	Form 5500-SF		eturn/l Benefit	Report of Small Emplo	OMB Nos. 1210-0110 1210-0089					
	Department of the Treasury Internal Revenue Service			2009						
Er	Department of Labor     This form is required to be filed under sections 104 and 4065 of the Employee       Department of Labor     Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).					This Form is Open to Public				
	ension Benefit Guaranty Corporation	0-SF.								
Persion persion persion durating corporation   Complete all entries in accordance with the instructions to the Form 5500-SF.     Part I   Annual Report Identification Information										
For	calendar plan year 2009 or fisca		9	and ending	12/31/2	2009				
Α	This return/report is for:	single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participant plan				
B	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:	Form 5558		extension		DFVC program				
special extension (enter description)										
		nation—enter all requested information	ation		46	Thursday Park				
	Name of plan NW. O'GRADY, MD, PC PROFI	T SHARING PLAN & TRUST			dr	Three-digit plan number				
0011						(PN) ▶ 002				
					1c	Effective date of plan 06/01/1978				
	Plan sponsor's name and addre	ess (employer, if for single-employer	plan)		2b	Employer Identification Number (EIN) 13-2937260				
	E 74TH STREET				2c	Plan sponsor's telephone number 212-861-5200				
NEW	YORK, NY 10021				2d	Business code (see instructions) 621111				
	Plan administrator's name and a NW. OGRADY, MD, PC	address (if same as Plan sponsor, ei 112 E 74TH S	STREET	2")	3b	Administrator's EIN 13-2937260				
		NEW YORK,	NY 10021 3c			<b>C</b> Administrator's telephone number 212-861-5200				
		n sponsor has changed since the las		port filed for this plan, enter the	4b	EIN				
name, EIN, and the plan number from the last return/report. Sponso					4c	PN				
5a	Total number of participants at	the beginning of the plan year			5a	3				
b	Total number of participants at	the end of the plan year			5b	3				
C		th account balances as of the end of		· ·	5c	2				
6a Were all of the plan's assets during the plan year invested in eligible				(See instructions.)		Yes No				
b		e annual examination and report of a				X Yes No				
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									
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year				
а	Total plan assets		. 7a	118141	5	1445895				
b	Total plan liabilities		7b		0	0				
С	Net plan assets (subtract line 7	b from line 7a)	7c	118141	5	1445895				
8	Income, Expenses, and Transf			(a) Amount		(b) Total				
а	(1) Employers	vable from:	8a(1)		0					
	(2) Participants		8a(2)		0					
	(3) Others (including rollovers)		8a(3)		0					
b	Other income (loss)		8b	27332	6					
C		Ba(2), 8a(3), and 8b)	8c			273326				
d		ollovers and insurance premiums	8d		0					
е	1 ,	ve distributions (see instructions)	8e		0					
f		s (salaries, fees, commissions)		884	6					
g	•				0					
h	Total expenses (add lines 8d, 8	3e, 8f, and 8g)	8h			8846				
i	Net income (loss) (subtract line	8h from line 8c)	8i			264480				
j	Transfers to (from) the plan (se	e instructions)	8j		0					

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

## Page **2-**1

## 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 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							
10	Du	ring the plan year:		Yes	No		Amo	unt	
а		s there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		×	1			
b		Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)							
С	W	as the plan covered by a fidelity bond?	10c	Х				2	25000
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.)				X				
f	На	s the plan failed to provide any benefit when due under the plan?	10f		Х				
g	Dic	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х	L .			
h		nis is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10h		x				
i		0h was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i						
Part	VI	Pension Funding Compliance							
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 0))	•					Yes	No
12									X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)								
а	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								
lf	you	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
b	Ent	er the minimum required contribution for this plan year			12b				
С	Ent	er the amount contributed by the employer to the plan for this plan year			12c				
d		ptract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount)			12d				
е	Wil	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	Ν	0	N/A
Part	VII	Plan Terminations and Transfers of Assets							
13a	Has	s a resolution to terminate the plan been adopted during the plan year or any prior year?		·····				Yes	X No
	lf "۱	es," enter the amount of any plan assets that reverted to the employer this year			13a				
b									
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): 13c(2) El						N(s)	1	3c(3)	PN(s)
Caut	Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.								
Jaul	юп.	A penalty for the rate of incomplete ming of this return/report will be assessed dilless reasonab	ie val	130 13	corani	ancu.			

