applicable welfare for   V Compliance Questions	eature cod	les from the List of Plan Charad	cterist	ic Cod	les in t	he instruction	ons:	
10	During the plan year:				Yes	No		Amount	
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Cor	rection Program)	10a		X			
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X			
<u>c</u>	Was the plan covered by a fidelity bond?			10c	X				100000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		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.)	of the ber	efits under the plan? (See	10e		X			
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	Χ				23721
	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					
Part									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Ye	s No
	Enter the unpaid minimum required contribution for current year fr					11a	<u>l</u> ,		
12	Is this a defined contribution plan subject to the minimum funding			or se	ection :	302 of	ERISA?	Ye	s X No
	(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		·	rtions	and a	enter #	l ne date of th	e letter r	ruling
а	granting the waiver	-			, and 6	Day		Year	umiy

	Form 5500-SF 2014	Page <b>3</b> - 1					
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to lin	e 13.				
b	Enter the minimum required contribution for this plan year			12b			
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 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 the	nis year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		•	ontrol		Yes	( No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	in to another plan(s), ide	ntify the plan(s) to	)			
1	3c(1) Name of plan(s):		130	c(2) EI	N(s)	<b>13c(3)</b> P	N(s)
			1			l	

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

## Form 5500-SF

Department of the Treasury Internal Revenue Service

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 Retir

OMB Nos. 1210-0110 1210-0089

2014

	Income Consults Ast of 4074 (CD)				
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974 (ERIS	SA), and sections 605 enue Code (the Code		Internal	This Form is Open to
Pension Benefit Guaranty Corporation	-	•	,		Public Inspection
	Complete all entries in accor	dance with the instru	uctions to the Form 55	00-SF.	
For calendar plan year 2014 or fis	dentification Information	/01/2014	and ending	12.	/31/2014
A This return/report is for:			an (not multiemployer) ( ver information in accord		king this box must attach a list the form instructions)
B This return/report is	the first return/report	ne final return/report			
	an amended return/report a	short plan vear return	/report (less than 12 me	onths)	
C Check box if filling under:		automatic extension			FVC program
	special extension (enter description)	)	•		
Design Dien Info					
····	mation—enter all requested informat	ion		46 -	
1a Name of plan DWYER, BLACK & LYLE,	LLP 401(K) PLAN			<b>1b</b> Thre plan (PN)	number 001
				1c Effec	ctive date of plan
2a Pian sponsor's name and add DWYER, BLACK & LYLE,	ress; include room or suite number (em LLP	ployer, if for a single-	employer plan)		loyer Identification Number
1616 WEST STATE STRE	et Et			2c Spor	nsor's telephone number
OLEAN	NY 14760			2d Busi	ness code (see instructions)
	d address XSame as Plan Sponsor.	· 10 and			inistrator's EIN
•				3c Adm	inistrator's telephone number
		•		OO Adiii	manator a telephone number
					•
	plan sponsor has changed since the las	st return/report filed fo	r this plan, enter the	4b EIN	
	ber from the last return/report.			•	
a Sponsor's name				4c PN	*****
	at the beginning of the plan year			5a	12
	at the end of the plan year			5b	11
complete this item)	ccount balances as of the end of the pla		***************************************	5c	10
<b>d(1)</b> Total number of active part	icipants at the beginning of the plan yea	ar		5d(1)	11
	ticipants at the end of the plan year			5d(2)	1.1
	minated employment during the plan ye			5e	C
Caution: A penalty for the late o	r incomplete filing of this return/repo	rt will be assessed u	unless reasonable cau	se is estab	olished.
Under penalties of perjury and oth SB or Schedule MB completed an belief, it is true, correct, and comp	er penalties set forth in the instructions, d signed by an enrolled actuary, as well	I declare that I have e as the electronic vers	examined this return/report sion of this return/report	ort, includia and to the	ng, if applicable, a Schedule best of my knowledge and
SIGN \\\\ \	· N		JEFFREY BLACK		
HERE Signature of plan ad	ministrator	Date 5/14/15	Enter name of individu	ıal signing	as plan administrator
SIGN TO A LANGE	~ \ \	Juis 0,77,7	JEFFREY BLACK	zar olgrinig i	us plan administrator
HEDE: HEDE:		D-1- 5/11/15		1_1_	
Preparer's name (including firm na	rerrpian sponsor ime, if applicable) and address (include	room or suite number	_ ⊏nter name of individi		as employer or plan sponsor stelephone number (optional)
	,		· \ /alemanion\	. ropuror c	telephone number (opionial)
	· .				
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	the second control of	and the second s		merendende - A med	Value

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6a b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	an indeper and condit	ndent qualified public accounta	ant (IC	(PA)				Yes No
C	If the plan is a defined benefit plan, is it covered under the PBGC in						∏No ∏	Not de	etermined
Pa	Financial Information					Ī			
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	of Year	- <u>-</u> -
а	Total plan assets	7a	1	5465	53		(=) =::-	71.100	115836
	Total plan liabilities	7b					<del></del>		
С	Net plan assets (subtract line 7b from line 7a)	7c	10	5469	3		·		115836
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	otal	
a	Contributions received or receivable from: (1) Employers	8a(1)		2187	72				
	(2) Participants	8a(2)		3892	21				To the second se
	(3) Others (including rollovers)	8a(3)			Garage Advanced ages Advanced ages Advanced ages Advanced advanced a service advanced a service advanced advanced a service advanced a service advanced				
	Other income (loss)	8b		6547	77				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							12627
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		2226	8	Í			
	Certain deemed and/or corrective distributions (see instructions)	8e			Zii				
	Administrative service providers (salaries, fees, commissions)	8f		2.9	90				- month & d Appendic & Control & Con
	Other expenses			- 5.000 · · · · · · · · · · · · · · · · · ·	-800000				
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							2255
	Net income (loss) (subtract line 8h from line 8c)  Transfers to (from) the plan (see instructions)	81							10371
	t-IV Plan Characteristics	8j							
	2E 2G 2J 2K 3D  If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits.	eature cod	es from the List of Plan Charac	cterist	ic Cod	les in t	the instruction	ins:	
10	During the plan year:		•		Yes	No		Amou	
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	tions within	n the time period described in rection Program)	10a		х		Aillou	116
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		х			
C	Was the plan covered by a fidelity bond?			10c	х				10000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х			
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	ner person of the ben	s by an insurance carrier, efits 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	end.)	10g	х	·			2372
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instru	uctions 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	i notice or one of the	10i					
Part	VI Pension Funding Compliance		· · · · · · · · · · · · · · · · · · ·						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "	Yes," see instructions and com	plete	Sched	ule Si	3 (Form	<u> </u>	′es 🗍 No
11a	Enter the unpaid minimum required contribution for current year fr					11a			
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	orse	ction	302 of	ERISA?	T	es X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,								
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instruction Mon		, and e	enter ti Dav		e lette	r ruling

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lf y	rou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to line 13				
b	Enter the minimum required contribution for this plan year	***************************************		12b		
						***
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 negative amount)	(enter a minus sign to the lef	ofa	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding	deadline?			Yes	No N/A
Part	Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?			<u>П</u> ,	es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer to	nis year	*************	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferr of the PBGC?					Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)					
1	3c(1) Name of plan(s):		1:	3c(2) El	N(s)	13c(3) PN(s)
		·	•		·····	
Part	VIII Trust Information (optional)		-			
14a	Name of trust			14b Ti	rust's EIN	
•						