

<b>Form 5500-SF</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Short Form Annual Return/Report of Small Employee Benefit Plan</b>  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).  <b>► Complete all entries in accordance with the instructions to the Form 5500-SF.</b>	OMB Nos. 1210-0110 1210-0089  <b>2009</b>  <b>This Form is Open to Public Inspection</b>
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<b>Part I</b>	<b>Annual Report Identification Information</b>
For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>	
A This return/report is for:	<input checked="" type="checkbox"/> single-employer plan <input type="checkbox"/> multiple-employer plan (not multiemployer) <input type="checkbox"/> one-participant plan
B This return/report is for:	<input type="checkbox"/> first return/report <input type="checkbox"/> final return/report <input checked="" type="checkbox"/> an amended return/report <input type="checkbox"/> short plan year return/report (less than 12 months)
C Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> DFVC program <input type="checkbox"/> special extension (enter description)

<b>Part II</b>	<b>Basic Plan Information</b> —enter all requested information						
<b>1a</b> Name of plan ROSCOE COMMUNITY NURSING HOME PROFIT SHARING PLAN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"><b>1b</b> Three-digit plan number (PN) ►</td> <td style="width: 40%; text-align: center;">003</td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan 07/01/2001</td> </tr> </table>	<b>1b</b> Three-digit plan number (PN) ►	003	<b>1c</b> Effective date of plan 07/01/2001			
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<b>1c</b> Effective date of plan 07/01/2001							
<b>2a</b> Plan sponsor's name and address (employer, if for single-employer plan) ROSCOE COMMUNITY NURSING HOME COMPANY, INC.  420 ROCKLAND RD ROSCOE, NY 12776-6450	<b>2b</b> Employer Identification Number (EIN) 14-1506020						
	<b>2c</b> Plan sponsor's telephone number 607-488-4121						
	<b>2d</b> Business code (see instructions) 623000						
<b>3a</b> Plan administrator's name and address (if same as Plan sponsor, enter "Same") ROSCOE COMMUNITY NURSING HOME COMPANY, INC. 420 ROCKLAND RD ROSCOE, NY 12776-6450	<b>3b</b> Administrator's EIN 14-1506020						
	<b>3c</b> Administrator's telephone number 607-488-4121						
<b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name	<b>4b</b> EIN						
	<b>4c</b> PN						
<b>5a</b> Total number of participants at the beginning of the plan year ..... <b>b</b> Total number of participants at the end of the plan year ..... <b>c</b> Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) .....	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"><b>5a</b></td> <td style="width: 40%; text-align: right;">104</td> </tr> <tr> <td><b>5b</b></td> <td style="text-align: right;">118</td> </tr> <tr> <td><b>5c</b></td> <td style="text-align: right;">109</td> </tr> </table>	<b>5a</b>	104	<b>5b</b>	118	<b>5c</b>	109
	<b>5a</b>	104					
	<b>5b</b>	118					
<b>5c</b>	109						
<b>6a</b> Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>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.) ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.</b>							

