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).

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

P	ension Benef	fit Guaranty Corporation	▶ Complete all entries in ac	cordance wit	h the instructions to the Form 550	0-SF.	-				
			dentification Information								
For	calendar	plan year 2009 or fise	cal plan year beginning 01/01	/2009	and ending	12/31/2	2009				
Α.	This return	n/report is for:	x single-employer plan	multiple-	employer plan (not multiemployer)		one-participant plan				
В	This return	n/report is for:	first return/report	final retu	rn/report						
			an amended return/report	short pla	n year return/report (less than 12 mo	nths)					
C	Check box	x if filing under:	X Form 5558	automati	cextension		DFVC program				
		3	special extension (enter desc	ription)							
Da	art II	Basic Plan Infor	rmation—enter all requested in								
	Name of		mation—enter all requested in	iomation		1h	Three-digit				
			RNAL MEDICINE, PC PROFIT SH	IARING PI AN	AND TRUST	15	plan number				
ασ, .		,					(PN) • 001				
						1c	Effective date of plan				
							01/01/2000				
			lress (employer, if for single-employer	oyer plan)		2b	Employer Identification Number				
QUA	SAR A. C	HOUDHURY, INTER	RNAL MEDICINE, PC			20	(EIN) 14-1780204				
270.0	QUASSAI	CK AVE				20	Plan sponsor's telephone number 845-561-5540				
		OR, NY 12553				2d	Business code (see instructions)				
							621111				
			d address (if same as Plan spons		e")	3b	Administrator's EIN				
QUA	SAR A. C	HOUDHURY, INTER		ASSAICK AVE INDSOR, NY 1	2553	20	14-1780204				
						30	Administrator's telephone number 845-561-5540				
4	f the name	e and/or EIN of the p	lan sponsor has changed since th	ne last return/re	eport filed for this plan, enter the	4b EIN					
			er from the last return/report. Spe								
						_	PN				
5a	Total nur	mber of participants a	at the beginning of the plan year			5a	2				
b	Total nur	mber of participants a		5b	2						
С											
		•				5c	<u>2</u> ∨				
				-	(See instructions.)		Yes No				
D					ndent qualified public accountant (IQ ions.)		X Yes ☐ No				
			,	•	SF and must instead use Form 55						
Pa	rt III	Financial Inform	nation								
7	Plan Ass	sets and Liabilities			(a) Beginning of Year		(b) End of Year				
а	Total pla	n assets		7a	37888	2	439864				
b	Total pla	n liabilities		7b		0	0				
С	Net plan	assets (subtract line	7b from line 7a)	7с	37888	32 43					
8			sfers for this Plan Year		(a) Amount		(b) Total				
а		tions received or received			1.7		(1)				
	(1) Emp	oloyers	0								
	(2) Part	icipants		8a(2)		0					
	(3) Othe	ers (including rollover	s)	8a(3)		0					
b	Other inc	come (loss)		8b	1035	2					
С	Total inc	ome (add lines 8a(1)	, 8a(2), 8a(3), and 8b)	8c			60982				
d			t rollovers and insurance premium			0					
е	•	,	ctive distributions (see instruction			0					
f		Administrative service providers (salaries, fees, commissions)									
		·	•			0					
g		•	90 9f and 9a)			J	0				
n i			, 8e, 8f, and 8g)				60982				
: :			ne 8h from line 8c)				00902				
J	riansier	s to (nom) the plan (s	see instructions)	8i		0					

