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.				
		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			
	B This return/report is for: first return/report final return/report								
	an amended return/report short plan year return/report (less than 12 more								
С	Check box if filing under:	DFVC program							
	special extension (enter description)								
Do	rt II Pacia Plan Infor								
		mation—enter all requested inform	nation		1h	Throo digit			
	Name of plan	OF BRONXVILLE, PLLC PROFIT S	HADING D	I ANI AND TRUST	טו	Three-digit plan number			
OTTIL	DICENO MEDIONET INCOTICE	OF BROWNIELE, FEED FROM FE	7 7 7 7 7 7 7	ENTAND TROOT		(PN) • 002			
					1c	Effective date of plan			
						01/01/1990			
		ress (employer, if for single-employe	r plan)		2b	Employer Identification Number			
CHIL	DRENS MEDICAL PRACTICE	OF BRONXVILLE, PLLC				(EIN) 06-1546543			
4 511	ACTREET				2C	Plan sponsor's telephone number 914-337-7474			
	M STREET KAHOE, NY 10707				2d	Business code (see instructions)			
						621111			
		d address (if same as Plan sponsor,	enter "Same	e")	3b	Administrator's EIN			
CHIL	DRENS MEDICAL PRACTICE	OF BRONXVILLE, 1 ELM STR TUCKAHOE		7		06-1546543			
, LLC	,	TOOKAROL	-, 141 10701		3c	Administrator's telephone number 914-337-7474			
4 1	f the name and/or FIN of the n	lan sponsor has changed since the la	et return/re	aport filed for this plan, enter the	4h	EIN			
		er from the last return/report. Spons		port med for this plan, enter the	40	EIIN			
	·				4c	PN			
5a	Total number of participants a		5a	4					
b	Total number of participants a	5b	4						
С	Total number of participants v	with account balances as of the end of	of the plan y	vear (defined benefit plans do not					
	complete this item)				5c	4			
6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								
b	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
		her 6a or 6b, the plan cannot use F		•		X Yes No			
Pa	rt III Financial Inform		01111 3300-	or and must misteau use i orm 55					
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year			
=	Total plan assets		7a	93610)	(b) Elia of Teal 63680			
b	. ota. pian acceto			30010	_	0			
C	•	7b from line 7a)		93610		63680			
			7с		+				
8	Income, Expenses, and Trans Contributions received or received			(a) Amount		(b) Total			
а		ervable from:	8a(1))				
	` , , ,			()				
		rs (including rollovers)							
b	` ` ` ` ` `	-,	` '	3040	040				
C	` ,	, 8a(2), 8a(3), and 8b)		33.0		3040			
d		t rollovers and insurance premiums	00			90.0			
~			8d	()				
е	Certain deemed and/or correct	ctive distributions (see instructions)	8e	32970)				
f	Administrative service provide	ers (salaries, fees, commissions)	8f	()				
g	Other expenses		8g						
h	Total expenses (add lines 8d,	, 8e, 8f, and 8g)				32970			
i		ne 8h from line 8c)				-29930			
j		see instructions)		()				

D (IV/	DI	O L	
Part IV	Plan	Characi	reristics

SIGN HERE

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 3B 3D

b 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	
-		as there a failure to transmit to the plan any participant contributions within the time period described in						Amount	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia	•	,	10a		Х			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					X			
С	Was the plan covered by a fidelity bond?			10c	Χ				100000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					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.)					X			
f	Has the plan failed to provide any benefit when due under the plan?			10f		Χ			_
g	Did the plan have any participant loans? (If "Yes," enter amount as o	of year end.)		10g		Χ			
h	If this is an individual account plan, was there a blackout period? (Se					Χ			
	2520.101-3.)			10h		^			
<u> </u>	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3			10i					
art									
1	Is this a defined benefit plan subject to minimum funding requirement 5500))							Yes	No No
2	Is this a defined contribution plan subject to the minimum funding red	quirements of sect	on 412 of the Code	or se	ction 3	02 of E	RISA?	Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable $\ensuremath{^{12}}$,							
а	If a waiver of the minimum funding standard for a prior year is being a granting the waiver.								
If y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule N					Day_		rear	
_	Enter the minimum required contribution for this plan year				[12b			
С	Enter the amount contributed by the employer to the plan for this plan	n year			[12c			
	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
art	VII Plan Terminations and Transfers of Assets								
3a	Has a resolution to terminate the plan been adopted during the plan	year or any prior ye	ear?					Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the emp	olover this year				13a			
b	Were all the plan assets distributed to participants or beneficiaries, troof the PBGC?					ntrol 		Yes	No X
С	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to anothe	er plan(s), identify th	e plai	n(s) to				
1	3c(1) Name of plan(s):				130	(2) EII	N(s)	13c(3	B) PN(s)
.	and A namely for the late on the contract of the contract of	4!!! b.a	l				ah a d		
	ion: A penalty for the late or incomplete filing of this return/repor								
B or	r penalties of perjury and other penalties set forth in the instructions, I Schedule MB completed and signed by an enrolled actuary, as well a , it is true, correct, and complete.				,	_		,	
CICS	Filed with authorized/valid electronic signature.	10/07/2010	MARC RABUSE						
SIGN Signature of plan administrator Data Enter name of individual signing as plan administrator				niniatratar					

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

ror	art Annual Report Identification Information	1 7/1 7/1	000		10/21/200	0		
		1/01/2	009 and ending		12/31/200			
Α	This return/report is for:	multiple-employer plan (not multiemployer) one-participant plan						
В	This return/report is for: first return/report	final return/report						
	an amended return/report	short plan	year return/report (less than 12 mor	iths)				
С	Check box if filing under: X Form 5558	automatic	extension		DFVC progra	m		
_	special extension (enter description	on)		,				
P	art II Basic Plan Information—enter all requested information							
	Name of plan	ation		1b	Three-digit			
	CHILDRENS MEDICAL PRACTICE OF BRONXVILLE	, PLLC			plan number			
	PROFIT SHARING PLAN AND TRUST				(PN) •	002		
				1c	Effective date of	•		
-20	Dispersional pages and address (ampleton if for single applican	-11		25	01/01/1990			
	Plan sponsor's name and address (employer, if for single-employer CHILDRENS MEDICAL PRACTICE OF	pian)			Employer Identif (EIN) 06-154			
	BRONXVILLE, PLLC					elephone number		
	1 Elm Street				(914)337-7			
	m., _ 1, _ 1,		NW 10707	2d	Business code (s 621111	see instructions)		
3a	<u>Tuckahoe</u> <u>Plan</u> administrator's name and address (if same as Plan sponsor, e	nter "Same	NY 10707	3h	Administrator's E			
Ju	SAME	mer came	. ,	-	rummonator a c			
				3с	Administrator's t	elephone number		
	Kills of the City							
	If the name and/or EIN of the plan sponsor has changed since the last name, EIN, and the plan number from the last return/report. Sponso		port filed for this plan, enter the	4b	EIN			
				4c	PN			
5a	Total number of participants at the beginning of the plan year	5a	ia l					
b	b Total number of participants at the end of the plan year					4		
С	c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not							
	complete this item)			5c		4		
	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							
D	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							
	If you answered "No" to either 6a or 6b, the plan cannot use Fo		,	********		M 169 NO		
Pa			SF and must instead use Form 55	00.		M Tes ∐ No		
	rt III Financial Information		SF and must instead use Form 55	00.		△ Tes ☐ No		
7	Plan Assets and Liabilities		SF and must instead use Form 55 (a) Beginning of Year	00.	(b) End			
7					(b) End			
7 a	Plan Assets and Liabilities	7a	(a) Beginning of Year		(b) End	of Year		
7 a b	Plan Assets and Liabilities Total plan assets	7a 7b	(a) Beginning of Year	0 0	(b) End	of Year 63, 680		
7 a b	Plan Assets and Liabilities Total plan liabilities Total plan liabilities	7a 7b	(a) Beginning of Year 93,61	0 0	(b) End	of Year 63,680 0 63,680		
7 a b c	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	7a 7b 7c	(a) Beginning of Year 93,61	0 0		of Year 63,680 0 63,680		
7 a b c	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	7a 7b 7c 8a(1)	(a) Beginning of Year 93,61	0 0		of Year 63,680 0 63,680		
7 a b c	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants	7a 7b 7c 8a(1)	(a) Beginning of Year 93,61	0 0		of Year 63,680 0 63,680		
7 a b c 8 a	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers)	7a 7b 7c 8a(1) 8a(2) 8a(3)	(a) Beginning of Year 93,61 93,61 (a) Amount	0 0 0 0 0		of Year 63,680 0 63,680		
7 a b c	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a). Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers). Other income (loss).	7a 7b 7c 8a(1) 8a(2) 8a(3)	(a) Beginning of Year 93,61	0 0 0 0 0		of Year 63,680 0 63,680		
7 a b c 8 a b	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a). Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss). Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	7a 7b 7c 8a(1) 8a(2) 8a(3)	(a) Beginning of Year 93,61 93,61 (a) Amount	0 0 0 0 0		of Year 63,680 0 63,680		
7 a b c 8 a	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a). Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers). Other income (loss). Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	(a) Beginning of Year 93,61 93,61 (a) Amount	0 0 0 0 0		of Year 63,680 0 63,680		
7 a b c 8 a b	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits)	7a 7b 7c 8a(1) 8a(2) 8a(3)	(a) Beginning of Year 93, 61 93, 61 (a) Amount	0 0 0 0 0 0 0 0 0		of Year 63,680 0 63,680		
7 a b c 8 a b c	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss). Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits).	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d	(a) Beginning of Year 93,61 93,61 (a) Amount	0 0 0 0 0 0 0 0 0		of Year 63,680 0 63,680		
7 a b c 8 a b c d	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions)	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f	(a) Beginning of Year 93, 61 93, 61 (a) Amount	0 0 0 0 0 0 0 0 0		of Year 63,680 0 63,680		
7 a b c 8 a b c d	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a). Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss). Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits). Certain deemed and/or corrective distributions (see instructions). Administrative service providers (salaries, fees, commissions). Other expenses.	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g	(a) Beginning of Year 93, 61 93, 61 (a) Amount	0 0 0 0 0 0 0 0 0		of Year 63,680 0 63,680		
7 a b c 8 a b c d	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss). Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits). Certain deemed and/or corrective distributions (see instructions). Administrative service providers (salaries, fees, commissions). Other expenses Total expenses (add lines 8d, 8e, 8f, and 8g).	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h	(a) Beginning of Year 93, 61 93, 61 (a) Amount	0 0 0 0 0 0 0 0 0		of Year 63,680 0 63,680 otal 3,040		
7 a b c 8 a b c d e	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a). Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss). Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits). Certain deemed and/or corrective distributions (see instructions). Administrative service providers (salaries, fees, commissions). Other expenses.	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h	(a) Beginning of Year 93, 61 93, 61 (a) Amount 3,04	0 0 0 0 0 0 0 0 0		of Year 63,680 0 63,680 Total		

		Form 5500-SF 2009 Page 2-							
Par	t IV	Plan Characteristics							
9a	If th	e plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char	acteris	stic Co	des in	the instru	ctions:		
b	if th	2E 3B 3D e plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	acteris	tic Cod	des in 1	he instru	ctions:		
Part	: V	Compliance Questions							
10	Du	ring the plan year:		Yes	No		Amou	nt	
а	29	as there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х				
b		ere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported line 10a.)	10b		х				
С	W	as the plan covered by a fidelity bond?	10c	Х				100	,000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud dishonesty?	10d		Х				
е	ins	ere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, urance service or other organization that provides some or all of the benefits under the plan? (See tructions.)	10e		Х				
f	На	s the plan failed to provide any benefit when due under the plan?	10f		Х				
g	Dic	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10a		х				
h	If t	his is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10h		Х				
i	If 1	10h was answered "Yes," check the box if you either provided the required notice or one of the ceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
Part	VI	Pension Funding Compliance							•
11		his a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 00))					. []	′es [No
12	ls	this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of	ERISA?	. 🛮 ነ	es [No.
		'Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
	gra	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruinting the waiver	ith						
	•	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				
		ter the amount contributed by the employer to the plan for this plan year.			12c				
c d	Sul	btract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left pative amount)	of a		12d				
е		the minimum funding amount reported on line 12d be met by the funding deadline?		1,		Yes	No	П	N/A
Part	VII	Plan Terminations and Transfers of Assets						- Innerée	
13a	На	s a resolution to terminate the plan been adopted during the plan year or any prior year?	,,,,,,,,,					es 2	No
	If "	Yes," enter the amount of any plan assets that reverted to the employer this year			13a				
b	of t	ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the PBGC?	*******		• • • • • • • • • • • • • • • • • • • •			es [No.
C		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t ich assets or liabilities were transferred. (See instructions.)	he pla	n(s) to)				
	13c(1) Name of plan(s):	_	13	c(2) El	N(s)	13	c(3) F	'N(s)

Caution: A penalty for the late of 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.

SIGN	Men	10/1/10	MARC RABUSE
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