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).

2009

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

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

	Part I Annual Report Identification Information								
For	For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009								
Α	This return/report is for:	multiple-e	mployer plan (not multiemployer)		one-participant plan				
В	This return/report is for: first return/report	final retur	•						
	an amended return/report	short plar	year return/report (less than 12 mo	nths)	_				
С	Check box if filing under:		DFVC program						
	special extension (enter description	on)							
Pa	art II Basic Plan Information—enter all requested inform	ation							
	Name of plan			1b	Three-digit				
POD	IATRY ASSOCIATES OF ROCHESTER, LLP RETIREMENT SAVIN	IGS PLAN			plan number (PN) • 001				
					1c Effective date of plan				
					01/01/2004				
	Plan sponsor's name and address (employer, if for single-employer	plan)		2b	Employer Identification Number				
POD	IATRY ASSOCIATES OF ROCHESTER, L LP			20	(EIN) 16-0969031 Plan sponsor's telephone number				
1255	PORTLAND AVENUE			20	585-342-8700				
ROC	HESTER, NY 14621			2d	Business code (see instructions)				
32	Plan administrator's name and address (if same as Plan sponsor, e	ntor "Como	\n\ \n\	3h	621391 Administrator's EIN				
	IATRY ASSOCIATES OF ROCHESTER, L LP 1255 PORTL	AND AVE	NUE	35	16-0969031				
	ROCHESTE	R, NY 1462	21	3с	Administrator's telephone number				
4	f the name and/or EIN of the plan sponsor has changed since the la	st return/re	nort filed for this plan, enter the	4b	585-342-8700				
	name, EIN, and the plan number from the last return/report. Sponso		port mod for this plan, enter the						
		4c 5a	PN						
5a Total number of participants at the beginning of the plan year					29				
b	Total number of participants at the end of the plan year	5b	27						
С	Total number of participants with account balances as of the end of complete this item)			5c	22				
6a	Were all of the plan's assets during the plan year invested in eligib				X Yes No				
b	Are you claiming a waiver of the annual examination and report of	an indeper	dent qualified public accountant (IC						
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility		•		Yes No				
Pa	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information	orm 5500-	SF and must instead use Form 55	00.					
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year				
a	Total plan assets	. 7a	27123	1	284918				
b	Total plan liabilities			0	0				
С	Net plan assets (subtract line 7b from line 7a)	. 7c	27123	1	284918				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total				
а	Contributions received or receivable from:	2 (1)							
	(1) Employers	. 8a(1)	500	_					
	(2) Participants	. 8a(2)	566	<u> </u>					
h	(3) Others (including rollovers)	. 8a(3)	4605	7					
b C	Other income (loss)	. 8b . 8c	4695	/	52624				
d	Benefits paid (including direct rollovers and insurance premiums	. 60			32024				
-	to provide benefits)	. 8d	3893	7					
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			38937				
į	Net income (loss) (subtract line 8h from line 8c)				13687				
j	Transfers to (from) the plan (see instructions)	· 8j							