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.	07/19/2010	JOHN W. O'GRADY, MD					
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					

Benefit Plan       Benefit Plan       Description	Form 5500-SF		Report of Small Employ	/ee	OMB Nos. 1210-0110 1210-0089					
Despected table     Despected table     This Format Source and Record PA (ERSA), and section 6056(a) of the Internal Record code (this Code) (the Cod					20 <b>09</b>					
Part I     Annual Report Identification Information     Part I     Annual Report Identification Information       For all additional plan year 2006 at focal Jain year seguring     017/01/72005     and undrig     12/31/2203       A This return/report a for:     Isingle-employer plan I     multicle-employer plan I     Induitic-employer plan III     Induitic-employer plan III     Induitic-employer plan III     Induitic-employer plan III     Induitic-employer plan IIII     Induitic-employer plan IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		Retirement Income Security A	ct of 1974	(ERISA), and section 6058(a) of the	•					
For Catenologian year 2000 or face plan year segments   01/01/2009   and anding   12/01/2009     A The return/eport is for   Single-employer plan   Indirecter plan year or turn/eport   one-participant plan     B This return/eport is for   Intertermineport is for   Intertermineport   one-participant plan     C Check box if fling under:   From 5658   automatic extension   DFVC program     Part II   Basic Plan Informationneter all requested information   1   The return/eport is for (PPD P)     PLAN 6 (TRUS)   For SARAPY, MD, FC PROFIT SHARING   10   There digit (PPD P)     J Addition (PPD P)   O.02   Engloyer identification Number (PPD P)   0.02     I L2 IS 747E STREET   MER YOBK   10   There digit (PPD P)   0.02     MER YOBK   NY 10.021   30   Administrator's telephone number (PPD P)   0.02     112 IS 747E STREET   NY 10.021   30   Administrator's telephone number (PPD P)   0.02     MER YOBK   NY 10.021   30   Administrator's telephone number (PD P)   0.02     12 IS 747E STREET   NY 10.021   30   Administrator's telephone number (D P)   0.02     MER YOBK   NY 10.021   30	Complete all entries in accordance with the instructions to the Form 5500-SF.									
A This returniveport is for:   Single-employer plan   multiple-employer plan (not multemployer)   In one-participant plan     B This returniveport is for:   In an amoded returniveport   In an amoded returniveport   In an amoded returniveport     C Check bax if filing under:   Form 558   Intercention (not multemployer)   Intercention (not multemployer)     Part II   Basic Plan Informationmere all receases in information   Intercention (not multemployer)   0.002     TA Kame of plan   JOIN N . 0 'GRADY, MD, PC FROFIT SHARING   Ib Three-digt plan number (not multemployer)   0.02     TL2 E 74TH STREET   C Check bas of plan information - unter all receases information   0.02   C Effective date of plan information Number (201/1373     TL2 E 74TH STREET   C Plan sponsor has changed since the last returniveport filed for this plan, enter the name and address (if same as Plan sponsor, enter 'Same')   3b Administrator's telephone number (not multemployer)     3a Zigs administrator's name and address (if same as Plan sponsor is changed since the plan year.   5a   3     5a Total number of participants at the beginning of the plan year.   5a   3   3b     5a Total number of participants at the eding the plan year.   5a   3   3     5a Total number of participants with account balances as of the enet plan year invested in digible assets? (Gee			12/31/2000							
B   This return/report   first return/report   into tpin year return/report   into tpin year return/report     C   Check box if filing uner   From 555   into tpin year return/report   ID   Preve Sign     Part II   Basic Plan Informationmeter all requested information   ID   Preve Sign   002     Part II   Basic Plan Informationmeter all requested information   ID   ID   Preve Sign   002     PLAN & TRUST   ID   File Sign   OB   002   Preve Sign   002     12   E. TATH STREET   ID   Preve Sign   002   Prevee Sign						F1				
C Check box if filing unde:   an amended return/veport   is short plan year return/veport (less than 12 months)     C Check box if filing unde:   is provide standard   is short plan year return/veport (less than 12 months)     Part III   Basic Plan Information - enter all requested information   information - enter all requested information     18   Nume of plan   OC RADY, MD, PC PROFIT SHARING   ip an number (PN), 002     70EN N. O'GRADY, MD, PC PROFIT SHARING   ip an number (PN), 002   ic Effective date of plan of 6/01/1978     2a Sign pages of gamp and address (if for single-employer plan)   2b Employer Mentification Number (212) 861-5200   2c Plan sponsor's teleptone number (212) 861-5200     112 E 74TH STREET   2d Businese code (see instructions) 6211131   3d Administrator's name and address (if same as Plan sponsor, enter 'Same')   3b Administrator's telephone number (212) 861-5200     3a Aging administrator's name and address (if same as Plan sponsor, enter 'Same')   3b Administrator's telephone number (212) 861-5200   3c Administrator's telephone number (212) 861-5200     3a Aging administrator's name and address (if same as Plan sponsor, enter 'Same')   3b Administrator's telephone number (212) 861-8200   3c Administrator's telephone number (212) 861-820     3a Aging administrator's name and address (if same as Plan sponsor, enter 'Same')   3b Administrator's telephone number (212) 861-820   3c Administrator's telephone number			·			one-participant plan				
C Check box if fling under:   Form 5558   in advantatic extension   DPVC program     Part III   Basic Plan Information - enter al requested information   in Name of plan   002     JORN V. OCRADY, MD, PC PROFIT SHARING   Ib   Trove-digt   plan number     PLAN & TRUST   Ic   Center of plan   002     2a   Plan sportsor's page and address (amployer, iffor single-employer plan)   002   Ic   Effective date of plan     12 E 74TH STREET   Structure   2d   Plan sportsor's page and address (if same as Plan sponsor, enter 'Same')   2d   Employer deleptone number     13 A and the plan number from the last return/report. Sponsor's name   MY 10021   2d   Else instructions (if plan sponsor has changed since the last return/report. Sponsor's name   4c   PN     3a   Algo administrator's name and address (if same as Plan sponsor, enter 'Same')   3b   Administrator selephone number     4 If the name and/or ElN of the plan sponsor has changed since the last return/report. Sponsor's name   4c   PN     5a   10a lanumber of participants at the end of the plan year.   5a   3b     5a   3   3c   5b   3c     5a   3   3c   5b   3c	B This return/report is for:	၂ ·		•						
Part II   Basic Plan Information—enter all requested information     1   Basic Plan Information—enter all requested information     2   Plan & Trust   10     2   Plan provide address (for single-employer plan)   20     2   Plan sponsor's page and address (for single-employer plan)   20     2   Plan sponsor's page and address (for single-employer plan)   20     2   Plan sponsor's leighporn umber (2112) 661-5200   20     112   E 74TH STREET   NY 10021     3   Plan administrator's name and address (for same as Plan sponsor, enter 'Same')   30     3   Administrator's name and/or EIN of the plan sponsor has charged since the fast return/report filed for this plan, enter the dependence of participants with account biances as of the end of the plan year.   5a     4   If the name and/or EIN of the plan year invested in eligible assets? (See instructions a)   5b   3c     5a   Total number of participants with account biances as of the end of the plan year invested in eligible assets? (See instructions a)   5c   2c					ntns)					
Part II   Basic Plan Information—enter all requested information   1b   Trace-digit processing of the plan of pl	C Check box if filing under:			extension		DFVC program				
1a Name of plan JOEN V. O'GRADY, MD, PC PROFIT SHARING   1b Three-digit plan number (PN) V 000 Status, MD, PC PROFIT SHARING     2a Dim proper or organize and address (employer, if for single-employer plan) CONSTRUCT OF CARPES, MD, PC PROFIT SHARING   1c Effective data of plan 06 / 01 / 1378     2a Dim proper or organize and address (employer, if for single-employer plan) CONSTRUCT OF CARPES, MD, PC PROFIT SHARING   2c Plan sponsor is desprised in number (PN) V 021     2a Dim proper or organize and address (if same as Plan sponsor, enter 'Same')   2c Plan sponsor is desprised in number (PN) 13 - 2537260     3a Diggs administrator's name and address (if same as Plan sponsor, enter 'Same')   3c Administrator's telephone number 4c PN     3a Total number of participants at the beginning of the plan year.   5a 3 5b     5a Total number of participants at the beginning of the plan year.   5a 3 5b     5a Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).   §Y es No     5a Were all of the plan sasets during the plan cannot use Form 5500-FF and must instead use Form 5500.   §Y es No     7a Total plan babities   7a 1, 181, 415   1, 445, 895     7b Total plan tabities   7a 1, 181, 415   1, 445, 895     7b Total plan tabities   7a 1, 181, 415   1, 445, 895     7b Total plan tabities   7a 1, 181, 415   1, 445, 895										
JOLN W. O'GRADY, MD, PC PROFIT SHARING   plan number     PLAN & TRUST   1c Effective date of plan     2a Right sponsor's parage and siddess (employer, if for single employer plan)   2b Employer identification Number     112 E 74TH STREET   2c Plan sonsor's hand and address (if same as Plan sponsor, enter "Same")     3b Administrator's name and address (if same as Plan sponsor, enter "Same")   3b Administrator's telephone number     3a Fight edministrator's name and address (if same as Plan sponsor, enter "Same")   3b Administrator's telephone number     3b Total number of participants at the beginning of the plan year.   5a     5a Total number of participants at the ed of the plan services and the elast return/report Sponsor's name   5a     5c Acres at of the plan sasets during the plan year invested in eligible assets? (See instructions).   Ø Yes No     6a Were at of the plan sasets during the plan year invested in eligible asset? (See instructions).   Ø Yes No     7 Plan Assets and Liabilities   7a   1.161.415   1.445.895     8 Income, Expenses inductions received or creative form failed for the Plan year   0   Ø     7 Plan Assets and Liabilities   7b   0   0     7 Plan Assets and Liabilities   7b   0   0     8 Income, Expenses, and Transters for this Plan Year   6a   273,		mation—enter all requested information	ation		16					
