## 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** 

Part I		t Identification Information							
For calend	dar plan year 2014 or	fiscal plan year beginning 01/01/2014		and ending 12/	/31/2014				
•	a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a li								
A This re	eturn/report is for:			loyer information in accord	dance with the form in	structions)			
D		a one-participant plan	a foreign plan						
<b>B</b> This ret	turn/report is		the final return/report						
		onths)							
C Check	hov if filing under	Form 5558	automatic extension	l	DFVC program				
C Check box if filing under:					<u> </u>				
			,						
Part II	•	ormation—enter all requested information	ation		T 41	<del></del>			
1a Name	e of plan AND SCHOENBORN	PC 401(K) P/S PLAN			<b>1b</b> Three-digit plan number				
DEWARIE A	AND SCHOLINBORN	FC 401(R) F/3 FLAN			(PN) ▶	002			
					1c Effective date	of plan			
					06/01/2000				
	sponsor's name and a AND SCHOENBORN,	address; include room or suite number (e	mployer, if for a singl	e-employer plan)	2b Employer Identification Number				
DEWAKIE A	AND SCHOENBORN,	P.C.			(EIN) 16-1098048				
					<b>2c</b> Sponsor's telephone number 716-856-0024				
800 CONVE BUFFALO, N	ENTION TOWER 43 C NY 14202	OURTST			2d Business code (see instructions)				
					5411	,			
3a Plan a	administrator's name a	and address XSame as Plan Sponsor.			<b>3b</b> Administrator's EIN				
					<b>3c</b> Administrator's	telephone number			
		he plan sponsor has changed since the la	ast return/report filed	for this plan, enter the	4b EIN				
	e, EIN, and the plan no sor's name	umber from the last return/report.			4c PN				
		ts at the beginning of the plan year			5a				
_		, ,			5b				
		ts at the end of the plan year			ab				
		n account balances as of the end of the p	• (	•	5c	2			
'	,	articipants at the beginning of the plan ye	ear		5d(1)	-			
4(3) ±°	atal number of active n	continuonto at the and of the plan year			<b>+</b>				
d(2) Total number of active participants at the end of the plan year			5d(2)	-					
		terminated employment during the plan	•		5e	(			
		e or incomplete filing of this return/rep			ise is established.				
Under per		other penalties set forth in the instructions	s, I declare that I hav	e examined this return/rep	oort, including, if appli				
		and signed by an appalled actuary, as we	ell as the electronic ve	ersion of this return/report	, and to the best of m				
	nedule MB completed a					y knowledge and			
belief, it is	nedule MB completed a true, correct, and con	mplete.	07/23/2015	JOSEPH DEMARIE		y knowledge and ————			
	nedule MB completed as true, correct, and con Filed with authorized	mplete. d/valid electronic signature.	07/23/2015	JOSEPH DEMARIE					
SIGN HERE	nedule MB completed a true, correct, and con	mplete. d/valid electronic signature.	07/23/2015 Date	JOSEPH DEMARIE  Enter name of individe	ual signing as plan ad				
sign HERE	nedule MB completed as true, correct, and con Filed with authorized	mplete. d/valid electronic signature.			ual signing as plan ad				
SIGN HERE SIGN HERE	strue, correct, and con Filed with authorized Signature of plan	administrator  loyer/plan sponsor	Date Date	Enter name of individe	ual signing as employ	Iministrator er or plan sponsor			
SIGN HERE SIGN HERE	strue, correct, and con Filed with authorized Signature of plan	mplete. d/valid electronic signature. administrator	Date Date	Enter name of individe		lministrator er or plan sponsor			

