## 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).

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

1210-0089

OMB Nos. 1210-0110

2009

This Form is Open to Public Inspection

	art I Annual Report Identification Information								
For	For calendar plan year 2009 or fiscal plan year beginning 11/01/2009 and ending 10/31/2010								
Α.	This return/report is for: Single-employer plan	multiple-employer plan (not multiemployer)							
В .	return/report is for: first return/report final return/report								
	an amended return/report	short plan	year return/report (less than 12 mo	nths)					
C	Check box if filing under: Form 5558	automatic	extension		X DFVC program				
	special extension (enter description	n)			<del>_</del>				
Pa	art II Basic Plan Information—enter all requested informa	ation							
1a	Name of plan			1b	Three-digit				
KLO	C'S GROVE 401(K) PLAN				plan number				
				10	(PN) • 002 Effective date of plan				
				10	11/01/2002				
	Plan sponsor's name and address (employer, if for single-employer p	plan)		2b	Employer Identification Number				
KLO	C'S GROVE, INC.			0-	(EIN) 16-1209246				
1245	SENECA CREEK ROAD			2C	Plan sponsor's telephone number 716-674-5944				
	T SENECA, NY 14224-2509			2d	Business code (see instructions)				
					722300				
	Plan administrator's name and address (if same as Plan sponsor, en C'S GROVE, INC. 1245 SENECA			3b	Administrator's EIN 16-1209246				
KLOK	WEST SENEC			3c	Administrator's telephone number				
					716-674-5944				
	f the name and/or EIN of the plan sponsor has changed since the las		port filed for this plan, enter the	4b	EIN				
	name, EIN, and the plan number from the last return/report. Sponsor	s name		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	the plan y	rear (defined benefit plans do not	-					
complete this item)					6				
-	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								
b	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				X Yes ☐ No				
	If you answered "No" to either 6a or 6b, the plan cannot use Fo		•						
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year				
а	Total plan assets	7a	39671	1	526056				
b	Total plan liabilities	7b							
C	Net plan assets (subtract line 7b from line 7a)	7c	39671	1	526056				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total				
а	Contributions received or receivable from: (1) Employers	8a(1)	4232	9					
	(2) Participants	8a(2)	3670	2					
	(3) Others (including rollovers)	8a(3)		0					
b	Other income (loss)	8b	5031	4					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			129345				
d	Benefits paid (including direct rollovers and insurance premiums								
	to provide benefits)	8d		0					
e	Certain deemed and/or corrective distributions (see instructions)	8e		0					
t	Administrative service providers (salaries, fees, commissions)	8f		0					
g	Other expenses	8g		0	^				
n :	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			129345				
 	Net income (loss) (subtract line 8h from line 8c)	8i			129345				
J	Transfers to (from) the plan (see instructions)	8j							

D ( IV/	DI	<b>O</b> L	
Part IV	Plan	Characi	reristics

Signature of plan administrator

Signature of employer/plan sponsor

SIGN HERE

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2G 2J 3D

D .	11 1110	plan provides wellare benefits, effect the applicable wellare feati	ure codes from the f	_ist of Flatt Chara	Cleris	110 000	163 III I	ine monuc	dioris.				
Part	٧	Compliance Questions											
10	During the plan year:												
а	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>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)						X						
С	C Was the plan covered by a fidelity bond?									40000			
d	. — · · · · · · · · · · · · · · · · · ·												
f	Has	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	year end.)		10g		X						
h													
i		th was answered "Yes," check the box if you either provided the resptions to providing the notice applied under 29 CFR 2520.101-3.			10i								
Part '	VI	Pension Funding Compliance											
11	ls th 550	is a defined benefit plan subject to minimum funding requirements	s? (If "Yes," see ins	tructions and com	plete	Sched	ule SB	3 (Form	Ye	s X No			
12	ls t	nis a defined contribution plan subject to the minimum funding req	uirements of section	n 412 of the Code	or se	ction 3	302 of	ERISA?	Ye	s 🔀 No			
	•	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	,										
		vaiver of the minimum funding standard for a prior year is being a ting the waiver.											
	-	ompleted line 12a, complete lines 3, 9, and 10 of Schedule M					Day		i cai				
	425												
		r the amount contributed by the employer to the plan for this plan				1	12c						
d	Sub	ract the amount in line 12c from the amount in line 12b. Enter the	result (enter a mini	us sign to the left	of a		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 during the plan y	ear or any prior yea	r?					Ye	s X No			
	If "Y	es," enter the amount of any plan assets that reverted to the empl	lover this vear				13a						
	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?												
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.)													
13	13c(1) Name of plan(s):					<b>13c(2)</b> EIN(s)			13c(	<b>3)</b> 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	Filed with authorized/valid electronic signature. 10/26/2011 JOSEPH C. KLOC					;							
HERE					ndividual signing as plan administrator								

