## 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 01/01/2009	9	and ending	12/31/2	2009			
A	This return/report is for: Single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan			
В	This return/report is for: first return/report	final retur	n/report					
	an amended return/report	short plan	year return/report (less than 12 m	onths)				
С	Check box if filing under:	automatic	extension		DFVC program			
	special extension (enter description	n)			_			
Pa	art II Basic Plan Information—enter all requested informa	ation						
	Name of plan			1b	Three-digit			
MAR	C CHARLES JANIS, MD, PLLC 401K PROFIT SHARING PLAN AND	TRUST			plan number			
			10	(PN)				
				10	Effective date of plan 01/01/2001			
2a	Plan sponsor's name and address (employer, if for single-employer	plan)		2b	Employer Identification Number			
MAR	C CHARLES JANIS, MD, PLLC				(EIN) 13-3870823			
105 9	STEVENS AVE SHITE 100			2c	Plan sponsor's telephone number 914-664-7311			
MOU	STEVENS AVE., SUITE 109 INT VERNON, NY 10550			2d	Business code (see instructions)			
					621111			
	Plan administrator's name and address (if same as Plan sponsor, er C CHARLES JANIS, MD, PLLC 105 STEVEN			3b	Administrator's EIN 13-3870823			
IVIZALA	MOUNT VER	NON, NY	10550	3c	Administrator's telephone number			
					914-664-7311			
	f 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. Sponsor	i s name		4c	PN			
5a	Total number of participants at the beginning of the plan year	. 5a	4					
b	• =				4			
С	Total number of participants with account balances as of the end of			. 5c				
	complete this item)				<u> </u>			
6a b	Were all of the plan's assets during the plan year invested in eligible.  Are you claiming a waiver of the annual examination and report of a		'		X Yes No			
D	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	orm 5500-	SF and must instead use Form 5	500.				
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year			
a	Total plan assets	7a	43310	50	627461			
	Total plan liabilities	7b			007404			
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	7c	43310	50	627461			
8	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount		(b) Total			
а	(1) Employers	8a(1)	67	72				
	(2) Participants	8a(2)	742	24				
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	18010	)5				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			194301			
d	Benefits paid (including direct rollovers and insurance premiums	0.1						
^	to provide benefits)	8d						
e f	Certain deemed and/or corrective distributions (see instructions)	8e						
t t	Administrative service providers (salaries, fees, commissions)	8f						
g h	Other expenses	8g eh			0			
n i		8h e:			194301			
i	Net income (loss) (subtract line 8h from line 8c)  Transfers to (from) the plan (see instructions)	8i			104001			
		8j						

Dort IV	Dian	Charac	teristics
Part IV	Plan	Charac	'teristics

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 2J 3B 3D

If the plan provides welfers handfits enter the applicable welfers, feeture ender from the Liet of Plan Characteristic Codes in the instructions

		e plan provides welfare benefits, enter the applicable welfare featu									
Part		Compliance Questions						I			
10		ing the plan year:			Yes	No	Į.	Mount			
	29	s there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary	y Correction Progra	am)	10a		Χ				
b		re there any nonexempt transactions with any party-in-interest? (Deline 10a.)		•	10b		X				
С	W	as the plan covered by a fidelity bond?			10c	X			10	00000	
d											
е	ins	re any fees or commissions paid to any brokers, agents, or other purance service or other organization that provides some or all of the ructions.)	e benefits under the	e plan? (See	10e		X				
f	На	s the plan failed to provide any benefit when due under the plan?			10f		X				
g	Dic	the plan have any participant loans? (If "Yes," enter amount as of	year end.)		10q		Χ				
_	If th	iis is an individual account plan, was there a blackout period? (See	e instructions and 29	9 CFR	10h		X				
i	If 1	Oh was answered "Yes," check the box if you either provided the reeptions to providing the notice applied under 29 CFR 2520.101-3	equired notice or on	e of the	10i						
Part	VI	Pension Funding Compliance									
11		nis a defined benefit plan subject to minimum funding requirements 0))	•		•			•	Yes	No	
12	ls t	his a defined contribution plan subject to the minimum funding requ	uirements of section	n 412 of the Code	or se	ction 3	302 of	ERISA?	Yes	No	
	(If "	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	e.)								
а		waiver of the minimum funding standard for a prior year is being ar nting the waiver.									
lf y	ou	completed line 12a, complete lines 3, 9, and 10 of Schedule ME	B (Form 5500), and	I skip to line 13.		_		I			
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					12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the ative amount)		-			12d				
		the minimum funding amount reported on line 12d be met by the fundamental funding amount reported on line 12d be met by the fundamental fu	unding 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 ye	ear or any prior yea	r?				ı	X Yes	No	
		es," enter the amount of any plan assets that reverted to the employees					13a			0	
	of t	re all the plan assets distributed to participants or beneficiaries, transe PBGC?							Yes	No	
С		uring this plan year, any assets or liabilities were transferred from the ch assets or liabilities were transferred. (See instructions.)	his plan to another	plan(s), identify th	ne pla	n(s) to			<del> </del>		
1	3c(1	) Name of plan(s):				13	c(2) EI	N(s)	13c(3) P	N(s)	
Cauti	on:	A penalty for the late or incomplete filing of this return/report	will be assessed u	ınless reasonabl	e cau	se is	establ	ished.	1		
Unde SB or	r pe Scł	nalties of perjury and other penalties set forth in the instructions, I diedule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.	declare that I have e	examined this retu	ırn/re	ort, ir	cludin	g, if applicat	,		
SIGN	J	iled with authorized/valid electronic signature.	10/04/2010	MARC CHARLES	JAN	IS					
HERI						individual signing as plan administrator					

