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 section 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2009

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	➤ Complete all entries in accor	rdance wit	h the instructions to the Form 550	0-SF.				
		dentification Information							
For	calendar plan year 2009 or fisc	al plan year beginning 01/01/200	09	and ending 1	2/31/2	2009			
Α.	This return/report is for:	x single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan			
В	This return/report is for:								
		an amended return/report	short plar	n year return/report (less than 12 mor	nths)				
C	Check box if filing under:	Form 5558	automatic	extension		DFVC program			
		_							
Pa	rt II Basic Plan Infori	special extension (enter descripti mation—enter all requested inform							
	Name of plan	orice an requested filler	iation		1b	Three-digit			
	•	A, PC RETIREMENT & SAVINGS P	LAN			plan number			
						(PN) • 001			
					1c	Effective date of plan			
	DI 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				26	10/01/2005			
	Plan sponsor's name and addr ARD GRAY & COMPANY, CP.	ress (employer, if for single-employer	r plan)		2b Employer Identification Number (EIN) 20-3359678				
rtioi	THE STATE & SOUNT THET, OF	7,10			2c	Plan sponsor's telephone number			
	MONROE AVENUE					585-244-8080			
ROC	HESTER, NY 14618-3121				2d	Business code (see instructions)			
32	Plan administrator's name and	address (if same as Plan sponsor, e	anter "Same	۵")	3h	541211 Administrator's EIN			
	ARD GRAY & COMPANY, CP.				35	20-3359678			
		ROCHESTE	R, NY 146	18-3121	3с	Administrator's telephone number			
4 .					585-244-8080				
		an sponsor has changed since the la er from the last return/report. Sponso		port filed for this plan, enter the	4b EIN				
•	iamo, Em, ana mo piam namo	or ment the last retain property. Opening	or o manno		4c PN				
5a	Total number of participants a	t the beginning of the plan year			5a	6			
b	Total number of participants a	5b	6						
С	Total number of participants w	rith account balances as of the end c	of the plan y	vear (defined benefit plans do not					
	complete this item)				5c	6			
				(See instructions.)		Yes No			
b				ndent qualified public accountant (IQI ions.)		X Yes ☐ No			
				SF and must instead use Form 55					
Pa	rt III Financial Inform								
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year			
а	Total plan assets		7a	153548	3	312913			
b	Total plan liabilities								
С	Net plan assets (subtract line	7b from line 7a)	7с	153548	3	312913			
8	Income, Expenses, and Trans			(a) Amount		(b) Total			
а	Contributions received or rece								
	• • • • • • • • • • • • • • • • • • • •			37410)				
				80523	3				
	(3) Others (including rollovers	5)	8a(3)		_				
b	,			50394	1				
C		8a(2), 8a(3), and 8b)	8c			168327			
d		rollovers and insurance premiums	8d	8579	9				
е		tive distributions (see instructions)	8e						
f	Administrative service provide	rs (salaries, fees, commissions)	8f						
g	Other expenses		8g	383	3				
h	Total expenses (add lines 8d,	8e, 8f, and 8g)				8962			
i	Net income (loss) (subtract line	e 8h from line 8c)	8i			159365			
j	Transfers to (from) the plan (se	ee instructions)	8i						

Part IV	Plan	Characteristics	c
railiv i	ГІАП	CHALACLEH SUC:	

SIGN HERE

Signature of employer/plan sponsor

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2J 3D

D		e pian provides weifare benefits, enter the applicable weifare featul									
Part	V	Compliance Questions									
10		ring the plan year:			Yes	No	,	Amount			
	Was there a failure to transmit to the plan any participant contributions within the time period described i 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)						X				
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)						X				
С	Wa	as the plan covered by a fidelity bond?			10c	X				20000	
d		the plan have a loss, whether or not reimbursed by the plan's fideli	10d		X						
е											
f	Has	s the plan failed to provide any benefit when due under the plan?			10f		X				
g	Did	the plan have any participant loans? (If "Yes," enter amount as of y	year end.)		10g		Χ				
•		his is an individual account plan, was there a blackout period? (See			iog						
	252	20.101-3.)			10h		X				
i		Oh was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3			10i						
Part '	VI	Pension Funding Compliance									
		nis a defined benefit plan subject to minimum funding requirements' 0))							Yes	× No	
12	ls t	his a defined contribution plan subject to the minimum funding requ	uirements of section	n 412 of the Code	or se	ction 3	302 of I	ERISA?	Yes	X No	
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable									
	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver										
	If 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					T	12b 12c				
		er the amount contributed by the employer to the plan for this plan y					120				
	d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)						12d	7	1 [1	
	e 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 during the plan ye	ear or any prior yea	r?					Yes	X No	
		es," enter the amount of any plan assets that reverted to the employees					13a				
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?										
С		uring this plan year, any assets or liabilities were transferred from the ch assets or liabilities were transferred. (See instructions.)	his plan to another	plan(s), identify th	ne plai	n(s) to			1		
1:	13c(1) Name of plan(s):					13c(2) EIN(s) 13c(3)				PN(s)	
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	, F	Filed with authorized/valid electronic signature. 07/29/2010 RICHARD GRAY									
HERI	_				dividu	dividual signing as plan administrator					

Date

Enter name of individual signing as employer or plan sponsor

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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 6058(a) of the Internal Revenue Code (the Code).