Date

Date

Enter name of individual signing as plan administrator

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

## 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).

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

2009

OMB Nos. 1210-0110

1210-0089

v.092308.1

This Form Is Open to Public Inspection

	rt I Annual Report Identification Information				***				
For	calendar plan year 2009 or fiscal plan year beginning 1	1/01/20	009 and ending		10/31/201	0			
Αī	his return/report is for: 🛛 single-employer plan	mulliple-e	mployer plan (not multiemployer)		one-participa	nt plan			
В 1	This return/report is for:	final return	n/report						
-	an amended return/report	short plan	year return/report (less than 12 mon	iths)					
C /	Check box if filing under: Form 5558	automatic	extension		DFVC progra	m			
•	special extension (enter description								
l na		<u> </u>							
	rt II Basic Plan Information—enter all requested informa	ation	·	1h	Three-digit	<u> </u>			
	Name of plan Kloc's Grove 401(k) Plan			מו	plan number				
	100 5 01000 101(11) 11011				(PN) •	002			
				1c	1c Effective date of plan				
_					11/01/2002	<del></del>			
2a	Plan sponsor's name and address (employer, if for single-employer KLOC's Grove, Inc.	plan)		2b	Employer Identif	ication Number			
	RIOC'S GIOVE, INC.			(EIN) 16-1209246  2c Plan sponsor's telephone number					
				<b>2</b> C	(716) 674-5				
	1245 Seneca Creek Road			2d	Business code (				
	West Seneca		NY 14224-2509		722300	<u> </u>			
	Plan administrator's name and address (if same as Plan sponsor, e	nter "Same	-")	3b	Administrator's	EIN 🥫			
•	ээше			-0-		-1			
				3C	Administrator's t	elephone number			
A 1	the name and/or EIN of the plan sponsor has changed since the las	st return/re	nort filed for this plan, enter the	4h	EIN	<del></del>			
- <del></del>	name, EIN, and the plan number from the last return/report. Sponso	r's name	port med for and pion, office and	75					
				4c	PN				
5a	Total number of participants at the beginning of the plan year	••••		5a		<u> </u>			
b	b Total number of participants at the end of the plan year					(			
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.)								
b					•	X Yes No			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility of you answered "No" to either 6a or 6b, the plan cannot use Fo				*,,	₽ 100 □ 110			
Pa	rt III Financial Information	<u>01111 3300-</u>	or and must materia day I office of			<del></del>			
7			(a) Beginning of Year	$\top$	(b) End	of Year			
′_	Plan Assets and Liabilities	70	396,71	1	(b) Liiu	526,056			
_	Total plan assets	7a	350,71	╬		320,00			
D,	Total plan liabilities	7b	206 71	1	· ·	526,056			
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	7c	396,71	+					
8_	Income, Expenses, and Transfers for this Plan Year	-	(a) Amount	+	(b) T	Fotal			
а	Contributions received or receivable from: (1) Employers	8a(1)	42,32	9					
	(2) Participants	8a(2)	36,70	2					
	(3) Others (including rollovers)	8a(3)		o					
h		8b	50,31	4					
b	Other income (loss)		30732	╫	<u> </u>	129,345			
۲ C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c		+-	41				
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		0					
Α.	Certain deemed and/or corrective distributions (see instructions)	8e		o					
f	Administrative service providers (salaries, fees, commissions)			이					
, ,,		ſ		ol		To the second			
y	Other expenses (add lines ad as at and an	1		$\top$	<u> </u>				
n :	Total expenses (add lines 8d, 8e, 8f, and 8g)	1	<del></del>	+		129,345			
 	Net income (loss) (subtract line 8h from line 8c)			- -		- 7			
	Transfers to (from) the plan (see instructions)	1 7 _			<u> </u>	Form 5500-SF (2009)			
For	Paperwork Reduction Act Notice and OMB Control Numbers, see the instruction	ons for Form	16-0000-81.			1 01111 0000°3F (2009)			

