## 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 a	III entries in acco	rdance witl	h the instructions to the Form 5500	O-SF.		•			
Pa	art I Annual Report Identification I	nformation								
For	calendar plan year 2011 or fiscal plan year begin	nning 08/01/20	11	and ending 0	7/31/2	2012				
Α.	This return/report is for:	yer plan	a multiple	e-employer plan (not multiemployer)		a one-particip	ant plan			
	This return/report is:	report	7	eturn/report			•			
Ь		=	=	•	\					
	an amended re	eturn/report	a short pla	an year return/report (less than 12 mo	onths)					
С	Check box if filing under: Form 5558	extension		DFVC progra	m					
	special extens	ion (enter descripti	on)							
Pa	art II Basic Plan Information—enter a	all requested inform	nation							
	Name of plan				1b	Three-digit				
	ERT J. HOGAN, DDS, PC 401K PROFIT SHARI	NG PLAN & TRUS	Т			plan number				
						(PN) ▶	005			
					1c	Effective date of	plan			
						08/01/	/1984			
2a	Plan sponsor's name and address; include room	or suite number (	employer, if	for a single-employer plan)	2b	Employer Identif	ication Number	er		
ROB	BERT J. HOGAN, DDS, PC					(EIN) 16-09	98303			
					2c	Sponsor's telep	hone number			
РО В	3OX 187					607-723	3-7373			
	SHAMTON, NY 13905				2d	Business code (	see instructior	าร)		
						62121	0			
	Plan administrator's name and address (if same			·")	3b	Administrator's I				
ROBI	ERT J. HOGAN, DDS, PC	PO BOX 187 BINGHAMT		005	•		98303			
		Bir Cris and	011, 111 100		<b>3c</b> Administrator's telephone number 607-723-7373					
4	If the name and/or EIN of the plan sponsor has	obangad ainaa tha	loot roturn/	roport filed for this plan, enter the	4b		7-7-07-0			
4	name, EIN, and the plan number from the last r		iasi return/	report filed for trils plan, enter the	40	EIN				
а	Sponsor's name				4c	PN				
5a	Total number of participants at the beginning of	the plan year			5a					
b	Total number of participants at the end of the pl	. ,						10		
					5b					
С	Number of participants with account balances a complete this item)			•	5c			10		
62	Were all of the plan's assets during the plan ye						X Yes	No		
b		· ·		'				]		
	under 29 CFR 2520.104-46? (See instructions						X Yes	No		
	If you answered "No" to either 6a or 6b, the			•				•		
Pa	art III Financial Information									
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year			
а	Total plan assets		7a	2265649		() =	2345081			
b	Total plan liabilities			0			0	)		
_	Net plan assets (subtract line 7b from line 7a)			2265649			2345081			
			/ C			(1.)				
8 a	Income, Expenses, and Transfers for this Plan Contributions received or receivable from:	ı <del>c</del> ai		(a) Amount		(b) T	otal			
а	(1) Employers		8a(1)	35000						
	(2) Participants		` `	22000						
L	(3) Others (including rollovers)			23142	_					
b	Other income (loss)			23142			004.40			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and		8c				80142			
d	Benefits paid (including direct rollovers and insuto provide benefits)		8d	710						
е	Certain deemed and/or corrective distributions (									
f	Administrative service providers (salaries, fees,									
		•								
g	Other expenses (add lines 2d, 2e, 2f, and 2e)						710			
h :	Total expenses (add lines 8d, 8e, 8f, and 8g)						710			
!	Net income (loss) (subtract line 8h from line 8c)						79432			
J	Transfers to (from) the plan (see instructions)		··· 8j							

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Form	<b>カカロロ</b>	->-	ンロエ	-

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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
- 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:	1	Yes	No				
	<del>- t</del>		110		Am	ount	
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		X				
Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	)b		X				
Was the plan covered by a fidelity bond?	)c	X					2510
	)d		X				
insurance service or other organization that provides some or all of the benefits under the plan? (See	)e		X				
Has the plan failed to provide any benefit when due under the plan?	Of		Χ				
Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	)a		Χ				
If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR			X				
	Di						
/I Pension Funding Compliance							
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comple						Yes	
·						Yes	X 1
			.0_ 0			_	ш
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructio							
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			12b				
Enter the amount contributed by the employer to the plan for this plan year			12c				
· · · · · · · · · · · · · · · · · · ·			12d				
Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	N/
/II Plan Terminations and Transfers of Assets							
Has a resolution to terminate the plan been adopted in any plan year?			Y	es X	No		
If "Yes," enter the amount of any plan assets that reverted to the employer this year	13	За					
	ler t	the co	ntrol		Γ	Yes	1 X
	olan	n(s) to			_		
c(1) Name of plan(s):		130	(2) EII	V(s)		13c(3	) PN(s
on: A negative for the late or incomplete filling of this return/report will be assessed upless reasonable	יופי	se is	establ	ished			
	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  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.)  Has the plan failed to provide any benefit when due under the plan?  Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  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.)  Has the plan failed to provide any benefit when due under the plan?  Into the plan have any participant loans? (If "Yes," enter amount as of year end.).  If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  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.  It is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete 5500))  Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or set (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, granting the waiver.  Out completed Ine 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  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 a negative amount)  Will 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  If during this plan year, any assets or liabilities were transferred from this plan to another plan, or brought under of the PBGC?  If during this plan year, any assets or liabilities were transferred from this plan to another plan, or brought under of the PBGC?	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  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.)  Has the plan failed to provide any benefit when due under the plan?  Did the plan have any participant loans? (If "Yes," enter amount as of year end.)  If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  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.  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.  It is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB 5500))  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the waiver.  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 a 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.  If during this plan year, any assets or liabilities were transferred from this plan to another plan, or brought under the control of the PBGC?  If during this plan year, an	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  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	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  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).  In the same plan failed to provide any benefit when due under the plan?  Did the plan have any participant loans? (If "Yes," enter amount as of year end.).  If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).  If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).  If the 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  If the 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  If yes defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)).  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," see instructions and complete Schedule SB (Form 5500)).  If a waver 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 rugaranting the waiver Month

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	02/26/2013	ROBERT J. HOGAN
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 Infornal 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

I P	art Annual Report Identification Information				
For		08/01/2	011 and ending		07/31/2012
A	This return/report is for. 🛛 a single-employer plan	a multiple	e-employer plan (not multiemployer)		a one-participant plan
В	This return/report is: The first return/report	the final r	eturn/report		
	an amended return/report	a short pla	en year return/report (less than 12 m	onths)	
С	Check box if filing under: Form 5558	i	: extension	,	DFVC program
	special extension (enter description)				□ to program
P	Int II Basic Plan Information—enter all requested inform	•			
_	Name of plan	IMINA)		16	Three-digit
	ROBERT J. HOGAN, DDS, PC 401K PROFIT SHA	ARING		'	plan number
	PLAN & TRUST				(PN) 005
	IMIV & INSSI			1c	Effective date of plan
22	Plan sponsor's name and address; include room or suite number (o		for a simple service of the service	<del>ا</del> ا	08/01/1984
Za	ROBERT J. HOGAN, DDS, PC	трюуег, и	ror a single employer plan)	20	Employer Identification Number (EIN) 16-0998303
	, ,			20	Sponsor's telephone number
					(607) 723-7373
	PO BOX 187			2d	Business code (see instructions)
	BINCHAMTON		NY 13905		621210
3a	Plan administrator's name and address (if same as plan sponsor, c SAME	nter "Same	7)	3b	Administrator's EIN
				3c	Administrator's telephone number
				•	Tro-fill floor of the prior to the fill for
4	If the name and/or FIN of the plan sponsor has changed since the	last return/d	report filed for this plan, enter the	4b	EIN
9	name, EIN, and the plan number from the last return/report.  Sponsor's name			4c	DN
	Total number of participants at the beginning of the plan year			5a	10
	Total number of participants at the end of the plan year			5b	10
	Number of participants with account balances as of the end of the			30	10
·	complete this item)	-		5c	10
6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)		X Yes No
b	Are you claiming a waiver of the annual examination and report of				— — — — — — — — No
	under 29 CFR 2520.104-46? (See instructions on waiver digibility If you answered "No" to either 6a or 6b, the plan cannot use F				M 162 U NO
Pa	rt III Financial Information	OIIII 2200-	AL MILA HIDSY Mistern age Louis 22	VV.	
7	Plan Assets and Liabilities	Ī .	(a) Beginning of Year		(b) End of Year
·a	Total plan assets	. 7a	2,265,64	19	2,345,081
	Total plan liabilities			o	
	Net plan assets (subtract line 7b from line 7a)		2,265,64	19	2,345,081
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or receivable from:		35,00	,,,	
	(1) Employers	8a(1)			
	(2) Participants		22,00	<del>/</del> 4	
	(3) Others (including rollovers)	1	23,14		
þ	Other income (loss)			-	80,142
ç	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c	**************************************	+	00,212
þ	to provide benefits)	. <b>8</b> d	7]	LO	
ę	Certain deemed and/or corrective distributions (see instructions)	8e		┙	
f	Administrative service providers (salaries, fees, commissions)			_	
g	Other expenses	. 8g		<u> </u>	
h	Total expenses (add lines 8d, 8e, 8t, and 8g)	8h		_	710
1	Net income (loss) (subtract line 8h from line 8c)	. <u>8i</u>		+	79,432
j	Transfers to (from) the plan (see instructions)				Form 5500-5F (2011)