Part IV	Dian	Charac	torictics
Partiv	Pian	C.narac	teristics

Signature of plan administrator

Signature of employer/plan sponsor

SIGN HERE

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 2K 3B 3D

D .	1 1110	plan provides wellare beliefits, effer the applicable wellare feat	ure codes from the	LIST OF FIRE CHAIR	Clens	110 000	163 III I	ine monuc	Alons.	
Part	٧	Compliance Questions								
10	Dur	ng the plan year:				Yes	No		Amoun	ıt
а		there a failure to transmit to the plan any participant contribution CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia			10a		X			
b		e there any nonexempt transactions with any party-in-interest? (Ene 10a.)			10b		X			
С	Wa	s the plan covered by a fidelity bond?			10c		X			
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?									
	insu	e any fees or commissions paid to any brokers, agents, or other prance service or other organization that provides some or all of thuctions.)	ne benefits under the	e plan? (See	10e		X			
f	Has the plan failed to provide any benefit when due under the plan?						X			
g	Did	the plan have any participant loans? (If "Yes," enter amount as of	year end.)		10g		X			
_	If th	s is an individual account plan, was there a blackout period? (Sec	e instructions and 2	9 CFR	10h					
i		th was answered "Yes," check the box if you either provided the reptions to providing the notice applied under 29 CFR 2520.101-3.			10i					
Part '	۷I	Pension Funding Compliance								
11	ls th 550	is a defined benefit plan subject to minimum funding requirement:	s? (If "Yes," see ins	tructions and com	plete	Sched	ule SB	(Form	Y	es X No
12	ls t	nis a defined contribution plan subject to the minimum funding req	quirements of section	n 412 of the Code	or se	ction 3	302 of	ERISA?	Υ	es 🔀 No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)									
		vaiver of the minimum funding standard for a prior year is being a ting the waiver.								
	-	ompleted line 12a, complete lines 3, 9, and 10 of Schedule M					Day		Tour_	
		r the minimum required contribution for this plan year		_		[12b			
С	Ente	r the amount contributed by the employer to the plan for this plan	year			[12c			
d	Sub	ract the amount in line 12c from the amount in line 12b. Enter the ative amount)	e result (enter a min	us sign to the left	of a		12d			
е	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 y	ear or any prior yea	r?					Y	es X No
	If "Y	es," enter the amount of any plan assets that reverted to the emp	loyer this year				13a			
	Wer	e all the plan assets distributed to participants or beneficiaries, tra					ntrol		Y	es X No
		ring this plan year, any assets or liabilities were transferred from the assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify th	ne plai	n(s) to				
13	3c(1	Name of plan(s):				13	c(2) El	N(s)	130	(3) PN(s)
Cauti	on:	A penalty for the late or incomplete filing of this return/report	will be assessed u	unless reasonab	le cau	ise is	establ	ished.		
SB or	Sch	alties of perjury and other penalties set forth in the instructions, I edule MB completed and signed by an enrolled actuary, as well a true, correct, and complete.				,		<i>-</i> 11	,	
SIGN	F	led with authorized/valid electronic signature.	09/25/2010	JENNIFER WOO	L-CO	TTON	E			
HERE	- [Signature of plan administrator	Date	Enter name of ir	ndividi	ıal sin	ning as	s plan adn	ninistrato	r

Date

Date

Enter name of individual signing as plan administrator

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

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2009

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

P	Complete all entries in accord	dance with	n the instructions to the Form 5500	SF.		•	
	art I Annual Report Identification Information						
For		1/01/2	009 and ending		12/31/200)9	
A	This return/report is for: X single-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	int plan	
В	This return/report is for: first return/report	final retur	n/report				
	an amended return/report	short plar	year return/report (less than 12 mor	nths)			
C	Check box if filing under: X Form 5558	automatic	extension		☐ DFVC progra	am	
	special extension (enter descriptio	n)			Read-off		
Pa	rt II Basic Plan Information—enter all requested informa	ation	eren er en er			·	
	Name of plan			1b	Three-digit		
	PODIATRY ASSOCIATES OF ROCHESTER, LLP				plan number	0.01	
	RETIREMENT SAVINGS PLAN			10	(PN)	001	
				IC	Effective date of 01/01/200		
2a	Plan sponsor's name and address (employer, if for single-employer PODIATRY ASSOCIATES OF ROCHESTER, L	plan)		2b	Employer Identi	·	
	PODIATRY ASSOCIATES OF ROCHESTER, L ' '	, ,			(EIN) 16-096		
	±-1 4-			2c	Plan sponsor's (585) 342 -	telephone number	
	1255 PORTLAND AVENUE			2d		(see instructions)	
	ROCHESTER		NY 14621		621391	(acc matructions)	
3a	Plan administrator's name and address (if same as Plan sponsor, er	nter "Same	∍")	3b	Administrator's	EIN	
				20	Λ -	4-1	
				30	Administrators	telephone number	
4	f the name and/or EIN of the plan sponsor has changed since the las	st return/re	port filed for this plan, enter the	4b EIN			
1	name, EIN, and the plan number from the last return/report. Sponsor	r's name		4c	DNI		
5a	Total number of participants at the beginning of the plan year				FN T	29	
b				5a 5b		27	
-	Total number of participants with account balances as of the end of			อม		۷.,	
	complete this item)			5c		22	
	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	an indepe	ndent qualified public accountant (IQ	PA)		X Yes ∏ No	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either 6a or 6b, the plan cannot use Fo		'			M les No	
Pa	rt III Financial Information				· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year	
а	Total plan assets	7a	271,23	1		284,918	
b	Total plan liabilities	7b		0		(
С	Net plan assets (subtract line 7b from line 7a)	7c	271,23	1		284,918	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) ·	Total	
а	Contributions received or receivable from:			1 di 1			
	(1) Employers	8a(1)	F	_			
	(2) Participants		5,66	4			
h	(3) Others (including rollovers)	8a(3)	46.05	-			
b	Other income (loss)	<u></u>	46,95	4200		E2 62/	
c d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				52,624	
u	to provide benefits)	. 8d	38,93	7			
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				38,93	
i	Net income (loss) (subtract line 8h from line 8c)	8i				13,68	
j	Transfers to (from) the plan (see instructions)	8i					