Date

Enter name of individual signing as employer or plan sponsor

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Pension Benefit Guaranty Corporation

Department of Labor

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

Form 5500-SF (2009) v.092308.1

2009

This Form is Open to Public Inspection

	Part I Annual Report Identification Information				
For	r calendar plan year 2009 or fiscal plan year beginning	01/01/2	009 and ending		12/31/2009
Α	This return/report is for: X single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan
	This return/report is for: first return/report	final retur	n/report		
_	an amended return/report	Short plan	n year return/report (less than 12 mo	onths)	
^	Check box if filing under: X Form 5558		extension	,	DFVC program
U	special extension (enter desc	ш	o exterioriori		_ Bi vo piogram
	art II Basic Plan Information—enter all requested in	formation		146	
та	Name of plan MARC CHARLES JANIS, MD, PLLC			ID	Three-digit plan number
					(PN) ▶ 001
	401K PROFIT SHARING PLAN AND TRUST			1c	Effective date of plan
					01/01/2001
<b>2</b> a	I Plan sponsor's name and address (employer, if for single-empl MARC CHARLES JANIS, MD, PLLC	loyer plan)		2b	Employer Identification Number
	THE CHILD OF THE THE			20	(EIN) 13-3870823
	105 Chamana Arra Cuita 100			20	Plan sponsor's telephone number (914) 664-7311
	105 Stevens Ave., Suite 109			2d	Business code (see instructions)
	Mount Vernon		NY 10550		621111
3a	Plan administrator's name and address (if same as Plan spons	or, enter "Same	∍")	3b	Administrator's EIN
				30	Administrator's telephone number
					Administrator s telephone manuel
	If the name and/or EIN of the plan sponsor has changed since the		port filed for this plan, enter the	4b	EIN
	name, EIN, and the plan number from the last return/report. Sp	onsor's name		4c	CN
52	Total number of nationants at the heginning of the plan year			-	T
Total number of participants at the beginning of the plan year					1
	Total number of participants at the end of the plan year			5b	4
С	Total number of participants with account balances as of the e complete this item)			5c	4
62	Were all of the plan's assets during the plan year invested in e				X Yes No
	Are you claiming a waiver of the annual examination and repo				
	under 29 CFR 2520.104-46? (See instructions on waiver eligit	oility and condit	ons.)		X Yes No
	If you answered "No" to either 6a or 6b, the plan cannot u	se Form 5500-	SF and must instead use Form 5	500.	
	art III Financial Information				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
	Total plan assets		433,1	50	627,461
b	Total plan liabilities	7b			
<u>C</u>		7c	433,1	50	627,461
8	Income, Expenses, and Transfers for this Plan Year				
а			(a) Amount		(b) Total
a	Contributions received or receivable from:	8a(1)		72	(b) Total
a	Contributions received or receivable from: (1) Employers	<u> </u>	6,7		(b) Total
a	Contributions received or receivable from: (1) Employers	8a(2)			(b) Total
	Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers)	8a(2) 8a(3)	6,7° 7,4°	24	(b) Total
b	Contributions received or receivable from: (1) Employers	8a(2) 8a(3) 8b	6,7	24	
b c	Contributions received or receivable from:  (1) Employers	8a(2) 8a(3) 8b 8c	6,7° 7,4°	24	(b) Total  194,301
b	Contributions received or receivable from:  (1) Employers	8a(2) 8a(3) 8b 8c	6,7° 7,4°	24	
b c	Contributions received or receivable from:  (1) Employers	8a(2) 8a(3) 8b 8c ns 8d	6,7° 7,4°	24	
b c d	Contributions received or receivable from:  (1) Employers	8a(2) 8a(3) 8b 8c ns 8d s)8d	6,7° 7,4°	24	
b c d	Contributions received or receivable from:  (1) Employers	8a(2) 8a(3) 8b 8c ns 8d s)8e	6,7° 7,4°	24	
b c d e f	Contributions received or receivable from:  (1) Employers	8a(2) 8a(3) 8b 8c 8c 8s 8d 8) 8e 8f 8g	6,7° 7,4°	24	
b c d e f g	Contributions received or receivable from:  (1) Employers	8a(2) 8a(3) 8b 8c ns 8d s)8e 8f 8g 8h	6,7° 7,4°	24	

