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).

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

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

Part I	Annual Repor	t Identification Information	l							
For calenda	ar plan year 2017 or t	fiscal plan year beginning 01/01/2	2017	and ending 1	2/31/2017					
A This ret	urn/report is for:	X a single-employer plan		plan (not multiemployer) (employer information in ac	_					
		a one-participant plan	a foreign plan							
B This retu	urn/report is	the first return/report	the final return/repor	rt						
		turn/report (less than 12 m	months)							
C Check	oox if filing under:	X Form 5558	automatic extension	า	DFVC progra	ım				
		special extension (enter descr	ription)							
Part II	Basic Plan Info	ormation—enter all requested in	formation							
1a Name VENZON LA	of plan W FIRM 401(K) PLA	N			1b Three-dig plan numl (PN) ▶					
					1c Effective	date of plan 01/01/2016				
		oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C) Box)			Identification Number				
	town, state or provin	ice, country, and ZIP or foreign post	,	structions)	(EIN) 20-3400099 2c Sponsor's telephone number					
						16-854-7888 code (see instructions)				
300 DELAW					24 Buomicoo	541110				
BUFFALO, N	IY 14202-1807									
3a Plan a	dministrator's name a	and address X Same as Plan Spor	nsor.		3b Administra	ator's EIN				
					3c Administra	ator's telephone number				
		ne plan sponsor or the plan name ha			4b EIN					
	an, enter the plan sp or's name	onsor's name, EIN, the plan name a	and the plan number from	the last return/report.	4d PN					
C Plan N										
5a Total r	number of participant	s at the beginning of the plan year			5a	5				
		s at the end of the plan years			5b	4				
C Numb	er of participants with	account balances as of the end of	the plan year (only define	ed contribution plans	5c	4				
	,	articipants at the beginning of the pl			5d(1)					
		articipants at the end of the plan year	•		5d(2)					
		o terminated employment during the			5e	0				
Caution: A	penalty for the late	or incomplete filing of this return	n/report will be assesse	ed unless reasonable ca	use is establish	ed.				
SB or Sche		other penalties set forth in the instruction and signed by an enrolled actuary, an plete.								
SIGN	Filed with authorized	d/valid electronic signature.	08/29/2018	CATHARINE M. VEN	ZON					
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as pl	an administrator				
SIGN										
HERE	Signature of employer/plan sponsor Date Enter name of individ				vidual signing as employer or plan sponsor					

Form 5500-SF 2017 Page **2**

6a b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								0
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year								
Pa	rt III Financial Information	1							
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End	of Year	
a	Total plan assets	7a	84	49978				867697	
b	Total plan liabilities	7b		0				0	
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	84	49978				867697	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt			(b) -	Total	
a	Contributions received or receivable from: (1) Employers	8a(1)		4508	_				
	(2) Participants	8a(2)	2	25963					
	(3) Others (including rollovers)	8a(3)		0					
b	Other income (loss)	8b	1.	43593					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						174064	_
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	14	47760					
е	ertain deemed and/or corrective distributions (see instructions) 8e								
f	Administrative service providers (salaries, fees, commissions) 8f								
g	Other expenses								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)							156345	
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i						17719	
j_	Transfers to (from) the plan (see instructions)	8j		0					
Pa	t IV Plan Characteristics								
9a 	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2R 3D	feature co	des from the List of Pl	an Cha	racteri	stic Co	des in the ins	tructions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Pla	n Chara	acterist	ic Cod	les in the instr	uctions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	iduciary Correction	10a		X			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	include transactions	10a		X			_
С				10c	X			100000	_
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		Χ			
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)					X			
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Χ			
g		-		10g	X			9700	
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					

Form 5500-SF 2017	Page 3- 1		
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Part	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below)	nedule S	B	Y	′es X No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?	n 302 o	f 	Y	′es X No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an granting the waiver			of the lette Year _	r ruling
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 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 (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	s X N	0
	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 control of the PBGC?			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 which assets or liabilities were transferred. (See instructions.)) to			
1	3c(1) Name of plan(s): 13c(2) EIN(s)		13c(3) PN(s)

Form 5500-SF

Dapartment of the Tressury Internal Revenue Service

Department of Lebor 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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