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Page	2-	

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Par	t IV	Plan Characteristics						
9a	If the	plan provides pension benefits, enter the applicable pension feat 2E 2G 2J 2K 3B 3D	ure codes from the List of Plan Char	acteris	stic Co	des in	the instruct	tions:
b	If the	plan provides welfare benefits, enter the applicable welfare featu	re codes from the List of Plan Char	acteris	tic Cod	des in t	he instructi	ions:
Part	V	Compliance Questions						
10	Durin	ng the plan year:			Yes	No		Amount
а	29 C	there a failure to transmit to the plan any participant contribution: CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciar	y Correction Program)	10a		Х		
b	Were	e there any nonexempt transactions with any party-in-interest? (Die 10a.)	o not include transactions reported	10b		Х		
С	Was	the plan covered by a fidelity bond?		10c		Х		
d		he plan have a loss, whether or not reimbursed by the plan's fide shonesty?		10d		Х		
е	insur	e any fees or commissions paid to any brokers, agents, or other prance service or other organization that provides some or all of thuctions.)	e benefits under the plan? (See	10e		Х		
f	Has t	the plan failed to provide any benefit when due under the plan? .		10f		Х		
g	Did tl	he plan have any participant loans? (If "Yes," enter amount as of	year end.)	10g		Х		
h		s is an individual account plan, was there a blackout period? (See		10h				
i	If 10h	h was answered "Yes," check the box if you either provided the reptions to providing the notice applied under 29 CFR 2520.101-3.	equired notice or one of the	10i				
Part	VI	Pension Funding Compliance		·				
11	Is this 5500	s a defined benefit plan subject to minimum funding requirements	? (If "Yes," see instructions and con	nplete	Sched	ule SB	(Form	Yes X No
	If a w grant	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable raiver of the minimum funding standard for a prior year is being a sing the waiver. Completed line 12a, complete lines 3, 9, and 10 of Schedule Mi	mortized in this plan year, see instru	nth	and e	nter th Day	e date of th	ne letter ruling Year
b	Enter	the minimum required contribution for this plan year			⊢	12b		
C		the amount contributed by the employer to the plan for this plan			_	12c		
d	negat	ract the amount in line 12c from the amount in line 12b. Enter the tive amount)				12d		
*****		he minimum funding amount reported on line 12d be met by the f	unding deadline?			<u></u>	Yes	No N/A
Part	VII	Plan Terminations and Transfers of Assets						
13a	Has a	a resolution to terminate the plan been adopted during the plan ye	ear or any prior year?					Yes X No
		es," enter the amount of any plan assets that reverted to the empl				13a		
b	of the	e all the plan assets distributed to participants or beneficiaries, tra e PBGC?				ntrol 		Yes X No
С		ring this plan year, any assets or liabilities were transferred from the assets or liabilities were transferred. (See instructions.)	his plan to another plan(s), identify t 	he plai	n(s) to			<u></u>
	13c(1)	Name of plan(s):		<u> </u>	130	(2) El	N(s)	13c(3) PN(s)
Caut	ion· A	penalty for the late or incomplete filing of this return/report	will he assessed unless reasonab	lo cau	eo is a	octobl	ichod	
Unde SB c	er pena r Sche	alties of perjury and other penalties set forth in the instructions, I called MB completed and signed by an enrolled actuary, as well as true correct, and complete.	declare that I have examined this ret	urn/rer	ort, in	cludine	a, if applica	ble, a Schedule knowledge and
ste	N	annot-cota-	Opal Teppi	fec	(1)	ant.	Call	008
HEF		ignature of plan administrator	Date Enter name of i				_	4,5
	A CONTRACTOR OF THE PARTY OF TH	Land Water						
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