Part IV	Dlan	Charac	torictics
Part IV	Plan	Charac	reristics

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: 2A 2E 2F 3D

D	ir tne	e plan provides welfare benefits, enter the applicable welfare featu	ire codes from the i	List of Pian Charac	cterisi	iic Cod	des in 1	ine instructio	ons:	
Part	٧	Compliance Questions								
10	Dui	ing the plan year:				Yes	No	A	Amount	
а		s there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary			10a		X			
b		re there any nonexempt transactions with any party-in-interest? (Doine 10a.)			10b		X			
С	Wa	as the plan covered by a fidelity bond?			10c	X				265000
d		the plan have a loss, whether or not reimbursed by the plan's fidelishonesty?			10d		X			
	ins	re any fees or commissions paid to any brokers, agents, or other programmer or other programmers or other organization that provides some or all of the ructions.)	e benefits under the	e plan? (See	10e		X			
f	Has	s 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 y	year end.)		10g		X			
h		is is an individual account plan, was there a blackout period? (See 20.101-3.)			10h		X			
i		Oh was answered "Yes," check the box if you either provided the re eptions to providing the notice applied under 29 CFR 2520.101-3			10i					
Part \	VI	Pension Funding Compliance								
									Пуес	П
12									\vdash	
				1412 of the code	01 36	Clion	JUZ UI	LINIOA:	□ .00	□ .••
	1 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)) 2 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. b Enter the minimum required contribution for this plan year. 12b c Enter the amount contributed by the employer to the plan for this plan year. 12c									
	-	•			h		Day		ear	
-		•		-		Γ	12h			
d	Sub		result (enter a minu	us sign to the left o	of a		12d			
		the minimum funding amount reported on line 12d be met by the fu						Yes	No	N/A
Part \		Plan Terminations and Transfers of Assets	<u> </u>				J		<u> </u>	-1
13a	Has	a resolution to terminate the plan been adopted during the plan ye	ear or anv prior vea	r?					Yes	X No
		'es," enter the amount of any plan assets that reverted to the emplo					13a		<u> </u>	
b	We	re all the plan assets distributed to participants or beneficiaries, transparence PBGC?					ntrol	1	Yes	X No
		uring this plan year, any assets or liabilities were transferred from the chassets or liabilities were transferred. (See instructions.)	his plan to another	plan(s), identify the	e plai	n(s) to				
13	3c(1) Name of plan(s):			13c(2) EIN(s) 13					PN(s)
Cautio	on:	A penalty for the late or incomplete filing of this return/report	will be assessed ι	ınless reasonable	e cau	se is	establ	ished.		
SB or	Sch	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.				,		·	,	
SIGN	F	iled with authorized/valid electronic signature.	10/15/2010	QUASAR CHOUD	HUR	Υ				
HERE	- T	Signature of plan administrator	Date	Enter name of inc	dividu	ıal sig	ning as	s plan admin	istrator	

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

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

Short Form Annual Return/Report of Small Employee

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

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	art I		Identification Information					
For	calenda	ar plan year 2009 or fis	scal plan year beginning	01/01/2	009 and ending		12/31/200	9
Α	This ret	urn/report is for:	X single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participa	nt plan
В	This ret	urn/report is for:	first return/report	final retur	n/report		_	
			an amended return/report	short plar	year return/report (less than 12 m	onths)		
С	Check b	oox if filing under:	X Form 5558	automatic	extension		DFVC progra	m
_			special extension (enter de	scription)				
P	art II	Basic Plan Info	rmation—enter all requested					
	Name	•	Timation cineral requested	momunon		1b	Three-digit	
			RY, INTERNAL MEDICI	NE, PC PRO	FIT		plan number	
	SHAR	ING PLAN AND	TRUST				(PN) •	001
						1c	Effective date of 01/01/2000	
22	Plan e	noneor's name and add	dress (employer if for single-em	unlover plan)		2h	Employer Identif	
			dress (employer, if for single-em RY, INTERNAL	ployer plant			(EIN) 14-178	
	MEDI	CINE, PC				2c	Plan sponsor's t	elephone number
	270 (QUASSAICK AVE				24	(845) 561-5	
	NEW 1	WINDSOR			NY 12553	20	Business code (621111	see instructions)
3a		,	id address (if same as Plan spoi	nsor, enter "Same		3b	Administrator's I	EIN
	SAME					<u> </u>		
						3C	Administrator's t	elephone number
4	If the na	me and/or EIN of the p	olan sponsor has changed since	the last return/re	port filed for this plan, enter the	4b	EIN	
			per from the last return/report. S		•			
F	T ()					4c	PN -T	
						<u> </u>		2
		•				·· 5b		2
С					ear (defined benefit plans do not	5c		2
6a		, .,,			(See instructions.)			X Yes No
		•		•	ndent qualified public accountant (
			,	•	ons.)			X Yes No
Pa	ırt III	Financial Inform	· · · · · · · · · · · · · · · · · · ·	use Form 5500-	SF and must instead use Form	500.		
7	-	Assets and Liabilities	ilation		(a) Beginning of Year		(b) End	of Voor
_				7a	378,8	182	(b) Liid	439,864
	•			7b		0		0
			e 7b from line 7a)		378,8	82		439,864
8	-	· · · · · · · · · · · · · · · · · · ·	sfers for this Plan Year		(a) Amount		(b) T	
а	Contri	butions received or rec	ceivable from:		, ,	- 2.0	, , ,	
		, ,		<u> </u>	50,6	30		
	(2) Pa	articipants				0		
		, -	rs)	- ` ` `		0		
D		, ,		_	10,3	352		60,000
۲ C		,), 8a(2), 8a(3), and 8b)					60,982
d			ct rollovers and insurance premi			0		
e			ective distributions (see instruction			0		
f			lers (salaries, fees, commission:			0		
g	Other	expenses		8g		0		
h	Total e	expenses (add lines 8d	i, 8e, 8f, and 8g)	8h				0
i	Net in	come (loss) (subtract li	ine 8h from line 8c)	8i				60,982
j	Transf	fers to (from) the plan ((see instructions)	·····8j		0		

