## 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

		Identification Information						
For	calendar plan year 2009 or fis	scal plan year beginning 01/01/20	09	and ending 1	2/31/2	2009		
A	This return/report is for:	return/report is for: single-employer plan multiple-employer plan (not multiemployer)						
В -	This return/report is for:	first return/report	n/report		_			
	·	an amended return/report	short plar	year return/report (less than 12 mo	nths)			
C (	Check box if filing under:	X Form 5558	=	extension	·	DFVC program		
•	Sheek box ii iiiing dhaci.	special extension (enter descript	_	, externel en				
Do	rt II Basic Plan Info		,					
	Name of plan	rmation—enter all requested inform	nation		1h	Three-digit		
	·	ROLOGY ASSOCIATES, P.C. PROFI	T SHARING	S PLAN	10	plan number		
0						(PN) • 001		
					1c	Effective date of plan		
						01/01/1989		
		dress (employer, if for single-employe	er plan)		2b	Employer Identification Number		
WES	TCHESTER GASTROENTER	ROLOGY ASSOCIATES,			20	(EIN) 13-3496674 Plan sponsor's telephone number		
777 N	IORTH BROADWAY					914-366-6120		
NOR'	TH TARRYTOWN, NY 10591				2d	Business code (see instructions)		
					01	621111		
		nd address (if same as Plan sponsor, ROLOGY ASSOCIATES, 777 NORTH			3D	Administrator's EIN 13-3496674		
0		NORTH TA			3c	Administrator's telephone number		
						914-366-6120		
		olan sponsor has changed since the la		port filed for this plan, enter the	4b	EIN		
r	name, Elin, and the plan num	ber from the last return/report. Spons	sor's name		4c	PN		
5a	Total number of participants	at the beginning of the plan year			5a	10		
b		at the end of the plan year			5b	10		
		with account balances as of the end			30	10		
				•	5c	10		
6a	Were all of the plan's assets	s during the plan year invested in eligi	ble assets?	(See instructions.)		X Yes No		
b		the annual examination and report of				V v. D v.		
		? (See instructions on waiver eligibility		•		Yes   No		
Pa	rt III Financial Inform	ther 6a or 6b, the plan cannot use I	Form 5500-	SF and must instead use Form 55	00.			
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year		
, a			7a	1072872	>	1500561		
b	•				)	0		
	•	e 7b from line 7a)		1072872		1500561		
8	Income, Expenses, and Trar	<u>'</u>	70	(a) Amount	(b) Total			
а	Contributions received or rec			(a) Amount		(b) Total		
_			8a(1)	90000	)			
	(2) Participants		8a(2)	86229	9			
	(3) Others (including rollove	rs)	8a(3)					
b	Other income (loss)		8b	251460	)			
C	Total income (add lines 8a(1	), 8a(2), 8a(3), and 8b)	8c			427689		
d		ct rollovers and insurance premiums						
_	•				$\dashv$			
e		ective distributions (see instructions)						
t	•	ders (salaries, fees, commissions)			4			
g	·							
h	•	d, 8e, 8f, and 8g)				0		
į	` , `	ine 8h from line 8c)				427689		
i	Transfers to (from) the plan	(see instructions)	8i	1				

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Dart IV	Dian	Charac	teristics
Part IV	ı Pian	C.narac	teristics

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

2E 2J 2R 3D

**HERE** 

SIGN HERE Signature of plan administrator

Filed with authorized/valid electronic signature.

Signature of employer/plan sponsor

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 0	During the plan year:		Yes	No		Amo	unt	
-	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		X		AIII	Junt	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
С	Was the plan covered by a fidelity bond?	10c	X				1	000000
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		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				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h						
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								
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))						Yes	X No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					H		X No
_	, , , , , , , , , , , , , , , , , , , ,	01 56	CHOITS	002 01 1	EKISA!	Ш	103	
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc							ng
lf v	granting the waiverMon you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	un		Day .		rea	·	
	Enter the minimum required contribution for this plan year			12b				
				12c				
	Enter the amount contributed by the employer to the plan for this plan year							
u	negative amount)			12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	1	lo	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 year?						Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a		l		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought			ntrol				
	of the PBGC?					X	Yes	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	ne plai	n(s) to					
1	3c(1) Name of plan(s):		130	(2) EI	N(s)		13c(3)	PN(s)
						$\perp$		
aut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le car	ea ie	ostahl	ishad			
	er penalties of periury and other penalties set forth in the instructions, I declare that I have examined this return.					able.	a Sche	dule
Во	r Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/ f, it is true, correct, and complete.							
SICI	Filed with authorized/valid electronic signature. 10/08/2010 FLOYD BYFIELD	)						

