Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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).

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

Pens	ion Benefit Guaranty Corporation	► Complete all entries in acco	rdance with the instru	ctions to the Form 550	00-SF.	Ins	spection
Part	I Annual Report	Identification Information		<u> </u>		I	
For ca	lendar plan year 2012 or fi		12	and ending	12/31/2	2012	
A Th	is return/report is for:	a single-employer plan	a multiple-employer p	lan (not multiemployer)		a one-particip	oant plan
B Th	is return/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year retur	n/report (less than 12 m	nonths)		
C Ch	eck box if filing under:	X Form 5558	automatic extension			DFVC progra	ım
		special extension (enter descript	ion)				
Part	II Basic Plan Info	rmation—enter all requested inform	mation				
1a N	ame of plan				1b	Three-digit	
GREGO	PRY W. MOHR, DDS, P.C.	401(K) PLAN				plan number	004
					10	(PN)	001
					10	Effective date of 12/31/	•
2a PI	an sponsor's name and ad	dress; include room or suite number (employer, if for a single-	-employer plan)	2b	Employer Identii	fication Number
GREGO	DRY W. MOHR, DDS, P.C.					(EIN) 55-08	93760
					2c	Sponsor's telep	
	AZENOVIA RD. JS, NY 13104					315-682	
IVIAINLIC	JS, NT 13104				2d		see instructions)
3a PI	an administrator's name ar	nd address XSame as Plan Sponsor	Name Same as Plar	n Sponsor Address	3b	62121 Administrator's I	
			ш				
					3с	Administrator's t	telephone number
4 If	the name and/or EIN of the	e plan sponsor has changed since the	last return/report filed for	or this plan, enter the	4b	EIN	
		mber from the last return/report.	·	•			
a S _l	oonsor's name				4c	PN	
5a ⊤	otal number of participants	at the beginning of the plan year			5a		16
b T	otal number of participants	at the end of the plan year			5b		14
		account balances as of the end of the		•	. 5c		11
6a v	Vere all of the plan's assets	s during the plan year invested in eligi	ble assets? (See instruc	ctions.)			X Yes No
		the annual examination and report o		ed public accountant (IC	PA)		
		? (See instructions on waiver eligibility	•				X Yes No
<u> </u>	you answered "No" to e	ither line 6a or line 6b, the plan can	not use Form 5500-SF	and must instead use	Form	5500.	
		or incomplete filing of this return/re					
		her penalties set forth in the instruction nd signed by an enrolled actuary, as we					
	it is true, correct, and com		ven do trio cicotrorno ver	sion of this return repor	t, and	to the best of my	knowledge and
	File al coide acceleration of	tralial algorithms are set una	40/44/0040	L MUDICTINE EDOL	=	204	
SIGN HERE		valid electronic signature.	10/14/2013	J. KHRISTINE ERCU			
	Signature of plan a	dministrator	Date	Enter name of individ	dual sig	ıning as plan adn	ninistrator
SIGN							
HERE	Signature of emplo	* : :	Date		idual signing as employer or plan sponsor		
Prepa	rer's name (including firm r	name, if applicable) and address; inclu	ide room or suite numbe	er (optional)	Prep	arer's telephone	number (optional)

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Part III Financial Information 7 Plan Assets and Liabilities	6				
a Total plan assets	6				
b Total plan liabilities	6				
C Net plan assets (subtract line 7b from line 7a)	6				
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers	6				
a Contributions received or receivable from: (1) Employers 8a(1) 20359 (2) Participants 8a(2) 21525 (3) Others (including rollovers) 8a(3) b Other income (loss) 8b 110882 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 15276 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 9931 e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salaries, fees, commissions) 8f g Other expenses 8g	31				
(1) Employers 8a(1) 20359 (2) Participants 8a(2) 21525 (3) Others (including rollovers) 8a(3) b Other income (loss) 8b 110882 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 15270 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 9931 e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salaries, fees, commissions) 8f g Other expenses 8g	31				
(3) Others (including rollovers)	31				
(3) Others (including rollovers)	31				
b Other income (loss)	31				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	31				
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	31				
f Administrative service providers (salaries, fees, commissions)					
g Other expenses					
i Net income (loss) (subtract line 8h from line 8c)					
j Transfers to (from) the plan (see instructions)					
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 2K 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					
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.)	·				
A West trades according 64 February					
Tuc	100000				
d 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.)					
f Has the plan failed to provide any benefit when due under the plan?					
C Did the place have a constituted be a C (100) to 11 and the constitute of the cons					
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)					
11a Enter the amount from Schedule SB line 39					
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?	X 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 in granting the waiver					
If 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	ling				

