	Form 5500-SF		eturn/l Benefit	Report of Small Employ	OMB Nos. 1210-0110 1210-0089			
	Department of the Treasury Internal Revenue Service	_		ctions 104 and 4065 of the Employe	2011			
Er	Department of Labor nployee Benefits Security Administration	Retirement Income Security Act of	1974 (ER	ISA), and sections 6057(b) and 6058 Code (the Code).	This Form is Open to Public			
P	ension Benefit Guaranty Corporation	h the instructions to the Form 550	0-SF.	Inspection				
		entification Information						
-	calendar plan year 2011 or fisca			¥	2/31/2			
	This return/report is for:		•	e-employer plan (not multiemployer)		a one-participant plan		
B	This return/report is:	the first return/report		eturn/report				
			•	an year return/report (less than 12 mo	onths)	-		
C	Check box if filing under:	Form 5558		c extension		DFVC program		
		special extension (enter descriptio	,					
		nation—enter all requested information	ation		46	-		
	Name of plan ER & COPE FAMILY PRACTICE	E, LLP PROFIT SHARING PLAN AN	D 401(K)		10	Three-digit plan number (PN) ▶ 001		
					1c	Effective date of plan 01/01/1996		
	Plan sponsor's name and addre ER & COPE FAMILY PRACTIC	ess; include room or suite number (er E, LLP	mployer, if	for a single-employer plan)	2b	Employer Identification Number (EIN) 14-1787288		
3768	STATE HIGHWAY 30, BOX 92:	3			2c	Sponsor's telephone number 518-883-8699		
	ADALBIN, NY 12025	5			2d	Business code (see instructions) 621111		
	Plan administrator's name and R & COPE FAMILY PRACTICE	address (if same as plan sponsor, er E, LLP 3768 STATE BROADALBIN	HIGHWAY	(30, BOX 923		Administrator's EIN 14-1787288		
						Administrator's telephone number 518-883-8699		
4	If the name and/or EIN of the p name, EIN, and the plan numb	lan sponsor has changed since the la er from the last return/report.	ast return/	report filed for this plan, enter the	40	EIN		
a Sponsor's name					4c	PN		
5a	5a Total number of participants at the beginning of the plan year				5a	17		
b	Total number of participants at	the end of the plan year			5b	17		
C		count balances as of the end of the p			5c	17		
6a						X Yes No		
	 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) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) 							
r		er 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 55	00.			
	rt III Financial Informa	ation						
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year 1105147		
a h	•		7a	1141742		1103147		
b C	•	b from line 7a)	7b 7c	1141742		1105147		
8	Income, Expenses, and Transf			(a) Amount		(b) Total		
a	Contributions received or received							
	(1) Employers		8a(1)	26049	_			
	(2) Participants		8a(2)	51672	_			
-	(3) Others (including rollovers)		8a(3)		_			
_	()		8b	-69684		8037		
c d		Ba(2), 8a(3), and 8b)	8c			8037		
u	d Benefits paid (including direct rollovers and insurance premiums to provide benefits)			34325				
е	Certain deemed and/or correct	ive distributions (see instructions)	8e					
f	Administrative service provider	s (salaries, fees, commissions)	8f					
g	•		8g	10307				
h		Be, 8f, and 8g)	8h			44632		
i		8h from line 8c)				-36595		
J	I ransfers to (from) the plan (se	e instructions)	8j					

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Form 5500-SF (2011) v.012611

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Part IV **Plan Characteristics**

- **9a** 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 3B 3D
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V	Compliance Questions							
10	Duri	ing the plan year:		Yes	No		Amo	unt	
а		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		x				
b		re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ine 10a.)	10b		x				
С	Wa	s the plan covered by a fidelity bond?	10c	Х					00000
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?								
е	insu	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		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 of year end.)	10g		Х				
h		is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		Х				
i		In 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 a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 0))						Yes	No
12								X No	
		(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 ruling granting the waiver								
lf y	you c	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		-		1			
b	Ente	er 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		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	Ν	lo	N/A
Part	VII	Plan Terminations and Transfers of Assets							
13a	Has	a resolution to terminate the plan been adopted in any plan year?			Ì	/es X	No		
	lf "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 ne PBGC?					Π	Yes	X No
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.)									
13c(1) Name of plan(s):				13c(2) EIN(s)				3c(3)	PN(s)
Caut	Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.								
Unde	r pen	alties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu	urn/rep	port, in	cludin	g, if appli	cable,	a Sche	dule

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.	10/15/2012	WILLIAM D. MAYER MD					
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					

Description Description of the transmission of the second of the added of the Employee provides that added the Code. Description of the transmission of the Code. Descreduce of the transmissi		Form 5500-SF	Benefit Plan					OMB Nos. 1210-0110 1210-0089			
Desemption Desemption <thdesemption< th=""> Desemption Desempti</thdesemption<>						<u></u>	2011				
Presented addres (based) Complete all entries in accordance with the instructions to the Form 5500-SF. Proceeding plan year 2011 or ficial serves to segments Old (01/2011) and ending 12/31/2011 A This seturing report is on: C and ending C and ending 12/31/2011 and ending 12/31/2011 B This return/report is Ib is failed embryrep that In multiple-embryrep that for multiple-embryrep that for multiple-embryrep that for multiple and the multiple estimation Ib is mended return/report Ib is mended return/report C Check box if filing under: If on mended neturn/report Is and of plan embryrep Ib is mended neturn/report B as and 401(k) Ib is mended neturn/report Ib is mended neturn/report Ib is mended plan Mayer: 6 Cope Panily Practice, LLP Profit Sharing Ib investigation Number (EN) (1/1992 Ib investigation Number (EN) (1/1992 C Bardellish Ny 12025 Ib administrator's tame and address; instude noon or sule number (employer; if for s single-employer plan) Ib investigation Number (EN) (1/1992 Ib address is number (employer; if for s single-employer plan) B recadallish Ny 12025 Ib Administrator's Ib N Ib Administrator's Ib N B recadallish Same If is number of participa			t of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 605				This Form is Open to Put				
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C Check box if tilling under: a namended return/report b short plan year return/report (less than 12 months) DFVC program Begindle address: pencial address: month descended DFVC program Begindle address: pencial addres: pencial address:	Α	This return/report is for:	a single-employer plan	a multiple-	employer plan (not multiemployer)		a one-partici	pant plan			
C Check box if filing under: Form 5558 automatic extension DFVC program Part II: Basic Plan information—enter all requested information 10 Three-dig plan number (mix) 10 Three-dig plan number (mix) 0.01 Part II: Basic Plan information—enter all requested information 10 Three-dig plan number (Mix) 0.01 Plan and 401(x) The Effective date of plan 0.1/0.1/2.996 0.01 0.01 2a Plan sponsor's name and address: include nom or sulle number (employer, if for a single-employer plan) 2b Engloyer is estimation Number (Eth) 14-1787288 3768 State Highway 30, Box 923 2d Business code (se instructions) 621111 21 3a Plan administrator's name and address (if same as plan sponsor, enter 'Same') 3b Administrator's telephone number (1018) 4083-6839 3a Tal number of participants at the bigming of the plan sponsor, enter 'Same') 3b Administrator's telephone number (1018) 4083-6839 3a Tal number of participants at the bigming of the plan sponsor, enter 'Same') 3c Administrator's telephone number (1018) 4083-6839 3a Tal number of participants at the bigming of the plan spon and the plan sponsor in the teat return/report field for this plan, enter the name 20 CPR 250 (104-69) (See instructions) Yee No 3a Tal number of participants a	В	This return/report is:	the first return/report	the final re	turn/report						
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	i		e ,								
	j										

Part IV Plan Characteristics

Page 2 -

9a	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 3B 3D	

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

SIGN HERE

Signature of employer/plan sponsor

ST. DOGS MATERICIA AND	Charles Contract									
10	During the plan year:				Yes	No	<u> </u>	lmou	nt	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in			40-		x				
h	9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) ere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported			10a						···
	on line 10a.)			10b		Х				
С	Was the plan covered by a fidelity bond?				х				100	,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity or dishonesty?	y bond, that was c	aused by fraud	10d		х				
e						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 of ye	ear end.)		10g		Х				2 - E 124 - 24 - 14 - 14
h	If this is an individual account plan, was there a blackout period? (See in 2520.101-3.)			10h		x				
i	If 10h was answered "Yes," check the box if you either provided the request exceptions to providing the notice applied under 29 CFR 2520.101-3			10i						
Part	VI Pension Funding Compliance	······································								
11	Is this a defined benefit plan subject to minimum funding requirements? (5500))	(If "Yes," see inst	ructions and com	plete	Sched	ule SE	(Form		′es [No
12	Is this a defined contribution plan subject to the minimum funding require								′es [X No
-	(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 amo granting the waiver.	ortized in this plan	Mont	tions, th	and e	nter th Day	e date of the	e letté ⁄ ear _	r rulin	g
lf y	f 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				H	12b				
	Enter the amount contributed by the employer to the plan for this plan ye				📙	12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the re- negative amount)				[12d				<u></u>
e	Will the minimum funding amount reported on line 12d be met by the fund	iding 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?					۲ <u> </u>	res X No			
	If "Yes," enter the amount of any plan assets that reverted to the employe	er this year		1:	3a					
b	Were all the plan assets distributed to participants or beneficiaries, transf of the PBGC?	ferred to another	plan, or brought u	under	the co	ntrol		<u> </u>	′es [K No
С	If during this plan year, any assets or liabilities were transferred from this which assets or liabilities were transferred. (See instructions.)	s plan to another p	plan(s), identify th	e plar	n(s) to			•		
1	13c(1) Name of plan(s):			13c(2) EIN(s) 13			13	c(3) F	PN(s)	
Cauti	on: A penalty for the late or incomplete filing of this return/report wil	ill be assessed u	nless reasonabl	e cau	se is	establ	ished.			
SB or	penalties of perjury and other penalties set forth in the instructions, I dec Schedule MB completed and signed by an enrolled actuary, as well as th it is true, correct, and complete	clare that I have e he electronic vers	xamined this retu ion of this return/r	rn/rep report	ort, in , and t	cluding o the b	j, if applicat best of my ki	ile, a s nowle	Scheo dge a	iule nd
		terto .	WILLIAM D.	M7.V	י סיםי					
SIGN		<i>µ µ µ µ</i>					nlan admir	istrat		{
HERE Signature of plan administrator Date Enter name of individual signing as plan administrato										
SIGN	Off 1	«////2	WILLIAM D.	MAY	ER I	ΨD				

Date

Enter name of individual signing as employer or plan sponsor