Part I Annual Repor	t Identification Information	1	and ending	12/31/2017				
For calendar plan year 2017 or	fiscal plan year beginning	01/01/2017			hov must attach			
A This return/report is for:	a single-amployer plan	a multiple-employer pla a list of participating er a foreign plan	an (not multiemployer) (Fi nployer information in acc	cordance with the	om instructions.)			
	a one-participant plan	the final return/report						
B This return/report is:	the first return/report		n/report (less than 12 mo	nthe)				
	an amended return/report	a short plan year retur	Mapor (less their 12 mo	initia				
C Check box if filing under:	x Form 5558	automatic extension		DFVC pro	gram			
	special extension (enter dea	cription)						
Part II Basic Plan In	formation enter all requeste	d information		4.0				
1a Name of plan				1b Three-digit plan number				
VENZON LAW FIRM 4	IOI (K) PLAN			(PN) ►	001			
VENZON THAN 32344	102 (11)		Ī	1c Effective dat	e of plan			
				01/01/20				
	nployer, if for a single-employer plai room, apt., suite no. and street, or			2b Employer Id (EIN) 20-	entification Number 3400099			
City or town, state or pro-	vince, country, and ZIP of loteigh p	ostal code (if foreign, see ins	tractions)	2c Sponsor's te	lephone number			
VENZON LAW FIRM,	PC			(716) 85	4-7888			
					de (see instructions)			
300 DELAWARE AVE				541110				
000								
US BUFFALO NY 14202-1	807	Spaneor		3b Administrator's EIN				
3a Plan administrator's nam	e and address 🗶 Same as Plan	Spullsor						
				3c Administrati	or's telephone number			
	of the plan sponsor or the plan nam	e has changed since the last	return/report filed for	4b EIN				
this plan, enter the plan	sponsor's name, EIN, the plan nam	ne and the plan number from	the last return/report.	4d PN				
a Sponsor's name c Plan Name								
C Fight (dathe								
				E	5			
5a Total number of particip	ants at the beginning of the plan ye	38[******************************	5a 5b	4			
h Total number of particip	ente at the end of the plan year	000 Del 100000 A Del 100 Del 1	# 4 000 24 064 062 262 264 264 0640 0646 \$ 4 6 6 6 6 6 6 6 1 20 2 2	30				
C Number of participants	with account balances as of the en	d of the plan year (only define	Counting of the counting of th	5c	<u>4</u> 5			
d(1) Total number of active	e participants at the beginning of th	e plan year	decentrated colors place constitution of the colors of the	5d(1)				
attal many and and another	e participants at the end of the plan	VASC	******************************	5d(2)	4			
d(2) Total number of activ	who terminated employment during	i the pian year with accrued t	evellis that were	5e	0			
V ince then 100% vested		100000000000000000000000000000000000000						
	late or incomplete filing of this	return/report will be assess	ed uniess reasonable c	ause is establish	od.			
Under penalties of perjury a	and other penalties set forth in the integrated and signed by an enrolled-actu	nstructions, I declare that I have as well as the electronic	we examined this return/reportsion of this return/reportsion	eport, including, if ort, and to the best	of my knowledge and			
belief, it is true, correct, and	d complete.		Catharine M. Ve					
SIGN		8/29/18			administrator			
HERE Signature of plan	administrator	Date	Enter name of individu	Jai Signing as plan	auministrato.			
Jimin Olgitatore of pion								
SIGN	-l-verfolen engenser	Date	Enter name of individ	ual signing as emp	loyer or plan sponsor			
HERE Signature of em	ployer/plan sponsor n Act Notice, see the Instructions				Form 5500-SF (2017 v.17020			
For Pagerwork Reduction	U VCI Monca, sas the memornous							

