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

2009

OMB Nos. 1210-0110

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporatio	on	▶ Complete all entries in accor	dance wit	h the instructions to the Form 550	0-SF.				
			entification Information							
For	calendar plan year 2009 o	r fiscal	plan year beginning 11/01/200)9	and ending 1	0/31/2	2010			
Α .	This return/report is for:	X	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan	l		
В	This return/report is for:	Γ	first return/report	final retur	n/report		_			
			an amended return/report	short plar	n year return/report (less than 12 mo	nths)				
_	Chack hav if filing under		Form 5558		• •	,	DFVC program			
C							Di vo piogram			
_			special extension (enter description							
		nform	ation—enter all requested inform	nation		41				
	Name of plan	MD D	O DECELT OLIA DINIO DI ANI			1b	Three-digit plan number			
ORA	NGE SURGICAL GROUP	MD PC	C PROFIT SHARING PLAN				(PN) • 003	3		
						1c	Effective date of plan			
							11/01/1995			
2a	Plan sponsor's name and	addre	ss (employer, if for single-employer	r plan)		2b	Employer Identification	Number		
ORA	NGE SURGICAL GROUP	MD PO					(EIN) 14-1595098			
						2c	Plan sponsor's telepho			
	CRYSTAL RUN ROAD DLETOWN, NY 10941					24	845-692-3111			
						Zu	Business code (see ins	structions)		
3a	Plan administrator's name	e and a	ddress (if same as Plan sponsor, e	enter "Same	e")	3b	Administrator's EIN			
ORA	NGE SURGICAL GROUP	MD PO	236 CRYST	AL RUN RO	DAD		14-1595098			
			MIDDLETO	WIN, INT TO	941	3с	Administrator's telepho			
<u> </u>	f the name and/or FINI of th	ha nlar	an analysis and all all all all all all all all all al	ot roturn/ro	an out filed for this plan, enter the	845-692-3111 4b EIN				
			n sponsor has changed since the la from the last return/report. Sponso		eport filed for this plan, enter the	40	EIN			
						4c	PN			
5a	Total number of participal	nts at t	he beginning of the plan year			5a		14		
b								0		
С										
						5c		0		
6a	Were all of the plan's ass	sets du	ring the plan year invested in eligib	ole assets?	(See instructions.)		X	Yes No		
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.)									
Da	rt III Financial Info			orm 5500-	SF and must instead use Form 55	00.				
			шоп		()5		#\ = 1 #\			
7	Plan Assets and Liabilitie	S		_	(a) Beginning of Year	-	(b) End of Yea			
	Total plan assets			7a	615425			0		
b	•)		0		
<u>C</u>			from line 7a)	. 7с	615425	0		0		
8	Income, Expenses, and T				(a) Amount		(b) Total			
а	Contributions received or (1) Employers		able from:	8a(1)						
						5				
						5				
b		,			14228	_				
_	` '				14220	3		14228		
Q C			a(2), 8a(3), and 8b) ollovers and insurance premiums	8c				14220		
d	1 (niovers and insurance premiums	8d	629653	3				
е	. ,		ve distributions (see instructions)			5				
f			(salaries, fees, commissions))				
g g						5				
9 h	•		e, 8f, and 8g)					629653		
;								-615425		
i			8h from line 8c) e instructions)					010420		
J	manorono to (monn) tile pie	an (300	,	8i	1)				

Dart IV	Dlan	Characteristic	_
Part IV	Plan	Characteristic	Ş

Signature of plan administrator

Signature of employer/plan sponsor

SIGN HERE

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 3D

D .	11 (11)	s plant provides wellare benefits, enter the applicable wellare heat	ure codes from the	List of Flam Chara	Cleris	iic Coi	ues III	ine manu	olions.	
Part	٧	Compliance Questions								
10	Dui	ing the plan year:				Yes	No		Amoun	ŀ
а	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)						X			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					X				
С	Wa	s the plan covered by a fidelity bond?			10c	X				300000
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			
	insı	re any fees or commissions paid to any brokers, agents, or other parance service or other organization that provides some or all of thructions.)	ne benefits under th	e plan? (See	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	f year end.)		10g	X				0
_	If th	is is an individual account plan, was there a blackout period? (Sec	e instructions and 2	9 CFR	10h		X			
i		Oh 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 '	VI	Pension Funding Compliance								
11	ls th 550	is a defined benefit plan subject to minimum funding requirement: 0))	s? (If "Yes," see ins	tructions and com	plete	Sched	lule SE	3 (Form	Ye	es No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X 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									
	-	completed line 12a, complete lines 3, 9, and 10 of Schedule M					Day		Teal	
		er the minimum required contribution for this plan year		-		Г	12b			
	© Enter the amount contributed by the employer to the plan for this plan year									
d										
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?						N/A			
Part \	VII	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	ar?					X Ye	es No
	If "Y	es," enter the amount of any plan assets that reverted to the emp	lover this vear				13a		1	0
	We	e all the plan assets distributed to participants or beneficiaries, transper PBGC?					ontrol		X Ye	es No
		uring this plan year, any assets or liabilities were transferred from ch assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify th	ne pla	n(s) to	1			
13	3c(1	Name of plan(s):				13	c(2) El	N(s)	13c	(3) PN(s)
Cauti	on:	A penalty for the late or incomplete filing of this return/report	will be assessed	unless reasonab	le cau	use is	establ	ished.	I.	
Under SB or	per Sch	nalties 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.	declare that I have	examined this retu	ırn/re _l	port, ir	cludin	g, if applic	,	
SIGN	F	iled with authorized/valid electronic signature.	11/23/2010	ELLIOT MAYEFS	KY					
HERE	- [Signature of plan administrator	Date	Enter name of ir	ndividi	ual sig	ning as	s plan adr	ministrator	