PLAN 6 TRUST     (PN)     0.02       1c     Effective date of plan     06/01/1978     06/01/1978       2a     Ban power doctADPV, MD, Ecceptoria page data set (Control and Page data)     2b     Perspective data of plan     06/01/1978       112     E 74TH STREET     2b     Perspective data of plan     2c     Perspective data of plan     06/01/1978       3a     Agen administrator's name and address (if same as Plan sponsor, enter "Same")     3b     Administrator's telephone number       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 of participants at the end of the plan year     5a     3a     3a       5a     Total number of participants at the end of the plan year     5a     3a     3a     3a     5b     3a     3a       5a     Total number of participants at the end of the plan year     5a     3a     3a     3a     3a     5b     3a     3a     5b     3a     <		D, PC PROFIT SHARING			a	-				
10   Effective date of plan 0 (5 / 01 / 1978)     2a   Plan aportson's name and address (employer, if for single-employer plan)   2b   Employer Identification Number (2018) 13 - 2937260     112   E   7 4TH   STREET   2c   Plan aponson's helpehone number (212) 861 - 5200     3a   Plan sponsor's lelephone number (212) 861 - 5200   2d   Buyiness code (ase instructions) (212) 861 - 5200     3a   Plan administrator's amme and address (if same as Plan sponsor, enter 'Same')   3b   Administrator's EIN     3c   Administrator's telephone number (212) 861 - 5200   3b   Administrator's EIN     3c   Total number of participants at the edginning of the plan year   5a   3     5d   3c   5d   3     6d   Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this tem).   Eves I   No     6d   Were al of the plan's assets during the plan year invested in eligible assets? (See instructions).   Eves I   No     7   Plant Lill   Filmancial Information   Eves I   No     7   Plan Assets and Liabilities   7a   1, 21, 41, 5   1, 445, 895     7   Plan sasets and Liabilities   7a </td <td></td> <td></td> <td></td> <td></td> <td></td> <td>(PN) ▶ 002</td>						(PN) ▶ 002				
112 E 74TH STREET 2 Plan sponsors is telephone number (212) 651-5200   NEW YORK NY 10021 2 2 Plan sponsors is telephone number (212) 651-5200   3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") 3d Administrator's EIN 3d Administrator's telephone number   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 form the last return/report's name 4b EIN   5a Total number of participants at the beginning of the plan year. 5a 3   5 Total number of participants at the beginning of the plan year. 5a 3   6a Were all of the plan's assets dumg the plan year invested in eligible assets? (See instructions). Q Yee [] No   6a Were all of the plan's assets dumg the plan year invested in eligible asset? (See instructions). Q Yee [] No   7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year   7 Plan Assets and Liabilities 7a 1, 181, 415 1, 445, 895   8 Incorne, Expenses, and Transfers for this Plan Year (a) Amount (b) Total   10 Total plan assets 6a (a) Beginning of Year (b) End of Year   7 Plan Assets and Liabilities 7a 1, 181, 415 1, 445, 895   8 Incorne, Expenses, and Transfers for this Plan Year (a) Amount (b) Total   9 Contributions					1c	•				
112 E 74TH STRET 2c Plan sponsor telephone number (212)861-5200   NEW YORK NY 10021   3a Pige administrator's name and address (if same as Plan sponsor, enter "Same") 3b Administrator's EIN   3c Administrator's name and address (if same as Plan sponsor, enter "Same") 3b Administrator's telephone number (212)861-111   3a Total number of participants at the beginning of the plan year. 4b EIN   5a 5a 3   5b 5a 3   5c 2   6a 2c Pin sponsor has changed since the last return/report filed for this plan, enter the name. EIN, and the plan number of participants at the beginning of the plan year. 5a   5a 5b 3   5b 3 5b   5c 2   6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Sv Yes [] No   5b 5c 2   6a Were all of the plan saver of the anout use Form S500-SF and must instead use Form S500. Yes [] No   7 Plan Assets and Liabilities 7a 1, 181, 415 1, 445, 895   7 1an Assets (subtract line 7b from line 7a) 7c 1, 181, 415 1, 445, 895   8 1nome. Expenses, and Transfers for this Plan Year (a) Amount (b) Total   7 Plan Assets (subtract line 7b from lin	2a Plan sponsor's name and addr JOHN W. OGRADY, MD	ess (employer, if for single-employer , PC	plan)		2b	Employer Identification Number				
Integration   Image: Control of the plan sponsor is name and address (if same as Plan sponsor, enter 'Same')   Image: Control 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. Sponsor's name   Image: Control 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. Sponsor's name   Image: Control 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. Sponsor's name   Image: Control of the plan sponsor has changed since the last return/report filed for this plan, enter the name. EIN, and the plan number for the plan year.   Sa   Sa <th< td=""><td></td><td></td><td></td><td></td><td>2c</td><td>Plan sponsor's telephone number</td></th<>					2c	Plan sponsor's telephone number				
31 Plan administrator's name and address (if same as Plan sponsor, enter 'Same')   3b Administrator's EIN     3a Plan administrator's name and address (if same as Plan sponsor, enter 'Same')   3c Administrator's telephone number     4 If the name, EIN, and 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. Sponsor's name   4c Administrator's telephone number     5a   Total number of participants at the beginning of the plan year.   5a   5a     5b   3c   Total number of participants at the end of the plan year.   5a   5b     6a   Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)   X Yes   No     6a   Were all of the plan's assets during the plan cannot use Form 5500-SF and must instead use Form 5500.   Yes   No     7   Plan Assets and Liabilities   (a) Beginning of Year   (b) End of Year     7   Plan Assets (subtract line 7b from line 7a).   7c   1, 181, 415   1, 445, 895     8   Income. Expenses, and Transfers for this Plan Year   (a) Amount   (b) Total     7   Part (III - Financial Information   Ba(2)   0   0     7   Part (III - Financial Information   7c   1, 181, 415   1, 445	112 E 74TH STREET				2d	Business code (see instructions)				
3cc   Administrator's telephone number     4   If the name and/or EIN of the plan sponsor has changed since the last return/report. Sponsor's name   4b   EIN     5a   Total number of participants at the beginning of the plan year.   5a   5a   3c     5a   Total number of participants at the end of the plan year.   5a   3c   3c     complete this item)   5a   3c   3c   3c     7 total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)   3c   7c   2     6a   Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)   Xery CPR 252:0.104-07   Xery CPR 252:0.104-07   Xery CPR 252:0.104-07     7   Plan Assets and Liabilities   (a) Beginning of Year   (b) End of Year   7e   No     7   Plan Assets and Liabilities   7a   1, 181, 415   1, 445, 895   0     6   Not plan assets   (b) End of Year   0   0   0   0     7   Plan Assets and Liabilities   7a   1, 181, 415   1, 445, 895   0   0   0   0   0   0   0   0   0		address (if same as Plan sponsor, ei	nter "Same		3b					
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. Sponsor's name   4b   EIN     5a   Total number of participants at the beginning of the plan year.   5a   3     b   Total number of participants at the end of the plan year.   5a   3     complete this item).   Sponsor's name   5c   2     6a   Vers all of the plan's assets during the plan year invested in eligible assets? (See instructions.)   Xes   Xes   No     b   Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)   Xes   No     b   Yes core R 252: 014-469? (See instructions on waiver eligibility and conditions.)   Xes   No     Part III   Financial Information   Xes   Yes   No     7   Plan Assets and Liabilities   (a) Beginning of Year   (b) End of Year     8   Income. Expenses, and Transfers for this Plan Year   (a) Amount   (b) Total     4   Contributions received or receivable from:   (a) Amount   (b) Total     6   Contributions received or receivable from:   (a) Amount   (b) Total     8   <	Same									
name, EIN, and the plan number from the last return/report. Sponsor's name 4c PN   5a Total number of participants at the beginning of the plan year						Administrator's telephone number				
4c PN   5a Total number of participants at the end of the plan year	4 If the name and/or EIN of the pla	an sponsor has changed since the las	st return/re	port filed for this plan, enter the	4b	EIN				
5a   Total number of participants at the beginning of the plan year	name, EIN, and the plan numbe	er from the last return/report. Sponso	r's name		40					
b   Total number of participants at the end of the plan year   5b   3     c   Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).   5c   2     6a   Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)   independent qualified public accountant (IQPA)   independent qualified public accountant (IQPA)   independent qualified public accountant (IQPA)     If you answerd   No   is of a fight of the plan of the plan cannot use Form 5500.SF and must instead use Form 5500.   is yeas in swerd   No     Part III   Financial Information   (a) Beginning of Year   (b) End of Year   is of yeas     7   Plan Assets and Liabilities   (a) Beginning of Year   (b) End of Year   0   0     7   Total plan assets   7a   1, 181, 415   1, 445, 895     8   Income, Expenses, and Transfers for this Plan Year   (a) Amount   (b) Total     a   Contributions received or receivable from:   8a(1)   0   0     (1)   Employers   8a(3)   0   0   27.3, 32.6     c   Total plan assets (subtract line 8h (the site instructions))   8a(3)   0   0 <td< td=""><td>5a Total number of participants at</td><td>the beginning of the plan year</td><td></td><td></td><td></td><td></td></td<>	5a Total number of participants at	the beginning of the plan year								
C   Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).   5c   2     6a   Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)   Xes   No     b   Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IOPA)   Xes   No     b   Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IOPA)   Xes   No     If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.   Part III   Financial Information     7   Plan Assets and Liabilities   (a) Beginning of Year   (b) End of Year     a   Total plan iabilities   7a   1, 181, 415   1, 445, 895     b   Total plan iabilities   7c   1, 181, 415   1, 445, 895     8   Income, Expenses, and Transfers for this Plan Year   (a) Amount   (b) Total     a   Contributions received or receivable from:   8a(1)   0     (1)   Employers   8a(3)   0   273, 326     C   Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)   8c   273, 326   273, 326	1									
complete this item)   5c   2     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 (IQPA)   X   Yes   No     b   Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)   X   Yes   No     b   Yes   Intervent of the annual examination and report of an independent qualified public accountant (IQPA)   X   Yes   No     Part III   Financial Information   X   Yes   No   Xes   Yes   No     7   Plan Assets and Liabilities   (a) Beginning of Year   (b) End of Year   0   0     6   No   7b   0   0   0   0   0   0     7   Plan Assets and Liabilities   7a   1,181,415   1,445,895   0   0   0   0     8   Income, Expenses, and Transfers for this Plan Year   (a) Amount   (b) Total   0   0   0   0   0   0   0   0   0   0					50					
b   Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)   Image: Constructions 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.   Pert III   Financial Information     7   Plan Assets and Liabilities   (a) Beginning of Year   (b) End of Year     a   Total plan assets   7a   1, 181, 415   1, 445, 895     b   Total plan assets   7b   0   0     c   Net plan assets (subtract line 7b from line 7a)   7c   1, 181, 415   1, 445, 895     8   Income, Expenses, and Transfers for this Plan Year   (a) Amount   (b) Total     a   Contributions received or receivable from:   8a(1)   0     (1)   Employers   8a(3)   0   0     (2)   Part iciduing rollovers)   8a(3)   0   0     (3)   Others (including direct rollovers and insurance premiums to provide benefits)   8c   273, 326   273, 326     C   Total income (adal lines 8a(1), 8a(2), 8a(3), and 8b)   8c   273, 326   273, 326     C   Total income (adad lines 8a(1), 8a(2), 8a(3), and 8b)   8				ear (denned benent plans do not	5c	2				
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)   Yes   No     If you answerd "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.   Part III   Financial Information     7 Plan Assets and Liabilities   (a) Beginning of Year   (b) End of Year     a Total plan assets   7a   1, 181, 415   1, 445, 895     b Total plan assets (subtract line 7b from line 7a)   7c   1, 181, 415   1, 445, 895     8 Income, Expenses, and Transfers for this Plan Year   (a) Amount   (b) Total     a Contributions received or receivable from:   8a(1)   0     (2) Participants   8a(2)   0     (3) Others (including rollovers)   8a(3)   0     b Total income (loss)   8b   273, 326     c Crotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)   8c   273, 326     c Cortain deemed and/or corrective distributions (see instructions)   8e   0     e Certain deemed and/or corrective distributions (see instructions)   8e   0     f Administrative service provides (salaries, fees, commissions)   8f   8, 846     g Other expenses.   8g   0   0     f Administrative service provides (salaries, fees,	6a Were all of the plan's assets of	luring the plan year invested in eligibl	e assets?	(See instructions.)	•••••					
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.     Part III Financial Information     7   Plan Assets and Liabilities   (a) Beginning of Year   (b) End of Year     a Total plan assets.   7a   1,181,415   1,445,895     b Total plan liabilities.   7b   0   0     c Net plan assets (subtract line 7b from line 7a).   7c   1,181,415   1,445,895     8   Income, Expenses, and Transfers for this Plan Year   (a) Amount   (b) Total     a Contributions received or receivable from:   (a) Amount   (b) Total     a Contributions received or receivable from:   8a(1)   0     (2) Participants   8a(2)   0     b Other income (loss)   8b   273,326     C Total income (loss)   8b   273,326     C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)   8c   0     c Administrative service providers (salaries, fees, commissions)   8e   0     c Total expenses   8d   0   0     f Administrative service providers (salaries, fees, commissions)   8f   8, 846     g Other expenses   8d   0   0										
Part III   Financial Information     7   Plan Assets and Liabilities   (a) Beginning of Year   (b) End of Year     a   Total plan assets   7a   1,181,415   1,445,895     b   Total plan assets   7b   0   0     c   Net plan assets   7c   1,181,415   1,445,895     8   Income, Expenses, and Transfers for this Plan Year   (a) Amount   (b) Total     a   Contributions received or receivable from:   (a) Amount   (b) Total     a   Contributions received or receivable from:   (a) Amount   (b) Total     a   Contributions received or receivable from:   (a) Amount   (b) Total     a   Contributions received or receivable from:   (a) Amount   (b) Total     a   Contributions received or receivable from:   (b) Total   6a(2)   0     (1)   Employers   8a(3)   0   0     (2)   Part income (loss)   8a(3)   0   0   273,326     C   Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)   8c   273,326   273,326     c   Certain deemed and/or corrective distributions (see										
a Total plan assets   7a   1,181,415   1,445,895     b Total plan liabilities   7b   0   0     c Net plan assets (subtract line 7b from line 7a)   7c   1,181,415   1,445,895     8 Income, Expenses, and Transfers for this Plan Year   (a) Amount   (b) Total     a Contributions received or receivable from:   8a(1)   0     (1) Employers   8a(2)   0     (3) Others (including rollovers)   8a(3)   0     b Other income (loss)   8b   273,326     c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)   8c   273,326     c Certain deemed and/or corrective distributions (see instructions)   8d   0     e Certain deemed and/or corrective distributions (see instructions)   8e   0     f Administrative service providers (salaries, fees, commissions)   8f   8,846     g Other expenses   8g   0     h Total expenses (add lines 8d, 8e, 8f, and 8g)   8h   8/846     j Transfers to (from) the plan (see instructions)   8j   0										
b   Total plan liabilities   7b   0   0     c   Net plan assets (subtract line 7b from line 7a)   7c   1,181,415   1,445,895     8   Income, Expenses, and Transfers for this Plan Year   (a) Amount   (b) Total     a   Contributions received or receivable from:   (a) Amount   (b) Total     (1)   Employers   8a(1)   0     (2)   Participants   8a(2)   0     (3)   Others (including rollovers)   8a(3)   0     b   Other income (loss)   8a(3)   0     c   Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)   8c   273, 326     C   Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)   8c   273, 326     d   Benefits paid (including direct rollovers and insurance premiums to provide benefits)   8d   0     e   Certain deemed and/or corrective distributions (see instructions)   8e   0     f   Administrative service providers (salaries, fees, commissions)   8f   8,846     g   0   8h   8,846   8,4846     g   0   8i   264,480   264,480	7 Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year				
C   Net plan assets (subtract line 7b from line 7a)	a Total plan assets		7a	1,181,41	5	1,445,895				
8   Income, Expenses, and Transfers for this Plan Year   (a) Amount   (b) Total     a   Contributions received or receivable from:   8a(1)   0     (2)   Participants   8a(2)   0     (3)   Others (including rollovers)   8a(3)   0     b   Other income (loss)   8b   273, 326     c   Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)   8c   273, 326     d   Benefits paid (including direct rollovers and insurance premiums to provide benefits)   8d   0     e   Certain deemed and/or corrective distributions (see instructions)   8e   0     f   Administrative service providers (salaries, fees, commissions)   8f   8, 846     g   0   8h   8, 846   8, 846     f   Net income (loss) (subtract line 8h from line 8c)   8h   8, 846     j   Transfers to (from) the plan (see instructions)   8i   264, 480	b Total plan liabilities		7b		0	0				
a Contributions received or receivable from:   8a(1)   0     (1) Employers   8a(1)   0     (2) Participants   8a(2)   0     (3) Others (including rollovers)   8a(3)   0     b Other income (loss)   8b   273, 326     C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)   8c   273, 326     d Benefits paid (including direct rollovers and insurance premiums to provide benefits)   8d   0     e Certain deemed and/or corrective distributions (see instructions)   8e   0     f Administrative service providers (salaries, fees, commissions)   8f   8, 846     g Other expenses   8g   0     h Total expenses (add lines 8d, 8e, 8f, and 8g)   8h   8, 846     i Net income (loss) (subtract line 8h from line 8c)   8i   264, 480     j Transfers to (from) the plan (see instructions)   8j   0	C Net plan assets (subtract line	7b from line 7a)	7c	1,181,41	5	1,445,895				
(1) Employers   8a(1)   0     (2) Participants   8a(2)   0     (3) Others (including rollovers)   8a(3)   0     b Other income (loss)   8b   273,326     c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)   8c   273,326     d Benefits paid (including direct rollovers and insurance premiums to provide benefits)   8d   0     e Certain deemed and/or corrective distributions (see instructions)   8e   0     f Administrative service providers (salaries, fees, commissions)   8f   8,846     g Other expenses   8g   0     h Total expenses (add lines 8d, 8e, 8f, and 8g)   8h   8,846     i Net income (loss) (subtract line 8h from line 8c)   8i   264,480     j Transfers to (from) the plan (see instructions)   8j   0	· • ·			(a) Amount		(b) Total				
(2) Participants   8a(2)   0     (3) Others (including rollovers)   8a(3)   0     b Other income (loss)   8b   273, 326     c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)   8c   273, 326     d Benefits paid (including direct rollovers and insurance premiums to provide benefits)   8d   0     e Certain deemed and/or corrective distributions (see instructions)   8e   0     f Administrative service providers (salaries, fees, commissions)   8f   8,846     g Other expenses   8g   0     h Total expenses (add lines 8d, 8e, 8f, and 8g)   8h   8,846     i Net income (loss) (subtract line 8h from line 8c)   8i   264,480     j Transfers to (from) the plan (see instructions)   8j   0			89(1)		ol					
