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.

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OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

	art I Annual Report Identification Information							
For	calendar plan year 2009 or fiscal plan year beginning 01/01/200	9	and ending 1	2/31/2	2009			
Α	This return/report is for: Single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan			
В	This return/report is for:	final retur	n/report					
	an amended return/report	short plan	year return/report (less than 12 mo	nths)				
С	Check box if filing under:	automatic	extension		DFVC program			
	special extension (enter description	on)						
Pá	art II Basic Plan Information—enter all requested inform	•						
	Name of plan	<u> </u>		1b	Three-digit			
	SHINGTONVILLE PEDIATRICS, PC 401K PROFIT SHARIN PLAN &	TRUST			plan number			
				4 -	(PN) F			
				10	Effective date of plan 01/01/1991			
	Plan sponsor's name and address (employer, if for single-employer	plan)		2b	Employer Identification Number			
WAS	SHINGTONVILLE PEDIATRICS, PC			(EIN) 06-1326113 2c Plan sponsor's telephone nu				
10 W	/EATHERVANE DRIVE			20	845-496-5437			
WAS	SHINGTONVILLE, NY 10992			2d	Business code (see instructions)			
32	Plan administrator's name and address (if some as Plan apparer	ntor "Como	\n\ \n\	3 h	621111 Administrator's EIN			
	Plan administrator's name and address (if same as Plan sponsor, e SHINGTONVILLE PEDIATRICS, PC 10 WEATHE			30	06-1326113			
	WASHINGTO	ONVILLE, I	NY 10992	3с	Administrator's telephone number 845-496-5437			
4	If the name and/or EIN of the plan sponsor has changed since the la	st return/re	port filed for this plan, enter the	4b	EIN			
	name, EIN, and the plan number from the last return/report. Sponso		' '					
F-				4c				
_	Total number of participants at the beginning of the plan year			5a	14			
	Total number of participants at the end of the plan year			5b	17			
С	Total number of participants with account balances as of the end o complete this item)			5c	11			
6a					X Yes No			
b	Are you claiming a waiver of the annual examination and report of	an indeper	ndent qualified public accountant (IQ	PA)				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility		<i>'</i>		X Yes No			
Pa	If you answered "No" to either 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 55	υυ.				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year			
a		. 7a	760505	5	985218			
b	Total plan liabilities	. 7b		0				
С	Net plan assets (subtract line 7b from line 7a)	. 7с	760509	05				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			
а								
	(1) Employers	. 8a(1)		_				
	(2) Participants	. 8a(2)						
h	(3) Others (including rollovers)	` '	22600	_				
b	Other income (loss)	. 8b	226087					
С	Total income (add lines 0a(1), 0a(2), 0a(2), and 0b)	0-			226087			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			226087			
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c 8d	1374		226087			
	Benefits paid (including direct rollovers and insurance premiums				226087			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d . 8e			226087			
d e	Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions)	. 8d . 8e			226087			
d e f	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d . 8e . 8f . 8g			1374			
d e f g	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d 8e 8f 8g 8h						

	Form 5500-SF 2009	Page Z-
Part IV	Plan Characteristics	
O- If the	mlan muscristas manaism kanadita	enter the applicable penalog feature and a from the List of Dian Characteris

HERE

SIGN HERE Signature of plan administrator

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: 2E 2F 2G 2J 2R

o If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

art	V Compliance Questions							
0	During the plan year:		Yes	No		Amount		
а	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)	in 10a		X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х				
С	Was the plan covered by a fidelity bond?	10c	X				9000	00
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraction dishonesty?	d 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.)	10e		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.)	10g	X				2117	73
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		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	10i						
art	VI Pension Funding Compliance	•		•				
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (5500))					☐ Yes	Пи	lo.
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the C					Yes	XN	ю
_	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	01 01	,0110111	002 01	LICIO/C:	Ц	ш	
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins	tructions	. and e	enter th	e date of th	ne letter ru	lina	
-	granting the waiver.							
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.	Г					
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				
	negative amount)			12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A	4
art	VII Plan Terminations and Transfers of Assets							
3а	Has a resolution to terminate the plan been adopted during the plan year or any prior year?		<u>.</u>			Yes	X	Ю
	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 brough the PBGC?	ht under	the co	ontrol		Yes	X	lo
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identity which assets or liabilities were transferred. (See instructions.)	y the pla	n(s) to)				
1	13c(1) Name of plan(s):			13c(2) EIN(s) 13) PN(s)
auti	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reason	able ca	use is	establ	ished.			
SB or	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this r Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this ret f, it is true, correct, and complete.							
2.701	,, , s somp.s							

Date

Date

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

EIN 06-1326113 / PN 001 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

	art I Annual Report Identification Information	1 701 75	000		12/21/2000
	<u> </u>	1/01/2			12/31/2009
	This return/report is for.	eturn/report is for: Single-employer plan multiple-employer plan (not multiemployer)			one-participant plan
В	This return/report is for:				
	an amended return/report	short plan	year return/report (less than 12 mo	nths)	
C	Check box if filing under:	automatic	extension		DFVC program
	special extension (enter description	n)			
Pa	rt II Basic Plan Information—enter all requested information	ation			
	Name of plan	in Cha		1b	Three-digit
	Washingtonville Pediatrics, PC 401k Prof	it sna.	LIII		plan number (PN) > 001
	Plan & Trust			1c	Effective date of plan
					01/01/1991
2a	Plan sponsor's name and address (employer, if for single-employer Washingtonville Pediatrics, PC	plan)		2b	Employer Identification Number
	madiffigeonville reduction, re-			20	(EIN) 06-1326113 Plan sponsor's telephone number
	10 Weathervane Drive			26	(845) 496-5437
				2d	Business code (see instructions)
	Washingtonville		NY 10992	01	621111
Зa	Plan administrator's name and address (if same as Plan sponsor, elsame	nter "Same	∍″)	30	Administrator's EIN
				3с	Administrator's telephone number
					•
	the name and/or EIN of the plan 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	i s name		4c	PN
5a	Total number of participants at the beginning of the plan year			5a	14
b	Total number of participants at the end of the plan year			5b	17
С	Total number of participants with account balances as of the end of				
	complete this item)			5c	11
	Were all of the plan's assets during the plan year invested in eligible				X Yes No
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility a				X Yes ∏ No
	If you answered "No" to either 6a or 6b, the plan cannot use Fo		-		
Pa	rt III Financial Information				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
а	Total plan assets	7a	760,50	5	985,218
b	Total plan liabilities	7b		0	0
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c	760,50	5	985,218
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or receivable from:	8a(1)			
	(1) Employers			\dashv	
	(3) Others (including rollovers)	8a(2) 8a(3)		-	
b	Other income (loss)	8b	226,08	7	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	220,00	+	226,087
d	Benefits paid (including direct rollovers and insurance premiums	- BC		+	220,007
_	to provide benefits)	8d	1,37	4	
е	Certain deemed and/or corrective distributions (see instructions)	8e			
f	Administrative service providers (salaries, fees, commissions)	8f		_	
g	Other expenses	8g			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			1,374
i	Net income (loss) (subtract line 8h from line 8c)	8i			224,713
j	Transfers to (from) the plan (see instructions)	8j			
For	aperwork Reduction Act Notice and OMB Control Numbers, see the instruction	ns for Form	5500-SF.		Form 5500-SF (2009) v.092308.1

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:

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_	^	1	1
Page	/-	1	ŀ

		ZE ZF ZG ZJ ZR								
b	If th	he plan provides welfare benefits, enter the applicable welfare feature codes from the List of F	Plan Charac	terist	ic Cod	des in	the instruc	tions:		
Pari	t V	Compliance Questions								
10		uring the plan year:			Yes	No		Amount	t	
а	Wa	as there a failure to transmit to the plan any participant contributions within the time period des 9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		10a		Х				
b	We	ere there any nonexempt transactions with any party-in-interest? (Do not include transactions in line 10a.)	reported	10b		Х				
С		/as the plan covered by a fidelity bond?		10c	Х				90,	00'
d		d the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused dishonesty?	- 1	10d		Х				
е	ins	ere any fees or commissions paid to any brokers, agents, or other persons by an insurance ca surance service or other organization that provides some or all of the benefits under the plan? structions.)	(See	10e		Х				***************************************
f		as the plan failed to provide any benefit when due under the plan?	T	10f		Х				
g	Dic	d the plan have any participant loans? (If "Yes," enter amount as of year end.)	r	10g	X				21,	17
h	if ti	this is an individual account plan, was there a blackout period? (See instructions and 29 CFR i20.101-3.)	F	10g	11	Х			21,	
i	If 1	10h was answered "Yes," check the box if you either provided the required notice or one of the receptions to providing the notice applied under 29 CFR 2520.101-3	e	10i						
Part										
11		this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions	s and comp	elete	Sched	ule SE	3 (Form			
	550	00))				*******				No
12		this a defined contribution plan subject to the minimum funding requirements of section 412 of	f the Code	or se	ction 3	302 of	ERISA?	Ye	es X	No
2		"Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a waiver of the minimum funding standard for a prior year is being amortized in this plan year, s	eaa inetruct	ione	and a	ntar th	na data of	the letter	rulina	
u		anting the waiver.								
lf :	you	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to	to line 13.		_		1			
b	Ent	ter the minimum required contribution for this plan year	*******		··· -	12b	<u> </u>		······	
		ter the amount contributed by the employer to the plan for this plan year			_	12c	<u> </u>			
d	neg	btract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign gative amount)	******			12d				
		Il the minimum funding amount reported on line 12d be met by the funding deadline?	************	******			Yes	No	1	N/A
art	VII	Plan Terminations and Transfers of Assets							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
13a	Has	is a resolution to terminate the plan been adopted during the plan year or any prior year?					T	Ye	s X	No
		Yes," enter the amount of any plan assets that reverted to the employer this year				13a				
	of t	ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, on the PBGC?						Ye	s X	No
		during this plan year, any assets or liabilities were transferred from this plan to another plan(s), nich assets or liabilities were transferred. (See instructions.)	, identify the	e plar	n(s) to					
1	13c(1	1) Name of plan(s):			13c(2) EIN(s) 13c			130	(3) PN	<u>(s)</u>
	***********			····						
Caut	ion:	: A penalty for the late or incomplete filing of this return/report will be assessed unless	reasonable	cau	se is	establ	lished.		***************************************	
		enalties of perjury and other penalties set forth in the instructions, I declare that I have examine the the completed and signed by an enrolled actuary, as well as the electronic version of the								
		is true, correct, and complete.								
SIG		Barbaran 9/4/16 Barbaran	ara Gan	non						
HER	E	Signature of filan administrator Date Enter	name of inc	dividu	al sigi	ning a	s plan adn	ninistrator		
SIG										
HER	E	Signature of employer/plan sponsor Date Enter	name of inc	dividu	al sigi	ning a	s employe	r or plan ទ	sponso)F