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).

1210-0089

OMB Nos. 1210-0110

2009

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	▶ Complete all entries in acco	rdance wit	h the instructions to the Form 550	0-SF.	1			
		dentification Information							
For	calendar plan year 2009 or fisc	cal plan year beginning 01/01/200)9	and ending 1	2/31/2	2009			
Α.	This return/report is for:	x single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan			
В	Γhis return/report is for:	n/report							
		nths)							
С	Check box if filing under:	X Form 5558	automatic	extension	DFVC program				
	3 · · · ·								
Da	rt II Basic Plan Infor	special extension (enter descripting special extension (enter descripting special extension).							
	Name of plan	mation—enter all requested inform	lation		1h	Three-digit			
DER	MATOLOGY & ALLERGY ASS	SOCIATES OF THE HUDSON VALLE	EY, LLP 40°	1K PROFIT SHARING PLAN AND	10	plan number			
TRU	ST					(PN) • 002			
					1c	Effective date of plan			
	<u> </u>				26	01/01/1993			
		ress (employer, if for single-employe SOCIATES OF THE HUDSON VALLE			20	Employer Identification Number (EIN) 14-1561271			
DEIX	WATOLOG T & ALLEROT AGO	TO STATE TO BOOK WILL	_		2c	Plan sponsor's telephone number			
	OX STREET					845-454-0088			
POU	GHKEEPSIE, NY 12601				2d	Business code (see instructions)			
20	Diam administratoria nama ana	d address (if ages as Diag areas		- "\	2 h	621111 Administrator's EIN			
	MATOLOGY & ALLERGY ASS	d address (if same as Plan sponsor, of SOCIATES OF THE 29 FOX STE		e)	30	14-1561271			
HUD	SON VALLEY, LLP	POUGHKE	EPSIE, NY	12601	3с	Administrator's telephone number			
4 .						845-454-0088			
		lan sponsor has changed since the la er from the last return/report. Spons		eport filed for this plan, enter the	4b	EIN			
	iamo, Em, ana mo piam namo	or from the fact return repent. Opene	or o manno		4c	PN			
5a	Total number of participants a	at the beginning of the plan year			5a	21			
b	Total number of participants a		5b	21					
С	Total number of participants w	with account balances as of the end o	of the plan y	vear (defined benefit plans do not					
	·				5c	20			
				(See instructions.)		X Yes No			
b				ndent qualified public accountant (IQI		X Yes ☐ No			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
Part III Financial Information									
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year			
а	Total plan assets		7a	1275093	` '				
b	Total plan liabilities			C		0			
C	•	7b from line 7a)		1275093		1632342			
8	Income, Expenses, and Trans		,,	(a) Amount		(b) Total			
а	Contributions received or received			(a) 7 uno ant		(2) 10 (2)			
	(1) Employers				2				
	(2) Participants								
	(3) Others (including rollovers)								
b	Other income (loss)								
С	Total income (add lines 8a(1),	, 8a(2), 8a(3), and 8b)	8c			362762			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)								
е	Certain deemed and/or corrective distributions (see instructions) 8e								
f	Administrative service providers (salaries, fees, commissions)								
g									
h	•	8e, 8f, and 8g)				5513			
i		ne 8h from line 8c)				357249			
i		see instructions)		(
	, , ,	,	ı ol		, 1				

		Form 5500-SF 2009	Pa	age 2-						
Par	t IV	Plan Characteristics								
9a	If the	plan provides pension benefits, enter the applicable pension fea	ature codes from the	List of Plan Char	acteris	stic Co	des in	the instruct	ions:	
		2F 2G 2J 2R 3B 3D plan provides welfare benefits, enter the applicable welfare fea	ature codes from the	List of Plan Chara	octorio	tic Co	dee in t	the instructi	one:	
D	11 1116	plan provides wellare benefits, enter the applicable wellare rea	ature codes from the	List of Flair Criara	iciciis	iic Cot	ues III	ille illstracti	oris.	
Part	: V	Compliance Questions								
10		ng the plan year:				Yes	No		Amount	
а		there a failure to transmit to the plan any participant contributio			40-		X			
b		CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducions there any nonexempt transactions with any party-in-interest? (-		10a					
		ne 10a.)			10b		X			
С	Was	s the plan covered by a fidelity bond?			10c	X				170000
d		the plan have a loss, whether or not reimbursed by the plan's fid shonesty?			10d		X			
е		e any fees or commissions paid to any brokers, agents, or other rance service or other organization that provides some or all of t								
		uctions.)			10e		X			
f	Has	the plan failed to provide any benefit when due under the plan?			10f		X			
g	Did t	he plan have any participant loans? (If "Yes," enter amount as o	of year end.)		10g		X			
h		s is an individual account plan, was there a blackout period? (Se			10h		Х			
i		h was answered "Yes," check the box if you either provided the eptions to providing the notice applied under 29 CFR 2520.101-3			10i					
Part		Pension Funding Compliance			101					
11		s a defined benefit plan subject to minimum funding requiremen	nts? (If "Yes," see ins	tructions and com	plete	Sched	lule SE	3 (Form		
))							Yes	No
12	Is th	is a defined contribution plan subject to the minimum funding re	equirements of section	n 412 of the Code	or se	ection 3	302 of	ERISA?	Yes	X No
	,	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicab	,							
а	If a v	vaiver of the minimum funding standard for a prior year is being ting the waiver.	amortized in this plan	n year, see instruc	ctions.	, and e	enter th	ne date of th	e letter rul	ling
lf '		ompleted line 12a, complete lines 3, 9, and 10 of Schedule N					Бау		rear	
b		r the minimum required contribution for this plan year					12b			
С		r the amount contributed by the employer to the plan for this pla					12c			
d		ract the amount in line 12c from the amount in line 12b. Enter th	,	-		[12d			
е	Will t	he minimum funding amount reported on line 12d be met by the	e 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	r?		<u>.</u>			Yes	X No
	If "Ye	es," enter the amount of any plan assets that reverted to the emp	ployer this year				13a			
b		e all the plan assets distributed to participants or beneficiaries, to e PBGC?							Yes	X No
С	If du	ring this plan year, any assets or liabilities were transferred from h assets or liabilities were transferred. (See instructions.)							□	☐ ····
		Name of plan(s):				130	c(2) El	N(s)	13c(3)) PN(s)
	,						- ()	(-)		(-)
Caut	ion: A	a penalty for the late or incomplete filing of this return/repor	rt will be assessed (unless reasonab	le cau	use is	establ	ished.		
SB o	r Śche	alties of perjury and other penalties set forth in the instructions, adule MB completed and signed by an enrolled actuary, as well								
	Fil	true, correct, and complete. ed with authorized/valid electronic signature.	09/09/2010	VINCENT P. BEL	TRAN	VI				
SIG	N _		23,00,2010			••				

SIGN	Filed with authorized/valid electronic signature.	09/09/2010	VINCENT P. BELTRANI
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