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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

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 antidos in accordance with the instructions to the Prince Prince OF

OMB Nos. 1210-0110 1210-0089

2012

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Part I Annual Report Identification Information	00-SF.
For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending	12/31/2012
A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer)	
B This return/report is:	
an amended return/report a short plan year return/report (less than 12)	months)
C Check box if filing under:	DFVC program
special extension (enter description)	
Part II Basic Plan Information—enter all requested information	
1a Name of plan	1b Three-digit
GREGORY W. MOHR, DDS, P.C. 401(k) PLAN	plan number
GREGORI W. MORR, DDS, F.C. 401(K) LEM	(PN) 001
	1c Effective date of plan 12/31/1992
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)	
GREGORY W. MOHR, DDS, P.C.	2b Employer Identification Number (EIN) 55-0893760
CARCONI III IIIIII DOO, DAO	2c Sponsor's telephone number
	(315) 682-2466
8179 CAZENOVIA RD.	2d Business code (see instructions)
MANLIUS NY 13104	621210
3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address	3b Administrator's EIN
	3c Administrator's telephone number
the state of the s	Ab Fin
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.	4b EIN 4c PN
 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year 	4c PN
name, EIN, and the plan number from the last return/report. a Sponsor's name	4c PN 5a 16
name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year	4c PN 5a 16 5b 14
name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year	4c PN 5a 16 5b 14 5c 11
name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year	4c PN 5a 16 5b 14 5c 11 Yes □No
name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year	4c PN 5a 16 5b 14 5c 11 X Yes No No
name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year	4c PN
name, EIN, and the plan number from the last return/report. Sponsor's name Total number of participants at the beginning of the plan year Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.). Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (lunder 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.). If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cannot use.	4c PN 5a 16 5b 14 5c 11 Yes No QPA) Yes No Re Form 5500. Rause is established.
name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year	4c PN
name, EIN, and the plan number from the last return/report. Sponsor's name Total number of participants at the beginning of the plan year Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.). Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (lunder 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.). If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cautions or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report.	4c PN
name, EIN, and the plan number from the last return/report. Sponsor's name Total number of participants at the beginning of the plan year	4c PN 5a 16 5b 14 5c 11 Yes No QPA) Form 5500. ause is established. eport, including, if applicable, a Schedule ort, and to the best of my knowledge and
name, EIN, and the plan number from the last return/report. Sponsor's name Total number of participants at the beginning of the plan year	4c PN
name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year	4c PN 5a 16 5b 14 5c 11 Yes No QPA) Form 5500. ause is established. eport, including, if applicable, a Schedule ort, and to the best of my knowledge and
name, EIN, and the plan number from the last return/report. 2 Sponsor's name 5a Total number of participants at the beginning of the plan year	4c PN 5a 16 5b 14 5c 11 Yes No QPA) Yes No e Form 5500. ause Is established. eport, including, if applicable, a Schedule ort, and to the best of my knowledge and DHR, DDS - TRUSTEE
name, EIN, and the plan number from the last return/report. 2 Sponsor's name 5a Total number of participants at the beginning of the plan year	4c PN 5a 16 5b 14 5c 11 Yes No QPA) Yes No e Form 5500. ause is established. eport, including, if applicable, a Schedule ort, and to the best of my knowledge and DHR, DDS - TRUSTEE idual signing as plan administrator DHR, DDS - TRUSTEE idual signing as employer or plan sponsor
name, EIN, and the plan number from the last return/report. 2 Sponsor's name 5a Total number of participants at the beginning of the plan year	4c PN 5a 16 5b 14 5c 11 Yes No QPA) Yes No e Form 5500. ause Is established. eport, including, if applicable, a Schedule ort, and to the best of my knowledge and DHR, DDS - TRUSTEE idual signing as plan administrator DHR, DDS - TRUSTEE
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name, EIN, and the plan number from the last return/report. 2 Sponsor's name 5a Total number of participants at the beginning of the plan year	4c PN 5a 16 5b 14 5c 11 Yes No QPA) Yes No e Form 5500. ause is established. report, including, if applicable, a Schedule ort, and to the best of my knowledge and DHR, DDS - TRUSTEE idual signing as plan administrator DHR, DDS - TRUSTEE idual signing as employer or plan sponsor

