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).

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

 Complete all entries in accordance with the instructions to the Form 5500-SF **Annual Report Identification Information** For calendar plan year 2011 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: the first return/report **B** This return/report is: the final return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 automatic extension DFVC program 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 plan number CP KELLY AND ASSOCIATES LLC 401K SAVINGS PLAN (PN) ▶ 001 1c Effective date of plan 01/01/2007 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number CP KELLY AND ASSOCIATES LLC 05-0625110 (EIN) 2c Sponsor's telephone number 1201 RIDGE ROAD ONTARIO, NY 14519 2d Business code (see instructions) 238290 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN 05-0625110 CP KELLY AND ASSOCIATES LLC 1201 RIDGE ROAD ONTARIO, NY 14519 3c Administrator's telephone number 315-524-2627 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN Sponsor's name 5a Total number of participants at the beginning of the plan year..... 5a **b** Total number of participants at the end of the plan year..... 5 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)..... **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 an independent qualified public accountant (IQPA) Yes 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. Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 242066 308048 Total plan assets..... 7a 7b Total plan liabilities..... 242066 308048 Net plan assets (subtract line 7b from line 7a)..... 7с Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 39177 8a(1) (1) Employers 38460 (2) Participants 8a(2) (3) Others (including rollovers)..... 8a(3) -11655 **b** Other income (loss)..... 8b 65982 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8с Benefits paid (including direct rollovers and insurance premiums to provide benefits)..... 8d Certain deemed and/or corrective distributions (see instructions) ... 8e Administrative service providers (salaries, fees, commissions)....... 8f Other expenses..... 8g 0 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h 65982 Net income (loss) (subtract line 8h from line 8c)..... 8i Transfers to (from) the plan (see instructions)

Form	5500	QE.	201	1
Form	2200	-5-	701	ı

Part IV	Plan Characteristics

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

During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)							
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			T		·		
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a	Amount	No	Yes		~ ' <i>'</i>		
c Was the plan covered by a fidelity bond?		X			29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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 instructions.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		X		10b		b	
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 instructions.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		X		10c	C Was the plan covered by a fidelity bond?	С	
Insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.) If Has the plan failed to provide any benefit when due under the plan? If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) If If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) If If this as answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. In If If this as an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) In If If yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. In If yes, a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)). If yes, a complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If ye 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 granting the waiver. If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. If the minimum required contribution for this plan year. If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. If the minimum required contribution for this plan year. If yes a line of the minimum trunding amount reported on line 12b. Enter the result (enter a minus sign to the left of a negative amount). If yes No If "Yes," enter the amount of any plan assets that reverted to the employer this year. If yes No If "Yes," enter the amount of any plan assets that reverted to the employer this year. If yes, enter the amount of any plan assets of liabilities were transferred from this plan to another plan(s), identify the plan(s) to		X		10d		d	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		X		10e	insurance service or other organization that provides some or all of the benefits under the plan? (See		
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3		X		10f	f Has the plan failed to provide any benefit when due under the plan?	f	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	7300		X	10a	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	g	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3		X			h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	h	
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))				10i	· · · · · · · · · · · · · · · · · · ·		
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))					rt VI Pension Funding Compliance	art \	
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) 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 granting the waiver	l Vaa l Na				Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and company of the company	1	
(If "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 granting the waiver							
b Enter the minimum required contribution for this plan year				nth	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	а	
C Enter the amount contributed by the employer to the plan for this plan year		12h	Γ				
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) e Will the minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year D Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? 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.)			-				
e Will the minimum funding amount reported on line 12d be met by the funding deadline?		Enter the difficulty contained by the employer to the plan for the plan year.					
Part VII Plan Terminations and Transfers of Assets 13a Has a resolution to terminate the plan been adopted in any plan year?		` I 120					
Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year	Yes No N/A				e Will the minimum funding amount reported on line 12d be met by the funding deadline?	е	
If "Yes," enter the amount of any plan assets that reverted to the employer this year					rt VII Plan Terminations and Transfers of Assets	art \	
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	s X No	Y			A Has a resolution to terminate the plan been adopted in any plan year?	3a	
of the PBGC?			3a	1	If "Yes," enter the amount of any plan assets that reverted to the employer this year		
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.)	Yes X No	ntrol	the co	under			
13c(1) Name of plan(s): 13c(2) EIN(s) 13c		ı	n(s) to	he plaı			
	(s) 13c(3) PN(s)	c(2) El	13		13c(1) Name of plan(s):	13	
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.	hed.	establ	ıse is	le cau	ution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	autio	
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 Science of Science of Science of the set of the best of the best of the science of the sc	if applicable, a Schedule	ncluding	port, ir	urn/rep	der penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu	nder	

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	05/23/2012	MARY JO HARTMAN
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	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

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.

