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).

0040

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

		► Complete all entries in acc	ordance with the instr	uctions to the Form 550)0-SF.				
Part I		Identification Information							
For calenda	ar plan year 2012 or fis	cal plan year beginning 01/01/2	2012	and ending	12/31/2	2012			
A This ret	turn/report is for:	a single-employer plan	a multiple-employer	plan (not multiemployer)		a one-participant plan			
B This ret	turn/report is:	the first return/report	the final return/repor	t					
		an amended return/report	a short plan year retu	ırn/report (less than 12 m	onths)				
C Check I	box if filing under:	X Form 5558	automatic extension			DFVC program			
	-	special extension (enter descri	 ption)			_			
Part II	Basic Plan Info	rmation—enter all requested info	rmation						
1a Name	-L				1b	Three-digit			
	BARCLAY DMD PROFI	T SHARING PLAN				plan number			
						(PN) ▶ 001			
					1c	Effective date of plan			
0- 5	<u> </u>				-	01/01/1997			
	ponsor's name and add BARCLAY DENTISTS F	dress; include room or suite numbe	r (employer, if for a singl	e-employer plan)	26	Employer Identification Number (FIN) 20-8120268			
					20	(EII4)			
1021 WEST	ERN AVENUE				20	Sponsor's telephone number 518-482-4948			
ALBANY, N'					2d	Business code (see instructions)			
						621210			
3a Plan a	dministrator's name an	d address Same as Plan Sponso	or Name Same as Pla	an Sponsor Address	3b	Administrator's EIN			
RESIN & BA	RCLAY DENTISTS PO		ERN AVENUE			20-8120268			
		ALBANY, N	Y 12203		3c	Administrator's telephone number 518-482-4948			
						310 402 4340			
4 If the r	name and/or EIN of the	plan sponsor has changed since the	no last roturn/roport filed	for this plan, optor the	1h	FIN			
		nber from the last return/report.	ie iast return/report lileu	ioi tilis piari, eriter the	40	EIN			
	or's name	·			4c	PN			
5a Total	number of participants	at the beginning of the plan year			5a	12			
b Total i	number of participants	at the end of the plan year			5b	12			
C Numb	er of participants with a	account balances as of the end of the	ne plan year (defined bei	nefit plans do not					
compl	lete this item)				5c	12			
6a Were	all of the plan's assets	during the plan year invested in el	gible assets? (See instru	uctions.)		X Yes No			
		the annual examination and report				X Yes No			
		(See instructions on waiver eligibil				······			
		or incomplete filing of this return, ner penalties set forth in the instruct							
		id signed by an enrolled actuary, as							
belief, it is	true, correct, and comp	lete.		,	•	,			
o.o	Filed with authorized/	valid electronic signature	10/02/2013	MARY JO HARTMAN					
HERE					un				
Signature of plan administrator Date Enter name of individ						ning as plan administrator			
SIGN									
HERE	Signature of employ		Date		lual sig	ning as employer or plan sponsor			
Preparer's	name (including firm na	ame, if applicable) and address; inc	lude room or suite numb	er (optional)	Prep	arer's telephone number (optional)			

