	Form 5500-SF	Short Form Annual R	OMB Nos. 1210-0110 1210-0089						
Department of the Treasury Internal Revenue Service		Benefit Plan				2009			
Department of Labor I his form is required to be filed Retirement Income Security Ad			d under sections 104 and 4065 of the Employee ct of 1974 (ERISA), and section 6058(a) of the evenue Code (the Code).			This Form is Open to Public			
Ponsion Ronofit Guaranty Corporation				n the instructions to the Form 550	Inspection				
Pa	art I Annual Report Id	entification Information							
For	calendar plan year 2009 or fisca		9	and ending	12/31/2	)09			
A This return/report is for:				mployer plan (not multiemployer)		one-participant plan			
В -	This return/report is for:	first return/report	final retur	n/report					
		an amended return/report	short plan	year return/report (less than 12 mo	onths)	_			
C Check box if filing under:						DFVC program			
		special extension (enter descriptio	n)						
		nation—enter all requested information	ation		T				
	Name of plan K R WEIGLE MD PC				1b	Three-digit plan number			
MAR	K R WEIGLE MD PC					(PN) ► 001			
					1c	Effective date of plan 01/01/2004			
	Plan sponsor's name and addre	ess (employer, if for single-employer	plan)		2b	Employer Identification Number (EIN) 64-0963670			
	LOCKWOOD AVENUE				2c	Plan sponsor's telephone number 914-636-4466			
SUIT					2d	Business code (see instructions) 621111			
<b>3a</b> Plan administrator's name and address (if same as Plan sponsor, enter "Same") MARK R WEIGLE MD PC 140 A LOCKWOOD AVENUE						Administrator's EIN 64-0963670			
		SUITE 2 NEW ROCHE	10801	3c	<b>3c</b> Administrator's telephone number 914-636-4466				
4 If the name and/or EIN of the plan sponsor has changed since the last				port filed for this plan, enter the	D EIN				
1	name, EIN, and the plan number	r from the last return/report. Sponso	r's name		4c	PN			
5a	Total number of participants at	the beginning of the plan year			_	11			
b				5b	11				
<ul> <li>C Total number of participants with account balances as of the end of the plan year (defined complete this item).</li> </ul>				ear (defined benefit plans do not	5c	3			
6a					Yes No				
	<b>b</b> Are you claiming a waiver of the annual examination and report of an independent gualified public accountant (IQPA)								
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.								
Pa	rt III Financial Informa		5111 5500-	SF and must instead use Form 5:	000.				
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year			
а	Total plan assets		7a	10006	6	158732			
b	otal plan liabilities		7b		0	0			
С	Net plan assets (subtract line 7b from line 7a)		7c	10006	6	158732			
8	ncome, Expenses, and Transfers for this Plan Year			(a) Amount	(a) Amount				
а	Contributions received or received		80(1)	1001	8				
			8a(1) 8a(2)	1677					
			8a(3)		0				
b	., ,		8b	3187	_				
c		8a(2), 8a(3), and 8b)	-			58666			
d		ollovers and insurance premiums							
	· ,		8d		0				
e Certain deemed and/or corrective distributions (see instructions)		8e		0					
f	Administrative service providers (salaries, fees, commissions)		8f 8g		0				
g	·	xpenses			0				
n :		3e, 8f, and 8g)			058666				
i		e 8h from line 8c) e instructions)			0	56000			
J			8j		0				

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## 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: 2G 3D 2E 2J 2K 2T
- **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:		Yes	No		Amo	ount	
а	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)			x				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		x					
С	Was the plan covered by a fidelity bond?	10c	Х					20000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by frauc or dishonesty?			X				
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.)				1			
f	Has the plan failed to provide any benefit when due under the plan?		X	L .				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			Х				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			Х				
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	10i						
Part	VI Pension Funding Compliance							
11								
12								X No
	(If "Yes," complete 12a or 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							0	
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		-					
b	D Enter the minimum required contribution for this plan year							
С	C Enter the amount contributed by the employer to the plan for this plan year							
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)			12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	1	No	N/A
Part	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?						Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	40-						
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control							X No
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)							
13c(1) Name of plan(s):				<b>13c(2)</b> EIN(s) <b>13c(3)</b> PN(s)			PN(s)	
								. *
Caut	ion. A negative for the late or incomplete filing of this return/report will be assessed unless reasonab		iso is	ostabl	ishad			

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	06/22/2010	MARK R WEIGLE MD PC
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