	Form 5500-SF 2014		Page <b>2</b>				
<b>b</b> .	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a cunder 29 CFR 2520.104-46? (See instructions on waiver eligibility a figure answered "No" to either line 6a or line 6b, the plan cannot the contraction of the plan cannot waited th	an indepe and condi ot use Fo	ndent qualified public accounta tions.) orm 5500-SF and must instead	nt (IQ	PA)  <b>Form</b>	5500.	Xes No
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA section 40	)21)? .		Yes	No Not determined
Par					1		
	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End of Year
	Fotal plan assets	7a	3491	25			301688
	Fotal plan liabilities	7b	2404	25			204600
	Net plan assets (subtract line 7b from line 7a)	7c	3491	25			301688
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from:  1) Employers	8a(1)		0			
	2) Participants	8a(2)		0			
	3) Others (including rollovers)	8a(3)					
-	Other income (loss)	8b	205	63			
C	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					20563
d I	Benefits paid (including direct rollovers and insurance premiums		000				
	o provide benefits)	8d	680	000			
	Certain deemed and/or corrective distributions (see instructions)	8e					
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f					
<u>g</u> (	Other expenses	8g					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					68000
	Net income (loss) (subtract line 8h from line 8c)	8i					-47437
_ J	Fransfers to (from) the plan (see instructions)	8j					
	If the plan provides pension benefits, enter the applicable pension to 2E 3D 2J 2K 2G 2F  If the plan provides welfare benefits, enter the applicable welfare fellows  Compliance Questions						
10	During the plan year:				Yes	No	Amount
а b	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	ıciary Cor	rection Program)	10a		X	
	on line 10a.)		·	10b		X	
С	Was the plan covered by a fidelity bond?			10c	X		30000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X	
е	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 as	s of year	end.)	10g		Χ	
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			
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
11a	Enter the unpaid minimum required contribution for current year from	om Sched	dule SB (Form 5500) line 39			11a	
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	or se	ction	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						
a	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	-			, and 6	enter th Day	

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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

## 07-22-15;11:50AM;

#### Form 5500-SF

Oppartment of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

#### ;1111 Short Form Annual Return/Report of Small Employee Benefit Plan

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# 3/ OMB Nos. 1210-0110 1210-0089