Form 5500-SF 2012 Page **2**

Part IIV Financial Information (a) Beginning of Year (b) End of Year Total plan assets and Liabilities 7 1612670 1699531 1699531 1612670 1699531 1699531 1612670 1699531 1699531 1612670 1612670 1699531 1612670 1612670 1699531 1612670	Dart I	II Financial Information						
a Total plan assets.								(h) End of Voca
b Total plan liabilities. 7b 1612070 1659631 162070 1659631 162070 1659631 162070 1659631 162070 1659631 162070 1659631 162070 1659631 162070 1659631 162070 1659631 162070 1659631 162070 1659631 162070 1659631 162070 1659631 162070 1659631 162070 162070 1659631 162070 1						-		
C Not plan assets (subrard line 7b from line 7a)		·		101207	0	-		1609031
8 Combutions received or receivable from: 9 Combutions received or receivable from: 9 Set 10 Factors (1) Engloyers 9 Set 20 Set 3084 9 Set 20 Set 3084 9 Set 30 S		·		161267	70			1950521
a Contributions received or receivable from: (1) Employers. (2) Participants. (3) Others (including rollovers). (3) Others (including rollovers). (4) Employers. (5) Participants. (6) Other income (dast) incise Bel1), 8a(2), 8a(3), and 8b). (7) Other income (dast) incise Bel1), 8a(2), 8a(3), and 8b). (8) Other income (dast incise Bel1), 8a(2), 8a(3), and 8b). (9) Other income (dast incise Bel1), 8a(2), 8a(3), and 8b). (9) Other income (dast incise Bel1), 8a(2), 8a(3), and 8b). (9) Other expenses. (10) Other expenses. (10) Other expenses. (10) Other expenses. (1			76		0	-		
(1) Employers		·		(a) Amount				(D) I Otal
(3) Others (including rollovers)			8a(1)	7025	9			
b Other income (loss)	(2)	Participants	8a(2)	6308	34			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	(3)	Others (including rollovers)	8a(3)					
d Benefits paid (including direct rollovers and insurance premiums to provide benefits). e Cartain deemed and/or corrective distributions (see instructions)	b Ot	her income (loss)	. 8b	11351	8			
to provide benefits)	C To	tal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					246861
f Administrative service providers (salaries, fees, commissions)			. 8d					
g Other expenses	e Ce	rtain deemed and/or corrective distributions (see instructions)	8e					
n Total expenses (add lines 8d, 8e, 8f, and 8g)	f Ad	ministrative service providers (salaries, fees, commissions)	8f					
i Net income (loss) (subtract line 8h from line 8c)	g Ot	ner expenses	8g					
Transfers to (from) the plan (see instructions) 8j	h To	tal expenses (add lines 8d, 8e, 8f, and 8g)	8h					0
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: 2A 2E 2G 2J 3D 3B 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 During the plan year: 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). b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a). c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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). g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	i Ne	t income (loss) (subtract line 8h from line 8c)	8i					246861
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:	j Tra	ansfers to (from) the plan (see instructions)	8j					
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	Part I	V Plan Characteristics						
Part V Compliance Questions Vest No Amount			feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:
10 During the plan year: 2	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 instructions:
10 During the plan year: 2	Part V	Compliance Questions						
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						Yes	No	Amount
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	a v	a Was there a failure to transmit to the plan any participant contributions within the time period described in					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?	b v	Vere there any nonexempt transactions with any party-in-interest	? (Do not	include transactions reported	10b		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?	C \	Was the plan covered by a fidelity bond?			100		Χ	
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.)	d D	oid the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud			X	
insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)		•			100			
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 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. Part VI Pension Funding Compliance 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). 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) 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. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	ir	nsurance service or other organization that provides some or all	of the bene	efits under the plan? (See	10e	X		8229
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	f ⊦	las the plan failed to provide any benefit when due under the pla	n?		10f		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	a [oid the plan have any participant loans? (If "Yes " enter amount a	s of year e	end.)			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	h If	this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR		X		
Part VI Pension Funding Compliance 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)	i If	i If 10h was answered "Yes," check the box if you either provided the required notice or one of the				X		
It s this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)		1 0 11	1-5		101			
11a Enter the amount from Schedule SB line 39	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form							
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) 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								103 140
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. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	12	s 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
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. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	(l	f "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	, as applic	able.)				
	a If	a waiver of the minimum funding standard for a prior year is being	ng amortiz	ed in this plan year, see instru		and e	_	
b Enter the minimum required contribution for this plan year	If yo	u completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (For	m 5500), and skip to line 13.				
	b E	nter 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):	1 3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