Short Form Annual Return/Report of Small Employee

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

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/ -	art I Annual Report Identification Information				12/31/200					
For	p	1/01/2	009 and ending		19					
Α	This return/report is for: X single-employer plan	return/report is for:								
В	This return/report is for:	final retu	n/report							
	an amended return/report	short plai	n year return/report (less than 12 n	nonths)						
C	Check box if filing under: X Form 5558	automati	extension		DFVC progra	m				
	special extension (enter description	n)								
P	art II Basic Plan Information—enter all requested information	ation								
1a	Name of plan			1b	Three-digit					
	RICHARD GRAY & COMPANY, CPA, PC				plan number (PN)	001				
	RETIREMENT & SAVINGS PLAN			1c	Effective date of					
					10/01/2005					
2a	Plan sponsor's name and address (employer, if for single-employer RICHARD GRAY & COMPANY, CPA, PC	plan)		2b	2b Employer Identification Number					
	RICHARD GRAI & COMPANT, CFA, FC			20	(EIN) 20-335					
	2401 MONROE AVENUE			20	(585)244-8	elephone number 3080				
	2401 MONROE AVENDE			2d	Business code (see instructions)				
^	ROCHESTER		NY 14618-3121		541211					
sa	Plan administrator's name and address (if same as Plan sponsor, e $_{\mathtt{SAME}}$	nter "Sam	e")	30	Administrator's E	=IN				
				3c	Administrator's t	elephone number				
			 							
	if the name and/or EIN of the plan sponsor has changed since the las name, EIN, and the plan number from the last return/report. Sponso		port filed for this plan, enter the	4b	EIN					
	maine, Env, and the plan number from the last return/report. Oponso	1 3 Hame		4c	PN					
5a	Total number of participants at the beginning of the plan year	. 5a		6						
b	Total number of participants at the end of the plan year	5b		6						
С	Total number of participants with account balances as of the end of									
	complete this item)	·····		5c	<u> </u>					
	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)									
IJ	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									
	If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.									
Pa	rt III Financial Information		1							
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	····				
_	Total plan assets		153,5	548		312,913				
	Total plan liabilities	7b	150							
	Net plan assets (subtract line 7b from line 7a)	7c	153,5	948	***					
8	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount		(b) T	otal				
а	(1) Employers	8a(1)	37,4	10						
	(2) Participants	8a(2)	80,5	523						
	(3) Others (including rollovers)	8a(3)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
b	Other income (loss)	8b	50,3	94						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				168,327				
d	Benefits paid (including direct rollovers and insurance premiums		8,5	.70						
_	to provide benefits)	8d	0,3							
e	Certain deemed and/or corrective distributions (see instructions)									
t	Administrative service providers (salaries, fees, commissions)				883					
g h	Other expenses (add lines 8d, 8e, 8f, and 8g)	8g 8h		, , , , ,		8,962				
;	Net income (loss) (subtract line 8h from line 8c)	8i				159,365				
i	Transfers to (from) the plan (see instructions)	8j				, 50				
		. (1)		F many		our contract was filled to take the fill				

r	Form 5500-SF 2009	q	age 2-						
			aye = [2	
	If the plan provides pension benefits, enter the applicable pension feature and the second se								
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature codes from the	List of Plan Chara	cteris	tic Cod	des in t	the instruction	ons:	
Part	V Compliance Questions		Service contraction of the Service problems of the consecution adjustment of the service shades being rection	DISTRICT SHELL HOST AGO.	**************************************	AND THE PARTY OF T	HE TREE THE PERSON CONTRACTOR OF THE PERSON CO	MARKANIA STANISTONIA STANISTONIA STANISTONIA STANISTONIA STANISTONIA STANISTONIA STANISTONIA STANISTONIA STANIS	
10	During the plan year:				Yes	No		\mount	
а	Was there a failure to transmit to the plan any participant contributio 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia	eriod described in am)	10a		Х				
b	Were there any nonexempt transactions with any party-in-interest? (on line 10a.)			10b		Х			
С	Was the plan covered by a fidelity bond?			10c	Х				20,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fid or dishonesty?	delity bond, that was	caused by fraud	10d		Х			20,000
е	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of t instructions.)	r persons by an insur the benefits under th	ance carrier, e plan? (See	10e		X			
f	Has the plan failed to provide any benefit when due under the plan?			10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount as o	of vear end.)		10g		X		***************************************	·····
_	If this is an individual account plan, was there a blackout period? (Se 2520.101-3.)	ee instructions and 2	9 CFR	10g		X			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3	required notice or or	ne of the	10i.					
Part	VI Pension Funding Compliance				<u>-</u>				1.6 1 1.001
11	Is this a defined benefit plan subject to minimum funding requiremen							Пус	X No
12	5500))							Yes	
12	Is this a defined contribution plan subject to the minimum funding re (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicab	•	n 412 of the Code	orse	ction 3	102 of 1	ERISA?	Yes	X No
а	If a waiver of the minimum funding standard for a prior year is being granting the waiver.	amortized in this pla	n year, see instruc	ctions, th	and e	nter th Day	e date of the	e letter ri	uling
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule N					,			
b	Enter the minimum required contribution for this plan year					12b			
	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)	e result (enter a min	us sign to the left	of a	[12d			
е	Will the minimum funding amount reported on line 12d be met by the	funding deadline?				<u> </u>	Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted during the plan	year or any prior yea	r?					Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the emp	ployer this year	·····			13a			
b	Were all the plan assets distributed to participants or beneficiaries, tr of the PBGC?		, ,					Yes	X No
С	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify th	ne plar	n(s) to				
1	13c(1) Name of plan(s):					13c(2) EIN(s) 13c(3) F) PN(s)

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.									
Unde SB o	penalties of perjury and other penalties set forth in the instructions, I Schedule MB completed and signed by an enrolled actuary, as well a it is true, correct, and complete.	declare that I have	examined this retu	ırn/rep	ort, in	cluding	, if applicab		
SIGI	X Rula (n/)		RICHARD GR	ΑY					
HERE Signature of plan administrator Date Enter name of individual signing as plan administrator						strator			

Date

SIGN HERE

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

RICHARD GRAY