2014

This Form Is Open to Public Inspection

		Complete all entries in acc	cordance with the instr	<u>uctions to the Form 5</u>	500-SF.	_			
Part I		Identification Information							
For calend	ar plan year 2014 or fis		01/01/2014	and ending	12/31/20	014			
A This return/report is for:  a single-employer plan  a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions)									
	•	a one-participant plan	a foreign plan	, <del></del>		11 10 11 10 10 11 11 1 - /			
B This ret	urn/report is	the first return/report	the final return/report						
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		an amended return/report	a short plan year returi	√report (less than 1∠ π	nonths)				
C Check	box if filing under:	Form 5558	automatic extension		DFVC pro	gram			
		special extension (enter descripti	ion)						
Part II	Rasic Plan Info	rmation—enter all requested Inform	na atlan						
1a Name		Illianon-enter an requested anom	nation		1h Three-digit				
		PRN PC 401(K) P/S PLAN		•	1b Three-digit plan number	000			
IN IT IN THE ACT AND A	2 MIN BOHOLINGO	KU EC 401/K) E/O EMENT		•	(PN)	002			
					1c Effective date	of plan			
			•		06/01/20	00			
2a Plan s	ponsor's name and ado	dress; include room or suite number (	employer, if for a single-	employer plan)	2b Employer Ide	THE REPORT OF THE PERSON NAMED IN COLUMN 1			
DEMARI	E AND SCHOENBO	RN, P.C.			(EIN) 16-1				
					2c Sponsor's tel				
800 COI	NVENTION TOWER	43 COURT ST			716-856-0024				
					2d Business code (see Instructions)				
BUFFALO	)	NY 14202			541110	r (ann mainneach)			
3a Plan a	dministrator's name and	d address XSame as Plan Sponsor.	·	1 110 (110)	3b Administrator	's FIN			
		<u> </u>							
					3c Administrator	's telephone number			
			3C Administrator's telephone number						
		•							
					1				
4 If the r	name and/or EIN of the	plan sponsor has changed since the	last return/report filed fo	r this plan, enter the	4b EIN				
		plan sponsor has changed since the ober from the last return/report.	last return/report filed fo	r this plan, enter the	4b EIN				
name, <b>a</b> Spons	, EIN, and the plan num or's name	nber from the last return/report.		•	4c PN				
name, <b>a</b> Spons	, EIN, and the plan num or's name	nber from the last return/report.		•	4c PN	2			
a Spons 5a Total r	, EIN, and the plan num or's name number of participants a	nber from the last return/report.  at the beginning of the plan year		***************************************	4c PN 5a	2			
a Spons 5a Total r b Total r	, EIN, and the plan num or's name number of participants a number of participants a	nber from the last return/report.  at the beginning of the plan year  at the end of the plan year			4c PN 5a	2 6			
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a Spons 5a Total r b Total r c Numb comple d(1) Tota d(2) Tota	EIN, and the plan num or's name number of participants a number of participants a er of participants with a ete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the ticipants at the beginning of the plan year ticipants at the end of the plan year	plan year (defined bene year	fit plans do not	4c PN 5a 5b 5c 5d(1) 5d(2)	6 2			
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Form 5500-SF 2014		Page 2				
<ul> <li>Were all of the plan's assets during the plan year invested in eligible.</li> <li>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 cans</li> <li>If the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan in the pl</li></ul>	an indeper and conditi not use Fo	ndent qualified public accountations.)rm 5500-SF and must instea	nt (IC	PA) Form	5500.	🗓 Yes 🗌 No
Part III   Financial Information			1,7.			
7 Plan Assets and Liabilities		(a) Beginning of You		Т		(b) End of Year
a Total plan assets	7a		<u></u> 4912	:5		30168
b Total plan liabilities		· · · · · · · · · · · · · · · · · · ·				
C Net plan assets (subtract line 7b from line 7a)	7с	34	4912	:5		30168
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
Contributions received or receivable from:     (1) Employers	9-74)			0		
(1) Employers				0		
(3) Others (including rollovers)						
b Other income (loss)			2056	3		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)						2056
d Benefits paid (including direct rollovers and insurance premiums			6800			····
to provide benefits)  Certain deemed and/or corrective distributions (see instructions)			8800			1 THE THE PROPERTY OF THE PARTY
f Administrative service providers (salaries, fees, commissions)				-		
g Other expenses	_			+	•	EL III
h Total expenses (add lines 8d, 8e, 8f, and 8g)						6800
I Net income (loss) (subtract line 8h from line 8c)				$\top$		-4743
j Transfers to (from) the plan (see instructions)	· 8j					Σ
Part IV Plan Characteristics						
9a If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Chara	acteris	tic Co	đes in	the instructions:
b If the plan provides welfare benefits, enter the applicable welfare f	esture code	es from the List of Plan Charac	tariet	e Cod	oe in t	ha instructions:
The part of the pa	00000			·	<b>6</b> 5 111 0	· ·
Part V Compliance Questions						
10 During the plan year:		1140.11-01		Yes	No	Amount
a Was there a fallure to transmit to the plan any participant contributions and DOL's Voluntary Fid			10a		х	,
b Were there any nonexempt transactions with any party-in-interes	t? (Do not la	nclude transactions reported	405		x	■1
on line 10a.)  C Was the plan covered by a fidelity bond?			10b			2000
			10c	X		30000
d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X,	
Were any fees or commissions paid to any brokers, agents, or other organization that provides some or all instructions.)	of the bene	efits under the plan? (See	10o		x	
f Has the plan failed to provide any benefit when due under the pla			10f		х	
g Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g		х	
h If this is an individual account plan, was there a blackout period?	(See instru	ctions and 29 CFR	.09		х	
2520.101-3.)			10h			
If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520,10			10i			. ,
Part VI Pension Funding Compliance						
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)			· 			
11a Enter the unpaid minimum required contribution for current year f					11a	
12 Is this a defined contribution plan subject to the minimum funding		"	orse	ction :	302 of	ERISA? Yes 🛚 No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below  a If a waiver of the minimum funding standard for a prior year is bei			ctions	and s	nter #	e date of the letter cullon
granting the waiver.				enter c	_Day	

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If you completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (Form 5500), and skip to line 13.		01-101
b Enter the minimum required contribution for this plan year		12b	
			F T 11
C Enter the amount contributed by the employer to the plan for this plan		12c	
d Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)		12d	•
Will the minimum funding amount reported on line 12d be met by the	e 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:	s X No
If "Yes," enter the amount of any plan assets that reverted to the err	ployer this year	13a	
b Were all the plan assets distributed to participants or beneficiaries, t of the PBGC?			Yes X No
<ul> <li>If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See Instructions.)</li> </ul>	n this plan to another plan(s), identify the pla	n(s) to	
13c(1) Name of plan(s):	1130	13c(2) EIN(	(s) 13c(3) PN(s)
	1		
	107300	101 ID	
Part VIII Trust Information (optional)			
14a Name of trust		14b Trus	t's EIN
			11-11-11