Dρ	n	A	2	

Were all of the plan's assets during the plan year invested in eligible.	essets? (Se	e instructions.)			******		XYes No
			int (IC	PA)			XYes No
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	d conditions	5.)	d use	Form	n 550	n_	* Wies []
	urance prog	LBILI (206 ELCIOV PERION J	02.11.	800000		_	(See instructions.)
If "Yes" is checked, enter the My PAA confirmation number from the	PBGC pren	nium filing for this year					1000 11011011011
		(a) Beginning of Y	186	_		(b)	End of Year
	7a	849	978	_			867,697
	7b		0	_			0
b Total plan liabilities C Net plan assets (subtract line 7b from line 7a)	7c		978	-			867,697
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b) Total
a Contributions received or receivable from:	8a(1)	4	,508				
(1) Employers	8a(2)	25	, 963				
(2) Participants	8a(3)		C				
(3) Others (including rollovers)		143	,593				
141 P-(4) P-(7) P-(7) and Rh)	8c	MATERIAL PROPERTY.					174,064
d Benefits paid (including direct rollovers and insurance premiums		1.45	760	,			
to provide benefits)	8d	147	,760	5			
e Certain deemed and/or corrective distributions (see instructions)	. 8e		,58				
f Administrative service providers (salaries, fees, commissions)	. 81			0			
g Other expenses	. 8g				156,345		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h				17,719		
Net income (loss) (subtract line 8h from line 8c)	. 81		0				
Transfers to (from) the plan (see instructions)	. 81			<u> </u>			
Part IV Plan Characteristics				- de éle	Code	e in the	Instructions:
9a If the plan provides pension benefits, enter the applicable pension	feature cod	es from the List of Plan Cr	Brace	Bilatic	Couc	13 III WIL	, monada
25 25 25 24 2J 2R 3D							
b If the plan provides welfare benefits, enter the applicable welfare for	eature code	is from the List of Plan Cha	racte	ristic	Codes	in the	mati ochona.
Part V Compliance Questions				Yes	No	N/A	Amount
10 During the plan year:		in the time period	-	100	110		
a Was there a failure to transmit to the plan any participant contrib	Valuatary F	iduciary Correction					
described in 29 CFR 2510.3-102? (See instructions and DOL's	VOIUILEIY I		10a		x		
Program) b Were there any nonexempt transactions with any party-in-interest	ISTY (UD NOT	ILICIDA GRUSACCIOUS					
	0000000000000		10b		Х		100,00
2 Mary the stor covered by a fidelity bond?		44 941 244 44 446 546 346 446 4 4 11 7 4 4 4 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	10c	X		100	100,00
to a loss whether or not reimbursed by the plan	1'S fidelity o	ond, that was caused	10d		x		
L. Cand or dichangely?	141444444	***************************************	100				
Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides a:	other perso	ons by an insurance of the benefits under					
the plan? (See instructions.)	APERICA CO. C.		10e		X		
f Has the plan failed to provide any benefit when due under the p	plan?	PO 2 2 200 1 2 2 0 0 1 2 2 2 2 2 2 2 2 2 2	10f		X		
g Did the plan have any participant loans? (if "Yes," enter amoun	nt as of year	rend.)	10g	×			9,70
there a blackout perior	d? (See ins	RACROUS BUG TA CLK					
	4444444		101	_	X	-	
dily - I shock the boy if you either provide	t at a said	and anything or one of the	1	1	1		V V I I I I I I I I I I I I I I I I I I
If 10h was answered "Yes," clieck tile box and a 20 CEP 2520	d the requi	ted notice of othe of the	101				

Form 5500-SF 2017 Page 3 -		_				
The state of the s						
Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes." see instructions and	complete Sch	redule S	5B	☐ Yes	X	No
(Form 5500 and line 11a below) 11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12 Is this a defined contribution plan subject to the minimum funding requirements or section 412 of the	Cade or section	on 302 o	of 	☐ Yes	X	No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	estructions, an	d enter	the date	of the lette	r ruling	g
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12b below, as approach; If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver March Mar	lonth	Day	/	Year		
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.					
a	441700000000000000000000000000000000000	12b				
		12c				
C Enter the amount contributed by the employer to the plan for the plan year	***************************************					
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)	he left of a	12d				
"	He free 1 0-421 (0-52) 2 1 1 2 1		Yes _] No 🗌	N/A	
Part VII Plan Terminations and Transfers of Assets		Г	7 Yes	X N	3	
13a Has a resolution to terminate the plan been adopted in any plan year?	************	400		<u> </u>		
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 broaden to another plan, or broaden to another plan, or broaden to another plan assets distributed to participants or beneficiaries, transferred to another plan, or broaden to another plan assets distributed to participants or beneficiaries, transferred to another plan, or broaden to another plan assets distributed to participants or beneficiaries, transferred to another plan, or broaden to another plan assets distributed to participants or beneficiaries, transferred to another plan assets distributed to participants or beneficiaries, transferred to another plan assets distributed to participants or beneficiaries.	ought under th			Yes X	No	
C. If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide	entify the plan	(s) to				
which assets or liabilities were transferred. (See Instructions.)	13c(2) E	IN(s)		13c(3)	PN(s))
13c(1) Name of plan(s):						