201

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

P	art I Annual Report Identifica	ation Information				
For	calendar plan year 2011 or fiscal plan ye	ar beginning	01/01/	2011 and ending		12/31/2011
Α	This return/report is for: X a single	e-employer plan	a multiple	-employer plan (not multiemployer)		a one-participant plan
В	This return/report is:	t return/report	the final r	eturn/report		
	an ame	ended return/report	a short pla	ın year return/report (less than 12 mo	onths)	
С	Check box if filing under:	5558 T	automatic	extension		DFVC program
	Chock box it iming directi.	l extension (enter descripti	1			
D.	art II Basic Plan Information-		<u> </u>			
· · · · · · · · · · · · · · · · · · ·	Name of plan	-enter an requested morn	ialion		1b	Three-digit
	KELLY AND ASSOCIATES LLC	2 401K SAVINGS P	LAN			plan number
						(PN) ▶ 001
						Effective date of plan 01/01/2007
				for a six all annual many		
	Plan sponsor's name and address; include KELLY AND ASSOCIATES LL		empioyer, it	for a single-employer plan)	2 D	Employer Identification Number (EIN) 05-0625110
1511	01 RIDGE ROAD				2c	Sponsor's telephone number
						315-524-2627
ON	TARIO NY	14519			2d	Business code (see instructions)
						238290
3a	Plan administrator's name and address (KELLY AND ASSOCIATES LL	if same as plan sponsor, e	enter "Same	")	3b	Administrator's EIN
	201 RIDGE ROAD	C			30	05-0625110 Administrator's telephone number
ON	TTARIO NY	14519			30	315-524-2627
4	If the name and/or EIN of the plan spons		last return/r	report filed for this plan, enter the	4b	EIN
	name, EIN, and the plan number from the	ne last return/report.			4-	
	Sponsor's name				4c	
	Total number of participants at the begin				5a	5
b	Total number of participants at the end of	• •			5b	5
С	Number of participants with account bala complete this item)			•	5с	5
6a	Were all of the plan's assets during the					X Yes No
	Are you claiming a waiver of the annual					
	under 29 CFR 2520.104-46? (See instru	uctions on waiver eligibility	and conditi	ons.)		X Yes No
'D-	If you answered "No" to either 6a or 6	3b, the plan cannot use F	orm 5500-	SF and must instead use Form 550	00.	
	rt III Financial Information		1	() D . : . : . : . : . : . : . : . : . : .	T-	(la) Find of Vanu
7.	Plan Assets and Liabilities			(a) Beginning of Year 24206	6	(b) End of Year 308048
a	Total plan assets			24200	1	300010
b	Total plan liabilities			24206	6	308048
<u> </u>	Net plan assets (subtract line 7b from lin		7c			
8 a	Income, Expenses, and Transfers for thi Contributions received or receivable from			(a) Amount		(b) Total
а	(1) Employers		8a(1)	3917	7	
	(2) Participants		8a(2)	3846	0	
	(3) Others (including rollovers)		8a(3)			
b	Other income (loss)		8b	-1165	5	
С	Total income (add lines 8a(1), 8a(2), 8a((3), and 8b)	8c			65982
d	Benefits paid (including direct rollovers a to provide benefits)		8d			
е	Certain deemed and/or corrective distrib				1	
f	Administrative service providers (salarie				7	
g	Other expenses				7	
h	Total expenses (add lines 8d, 8e, 8f, and				T	0
, '' i	Net income (loss) (subtract line 8h from				\top	65982
:	Transfers to (from) the plan (see instruct	•	0;		\top	

		Form 5500-SF 2011 Page 2 -							
Par	tiV	Plan Characteristics				· · · · · · · · · · · · · · · · · · ·			
9a	If the	e plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Cha	racteri	stic C	odes ir	the instr	uctions:		
b		e plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	acterist	tic Co	des in	the instru	ctions:		
Pari	: V	Compliance Questions							
10	Dur	ing the plan year:		Yes	No		Amou	nt	
a	Wa 29	s there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х				
b		re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ine 10a.)	10b		Х				
С	Wa	s the plan covered by a fidelity bond?	10c		Х				
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud ishonesty?	10d		Х				
е	inst	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, irance service or other organization that provides some or all of the benefits under the plan? (See ructions.)	10e		Х		• • •		
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 of year end.)	10g	Х					7300
h		is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		Х				
i		The was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i						
Part	VI	Pension Funding Compliance		· ·					
11	Is th	is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 0))	plete	Sched	dule SE	3 (Form	П	res [] No
12		nis a defined contribution plan subject to the minimum funding requirements of section 412 of the Codo						∕es ∑	
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)								
а	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 rulin granting the waiver				g				
lf y		ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			Day		1001_		_
b	Ente	r the minimum required contribution for this plan year		[12b				
С	Ente	er the amount contributed by the employer to the plan for this plan year			12c				
d	nega	tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative 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?			<u> </u>	res X	No		
	If "Y	es," enter the amount of any plan assets that reverted to the employer this year	1	3a					
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought e PBGC?					_ \	es X	No 2
c		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th The assets or liabilities were transferred. (See instructions.)	he plar	n(s) to					
1	3c(1)	Name of plan(s):		13	c(2) El	N(s)	13	c(3) P	N(s)
Cauti	on: A	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	se is	establ	ished.			

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	Male I Lally	4/23/1	CHARLES P. KELLY
HERE	Signature of plan administrator	Pate	Enter name of individual signing as plan administrator
SIGN	/		·
HEDE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor