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

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

Р	ension Be	enefit Guaranty Corporation		► Complete all entries in acco	ordance wit	h the instructions to the Form 55	00-SF.	li is	spection			
Pa	art I	Annual Report	t Ide	ntification Information				•				
For	For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 12/31/2009											
Α.	This ret	urn/report is for:	X	single-employer plan	multiple-e	employer plan (not multiemployer)		int plan				
		urn/report is for:	$\bar{\sqcap}$	first return/report	n/report		ш	·				
_	11113 100	um/report is ior.	H	an amended return/report		n year return/report (less than 12 m	onthe)					
_	.		Y	' L			Oritins)	□ pc//c				
C	Check b	oox if filing under:		Form 5558		cextension		DFVC progra	am			
				special extension (enter descrip								
Pa	art II	Basic Plan Info	orma	ation—enter all requested infor	mation		ı		,			
	Name						1b	Three-digit				
PUTI	NAM O	BSTETRICS & GYNE	ECOL	OGY, PC 401(K) PROFIT SHAR	ING PLAN			plan number (PN) ▶	001			
							10	Effective date of	f plan	-		
							10	07/01/2				
2a	Plan sr	oonsor's name and ac	ddres	s (employer, if for single-employe	er plan)		2b	Employer Identi	fication Nu	ımber		
		BSTETRICS & GYNE			, ,			(EIN) 26-285				
							2c	Plan sponsor's	•	number		
		LEIGH AVENUE Y 10512					24	845-27				
CAIN	IVILL, IN	1 10312					20	Business code 621111	•	ctions)		
3a	Plan ad	dministrator's name a	and a	ddress (if same as Plan sponsor,	enter "Sam	e")	3b	Administrator's				
		BSTETRICS & GYNE		OGY, PC 660 STONI	ELEIGH AV			26-285				
				CARMEL, I	NY 10512		3с	3c Administrator's telephone number				
								845-279-2000				
				sponsor has changed since the life from the last return/report. Sponsor		eport filed for this plan, enter the	4b	4b EIN				
,	namo, L	int, and the plan han	iibci i	Tom the last return/report. Opon	301 3 Harric		4c	4c PN				
5a	Total r	number of participants	s at th	ne beginning of the plan year			. 5a	5				
b										5		
C				, ,		ear (defined benefit plans do not	30					
		· · · · · · · · · · · · · · · · · · ·					. 5c			5		
6a	Were	all of the plan's asset	ts du	ring the plan year invested in elig	ible assets?	(See instructions.)			X Yes	s No		
b	· · · · · · · · · · · · · · · · · · ·											
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)											
Do	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											
		I.	IIIai	1011						-		
7		Assets and Liabilities				(a) Beginning of Year	20	(b) End	of Year	70004		
a						3620	J8			72361		
b	•									70004		
<u></u>				from line 7a)	7с	3620	J8			72361		
8		e, Expenses, and Tra				(a) Amount		(b)	<u> Fotal</u>			
а		butions received or re		able from: 	8a(1)	664	46					
						2500						
	` ,	•				200						
b	. ,	,	,			45	20					
_		` ,				45:	99			36309		
c d				a(2), 8a(3), and 8b)llovers and insurance premiums	8c					30309		
u					8d							
е	•	,		e distributions (see instructions).								
f				(salaries, fees, commissions)								
g		•				1!	56					
h		·		e, 8f, and 8g)						156		
i				Bh from line 8c)						36153		
i		, , ,		instructions)								
J		5.5 to (115111) the plan	. ,555		···· 8j	<u> </u>						

Part IV	Plan	Charact	eristics

HERE

SIGN HERE Signature of plan administrator

Filed with authorized/valid electronic signature.

Signature of employer/plan sponsor

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 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	٧	Compliance Questions								
10	Dι	ring the plan year:				Yes	No		Amount	
а		as there a failure to transmit to the plan any participant contributions OCFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciar			10a		X			
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		X			
d		d the plan have a loss, whether or not reimbursed by the plan's fidel dishonesty?	•	•	10d		X			
е	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	Ha	s the plan failed to provide any benefit when due under the plan?			10f		X			
g	Di	the plan have any participant loans? (If "Yes," enter amount as of	year end.)		10g		X			
h		his is an individual account plan, was there a blackout period? (See 20.101-3.)			10h		X			
i		Oh was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3			10i					
art	VI	Pension Funding Compliance								
11		his a defined benefit plan subject to minimum funding requirements							Yes	X No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X No									
		'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 waiverMonth Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.										
-		ter the minimum required contribution for this plan year		-		Г	12b			
							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).									
е	<u> </u>							N/A		
art			-							
13a	На	s a resolution to terminate the plan been adopted during the plan ye	ear or any prior yea	r?					Yes	X No
		Yes," enter the amount of any plan assets that reverted to the emplo				Г	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		
С		luring this plan year, any assets or liabilities were transferred from the ich assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify th	ne plar	n(s) to				
1	13c(1) Name of plan(s):					13c(2) EIN(s)			13c(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.									
Unde SB o	r pe	nalties of perjury and other penalties set forth in the instructions, I chedule MB completed and signed by an enrolled actuary, as well as strue, correct, and complete.	declare that I have	examined this retu	ırn/rep	ort, ir	cludin	g, if applica	,	
	<i>'</i>		08/09/2010	JANUSZ RUDNIC	CKI					
SIGI	N			32 05/110						

Date

Date

08/09/2010

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

JANUSZ RUDNICKI

PAGE 02/**0/0**

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OMB Nos. 1210-0110 1210-0089

2009

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F	ension Bonefit Guaranty Corporation	► Complete all entries in acc	ordance with	the instructions to the Form 5500)-SF.				
ГР	artil Annual Report Id	entification Information							
For	calendar plan year 2009 or fisca	al plan year beginning	07/01/2	009 and ending		12/31/200)9		
Α	This return/report is for:	one-participant plan							
В	This return/report is for:	first return/report	final return/report						
	, , , , , , , , , , , , , , , , , , , ,	an amended return/report	X short plan	year return/report (less than 12 mor	nths)				
C	Check box if filing under:	Form 5558	automatic	extension		DFVC progra	ım		
·	Crieck tox ir ming drider.	special extension (enter descrip	otion)			_			
6	irt∦l⊠ Basic Plan Inform	nation—enter all requested info							
- main maile	Name of plan	ITALIOII - eliter all reducated lino	migron		1b	Three-digit			
Ia	Putnam Obstetrics &	Gynecology, PC 401	(k)			plan number			
	Profit Sharing Plan	1			4	(PN) •	001		
	110110 00000000000000000000000000000000				10	Effective date o 07/01/2008			
			(ar plan)		2h	Employer Identi			
2a	Putnam Obstetrics	ess (employer, if for single-employ Gynecology, FC	yer plan)			(EIN) 26-285			
					2c		telephone number		
	660 Stoneleigh Aver	nue			<u> </u>	(845)279-			
	_			NY 10512	2d	621111	(see instructions)		
39	Carmel Plan administrator's name and	address (if same as Plan sponsor	. enter "Same		3b	Administrator's	EIN		
UE	Same	dedices (if some as i lan spenes	, onto	,					
					3с	Administrator's	telephone number		
			Last vaturation	nort flood for this class coder the	4h	Ale with			
4		an sponsor has changed since the r from the last return/report. Spor		port filed for this plant, errer the	40	4b EIN			
	reality and the profit realities				4c	4c PN			
5a	Total number of participants at	the beginning of the plan year			5a				
þ	Total number of participants at	the end of the plan year			5b				
c	Total number of participants w	ith account balances as of the end	d of the plan y	ear (defined benefit plans do not					
-					5c				
				(See Instructions.)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	X Yes No		
b				ndent qualified public accountant (ICons.)			X Yes No		
				SF and must instead use Form 55					
P	itt III Financial Informa								
7	Plan Assets and Liabilities	***************************************	ing the state of t	(a) Beginning of Year		(b) End of Year			
а	Total plan assets			36,20	8	72,36			
b	Total plan liabilities		7b						
C	Net plan assets (subtract line 7	7b from line 7a)	7c	36,20	8	72,30			
8	Income, Expenses, and Transf	fers for this Plan Year	32 1 1 36	(a) Amount		(b) Total			
а	Contributions received or rece			÷ 6.	<u></u>				
	(1) Employers		8a(1)	6,64					
	•	Others (Including rollovers)				그 사람들은 사람이 나를 받는 그릇을 하다.			
þ			,	4,59	91	The state of the s			
C		8a(2), 8a(3), and 8b)			2 1960		36,30		
d		rollovers and insurance premiums			22.				
е		tive distributions (see instructions)							
f		rs (salaries, fees, commissions)	1						
g	•			1.5	156				
9 h		8e, 8f, and 8g)			A section of the sect		15:		
ì		e 8h from line 8c)		<u>andres de la companSet de la Marie de la residencia de la minima de la completió de la comple</u>	36,15				
:		ee instructions)		to materials in the set of the size of the transfer of the Table of the Contract of the Contra	35.0				

Page 2-Form 5500-SF 2009 Part IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2G 2J2K 3 D 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 Yes No Amount 10 During the plan year: Was there a fallure to transmit to the plan any participant contributions within the time period described in Х 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduclary Correction Program) 10a b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported Х 10b on line 10a.) 10c Х Was the plan covered by a fidelity bond?..... Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud X 10d 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 Х 10e Has the plan falled 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.)..... Χ 10g If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 10h Х 2520.101-3.) If 10h was answered "Yes." check the box if you alther 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 is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form Yes is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?.. 12 (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 walver. Month Day If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 12b b Enter the minimum required contribution for this plan year..... 12c C Enter the amount contributed by the employer to the plan for this plan year..... Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a 12d negative amount) Yes No N/A e Will the minimum funding amount reported on line 12d be met by the funding deadline?.. Part VII Plan Terminations and Transfers of Assets Yes X No 13a Has a resolution to terminate the plan been adopted during the plan year or any prior year? If "Yes," enter the amount of any plan assets that reverted to the employer this year..... Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control Yes 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(2) EIN(s) 13c(3) PN(s) 13c(1) Name of plan(s): 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. 7/30/2010 Janusz Rudnicki SIGN HERE Date Enter name of individual signing as plan administrator Signature of plan administrator 7/30/2010 Janusz Rudnicki SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor