## 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.

OMB Nos. 1210-0110

1210-0089

2012

This Form is Open to Public Inspection

Part I	Annual Report Identification Information					
For calend	ar plan year 2012 or fiscal plan year beginning 01/01/2012		and ending 1	2/31/	2012	
A This re	turn/report is for: a single-employer plan a	multiple-employer pl	an (not multiemployer)		a one-particip	oant plan
		ne final return/report				
		short plan vear returi	n/report (less than 12 m	onths	)	
C Check		utomatic extension			DFVC progra	ım
• Check	special extension (enter description)					
Part II	Basic Plan Information—enter all requested informati					
1a Name		On		1h	Three-digit	
	KELLEY D.D.S., PC 401(K) PROFIT SHARING PLAN			10	plan number	
					(PN) <b>•</b>	001
				1c	Effective date of	f plan
					01/01/	/2008
	ponsor's name and address; include room or suite number (em  KELLEY D.D.S., PC	ployer, if for a single-	employer plan)	2b	Employer Identif	fication Number 03854
0.101200				20	(=114)	
FO CEDARE	FIELD COMMONS			20	Sponsor's telep	
	ER, NY 14612			2d	Business code (	see instructions)
					62121	,
3a Plan a	dministrator's name and address XSame as Plan Sponsor Nar	me Same as Plar	Sponsor Address	3b	Administrator's	EIN
	_	<del></del>		2-		
				3C	Administrator's t	elephone number
4 If the	name and/or EIN of the plan sponsor has changed since the las	st return/report filed fo	or this plan, enter the	4b	EIN	
	, EIN, and the plan number from the last return/report.					
	or's name				PN	
	number of participants at the beginning of the plan year			5a		9
<b>b</b> Total	number of participants at the end of the plan year			5b		9
	er of participants with account balances as of the end of the pla	• •	•	5c		9
	lete this item)					
	all of the plan's assets during the plan year invested in eligible ou claiming a waiver of the annual examination and report of an					X Yes   No
	29 CFR 2520.104-46? (See instructions on waiver eligibility an					X Yes No
	answered "No" to either line 6a or line 6b, the plan cannot					
Caution: A	A penalty for the late or incomplete filing of this return/repo	rt will be assessed	unless reasonable cau	ıse is	established.	
	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.	as the electronic ver	sion of this return/report	i, and	to the best of my	knowledge and
DOIIOI, ICIO		1	1			
SIGN	Filed with authorized/valid electronic signature.	03/26/2013	GARY GROVES			
HERE	Signature of plan administrator	Date	Enter name of individ	ual si	gning as plan adn	ninistrator
SIGN						
HERE	Signature of employer/plan sponsor	Date	Enter name of individ	ual ei	anina as employe	r or plan enoneor
Preparer's	name (including firm name, if applicable) and address; include					number (optional)
	, , , , , , , , , , , , , , , , , , , ,		· · /		•	
Ī						

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Pai	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) En	d of Y	ear	
a	Total plan assets	7a	56543				677387			7
	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	565438				677387		7	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total			
	Contributions received or receivable from:		(a) runoant				(2)	Total		
	(1) Employers	8a(1)	4026	4						
	(2) Participants	8a(2)	5751	1						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	1764	Ю						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							15415	5
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g	346	6						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							346	6
	Net income (loss) (subtract line 8h from line 8c)	8i							11194	
	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics	oj_								
	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2K 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instr	uctions	3:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Coc	les in t	he instru	ctions:		
Dawl	V Compliance Questions									
Part	•				<b>V</b>	NI -				
10	During the plan year:	dana and dat	and the Caraman Sand days a Sand San	ı	Yes	No		Am	ount	
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corı	rection Program)	10a		X				
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X				
С	Was the plan covered by a fidelity bond?			10c	X					100000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-		10d		X				
е	insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See	100		X				
f	instructions.)			10e		X				
	Has the plan failed to provide any benefit when due under the plan	n <i>?</i>		10f						
g	Did the plan have any participant loans? (If "Yes," enter amount a		<u> </u>	10g		X				
h	2520.101-3.)			10h		X				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							F	Yes	X No
11a						11a				
12	Is this a defined contribution plan subject to the minimum funding						ERISA?		Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,									
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		and e	enter th Day	ne date d	f the le		ling
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.				ı			
b	Enter the minimum required contribution for this plan year					12b				

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	Enter the amount contributed by the employer to the plan for this plan year	12c		
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)	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?		Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		_
1	3c(1) Name of plan(s):	3c(2) E	IN(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Part I

**Benefit Plan** This form is required to be filed under sections 104 and 4065 of the Employee

Short Form Annual Return/Report of Small 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. Annual Report Identification Information

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

For	calend	ar plan year 2012 or fi	scal plan year beginning 01/0	01/2012		and ending	12/31/	2012		
A	This re	turn/report is for:	X a single-employer plan	an	nultiple-employer pl	an (not multiemployer)		a one-particip	pant plan	
В	This re	turn/report is:	the first return/report	the	final return/report			<u>.</u>		
			an amended return/report	ash	ort plan year returr	n/report (less than 12 m	onths)	)		
C	Check	box if filing under:	Form 5558	aut	omatic extension			DFVC progra	ım ,	
			special extension (enter des	scription)						
	rt II	Basic Plan Info	rmation—enter all requested in	informatior	)	er Transference (and the transference of the t		è di ministra mandra matrica mantra di mandra di m		
		of plan					1b	Three-digit		
GRO'	VES &	KELLEY D.D.S., PC 4	401(K) PROFIT SHARING PLAN					plan number	001	
							10	(PN) ▶ Effective date of		
0-	D.	_			***************************************			01/01/2		
Za GRO\	Plan s √ES &	ponsor's name and add KELLEY D.D.S., PC	dress; include room or suite numl	ber (emplo	oyer, if for a single-	employer plan)	2b	Employer Identif		
							20	Sponsor's telep		
50 CE	EDARF	FIELD COMMONS					20	585225		
							2d	Business code (		
		R, NY 14612			Па =:			621210		
Ja	riali a	urministrator's name an	nd address XSame as Plan Spor	nsor Name	Same as Plan	Sponsor Address	3b	Administrator's E	EIN	
							3с	Administrator's t	elephone number	
4	If the r	name and/or EIN of the	e plan sponsor has changed since mber from the last return/report.	e the last r	eturn/report filed fo	r this plan, enter the	4b	EIN		
		or's name	noer nom the last return/report.				4c	PN		
5a	Total r	number of participants	at the beginning of the plan year				5a		9	
			at the end of the plan year				5b		9	
C	Numbe	er of participants with a	account balances as of the end of	f the plan	year (defined bene	fit plans do not	5c		9	
			during the plan year invested in						X Yes ∏ No	
b,	Are yo	u claiming a waiver of	the annual examination and repo	ort of an in	dependent qualified	d public accountant (IOI	PA)		M les [] No	
!	under	29 CFR 2520.104-46?	? (See instructions on waiver eligil	ibility and	conditions.)				X Yes No	
			ther line 6a or line 6b, the plan						Processing and the second seco	
Unde	r nena	ties of periun, and oth	or incomplete filing of this returner penalties set forth in the instru	rn/report	will be assessed u	inless reasonable cau	se is	established.		
20 01	ocne	dule MB completed an	id signed by an enrolled actuary,	as well as	the electronic vers	ion of this return/report,	on, in and t	cluding, if applicate the best of my	ible, a Schedule knowledge and	
belief	, it is ti	rue, correct, and comp	ilete.					•	•	
SIGN		/hm	Souls_			Gary Groves				
HERE		Signature of plan ac	dministrator		Date 3/0/15	Enter name of individu	idual signing as plan administrator			
SIGN										
HERE		Signature of employ	yer/plan sponsor		Date	Enter name of individu	ıal sio	ning as employer	or plan sponsor	
Prepa	ırer's r	name (including firm na	ame, if applicable) and address; in	include roc	m or suite number	(optional)	Prep	arer's telephone	number (optional)	
						ŀ	<del>",,</del>			

Pa	rt III Financial Information	Birmili beldini bircini adipadina mengeli cupa				**************	Address of the State of the Sta	The second secon		
7	Plan Assets and Liabilities		(a) Beginning of Yea	(a) Beginning of Year			(b) End of Year			
a	Total plan assets	7a		565438			677387			
b	Total plan liabilities	7b	ikki kangangan kangangan periodok dan palakan kangangan penggangan penggan dalah dan menghalah yaki pembahan	***************************************		***************************************	NOTE TO A SECURITION OF THE PROPERTY OF THE PR	·	Books and a control of the control o	
С	Net plan assets (subtract line 7b from line 7a)	7c	56543	8		677387			37	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) ·	Fotal .		
a	Contributions received or receivable from: (1) Employers	8a(1)	4026	4						
	(2) Participants	8a(2)	5751	1						
	(3) Others (including rollovers)	8a(3)	The second and an action of the second and the seco	described to the second						
b	Other income (loss)	8b	1764	17640						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			N.	- Comment of the Comm	ACAD CONTRACTOR CONTRACTOR	11541	5	
d	Benefits paid (including direct rollovers and insurance premiums			********						
	to provide benefits)	8d		with the contract of the contr						
	Certain deemed and/or corrective distributions (see instructions)	8e			-					
	Administrative service providers (salaries, fees, commissions)	8f			-					
_	Other expenses	8g	346	6						
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						346	36	
	Net income (loss) (subtract line 8h from line 8c)	8i			4	-	- Caracter and the Control of the Co	11194	19	
	Transfers to (from) the plan (see instructions)  t IV Plan Characteristics	8j		OCCUPANT OF THE O		***************************************			CONTROL April Control April Control	
b	2A 2E 2G 2J 2K 3D  If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the plan provides welfare benefits.	eature code	s from the List of Plan Charac	cterist	ic Cod	les in t	he instruct	ions:	its de pales an accessión de conferencia monspelate gius persona de la conferencia del la conferencia de la conferencia del la conferencia del la conferencia de la conferencia de la conferencia del	
10	During the plan year:				Yes	No	T			
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	tions within	the time period described in	40.	163			Amount	<del>- macaille de l'along a contration</del>	
b		? (Do not ir	nclude transactions reported	10a 10b		X			Transcript State of the second state of the se	
C	Was the plan covered by a fidelity bond?			10c	Х				100000	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х			100000	
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)	of the benef	its under the plan? (See	10e		X				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year er	nd.)	10g		Х				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		Х				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne required	notice or one of the	10i		-				
Part	VI Pension Funding Compliance					*******	· · · · · · · · · · · · · · · · · · ·		***************************************	
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "Y	es," see instructions and com	plete	Sched	lule SE	3 (Form	∏ Ye	s 🖟 No	
11a	Enter the amount from Schedule SB line 39					11a		*b.d		
12	Is this a defined contribution plan subject to the minimum funding						ERISA?	Ye	s No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,								<u> </u>	
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	g amortize	d in this plan year, see instruc	ctions, th	, and e	nter th Day	ne date of t	he letter r Year	uling	
<u>If y</u>	ou completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (Forn	n 5500), and skip to line 13.				7			
b	Enter the minimum required contribution for this plan year					12b	<u> </u>			

	Form 5500-SF 2012	Page <b>3</b> - 1				
c	Enter the amount contributed by the employer to the plan for thi	is plan year	,	12c		
d	Subtract the amount in line 12c from the amount in line 12b. En negative amount)	nter the result (enter a minus sign to the lef		12d		
e	Will the minimum funding amount reported on line 12d be met b	by the funding deadline?			Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets	S				
13a	Has a resolution to terminate the plan been adopted in any plan year	ar?			′es X No	)
	If "Yes," enter the amount of any plan assets that reverted to the	ne employer this year		13a		
b	Were all the plan assets distributed to participants or beneficiari of the PBGC?	control		Yes X No		
С	If during this plan year, any assets or liabilities were transferred which assets or liabilities were transferred. (See instructions.)	d from this plan to another plan(s), identify	he plan(s)	to		
1	3c(1) Name of plan(s):		1	3c(2) El	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)		<u> </u>		***************************************	
14a	Name of trust	14b Ti	ust's EIN			