##\ T4\ F#TA TA: D4 ###ZZAZZAZ

	Form 5500-SF 2009	р	age 2-							
Par				*******	-		W		-	- Till-one
	If the plan provides pension benefits, enter the applicable pension fe 2A 2E 2F 3D If the plan provides welfare benefits, enter the applicable welfare fer									
~	the part produce waters perional after the appreciate workers re-	arrice corses inditi the	List of Plan Char	CTOPE	re Co	ore in	the instr	uotions.		
Part	V Compliance Questions								-	
10	During the plan year:			-	Yes	No		Amo	unt	
81	Wes there a failure to transmit to the plan any participant contribution 28 GFR 2510.3-102? (See instructions and DOL's Voluntary Piduoi	ms within the time pe are Correction Proces	ni bedinasab bon ami	10a		x			.,,	
þ	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	(Do not include trans	actions reported	10b		x				
c	Was the plan covered by a fidelity bond?			10c	x	-			26	5.000
d	Did the plan have a loss, whather or not mimbursed by the plan's fid or dishonesty?	lefity bond, that was a	caused by fraud	100	- **	x				5,000
•	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of tinstructions.)	the benefits under the	a pian? (Sec	10e		x				ilennyeen myysyggi sae
ŧ	Has the plan falled to provide any benefit when due under the plan?			101		×			***************************************	
g	Old the plan have any participant loans? (If "Yes," enter amount as o	of year end)		10g		Х				
ĥ	If this is an individual account plan, was there a blackout period? (Se 2520.101-3.)			10h		X				Lan
ı	If 10h was answered "Yes," check the box II you alther provided the exceptions to providing the notice applied under 29 CFR 2520, 101-3	required natice or on	a of the	101					***************************************	<u> </u>
Part	/I Pension Funding Compliance								, , , , , , , , , , , , , , , , , , ,	
11	is this a defined benefit plan subject to minimum funding requirement \$500))							. n	Yes	∏ No
	le this a defined contribution plan aubject to the minimum funding re (If "Yes," complete 12s or 12b, 12c, 12d, and 12e below, as applicable if a waiver of the minimum funding standard for a prior year is being granting the waiver.	arrortized in this plan	n ywer, adw instruc	ctions.	and (enter ti	he data a	the let	tter ruli	
	ou completed line 12s, complete lines 3, 9, and 10 of Bohedule R Enter the minimum required contribution for this plan year				Γ	125	T			
	Enter the amount contributed by the employer to the plan for this pla				-	12c		·		~
	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	e rosult (enter a mini	us algn to the left	of a	Γ	124				-
е	Will the minimum funding amount reported on line 12d be met by the	funding deadline?					Yes		io [N/A
PART	/II Plan Terminations and Transfers of Assets									
13a	Has a resolution to terminate the plan been adopted during the plan	year or any prior yea	r?		.,				Yes	X No
	if "Yes," enter the amount of any plan assets that reverted to the am					13a			-	-
	Were all the plan assets distributed to participants or beneficiaries, to of the PBGC7			* . ** > * * * *		mu.			Yes	No.
c	If during this plan year, any assets or liabilities were transferred from which sevets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify t	ne pia						110A u.s.
1	se(1) Name of plan(s):				13	0(2) E	(N(s)		13c(3)	PN(s)
		The state of the s			*******				**********	
_	and the second s	at Atl harmon		<u></u>		·		i	-	
	on: A pensity for the late or incomplete filling of this returnirepo							inaleia	- Cohe	erie ries
SB or	penalties of perjury and other penalties out forth in the instructions, Schodulo MB completed and algored by an enrolled actuary, as well it is true, correct, and complete.	as the electronic ven	sion of this return	repor	t, and	to the	iy, ii appi boat of n	ry know	a gone indge :	ลกซ์
***	CD	10 -	QUASAR CHO	UDH	JRY	7-4				
SIGN HER		Date / 0 - 13 - 10	Enter name of la	ndividi	ual Big	ning a	s plan ac	ministr	ator	
8(0)			QUAS	AR		7	CHO	UD	ΜŪ	27
HER		Date 10-13-10	Enter name of in	ndivide	uni nig				_	near