Pa	rt III Financial information						
7	Plan Assets and Liabilities (a) Beginning of Yea					(b) End of Year	
а	Total plan assets	plan assets					916,912
b	Total plan liabilities	7b					
<u> </u>	let plan assets (subtract line 7b from line 7a)			4,07	77		916,912
8	ncome, Expenses, and Transfers for this Plan Year (a) Amount						(b) Total
а	ntributions received or receivable from:						
				0,35 1,52			
	(3) Others (including rollovers)					-	
	Other income (loss)	8b	110	0,88	94		150 766
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			+		152,766
u	to provide benefits)	8d	9	9,93	31		
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					9,931
ī	Net income (loss) (subtract line 8h from line 8c)	8i					142,835
丁	Transfers to (from) the plan (see instructions)	8i					
Pai	rt IV Plan Characteristics						
	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 3D	feature co	des from the List of Plan Chara	acteri	stic Co	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Charac	cterist	ic Cod	es in t	he instructions:
Par	t V Compliance Questions						
10	During the plan year:				Yes	No	Amount
	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		х	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	·	10b		х	
c	Was the plan covered by a fidelity bond?			10c	х		100,000
-	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х	
e	Were any fees or commissions paid to any brokers, agents, or other	ner person	s by an insurance carrier,				
	insurance service or other organization that provides some or all instructions.)			10e		х	
f	Has the plan failed to provide any benefit when due under the pla	n?	•••••	10f		х	
	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	10g		Х	
\rightarrow	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR			10h		х	
i	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					· · · · · · · · · · · · · · · · · · ·	
	excentions to providing the notice applied under 29 CFR 2520.10	1-3		1 701			
Par		1-3		10i	l		
Pari	t VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem	nents? (If "	Yes," see instructions and com	plete			
11	t VI Pension Funding Compliance	nents? (If "	Yes," see instructions and com	plete			
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		11a	Yes XINo
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	nents? (If "	Yes," see instructions and come	plete		11a	Yes XINo
11 11a 12	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	requirem , as applic	Yes," see instructions and com- ents of section 412 of the Code able.) ted in this plan year, see instru-	or se	ection	11a 302 of	ERISA? Yes No
11 11a 12	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	requirem , as applic	Yes," see instructions and coments of section 412 of the Code able.)	e or se	ection	11a 302 of	ERISA? Yes No
11 112 12	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	requirem , as applicing amortiz	Yes," see instructions and coments of section 412 of the Code able.) red in this plan year, see instrumorm 5500), and skip to line 13.	e or se	ection	11a 302 of	ERISA? Yes XNo

	Form 5500-SF 2012 Page 3 -						
	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?			☐ Yes ☒ No			
С							
	3c(1) Name of plan(s):	3c(2) El	13c(3) PN(s)				
Part	VIII Trust Information (optional)						
	Name of trust	14b T	rust's EIN				

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