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**

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

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		lance with	the instructions to the Form 550	0-SF.			
	art I Annual Report Identification Information	1 /01 /0					
For		1/01/2	009 and ending		10/31/201	10	
Α	nis return/report is for: 🗵 single-employer plan 🔲 multiple-employer plan (not multiemployer) 🔲 one-participant plan						
В	This return/report is for: $igcap $ first return/report $igc X$	final retur	n/report				
	an amended return/report	short plan	year return/report (less than 12 mo	nths)			
С	Check box if filing under: Form 5558	automatic	extension		DFVC progra	ım	
	special extension (enter descriptio	n)					
Pa	art II Basic Plan Information—enter all requested information	ation		_			
	Name of plan			1b	Three-digit		
	Orange Surgical Group MD PC Profit Shari	ng Plan	n		plan number		
					(PN) ▶	003	
				1c	Effective date o 11/01/199.		
20	Discourse and address (assubuse if for simple application	nlan)		2h	Employer Identi		
Za	Plan sponsor's name and address (employer, if for single-employer Orange Surgical Group MD PC $$	pian)		20	(EIN) 14-159	5098	
				2c	Plan sponsor's f	elephone number	
	236 CRYSTAL RUN ROAD				(845) 692-		
	MI DOLEMONN		NUL 20041	2d	Business code (621111	see instructions)	
	MIDDLETOWN Plan administrator's name and address (if same as Plan sponsor, er	nter "Same	NY 10941	3h	Administrator's		
Ja	Fian administrators name and address (it same as Fian sponsor, et	iter Same	-)		Administrator 3	_1114	
				3c	Administrator's telephone number		
				L			
	f the name and/or EIN of the plan sponsor has changed since the las name, EIN, and the plan number from the last return/report. Sponsor		port filed for this plan, enter the	4b	EIN		
	tatile, Lin, and the plan humber from the last returnite port. Oponson	3 Harric		4c	PN		
5a	Total number of participants at the beginning of the plan year			5a		1.4	
b	Total number of participants at the end of the plan year			5b		C	
С	Total number of participants with account balances as of the end of	the plan y	ear (defined benefit plans do not				
	complete this item)			5c			
	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 a			(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			00.		□ .oo □o	
Pa	rt III Financial Information		<u> </u>				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year	
а	Total plan assets	7a	615,42	:5		Ĺ	
b	Total plan liabilities	7b		0		C	
С	Net plan assets (subtract line 7b from line 7a)	7c	615,42	2.5		C	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) 1	otal	
	Contributions received or receivable from:						
	(1) Employers	8a(1)		0			
	(2) Participants	8a(2)		0			
	(3) Others (including rollovers)	8a(3)		0			
b	Other income (loss)	8b	14,22	2.8			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		_		14,228	
d	Benefits paid (including direct rollovers and insurance premiums	04	629,65	53			
_	to provide benefits)	8d		0			
e	Certain deemed and/or corrective distributions (see instructions)	8e		ă			
T ~	Administrative service providers (salaries, fees, commissions)	8f	· · · · · · · · · · · · · · · · · · ·	<u></u>			
g	Other expenses.	8g		-		629,653	
n	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		+		(615, 425)	
!	Net income (loss) (subtract line 8h from line 8c)	8i		0		(010,420)	
	Transfers to (from) the plan (see instructions)	8j	E500 SE	<u> </u>		Form 5500-SF (2009)	

	Form 5500-SF 2009 Page 2-							
Par	IV Plan Characteristics							
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Charac	cteris	tic Co	des in	the instru	uction	ns:	
	2E 3D							
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Charact	terist	ic Cod	des in	he instru	ction	S:	
Part	V Compliance Questions							
10			Yes	No				
а	During the plan year: Was there a failure to transmit to the plan any participant contributions within the time period described in	-	162	NO		An	nount	
u		10a		Χ				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported							
	· · · · · · · · · · · · · · · · · · ·	10b		Х				
С	Was the plan covered by a fidelity bond?	10c	Х				30	00,00
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud			v				
		10d		Х				
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							
		10e		Х				
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	Х					
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	J						
	<u> </u>	10h		X				
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						
		101						
art			ام ماد	ula CD	/F.o.rm			
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete to minimum funding requirements?						Yes	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code of	or sec	ction 3	302 of	ERISA?.	. [Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							ı.
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructi granting the waiver.	ons,	and e	nter th Dav	e date of	the I	etter ru ar	iling
lf :	rou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
	Enter the minimum required contribution for this plan year.			12b				
	Enter the amount contributed by the employer to the plan for this plan year			12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of			12d	-			
	negative amount)				7 ,,	$\overline{}$	[7
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	Ц.	No	N/A
Part	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?						Yes Yes	No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought ur of the PBGC?					[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.)	plar	n(s) to					
1	3c(1) Name of plan(s):		13	c(2) El	N(s)		13c(3) PN(s)

Caution: A penalty for the late or 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	Eust Mardon	11/17/10	ELLIOT MAYEFSKY				
HERE	Signature of plan administrato	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				