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Form	5500-	SF	2009

Signature of employer/plan sponsor

_	2	1 1
Page	Z-	1 1

Par	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension for $2E$ $2J$ $3B$ $3D$	eature codes from the	List of Plan Chara	acteris	stic Co	des in	the instruct	ions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature codes from the l	List of Plan Chara	cteris	tic Coo	des in t	he instructi	ons:	
Part	V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc			10a		Х			
b	•	(Do not include transa	actions reported	10b		х			
С	Was the plan covered by a fidelity bond?			10c	Х			100,0	<u></u>
d	Did the plan have a loss, whether or not reimbursed by the plan's fi or dishonesty?	delity bond, that was o	caused by fraud	10d	**	х			
е	Were any fees or commissions paid to any brokers, agents, or othe insurance service or other organization that provides some or all of instructions.)	r persons by an insura	ance carrier, plan? (See	10e		Х			
f	Has the plan failed to provide any benefit when due under the plan	?	,	10f		х			
q	Did the plan have any participant loans? (If "Yes," enter amount as		ł						
	If this is an individual account plan, was there a blackout period? (S		1	10g		X			
••	2520.101-3.)			10h		х			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-			10i					
Part	VI Pension Funding Compliance								
	Is this a defined benefit plan subject to minimum funding requireme 5500))	nts? (If "Yes," see inst	ructions and comp	plete :	Sched	ule SB	(Form	☐ Yes ☐	No
lf y	If a waiver of the minimum funding standard for a prior year is being granting the waiver.  ou completed line 12a, complete lines 3, 9, and 10 of Schedule  Enter the minimum required contribution for this plan year	MB (Form 5500), and	Mont skip to line 13.	h		Day _		Year	—
	•				···	12c	***************************************		
d	Enter the amount contributed by the employer to the plan for this pla Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	ne result (enter a minu	is sign to the left o	of a	···	12d		• • • • • • • • • • • • • • • • • • • •	
	Will the minimum funding amount reported on line 12d be met by the				h		Yes	No □ N/	/A
Part '									_
	Has a resolution to terminate the plan been adopted during the plan	year or any prior year	-2					X Yes	No
						13a		<u> </u>	-
b	If "Yes," enter the amount of any plan assets that reverted to the em Were all the plan assets distributed to participants or beneficiaries, to of the PBGC?	ransferred to another	plan, or brought u	ınder	the co	ntrol		Yes X	No.
	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)								
1:	Sc(1) Name of plan(s):			13c(2) EIN(s)			13c(3) PN(	s)	
				****					
Causti	on: A penalty for the late or incomplete filing of this return/repo	rt will be seeneed :	inlace research!	0 0311	eo ie -	netah!i	ehad	L	
Under SB or	penalties of perjury and other penalties set forth in the instructions, Schedule MB completed and signed by an enrolled actuary, as well it is true, correct, and complete.	I declare that I have e	xamined this retu	rn/rep	ort, in	cluding	, if applicat		!
SIGN	y Man Jam	× 9 27 (10)	MARC CHARLE	ES J	ANIS	5			
HERE		Date	Enter name of inc				plan admin	istrator	
SIGN									
HERE	Signature of employer/plan sponsor	Date	Enter name of inc	dividu	al sign	ning as	employer o	r plan sponsor	

Date

Enter name of individual signing as employer or plan sponsor