Date

Date

10/08/2010

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

FLOYD BYFIELD

## 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.

	Annual Report Identification Information				·							
	r the calendar plan year 2009 or fiscal plan year beginning	01/0	1/2009	and ending	12	/31/2009						
Α	This return/report is for:	] multiple-e	employer plan (n	ot multiemployer)	Γ	one-participant plan						
В	This return/report is for:     first return/report	final retur	n/report			_ one participant plan						
	an amended return/report	=	•	ort (less than 12 mont	la a V							
С	Check box if filing under: x Form 5558	ī .		on (less man 12 mon	ns) ⊏	-						
•		_	extension		L	DFVC program						
G.EC	special extension (enter description)											
	art II Basic Plan Information enter all requested info											
Id	Name of plan					Three-digit						
	WESTCHESTER GASTROENTEROLOGY ASSOCIATES, P.C.	PROFIT	SHARING PLA	AN		olan number (PN) ▶ 001						
			Effective date of plan									
3-						01/01/1989						
Zd	Plan sponsor's name and address (employer, if for single-employer	olan)			2b Employer Identification Number							
	WESTCHESTER GASTROENTEROLOGY ASSOCIATES,				(EIN) 13-3496674							
	777 NORTH BROADWAY				2c Plan sponsor's telephone number							
υs	NORTH TARRYTOWN NY 10591				2d Business code (see instructions)							
3a	11 2031					521111						
-	Plan administrator's name and address (If same as plan employer, e Same	nter "Same	")		3b /	Administrator's EIN						
					3c /	Administrator's telephone number						
4	If the name and/or EIN of the plan sponsor has changed since the la	st return/rep	ort filed for this	plan, enter the	4b E	IN						
	name, EIN and the plan number from the last return. Sponsor's Name	е		•	4c F							
5a	Total number of participants at the beginning of the plan year	<del></del>			5a	T						
b	Total number of participants at the end of the plan year				5b	10						
С	i otal number of participants with account balances as of the end of the	he nian vea	r (defined benef	it plane de not	<del></del>							
6a	complete this item)				5c 10							
b	Were all of the plan's assets during the plan year invested in eligible and Are you claiming a waiver of the annual examination and report of an under 20 CER 3520 104 462 (See just as See Just 20 CER 3520 104 462 (See j		Yes No									
	under 25 CFR 2520.104-40? (See instructions on waiver eligibility and											
	If you answered "No" to either 6a or 6b, the plan cannot use Forn	n 5500-SF	and must inste	ad use Form 5500		Yes No						
Pa	nt III Financial Information		·									
7	Plan Assets and Liabilities		(a) Be	ginning of Year	T	(b) End of Year						
а	Total plan assets	. 7a		1,072,872	<del>  -</del>							
b	Total plan liabilities	. 7b		0	_	1,500,561						
C	Net plan assets (subtract line 7b from line 7a)	. 7c		1,072,872	_	1,500,561						
8	Income, Expenses, and Transfers for this Plan Year		12	) Amount	<del></del>							
а	Contributions received or receivable from:	a symmetric firms	<u>\</u>	7 - univalle	CONTRACTOR OF THE PARTY OF THE	(b) Total						
	(1) Employers	. 8a(1)	<u> </u>	90,000								
	(2) Participants	. <u>8a(2)</u>	<u> </u>	86,229								
L	(3) Others (including rollovers)	. 8a(3)			montage in							
b	Other income (loss)	. <u>8b</u>		251,460								
c d	Total income(add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c				427,689						
u	Benefits paid (including direct rollovers and insurance premiums to provide benefits)			3 70 - 10 10 10 10 10 10 10 10 10 10 10 10 10		227,009						
e		8d										
e f	Certain deemed and/or corrective distributions (see instructions)	. <u>8e</u>	· · · · · · · · · · · · · · · · · · ·			San Carlotte Control						
g	Administrative service providers (salaries, fees, commissions) Other expenses	- <u>8f</u>	<u> </u>		1344							
_		8g	.2									
h :	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	de de		ž.	0						
!	Net income (loss) (subject line 8h from line 8c)	. 8i		Tarangan ang ka		427,689						
<u> </u>	Transfers to (from) the plan (see instructions)	. 8j			E SALES							

	Porm 5500-SF (2009)	Pa	ge <b>2-</b>											
	Plan Characteristics							,						
	If the plan provides pension benefits, enter the applicable pension featur	e codes from the List	of Plan Cl	riaracteri	stic C	Codes Ir	the l	nstructions:						
	2E 2J 2R 3D	r												
מ	If the plan provides walfare benefits, enter the applicable welfare feature	codes from the List (	II MBN CH	atactaus	NO CE	908 III	ase str	structions:						
	Compliance Questions			•										
10	During the plan year;					Yes	No	A	mount					
a	Was there a failure to transmit to the plan any participant contribution	within the time period	described	ln			x							
L	29 CFR 2510.3-1027 (See Instructions and DOL's Voluntary Fiduciary Were there any nonexempt transactions with any party-in-interest? (Do	Correction Program)		, ,	10a			.,						
K.	yyere inere any nonexempt transactions with any party-in-interestr (Diop) [ine 10g.]				10b		x							
ď	,				10c	х			1,0	00,000				
C							x		11-0					
	or dishonesty?													
€	Were any fees or commissions paid to any brokers, agents, or other pe	rsons by an Insuranc	e carrier,											
	insurance services or other organization that provides some or all of the instructions.)				10e		X							
f	Has the plan falled to provide any benefit when due under the plan?				10f		x							
Ç					10a		х							
F	If this is an individual account plan, was there a blackout period? (See	Instructions and 29	OFR		-									
	2520.101-3.)				10h									
ł	If 10h was answered "Yes," check the box if you either provided the re exceptions to providing the notice applied under 29 CFR 2520.101-3	equired notice or one	of the		101									
ξĖ	Pension Funding Compliance					<u></u>			neening in this tribit	Managampings				
11	ls this a defined benefit plan subject to minimum funding requirements		ucilons and	d comple	ete Sc	chedule	8B (I	orm	□Yes	No				
12	(5500))		d la de la de	Onda es	اسا		<u>ئىسۇ.</u> 10 كەم	1040	_=	No				
16	(if "Yes," complete 12s or 12b, 12c, 12d, and 12e below, as applicable		12011111	CODA OL	2008	un cor	OI EK	IOM!	, h) 149	[]110				
ε		•	vaar, saa l	nstructio	ns. a	nd ente	r the	date of the !	etter ruling					
•	granting the waiver			. Mon					Year	<del></del>				
ii E	you completed line 12e, complete lines 3, 9, and 10 of Schedule MB  Enter the minimum required contribution for this plan year	-	-			[	12b		•					
י נ						'⊢	12c		-					
Č	·					'   ·	464							
	negativė amount)					٠ لـ	12d							
E	Will the minimum funding amount reported on line 12d be met by the	funding deadline? .	1, 1-1,		Ł	E P 1	•	Yes	□ No [	N/A				
	Plan Terminations and Transfers of Assets					<del></del>				leads t				
132	Has a resolution to terminate the plan been adopted during the plan y			• • •	, ,	' ' <del>'</del>	• •	<del>, , ,</del>	_ Yes	ίχ Νο				
L	If "Yea," enter the amount of any plan essets that reverted to the emp						13a							
İ	Were all the plan assets distributed to participants or beneficiaries, tra of the PBGC?	insterred to another p	ian, or oro	ugnt und	Jerin • •	IO CONT	۵۱ • •		. X Yes	□No				
C		his plan to another pl	an(s), Iden	ilify the p	olan(s	e) to								
-	which assets or liabilities were transferred. (See Instructions.)				1		/=\ -		1 45 45					
	13c(1) Name of plan(s):				┢	13	o(2) E	IN(s)	13c(3)	PN(s)				
				•	1									
									1					
	tion: A penalty for the late or incomplete filing of this return/report w									<del></del> ,				
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														
belle	peller, it is true, correct, and complete.													
		10.5.10	FLOYD	BYFIEI	ELD									
	Signature of plan administrator	Date	Enter nar	ne of Inc	lividu	tal signi	ពព្ធ ឧន	plan admin	strator					
	10.510 PLOYD BYFYEYD													
	Signature of employer/plan sponsor Date Enter name of I							of Individual signing as employer or plan sponsor						