Form 5500-SF Short Form Annual Return/Report of Small Emp	oyee	OMB Nos. 1210-0110 1210-0039 2012				
Department of the Treasury Benefit Plan						
This form is required to be filed under sections 104 and 4085 of the Employee Benefits Security Administration This form is required to be filed under sections 104 and 4085 of the Employee Benefits Security Administration This form is required to be filed under sections 104 and 4085 of the Employee Benefits Security Administration This form is required to be filed under sections 104 and 4085 of the Employee Benefits Security Administration This form is required to be filed under sections 104 and 4085 of the Employee Benefits Security Administration This form is required to be filed under sections 104 and 4085 of the Employee Benefits Security Administration This form is required to be filed under sections 104 and 4085 of the Employee Benefits Security Administration This form is required to be filed under sections 104 and 4085 of the Employee Benefits Security Administration This form is required to be filed under sections 104 and 4085 of the Employee Benefits Security Administration	oyee 058(a) of	This Form	is Open to Public			
Pens on Becelit Guaranty Corporation Complete all entries in accordance with the instructions to the Form	500-SF.	<u> </u>				
Part I Annual Report Identification Information		12/31/201	<u>, </u>			
For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending	_		-			
A This return/report is for: X a single-employer plan	er)	a one-partici	рапі ріап			
B This return/report is:						
an amended return/report a short plan year return/report (less than 1)	? months)	_				
C Check box if filing under: X Form 5558 automatic extension		DFVC progra	am			
special extension (enter description)						
Part II Basic Plan Information—enter all requested information	1 40					
1a Name of plan	16	Three-digit plan number				
BRESIN & BARCLAY DMD PROFIT SHARING PLAN		(PN)	001			
		Effective date of 01/01/199				
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)	2b	Employer Ident	ification Number			
BRESIN & BARCLAY DENTISTS PC		(EIN) 20-812	20268			
	2c	2c Sponsor's telephone number				
1021 WESTERN AVENUE	24	518-482-4948				
ALBANY NY 12203	20	2d Business code (see instructions) 621210				
3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address	3b	3b Administrator's EIN				
BRESIN & BARCLAY DENTISTS PC	<u> </u>	20-8120268				
	30	3c Administrator's telephone number 518-482-4948				
1021 WESTERN AVENUE		310-402-4	740			
ALBANY NY 12203						
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the	4b	EIN				
name, EIN, and the plan number from the last return/report. a Sponsor's name	4c	PN				
5a Total number of participants at the beginning of the plan year	5a		12			
b Total number of participants at the end of the plan year	5b		12			
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not						
complete this item)			12			
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)			X Yes No			
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	(IQPA)		X Yes No			
If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead	use Form	5500.				
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable						
Linder populities of portugue and other penalties set forth in the instructions. I declare that I have examined this return	n/report, is	ncluding, if appli	cable, a Schedule			
SB or Schedule MB completed and signed to an enrolled actuary, as well as the electronic version of this return/rebellef, it is true, correct, and complete	port, and	to the best of m	y knowledge and			
SIGN / Mary James Howard Bres	in					
	ame of individual signing as plan administrator		ministrator			
Olympian delimine and						
SIGN HERE Signature of employer/plan sponsor Date Enter name of inc	lividual sid	oning as employ	er or plan sponsor			
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)			e number (optional)			

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

Form 5500-SF (2012) v. 120126

⊪Pa	rt III Financial Information		· · · · · ·							
7	Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Year				
a	Total plan assets	. 7a	1612670		70	18595				
b	Total plan liabilities	7b								
· c	Net plan assets (subtract line 7b from line 7a)	7c	16	1267	70	1859531				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total			
а 	Contributions received or receivable from: (1) Employers	8a(1)		7025	9					
	(2) Participants	8a(2)		6308	34					
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	1	1351	.8					
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				(Shiring) of material	246861			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
<u>e</u>	Certain deemed and/or corrective distributions (see instructions) \dots	8e								
_ ^ f	Administrative service providers (salaries, fees, commissions)	8f								
<u>g</u>	Other expenses	8g	mice-seroipannigas nunencurayanamungalikaan/iikkahiying	atti ni usugasani						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					0			
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i				23404454412 340 5451414241	246861			
_ <u>j</u>	Transfers to (from) the plan (see instructions)	8j								
b	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 3D 3B If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits.									
Par	CHARLES CONTROL -		<u></u>		Yes	No	A			
10 a				40-	162	x	Amount			
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)			10a 10b		х				
				10c		х				
d		fidelity bo	nd, that was caused by fraud	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.)	ner person of the bene	s by an insurance carrier, efits under the plan? (See	10e	Х		8229			
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		х				
, d	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.)	(See instru	uctions and 29 CFR	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	х					
Pari	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	11a Enter the amount from Schedule SB line 39									
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?									
	(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 being ranting the waiver.		Mor	nth	, and (enter ti Day				
If	you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (For	m 5500), and skip to line 13.		Т	40.				
b	Enter the minimum required contribution for this plan year					12b				

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С	Enter the amount contributed by the employer to the plan for this plan year	Ŀ	12c	L						
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?				es [No	☐ N/A			
Part	VIII 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	1	13a							
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?										
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):	13c	(2) E	IN(s)		13c(3) PN(s)			
"…										
	·									
						 				
Part	VIII Trust Information (optional)	·								
14a	Name of trust	14	4b ⊺	rust's	EIN					

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