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

	r calendar plan year 2009 or fiscal plan year beginning	01/01/2	009 and ending		12/31/200	a		
го					П			
Α	This return/report is for:	multiple-6	employer plan (not multiemployer)		one-participa	nt plan		
В	This return/report is for:	final retur	n/report					
	an amended return/report	short plar	year return/report (less than 12 mo	nths)				
С	Check box if filing under: X Form 5558	automatio	extension		☐ DFVC progra	m		
	special extension (enter description	on)						
P	art II Basic Plan Information—enter all requested inform	ation	W					
	Name of plan			1b	Three-digit			
	Dermatology & Allergy Associates of the	Hudson			plan number			
	Valley, LLP 401k Profit Sharing Plan and	lTrust			(PN) •	002		
				1C	Effective date of 01/01/1993	F		
20				245	Employer Identif			
20	Plan sponsor's name and address (employer, if for single-employer Dermatology & Allergy Associates of	pian)		20	(EIN) 14-156	1271		
	the Hudson Valley, LLP			2c	Plan sponsor's te			
	29 Fox Street				(845) 454-0	088		
				2d	Business code (s	see instructions)		
	Poughkeepsie City Company City City Company City City Company City City Company City City City City City City City Cit		NY 12601	2 h	621111	TILL		
Ja	$\underset{\text{SAME}}{\textbf{Plan}}$ administrator's name and address (if same as Plan sponsor, e	nter Same	;)	งม	Administrator's E	:IN		
				3с	Administrator's to	elephone number	 r	
4	If the name and/or EIN of the plan sponsor has changed since the last		port filed for this plan, enter the	4b	EIN			
	name, EIN, and the plan number from the last return/report. Sponso	rs name		4c	PN			
5a	Total number of participants at the beginning of the plan year			5a				
b							21	
				5b	+	A	<u> </u>	
С	Total number of participants with account balances as of the end of complete this item)		2	20				
6a	Were all of the plan's assets during the plan year invested in eligib					X Yes N	lo	
	Are you claiming a waiver of the annual examination and report of							
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							
D	If you answered "No" to either 6a or 6b, the plan cannot use Fourt III Financial Information	orm 5500-	SF and must instead use Form 550	JO.				
7	Plan Assets and Liabilities	1	(a) Danierius (6 Mars)	T	/I-> P1	- 6 2/		
٠.			(a) Beginning of Year	3	(b) End	1,632,3	12	
a	• • • • • • • • • • • • • • • • • • • •	7a		0		1,032,3	0	
	Total plan liabilities	7b				1 622 2		
<u>c</u>		7c	1,275,09	3		1,632,3	12	
8	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	<u> </u>	(a) Amount	+	(b) T	otal		
а	(1) Employers	8a(1)	74,26	2				
	(2) Participants 8a(2) 34,788							
	(3) Others (including rollovers)	8a(3)		0				
b			253,71	2				
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				362,76	- 2	
d	Benefits paid (including direct rollovers and insurance premiums			_		· · · · · · · · · · · · · · · · · · ·		
	to provide benefits)	8d	5,51	3				
е	Certain deemed and/or corrective distributions (see instructions)	8e		0				
f	Administrative service providers (salaries, fees, commissions)	8f	-	0				
g	Other expenses	8g		0	-			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				5,5	13	
i	Net income (loss) (subtract line 8h from line 8c)	8i				357,24	19	
j	Transfers to (from) the plan (see instructions)	8j		0				
For	Paperwork Reduction Act Notice and OMB Control Numbers, see the instruction		5500-SF.			Form 5500-SF (2009 v.09230		

, ,									
	Form 5500-SF 2009 Page 2-								
Par	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Character 2E 2F 2G 2J 2R 3B 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Character 1. The plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Character 1. The plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Character 1. The plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Character 1. The plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Character 2. The plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Character 2. The plan provides welfare benefits are the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Character 2. The plan provides welfare benefits are the plan provides welfare benefits are the plan provides welfare benefits and the plan provides welfare benefits are the plan provides								
Part	V Compliance Questions								
10	During the plan year:		Yes	No		Am	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)	10a		Х					
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х			1111		
С	Was the plan covered by a fidelity bond?	10c	Х				17	0,0	00
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х					
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.)	10e		Х					
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.)	10a		Х					
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	10h		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	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))				•		Yes	N	lo
lf y	ou 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					

***	you completed the 12a, complete times 5, 9, and 10 of Schedule MB (Form 5500), and skip to fine 15.		
b	Enter the minimum required contribution for this plan year	12b	
С	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 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	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):	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 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.

		- 1							
SIGN	Signature of plan administrator		IP	VINCENT P. BELTRANI					
HERE			1	Enter name of individual signing as plan administrator					
SIGN	,								
HERE	Signature of employer/plan sponsor			Enter name of individual signing as employer or plan sponsor					