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).

1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

	Complete all entries in accomplete all entries in accomplete.	ordance wit	h the instructions to the Form 5500)-SF.		•	
Pa	art I Annual Report Identification Information						
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2)11	and ending 1.	2/31/2	2011		
Α.	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-particip	ant plan	
			eturn/report				
Ь		=	•				
	an amended return/report	a short pla	an year return/report (less than 12 mo	onths)			
C	Check box if filing under: Form 5558	automatio	extension		DFVC progra	m	
	special extension (enter descrip	tion)					
Ds	art II Basic Plan Information—enter all requested infor	mation					
	· · · · · · · · · · · · · · · · · · ·	mauon	1	1h	Thron digit		
	Name of plan IATRY ASSOCIATES OF ROCHESTER, LLP RETIREMENT SAV	INGS DLAN		ID	Three-digit plan number		
I ODI	IATIC ASSOCIATES OF ROOFIESTER, EEF RETIREWENT SAV	INOS I LAIN			(PN) ▶	001	
				1c	Effective date of		
					01/01/		
2a	Plan sponsor's name and address; include room or suite number	(employer if	for a single-employer plan)	2h	Employer Identif		\r
	MATRY ASSOCIATES OF ROCHESTER, L LP	(ciripioyer, ii	Tor a single employer plant	20	(EIN) 16-09		31
				20	-		
				20	Sponsor's telepl		
	PORTLAND AVENUE HESTER, NY 14621			24			-1
KUC	HESTER, NT 14021			Zu	Business code (is)
		. "0	,,,	26			
	Plan administrator's name and address (if same as plan sponsor, IATRY ASSOCIATES OF ROCHESTER, L LP 1255 PORT	enter "Same LAND AVE		3D	Administrator's E	=IN 69031	
I ODI		ER, NY 1462	=	30	Administrator's t		hor
				30	585-342		ibei
4	If the name and/or EIN of the plan sponsor has changed since the	e last return/	report filed for this plan, enter the	4b	FIN		
•	name, EIN, and the plan number from the last return/report.	o laot rotarri,	ropert med for and plant, error the	70	LIIV		
а	Sponsor's name			4c	PN		
5a	Total number of participants at the beginning of the plan year			5a			28
b	Total number of participants at the end of the plan year		i				27
			•	5b			21
С	Number of participants with account balances as of the end of the complete this item)		•	5c			2
	·					V Yee \square	No
-	Were all of the plan's assets during the plan year invested in elig		,			X Yes	No
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility)					X Yes	No
	If you answered "No" to either 6a or 6b, the plan cannot use	•	,				
Pa	art III Financial Information	1 01111 0000	or and mast motoda acc r crim co.				
7	Plan Assets and Liabilities		(a) Denimina of Veen		(la)	-f V	
-		_	(a) Beginning of Year 322867		(b) End	330029	
а	Total plan assets					330023	
b	Total plan liabilities	7b	0				
C	Net plan assets (subtract line 7b from line 7a)	7с	322867			330029	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal	
а	Contributions received or receivable from:		4074				
	(1) Employers	8a(1)	4071	_			
	(2) Participants	8a(2)	5158				
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)		-800				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)					8429	
d	Benefits paid (including direct rollovers and insurance premiums	60					
u	to provide benefits)	8d	1267				
е	Certain deemed and/or corrective distributions (see instructions)						
_							
f	Administrative service providers (salaries, fees, commissions)			-			
g	Other expenses						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				1267	
i	Net income (loss) (subtract line 8h from line 8c)	8i				7162	
j	Transfers to (from) the plan (see instructions)	8j					
		٠J]				

Form	5500.	SF.	201

Page 2 - 1

Part IV	Plan	Characte	aristics
raii iv	- FIAII	Guaraci	ยเอแรอ

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2G 2J 2K 3B 3D
- 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 years		Vaa	NI-		_			
	During the plan year:		Yes	No		A	moun	t	
а	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)	10a		X					
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported	···							
	on line 10a.)	10b		X					
C	Was the plan covered by a fidelity bond?	10c		X					
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud			.,					
-	or dishonesty?	10d		X					
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.)	10e		X					
f	Has the plan failed to provide any benefit when due under the plan?	10f		X					
q	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10q		X					
_	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	iug							
•	2520.101-3.)	10h		X					
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	10i							
rt '	VI Pension Funding Compliance								
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and compared to the second s	plete	Sched	ule SF	3 (For	m			
	EEOO\\				٠,٠٠٠				7
	5500))						旹	es X	_
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						旹	es X	_
	•						旹		
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	 302 of	ERIS	 A?	Y6	es ×	No
3	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instruction granting the waiver	e or se	ction 3	302 of enter th	ERIS	 A? te of the	Ye	es ×	No g
a	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instruc	e or se	ction 3	302 of enter th Day	ERIS	 A? te of the	Ye	es ×	No g
a fy	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instruction granting the waiver	e or se ctions,	ction 3	302 of enter th	ERIS	 A? te of the	Ye	es ×	No g
a fy b	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instruction granting the waiver. Mont ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	e or se	and e	302 of enter th Day	ERIS	 A? te of the	Ye	es ×	No g
a fy o	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instruction granting the waiver. Mont ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year.	e or se	ction 3	302 of enter th Day	ERIS	 A? te of the	Ye	es ×	No g
i fy D	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instruction granting the waiver. Mont ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of	e or se	and e	12b 12c	ERIS	 A? te of the	Ye	es ×	g —
a fy c	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instruction granting the waiver. Mont ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. 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). Will the minimum funding amount reported on line 12d be met by the funding deadline?	e or se	and e	12b 12c	ERIS	A? A? Y	Ye letter	es ×	g —
fy o	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instruction granting the waiver. Mont ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left onegative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline?	ctions,	ction 3	12b 12c 12d	ERIS	A? A? Y	Ye letter	es ×	g —
fy o	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instruction granting the waiver. Mont ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of the negative amount). 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?	ctions,	ction 3	12b 12c 12d	ERIS	A? Ae of the Y	Ye letter	es ×	g —
a fy c d	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instruction granting the waiver. Mont ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left onegative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline?	or se	and e	12b 12c 12d	ERIS	A? Ae of the Y	Ye letter / ear	rulino	N/A
fyoch	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instruction granting the waiver. Mont ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. 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). Will the minimum funding amount reported on line 12d be met by the funding deadline? VII 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. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought upon the PBGC?	of a	and e	12b 12c 12d	ERIS	A? Ae of the Y	Ye letter	rulino	g N/A
fyo	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instruct granting the waiver	of a	and e	12b 12c 12d	ERIS	A? Ae of the Y	Ye letter / ear	rulino	N/A
fy och	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instruction granting the waiver	of a	and e	12b 12c 12d	ERIS Property of the control of the	A? Ae of the Y	Ye letter / ear	rulino	N/A
a If y b c d e rt 'a	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instruct granting the waiver	of a	and e	12b 12c 12d	ERIS Property of the control of the	A? Ae of the Y	Ye letter / ear	rulino	N/A

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.	07/03/2012	JENNIFER WOOL-COTTONE
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

erm 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

2011

This Form is Open to Public Inspection

Part	Annual Report Identification Information		and ending 12	/31/20	
For cale	endar plan year 2011 or fiscal plan year beginning 01/01/2011			Г	a one-participant plan
A This	s return report to tot.		ployer plan (not multiemployer)	L	a one partispant pro-
B This		e final retur			
	an amended return/report as	short plan y	ear return/report (less than 12 mor	nths) —	T
C Ch	eck box if filing under:	utomatic ex	tension	L	DFVC program
V. CIR	special extension (enter description)				
hu 6%					
Part					Three-digit
DODIA:	ame of plan FRY ASSOCIATES OF ROCHESTER, LLP RETIREMENT SAVING	SPLAN			plan number (PN) 001
PUDIA	INT MODOCINICE OF THOM INC. THE TAXABLE PROPERTY OF THE PROPER		-		Effective date of plan
				10	01/01/2004
	Y. wook or /om	playor if fo	c a cingle employer plan)	2b	Employer Identification Number
2a PI	an sponsor's name and address; include room or suite number (em TRY ASSOCIATES OF ROCHESTER, L LP	pioyer, ir io	La single-employer plany		(EIN) 16-0969031
1 (212)	11111110001111200111120			2c	Sponsor's telephone number
					585-342-8700
	ORTLAND AVENUE		Accommon	2d	Business code (see instructions)
ROCH	ESTER NY 14621				621391
3a D	lan administrator's name and address (if same as plan sponsor, ent	er "Same")		3b	Administrator's EIN 16-0969031
SAME	ian administrator o name with december (**			20	Administrator's telephone number
Q1 117722				3C	585-342-8700
***************************************	f the name and/or EIN of the plan sponsor has changed since the la	et raturn/re	port filed for this plan, enter the	4b	EIN
4 1	f the name and/or EIN of the plan sponsor has changed since the han name, EIN, and the plan number from the last return/report.	SE ICIUITATO	port mod tar and post,		
200	honor's nama			4c	
5a	Total number of participants at the beginning of the plan year			5a	28
b	Total number of participants at the end of the plan year			5b	27
	the end of the p	lan year (de	efined benefit plans do not	_	21
	lete this item)			5c	FI
•	during the plan year invested in eligible	e assets? (See instructions.)		X Yes No
		an ingeneni	tern cidamieu public accountain (18	(PA)	X Yes No
	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 lf you answered "No" to either 6a or 6b, the plan cannot use Fo				hard Access
F 876					
Pa			(a) Beginning of Year		(b) End of Year
7	Plan Assets and Liabilities	7a	32286	7	330029
a	Total plan assets	7b		0	
b	Total plan liabilities	7c	32286	7	330029
С	Net plan assets (subtract line 7b from line 7a)	10	(a) Amount		(b) Total
8	Income, Expenses, and Transfers for this Plan Year		and the second s		
а	Contributions received or receivable from: (1) Employers	. 8a(1)	407	1	
	(2) Participants	. 8a(2)	515	8	
	(3) Others (including rollovers)	8a(3)			
1.	Other income (loss)		-80	00	
b	Other income (loss)	8c			8429
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)			,	
d	to provide benefits)	<u>8d</u>	129	2/	
е	Certain deemed and/or corrective distributions (see instructions)	8e			
f	Administrative service providers (salaries, fees, commissions)	8f			
	Other expenses				
g	Total expenses (add lines 8d, 8e, 8f, and 8g)				126
:	Net income (loss) (subtract line 8h from line 8c)	8i			716
;	Transfers to (from) the plan (see instructions)				
4	removed to from the piece for a second	amakan manana hamaan		- WHAT THE PARTY OF THE PARTY O	Form 5500-SF (20

ř	Form 5500-SF 2011 Page 2 - 1		nananana	Western independent blisch	gypters (CONSCIOUS STATES) genery where it was an Electric field from the		***************************************	oganjakasi 1909-o	
Part	IV Plan Characteristics		tio Co	donin	the instruction	one:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	was a second second	
/	at tw Trian Characteristic Solutions: On If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 3B 3D								
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	cterist	ic Cod	es in th	ie instruction	ns:	grander (a. e.		
Part	V Compliance Questions		r				WARRIED ************************************		
10	During the plan year:	I	Yes	No	<i>_</i>	lmount	*	A CANADA NA CANADA	
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)	10a		Х			-		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х			************************		
С	Was the plan covered by a fidelity bond?	10c		Х					
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X				enveron arribin	
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.)	10e		Х				agangga spinasa dalah kandi	
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		Х					
h	the standard period? (See instructions and 29 CFR	10h		Х					
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	10i							
Pari	VI Pension Funding Compliance		n, many for from participation of the first						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500)).		*******	.,,,,,,,,,,,,		<u> </u>		-	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod	e or s	ection	302 of	ERISA?	ЦΥ	es 🛚	No	
	(If IV and I appropriate 120 or 12b, 12c, 12d, and 12e below, as applicable.)					ha lattar	- rulina		
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.	1 1 E	s, and	_ Day	/	Year_	Tuning	MARKADA	
H	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13		[12b	1			***************************************	
t	Enter the minimum required contribution for this plan year			12c	1			***************************************	
c c	- to the standard of the standard in the least the regult (enter a minus sign to the least the standard of the	it of a		12d					
	the second and line 12d he met by the funding deadline?	******	,,,,,,,,,,	******	Yes	No		N/A	
E			***************************************						
Par	t VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year?			. X	Yes N	lo		***************************************	
13	Has a resolution to terminate the pian been adopted in any plan year. If "Yes," enter the amount of any plan assets that reverted to the employer this year	Γ	13a	<u> </u>	L	(0		
	10.1% I all a still and a property or hopeficiaries transferred to another plan or brough	it unde		control	***************************************		r	7	
ţ	 Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or order of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify 	• • • • • • • • • • • • • • • • • • • •					Yes X	No	
	which assets or liabilities were transferred. (See instructions.)	"ie h		3c(2) [FIN(s)	13	Ic(3) P	N(s)	
***************************************	13c(1) Name of plan(s):			VV(4) 1	-113(0)		-1-1		

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.

DONG, RICH	Difficult contract and contract contrac		
	1 m-Catter	6/26/12	JENNIFER WOOL-COTTONE
SIGN L HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
	Digratury of July 4		
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor