## 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).

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2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

			Complete all entries in at	ccordance with the instruc	tions to the Form 550	<del>10-</del> 3г.		
	Part I		Identification Information					
Fo	r calenda	ar plan year 2012 or fis	scal plan year beginning 01/01	/2012	and ending	11/30/2	2012	
Α	This retu	urn/report is for:	X a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-particip	oant plan
В	This retu	urn/report is:	the first return/report	X the final return/report				
			an amended return/report	X a short plan year return	n/report (less than 12 m	onths)		
С	Check b	oox if filing under:	Form 5558	automatic extension			DFVC progra	ım
			special extension (enter desc	cription)				
Р	art II	Basic Plan Info	rmation—enter all requested in	formation				
	Name of					1b	Three-digit	
POE	DIATRY A	ASSOCIATES OF ROO	CHESTER, LLP RETIREMENT SA	AVINGS PLAN			plan number	
							(PN) <b>▶</b>	001
						1c	Effective date o	f plan
							01/01	/2004
<b>2</b> 6	Plan sp	oonsor's name and add ASSOCIATES OF RO	dress; include room or suite numb	er (employer, if for a single-	employer plan)	2b	Employer Identi	
. 0.	JI/ (11(1 /	100001/112001110	OHEOTER, EE				(EIN) 16-09	
						2C	Sponsor's telep	
		AND AVENUE R, NY 14621				24		
	SITEOTE	11,111 14021				<b>2</b> a	Business code (	see instructions)
3-	Dlon or	dministrator's name an	nd address XSame as Plan Spon	oor Nome Come on Dien	Sponsor Address	3h	Administrator's	
36	l Plan ac	ininistrator's name an	id address Noame as Plan Spon	sor NameSame as Plan	Sponsor Address	30	Administrators	EIIN
						3c	Administrator's	telephone number
								'
4	If the n	ame and/or EIN of the	e plan sponsor has changed since	the last return/report filed fo	or this plan, enter the	4h	EIN	
			mber from the last return/report.		, ,			
8	Sponso	or's name				4c	PN	
<b>5</b> a	Total n	number of participants	at the beginning of the plan year.			5a		27
k	Total n	number of participants	at the end of the plan year			5b		0
C			account balances as of the end of		•	5c		0
6:	•	•	s during the plan year invested in e					X Yes No
k			f the annual examination and repo					
			? (See instructions on waiver eligible					X Yes No
	If you	answered "No" to ei	ither line 6a or line 6b, the plan	cannot use Form 5500-SF	and must instead use	Form	5500.	
Ca	ution: A	penalty for the late of	or incomplete filing of this retur	n/report will be assessed u	unless reasonable cau	use is	established.	
Ur	der pena	alties of perjury and oth	her penalties set forth in the instru	ctions, I declare that I have	examined this return/re	port, in	cluding, if applic	able, a Schedule
SE	or Sche	dule MB completed ar	nd signed by an enrolled actuary, a					
be	lief, it is t	rue, correct, and comp	olete.					
01	<b></b>	Filed with authorized/	valid electronic signature.	06/26/2013	JENNIFER WOOL-CO	OTTON	IE.	
	GN ERE							
		Signature of plan a	dministrator	Date	Enter name of individ	lual sig	ining as plan adn	ninistrator
	GN							
	RE	Signature of emplo	* : :	Date	Enter name of individ	lual sig	ning as employe	r or plan sponsor
Pr	eparer's ı	name (including firm n	name, if applicable) and address; in	nclude room or suite number	r (optional)	Prep	arer's telephone	number (optional)

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Do	t III Einanaial Information										
Pa	rt III   Financial Information										
	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End	of Y			
	Total plan assets	7a	33002	29						0	
	Total plan liabilities	7b									
	Net plan assets (subtract line 7b from line 7a)	7c	33002	29	-					0	
_8_	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total			
а	Contributions received or receivable from:  (1) Employers	8a(1)		0							
	(2) Participants	8a(2)		0							
	(3) Others (including rollovers)	8a(3)									
		` '	1010	10							
	Other income (loss)	8b	1910	12							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							1910	2	
u	to provide benefits)	8d	34913	31							
e	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
q	Other expenses	8g									
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							34913	11	
÷	Net income (loss) (subtract line 8h from line 8c)	8i							33002		
÷	Transfers to (from) the plan (see instructions)								00002		
Do	t IV Plan Characteristics	8j									
9a		feature co	des from the List of Plan Char	actoric	tic Co	dae in	the inetru	ction	c·		
Ja	2E 2G 2J 2K 3B 3D	reature co	des from the List of Flam Char	aciens	iic Co	ues III	ine manu	Clion	э.		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cteristi	c Cod	es in t	he instruc	tions			
Par	t V Compliance Questions										
10	During the plan year:				Yes	No		Am	ount		
а	' '' '					Χ					
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		^					
U	Were there any nonexempt transactions with any party-in-interest on line 10a.)	,	•	10b		X					
						X					
				10c							
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X					
e	Were any fees or commissions paid to any brokers, agents, or oth										
	insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See			Χ					
	instructions.)			10e							
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g		X					
h	If this is an individual account plan, was there a blackout period? (	(See instru	uctions and 29 CFR			~					
	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							
Dow		1-3		101	ļ						
	Part VI Pension Funding Compliance										
11	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)										
11a	Enter the amount from Schedule SB line 39										
12								No			
	• • • • • • • • • • • • • • • • • • • •	•		. 01 361	20011	. J. UI				^	
a	(If "Yes," complete line 12a or lines 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 ruling										
	granting the waiver										
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.		-						
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			
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			
Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
VII Plan Terminations and Transfers of Assets				
Has a resolution to terminate the plan been adopted in any plan year?	X	'es No		
If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the confidence of the PBGC?	ontrol		X Yes	No
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.)	0		_	
3c(1) Name of plan(s):	3 <b>c(2)</b> El	N(s)	13c(3) F	PN(s)
VIII Trust Information (optional)			<u> </u>	
	Nill the minimum funding amount reported on line 12d be met by the funding deadline?	Enter the amount contributed by the employer to the plan for this plan year	Enter the amount contributed by the employer to the plan for this plan year	Enter the amount contributed by the employer to the plan for this plan year

14b Trust's EIN

14a Name of trust

## Form 5500-SF

Department of the Treasury Internal Revenue Service

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).

2012

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

Pa	rt I Annual Repor	rt Identification Information							
Forc	alendar plan year 2012 or	fiscal plan year beginning 01/01/20	12	and ending	11/30/2	2012			
АТ	his return/report is for:	X a single-employer plan	a multiple-employer p	lan (not multiemployer)	oyer) a one-participant plan				
	his return/report is:	the first return/report	the final return/report		1	· ·			
	•	an amended return/report	a short plan year retur	n/report (less than 12 m	onths)				
<b>C</b> c	heck box if filing under:	Form 5558	automatic extension	• •	ĺ	DFVC progra	am		
	riosit box it timing direct.	special extension (enter descripti	-		l		****		
Pai	t II Rasic Plan Inf	formation—enter all requested inform							
CONTRACTOR OF THE PARTY OF THE	Name of plan	Tormation—enter all requested inform	iauuri		1h	Three digit	I		
PODIATRY ASSOCIATES OF ROCHESTER, LLP RETIREMENT SAVINGS PLAN						1b Three-digit   plan number   (PN) ▶ 001			
	MAN PARAMETER A TOTAL PARAMETE				1c	Effective date o 01/01/2			
2a F PODIA	Plan sponsor's name and a ATRY ASSOCIATES OF R	address; include room or suite number ( ROCHESTER, L LP	employer, if for a single-	employer plan)	1	Employer Identi (EIN) 16-096			
1255	PORTLAND AVENUE				2c	Sponsor's telep (585) 34			
	HESTER, NY 14621				2d	Business code ( 62139	(see instructions)		
3a F	Plan administrator's name	and address XSame as Plan Sponsor	Name Same as Plar	Sponsor Address	3b	Administrator's	EIN		
					3с	Administrator's	telephone number		
4	if the name and/or EIN of t name, EIN, and the plan n	the plan sponsor has changed since the number from the last return/report.	last return/report filed for	or this plan, enter the	4b	EIN			
	Sponsor's name				4c	PN			
5a	Total number of participan	ts at the beginning of the plan year			5a	1	27		
b	Total number of participan	ts at the end of the plan year			5b		0		
		h account balances as of the end of the			5c		0		
		ets during the plan year invested in eligit				• • • • • • • • • • • • • • • • • • • •	X Yes No		
	under 29 CFR 2520.104-4	of the annual examination and report of 6? (See instructions on waiver eligibility	and conditions.)				X Yes No		
		either line 6a or line 6b, the plan can							
		e or incomplete filing of this return/re							
SB o	er penalties of perjury and or r Schedule MB completed f, it is <b>t</b> rue, correct, and cor	other penalties set forth in the instruction and signed by an enrolled actuary, as w mplete.	ns, I declare that I have vell as the electronic ver	examined this return/report sion of this return/report	oort, inc , and to	cluding, if applic o the best of my	able, a Schedule knowledge and		
SIGN		me otter	1.100	JENNIFER WOOL-CO	OTTON	E ·			
HER	Signature of plan	administrator	DID 125_	Enter name of individu	ual sigr	ning as plan adn	ninistrator		
SIGN									
HER	Signature of emp	loyer/plan sponsor	Date	Enter name of individu					
Prepa	arer's name (including firm	name, if applicable) and address; include	ae room or suite numbe	r (optional)	Prepa	arer's telephone	number (optional)		

Par	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year		
а	Total plan assets						0		
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	. 7c	33002	9			0		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	ıt			(b) Total		
	Contributions received or receivable from: (1) Employers	. 8a(1)		0					
	(2) Participants	8a(2)		0					
	(3) Others (including rollovers)	8a(3)							
	Other income (loss)	8b	1910	12					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	1010				10102		
	Benefits paid (including direct rollovers and insurance premiums	- 00			36		19102		
	to provide benefits)	. 8d	34913	1					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	. 8f							
g	Other expenses	. 8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					349131		
i	Net income (loss) (subtract line 8h from line 8c)	. 8i					-330029		
j	Transfers to (from) the plan (see instructions)	- 8j			25				
Par	t IV Plan Characteristics	<del></del>				2-5-6-7-5-6-			
9a b	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 2K 3B 3D								
Parl	Compliance Questions								
10	During the plan year:	<del></del>			Yes	No	Amount		
a				10a		Х			
b		t? (Do not	include transactions reported	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 or dishonesty?			10d		Х			
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.)	of the bene	efits under the plan? (See	10e		Х			
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	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	,		10i					
Part	VI Pension Funding Compliance			•——.					
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	nents? (If "	Yes," see instructions and com	plete	Sched	lule SE	3 (Form Yes X No		
11a	Enter the amount from Schedule SB line 39					11a			
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction :	302 of	ERISA? Yes X No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below								
a	granting the waiver.		Mon		, and e	enter th Day	ne date of the letter ruling Year		
	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
<u>b</u>	Enter the minimum required contribution for this plan year					12b			

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raue	J	-	1 1

c	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?	X	res No	)			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		0			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		X Yes No			
С	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):	3c(2) El	N(s)	13c(3) PN(s)			
Part	VIII Trust Information (optional)			<u> </u>			
14a Name of trust			rust's EIN				