Form 5500-SF 2011

Page	2	_	Γ
Faue	4	-	ı

Par									
9a	lf t	e plan provides pension bonefits, enter the applicable ponsion for 2E_2J_3D	eature codes from the	e List of Plan Character	istic Co	xdes in	the instruc	ctions:	
ь	lf t	e plan provides welfare benefits, enter the applicable welfare fea	ature codes from the	List of Plan Characteris	itic Cod	les in ti	he Instruct	ilons:	
Part	V	Compliance Questions							
10	Di	ring the plan year:			Yes	No			
a	W 2	as there a failure to transmit to the plan any participant contribution of R 2510.3-102? (See instructions and DOL's Voluntary Fiduc	ons within the time po	enod described in am) 10a		x		Amount	-
b	W	ere there any nonexempt transactions with any party-in interest? line 10a.)	(Do not include trans	sactions reported	<u> </u>	x			
C		as the plan covered by a fidelity bond?			+			25	1,000
ď	Di	the plan have a loss, whether or not reimbursed by the plan's fi fishonesty?	delity bond, that was	caused by fraud		х			-, 0
e	We	re any fees or commissions paid to any brokers, agents, or othe urance service or other organization that provides some or all of tructions.)	r persons by an insulthe bonofits under th	rance carrier, e plan? (Sec		х	,		
f	Ha	s the plan failed to provide any benefit when due under the plan?	?	10f		х			
g	Die	the plan have any participant loans? (If "Yes," enter amount as	of year end.)	100		х			
ħ		nis is an individual account plan, was there a blackoul period? (S 0.101/3.)				х			
l		Oh was answered "Yes," check the box if you either provided the applions to providing the notice applied under 29 CFR 2520.101-							
Part	۷I	Pension Funding Compliance					· · · · · · · · · · · · · · · · · · ·		
11	ls t 55(	nis a defined benefit plan subject to minimum funding requirement 0))	nts? (If "Yes," see ins	tructions and complete	Sched	ule SB	(Form	Yes	No
а	(if ' If a	his a defined contribution plan subject to the minimum funding re Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicat waiver of the minimum funding standard for a prior year is being nting the waiver.	ole.) amortized in this pla	n year, see instructions	, and e	nter the	e date of th		ng
lf y	ou/	completed line 12a, complete lines 3, 9, and 10 of Schedule (	MB (Form 5500), an	d skip to line 13.	_				
þ	Ent	er the minimum required contribution for this plan year			∵ ⊢	12b			
		er the amount contributed by the employer to the plan for this pla	-		···	12c			
	neç	tract the amount in line 12c from the amount in line 12b. Enter the amount)	· · · · · · · · · · · · · · · · · · ·		∟	12d	<del>1</del> 1	<del></del>	
		the minimum funding amount reported on line 12d be met by the	e funding deadline?				Yes	No	N/A
Part '		Plan Terminations and Transfers of Assets				_			
13a		a resolution to terminate the plan been adopted in any plan year?				Υ,	es X No	<u> </u>	
		es," enter the amount of any plan assets that reverted to the em			3a				
	of t	e all the plan assets distributed to participants or beneficiaries, the PBGC?				ntrol		Yes	No X
	wh	uring this plan year, any assets or liabilities were transferred from th assets or liabilities were transferred. (See instructions.) ) Name of plan(s):	tinis plan to another	plan(s), locality the pla		(2) EIN		13c(3)	DN/a\
	aci	THaine or prants).	O		130	<u> (2) En</u>	<u> </u>	130(3)	_ IN(S)
		A penalty for the late or incomplete filing of this return/repo				- "			
SB or	Šch	alties of perjury and other penalties set forth in the instructions, edule MB completed and signed by an enrolled actuary, as well-true, correct, and complete	I declare that I have as the electronic vers	examined this return/rej sion of this return/report	port, in- t, and t	cluding o the b	" if applica ost of my k	ible, a Scheo knowledge a	dule and
SIGN	, 1	Kale K ) Hours	2-23-2013	ROBERT J. HOGA	/N			C. L. 12 S. L. 17 T. C	
SIGN		Signature of plan administrator	Date	Enter name of individu		ing as	plan admir	nistrator	
SIGN	, 1								
HER		Signature of employer/plan sponsor	Date	Enter name of individe	ual sign	ning as	employer	or plan spor	пѕог