(3) Others (including rollovers)   8a(3)   0     b Other income (loss)   8b   273,326     c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)   8c   273,326     d Benefits paid (including direct rollovers and insurance premiums to provide benefits)   8d   0     e Certain deemed and/or corrective distributions (see instructions)   8e   0     f Administrative service providers (salaries, fees, commissions)   8f   8,846     g Other expenses   8g   0     h Total expenses (add lines 8d, 8e, 8f, and 8g)   8h   8k     i Net income (loss) (subtract line 8h from line 8c)   8i   264, 480     j Transfers to (from) the plan (see instructions)   8j   0			···· - ··· · · · · · · · · · · · · · ·		0					
bOther income (loss)8b273,326cTotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)8c273,326dBenefits paid (including direct rollovers and insurance premiums to provide benefits)8d0eCertain deemed and/or corrective distributions (see instructions)8e0fAdministrative service providers (salaries, fees, commissions)8f8,846gOther expenses8g0hTotal expenses (add lines 8d, 8e, 8f, and 8g)8h8,846iNet income (loss) (subtract line 8h from line 8c)8i264,480jTransfers to (from) the plan (see instructions)8j0	., .				0					
C   Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)   8c   273, 326     d   Benefits paid (including direct rollovers and insurance premiums to provide benefits)   8d   0     e   Certain deemed and/or corrective distributions (see instructions)   8e   0     f   Administrative service providers (salaries, fees, commissions)   8f   8,846     g   0   0     h   Total expenses (add lines 8d, 8e, 8f, and 8g)   8h   8,846     i   Net income (loss) (subtract line 8h from line 8c)   8i   264,480     j   Transfers to (from) the plan (see instructions)   8j   0				273,32	6					
d   Benefits paid (including direct rollovers and insurance premiums to provide benefits)						273, 326				
e   Certain deemed and/or corrective distributions (see instructions)   Be   0     f   Administrative service providers (salaries, fees, commissions)   Bf   8,846     g   Other expenses	d Benefits paid (including direct	rollovers and insurance premiums			0					
f   Administrative service providers (salaries, fees, commissions)   8f   8,846     g   Other expenses					0					
g     Other expenses     8g     0       h     Total expenses (add lines 8d, 8e, 8f, and 8g)     8h     8,846       i     Net income (loss) (subtract line 8h from line 8c)     8i     264,480       j     Transfers to (from) the plan (see instructions)				8,84	6					
h   Total expenses (add lines 8d, 8e, 8f, and 8g)   8h   8,846     i   Net income (loss) (subtract line 8h from line 8c)   8i   264,480     j   Transfers to (from) the plan (see instructions)	g Other expenses				0					
j Transfers to (from) the plan (see instructions)		8e, 8f, and 8g)				8,846				
	i Net income (loss) (subtract line	e 8h from line 8c)	8i			264,480				
	· · · · ·	,			0					

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Page	2-	

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 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							
10	During the plan year:		Yes	No		Amount	t	
a	Was there a failure to transmit to the plan any participant contributions within the time period described 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	d in 10a		x				
۶p	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions report on line 10a.)	ted 10b		x				
с	Was the plan covered by a fidelity bond?				225,000			
d								
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.)	10e		x				
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		x				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10g		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	101						
Part	VI Pension Funding Compliance			L				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and 5500))	complete	Sched	lule SB	(Form	Ye	es 🗌 No	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the C	Code or se	ection :	302 of I	ERISA?	☐ Ye	es X No	
а	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for <b>a</b> prior year is being amortized in this plan year, see in	structions	, and e	enter th	e date of	the letter	ruling	
	granting the waiver.	Month						
	rou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Г	101				
b	Enter the minimum required contribution for this plan year	••••••••••	-	12b				
	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 negative amount)		L	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 during the plan year or any prior year?					Ye	es 🛛 No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year							
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou of the PBGC?	ight under	the co			Υe	es X No	
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident which assets or liabilities were transferred (See instructions.)					•	<b>1</b>	
1	3c(1) Name of plan(s):		13	c(2) Ell	N(s)	13c	(3) PN(s)	
	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reaso							
	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this re							

belief, it is true, correct, and complete.									
SIGN	John W. O'Suckey MO. 7/10/10 JOHN W. O'GRADY,		JOHN W. O'GRADY, MD						
HERE	Signature of plan administrator			l		Enter name of individual signing as plan administrator			
SIGN									
HERE	Signature of employer/plan sponsor	1	Date			Enter name of individual signing as employer or plan sponsor			