	1	Form 5500-SF 2009	Pag	e <b>2-</b>		_					
Par	t IV	Plan Characteristics								1.44	
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  2A 2E 2F 2G 2J 3D  b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:									* (**		
										· · · · · · · · · · · · · · · · · · ·	
Parl	V	Compliance Questions									
10		g the plan year:		" Г		Yes	No		Amou	nt	
	29 C	there a failure to transmit to the plan any participant contributions with FR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Cor	rrection Progran	n)	10a		х		-	<del></del>	
b		there any nonexempt transactions with any party-in-interest? (Do not e 10a.)			10b		х				
c	Was	the plan covered by a fidelity bond?			10c	Х		-		40,000	
d	Did th	ne plan have a loss, whether or not reimbursed by the plan's fidelity bo	ond, that was ca	used by fraud	10d		х	-			
e	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						Х	14.4			
f		he plan failed to provide any benefit when due under the plan?			10f		х				
g		ne plan have any participant loans? (If "Yes," enter amount as of year		l-	10g		х	-		<del></del>	
_	If this	is an individual account plan, was there a blackout period? (See instr. 101-3.)	ructions and 29	CFR	10h		X				
i	If 10h	was answered "Yes," check the box if you either provided the require obtions to providing the notice applied under 29 CFR 2520.101-3	ed notice or one	of the	10i						
Part	······································	Pension Funding Compliance			101					<u> </u>	
11		a defined benefit plan subject to minimum funding requirements? (If	"Yes," see instr	uctions and com	plete S	ched	ule SB	(Form	п.		
		)							=	Yes X No	
12		s a defined contribution plan subject to the minimum funding requirem	nents of section	412 of the Code	or sec	tion 3	02 of E	ERISA?	П.	Yes 🛛 No	
а	lf a w	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) aiver of the minimum funding standard for a prior year is being amorti ing the waiver	ized in this plan	year, see instruc	ctions, a	and e	nter th	e date of th	e lette Year	er ruling	
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Fo	orm 5500), and	skip to line 13.			Du,				
	-	the minimum required contribution for this plan year					12b				
		the amount contributed by the employer to the plan for this plan year.					12¢				
d	Subtr	act the amount in line 12c from the amount in line 12b. Enter the resu	ult (enter a minu:	s sign to the left o	of a		12d			·	
е	_	ne minimum funding amount reported on line 12d be met by the fundir						Yes	No	N/A	
Part	VII	Plan Terminations and Transfers of Assets									
13a	Has a	a resolution to terminate the plan been adopted during the plan year o	or any prior year	?						Yes X No	
		s," enter the amount of any plan assets that reverted to the employer					13a				
b	of the	all the plan assets distributed to participants or beneficiaries, transfere								Yes 🛛 No	
С		ing this plan year, any assets or liabilities were transferred from this p n assets or liabilities were transferred. (See instructions.)	olan to another p	olan(s), identify th	ne plan	(s) to				. •	
	13c(1) Name of plan(s):			13c(2) EIN(s)			N(s)	1:	3c(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.											
		April C. Vn 101	25/2011	Joseph C. I	Kloc		_				
SIG		ignature of plan administrator Date	/ * * * /	Enter name of in		al sig	ning as	plan admi	nistra	lor .	

13/25/2011 Date

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

Joseph C. Kloc