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 section 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

P	art I	Annual Report	Identification Informa	ation						
For	calenda	lendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009								
Α	This ret	urn/report is for:	X single-employer plan		multiple-e	employer plan (not multiemployer)		one-participant plan		
В	This ret	urn/report is for:	first return/report		final retur	n/report		_		
			an amended return/rep	ort	short plar	year return/report (less than 12 m	onths)			
C	Chack h	box if filing under:	☐ Form 5558		, 1	extension	,	DFVC program		
J	CHECK	Jox II IIIII g under.	special extension (ente	L r descrintio	l	o oxionolon		_ 51 vo program		
D	ort II	Pacia Plan Info	<u> </u>		,					
	art II Name		rmation—enter all reques	stea inform	ation		1h	Three-digit		
		oi pian PAS MD PC 401K PRO	FIT SHARING PLAN				"	plan number		
<i>D L r t</i>		710 MB 1 0 10 HT 110						(PN) • 001		
						1c	Effective date of plan			
								01/01/2003		
		ponsor's name and add PAS, MD PC	dress (employer, if for single	-employer	plan)		2b	Employer Identification Number (EIN) 03-0438737		
DEA	IN FAFF	PAS, MID PC						Plan sponsor's telephone number		
901	STEWA	RT AVENUE						Train sponsor s telephone framber		
GAR	DEN CI	ITY, NY 11530					2d	Business code (see instructions)		
20	Disco	destatation to the contraction	de dans e l'Arres e Dire			- 11)	26	621111 Administrator's EIN		
		oministrator's name an PAS, MD PC	d address (if same as Plan 90		enter Same RT AVENU		30	03-0438737		
		,	G/	ARDEN CI	TY, NY 11	530	3с	Administrator's telephone number		
								<u> </u>		
			plan sponsor has changed s per from the last return/repo			port filed for this plan, enter the	4b	EIN		
	name, c	ziiv, and the plan num.	ber from the last return/repo	it. Sporist	oi s name		4c	PN		
5a	Total r	number of participants	at the beginning of the plan	year			5a	9		
b										
С						vear (defined benefit plans do not	<u>5b</u>	7		
								10		
6a	Were	all of the plan's assets	during the plan year invest	ed in eligib	ole assets?	(See instructions.)		X Yes No		
b						ndent qualified public accountant (I		X Yes □ No		
			•			ions.)SF and must instead use Form 5				
Pa	art III	Financial Inforn			011111 0000	or and made motoda add r orm c				
7		Assets and Liabilities				(a) Beginning of Year		(b) End of Year		
а	Total p	olan assets			. 7a	3596	60	458585		
b		olan liabilities			. 7b					
С	Net pla	an assets (subtract line	e 7b from line 7a)		. 7с	3596	60	458585		
8	Incom	ncome, Expenses, and Transfers for this Plan Year				(a) Amount		(b) Total		
а	Contril	ontributions received or receivable from:								
	(1) Er	mployers			. 8a(1)	360				
	` ,	(2) Participants		. 8a(2)	32101					
	. ,	(3) Others (including rollovers)		` '	2000					
b		` ,	s) 8b 30824		24					
C		, , ,), 8a(2), 8a(3), and 8b)		. 8с			98925		
d			et rollovers and insurance pr		8d					
е	•	,	ective distributions (see instr		8e					
f			ers (salaries, fees, commiss	,						
g		·		,						
h		•	l, 8e, 8f, and 8g)							
i		et income (loss) (subtract line 8h from line 8c)						98925		
i		` , `	see instructions)							
J										

Part IV	Dlan	Charac	torictics
Part IV	Plan	Charac	reristics

SIGN HERE

Signature of employer/plan sponsor

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 3D 3H

D I	rtn	e pian provides weirare benefits, enter the applicable weirare featur	re codes from the L	list of Pian Charac	cterisi	ic Co	ies in	tne instruct	ions:		
Part '	٧	Compliance Questions									
10	Dui	uring the plan year:				Yes	No		Amount		
а		Was there a failure to transmit to the plan any participant contributions within the time period described i 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.)			· ·	10b		X				
С	Was the plan covered by a fidelity bond?				10c	X				50000	
	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?						X				
	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	Has the plan failed to provide any benefit when due under the plan?				10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)						X				
		f this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					X				
		f 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					X				
Part \	۷I	Pension Funding Compliance									
		nis a defined benefit plan subject to minimum funding requirements?							Yes	□No	
		his a defined contribution plan subject to the minimum funding requ							Yes		
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.		1412 01 1110 0000	01 00	otion	002 01	LINO/N.	Ц	ш	
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										
	-	completed line 12a, complete lines 3, 9, and 10 of Schedule MB									
b	Ent	er the minimum required contribution for this plan year					12b				
		er the amount contributed by the employer to the plan for this plan y					12c				
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the lef negative amount)						12d				
<u>e</u>	Will the minimum funding amount reported on line 12d be met by the funding deadline?							Yes	No	N/A	
Part \	۷II	Plan Terminations and Transfers of Assets									
13a	Has	a resolution to terminate the plan been adopted during the plan year	ear or any prior yea	r?				1	Yes	× No	
		es," enter the amount of any plan assets that reverted to the emplo					13a				
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?										
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) EIN(s)			13c(3) PN(s)	
Cautio	on:	A penalty for the late or incomplete filing of this return/report v	will be assessed u	ınless reasonabl	e cau	se is	establ	ished.	•		
SB or	Sch	nalties of perjury and other penalties set forth in the instructions, I dedule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.									
SIGN	F	Filed with authorized/valid electronic signature. 07/19/2010 DEAN PAPPAS									
HERE	- Г	Signature of plan administrator Date Enter name of			individual signing as plan administrator						

Date

Enter name of individual signing as employer or plan sponsor

From: 1 561 248 5162

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Date: 7/26/2010 10:29:56 AM

Short Form Annual Return/Report of Small Employee QMB Nos. 1210-0110 Form 5500-SF Benefit Plan 1210-0089 Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee 2009 Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). Department of Labor Employee Benefits Security Administration This Form is Open ► Complete all entries in accordance with the instructions to the Form 5500-SF to Public Inspection Pension Benefit Guaranty Corporation Annual Report Identification Information Part I 12/31/2009 01/01/2009 For calendar plan year 2009 or fiscal plan year beginning and ending one-participant plan multiple-employer plan (not multiemployer) single-employer plan This return/report is for: В This return/report is for: first return/report final return/report short plan year return/report (less than 12 months) an amended return/report DFVC program automatic extension Check box if filing under: Form 5558 special extension (enter description) Basic Plan Information - enter all requested information Part II **1b** Three-digit 1a Name of plan plan number (PN) 001 DEAN PAPPAS MD PC 401K PROFIT SHARING PLAN Effective date of plan 01/01/2003 Employer Identification Number (EIN) 2a Plan sponsor's name and address (employer, if for single-employer plan) 03-0438737 DEAN PAPPAS, MD PC Plan sponsor's telephone number 901 STEWART AVENUE Business code (see instructions) NY 11530 GARDEN CITY 621111 Administrator's EIN 38 Plan administrator's name and address (If same as Plan sponsor, enter "Same") SAME Administrator's telephone number 4b EIN 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. 4c PN 9 5a Total number of participants at the beginning of the plan year 5a b Total number of participants at the end of the plan year 5b Total number of participants with account balances as of the end of the plan year (defined 10 benefit plans do not complete this item). Ga Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) X Yes No Are you claiming a waiver of the annual examination and report of an independent qualified public accountant X Yes No (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. Part III Financial Information (a) Boginning of Year (b) End of Year Plan Assets and Liabilities <u>458,585</u> 359,660 7a a Total plan assets 7ь Total plan liabilities 359,660 458,585 7c Net plan assets (subtract line 7b from line 7a) (a) Amount (b) Total Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: 36,000 8a(1) (1) Employers 32,101 8a(2) (2) Participants 8a(3) (3) Others (including rollovers) b Other income (loss) SEE STATEMENT 1 30,824 8b C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Вс d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d Certain deemed and/or corrective distributions (see instructions) 8e Administrative service providers (salaries, fees, commissions) Яf Other expenses

8h

h Total expenses (add lines 8d, 8e, 8f, and 8g)

Net income (loss) (subtract line 8h from line 8c)

Transfers to (from) the plan (see instructions)

98,925

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Form 5500-SF (2009) 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 2G 2J 3D 3H 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** 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.) X 10a b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) X 10b C Was the plan covered by a fidelity bond? X 10c 50. በገበር ${f d}$ Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? Х 10d 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.) Х 100 f Has the plan failed to provide any benefit when due under the plan? X 10f g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 1<u>0</u>g X h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) Х 10h 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 Х Part VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)) 1 Yes No 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 12a or 12b, 12c, 12d, and 12e below, as applicable.) Yes 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. b Enter the minimum required contribution for this plan year 12b C Enter the amount contributed by the employer to the plan for this plan year 12c f 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 Will the minimum funding amount reported on line 12d be met by the funding deadline? 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? X No Yes 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 control of the PBGC? X No 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) EIN(s) 13c(3) PN(s) Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penaltics of parjury 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 07/25/2010 | DEAN PAPPAS HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN 07/25/2010 | DEAN PAPPAS HERE Signature of employer/plan sponsor Enter name of individual signing as employer or plan sponsor Date