<b>Part III</b>	<b>Financial Information</b>																																										
<b>7</b> Plan Assets and Liabilities	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th></th> <th style="width: 20%;">(a) Beginning of Year</th> <th style="width: 20%;">(b) End of Year</th> </tr> <tr> <td><b>a</b> Total plan assets .....</td> <td style="text-align: right;">7a 452484</td> <td style="text-align: right;">612274</td> </tr> <tr> <td><b>b</b> Total plan liabilities .....</td> <td style="text-align: right;">7b 0</td> <td style="text-align: right;">0</td> </tr> <tr> <td><b>c</b> Net plan assets (subtract line 7b from line 7a) .....</td> <td style="text-align: right;">7c 452484</td> <td style="text-align: right;">612274</td> </tr> </table>		(a) Beginning of Year	(b) End of Year	<b>a</b> Total plan assets .....	7a 452484	612274	<b>b</b> Total plan liabilities .....	7b 0	0	<b>c</b> Net plan assets (subtract line 7b from line 7a) .....	7c 452484	612274																														
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<b>8</b> Income, Expenses, and Transfers for this Plan Year	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th></th> <th style="width: 20%;">(a) Amount</th> <th style="width: 20%;">(b) Total</th> </tr> <tr> <td><b>a</b> Contributions received or receivable from:</td> <td></td> <td></td> </tr> <tr> <td>  (1) Employers .....</td> <td style="text-align: right;">8a(1) 90017</td> <td></td> </tr> <tr> <td>  (2) Participants .....</td> <td style="text-align: right;">8a(2) 0</td> <td></td> </tr> <tr> <td>  (3) Others (including rollovers) .....</td> <td style="text-align: right;">8a(3) 0</td> <td></td> </tr> <tr> <td><b>b</b> Other income (loss) .....</td> <td style="text-align: right;">8b 86885</td> <td></td> </tr> <tr> <td><b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....</td> <td style="text-align: right;">8c</td> <td style="text-align: right;">176902</td> </tr> <tr> <td><b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits) .....</td> <td style="text-align: right;">8d 6437</td> <td></td> </tr> <tr> <td><b>e</b> Certain deemed and/or corrective distributions (see instructions) .....</td> <td style="text-align: right;">8e 0</td> <td></td> </tr> <tr> <td><b>f</b> Administrative service providers (salaries, fees, commissions) .....</td> <td style="text-align: right;">8f 10675</td> <td></td> </tr> <tr> <td><b>g</b> Other expenses .....</td> <td style="text-align: right;">8g 0</td> <td></td> </tr> <tr> <td><b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g) .....</td> <td style="text-align: right;">8h</td> <td style="text-align: right;">17112</td> </tr> <tr> <td><b>i</b> Net income (loss) (subtract line 8h from line 8c) .....</td> <td style="text-align: right;">8i</td> <td style="text-align: right;">159790</td> </tr> <tr> <td><b>j</b> Transfers to (from) the plan (see instructions) .....</td> <td style="text-align: right;">8j 0</td> <td></td> </tr> </table>		(a) Amount	(b) Total	<b>a</b> Contributions received or receivable from:			(1) Employers .....	8a(1) 90017		(2) Participants .....	8a(2) 0		(3) Others (including rollovers) .....	8a(3) 0		<b>b</b> Other income (loss) .....	8b 86885		<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....	8c	176902	<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits) .....	8d 6437		<b>e</b> Certain deemed and/or corrective distributions (see instructions) .....	8e 0		<b>f</b> Administrative service providers (salaries, fees, commissions) .....	8f 10675		<b>g</b> Other expenses .....	8g 0		<b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g) .....	8h	17112	<b>i</b> Net income (loss) (subtract line 8h from line 8c) .....	8i	159790	<b>j</b> Transfers to (from) the plan (see instructions) .....	8j 0	
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**Part IV Plan Characteristics****9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2C 2F 2G 2T

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:**Part V Compliance Questions**

	Yes	No	Amount
<b>10</b> During the plan year:			
<b>a</b> 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>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) .....		X	
<b>c</b> Was the plan covered by a fidelity bond? .....	X		300000
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....		X	
<b>e</b> 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		1255
<b>f</b> Has the plan failed to provide any benefit when due under the plan? .....		X	
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year end.) .....	X		12938
<b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....		X	
<b>i</b> 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 .....			

**Part VI Pension Funding Compliance**

**11** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)) ..... ☐ Yes ☐ 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 ☐ 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>b</b> Enter the minimum required contribution for this plan year.....	<b>12b</b>	91000
<b>c</b> Enter the amount contributed by the employer to the plan for this plan year.....	<b>12c</b>	91000
<b>d</b> 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) .....	<b>12d</b>	0

**e** Will the minimum funding amount reported on line 12d be met by the funding 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 year or any prior year? ..... ☐ 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 under the control of the PBGC? ..... ☐ Yes ☒ No

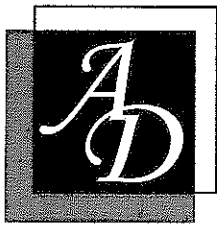
**c** If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

<b>13c(1)</b> Name of plan(s):	<b>13c(2)</b> EIN(s)	<b>13c(3)</b> 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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	01/25/2011	JOY WOOD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	01/25/2011	JOY WOOD
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor



# ABBATE DEMARINIS, LLP

Certified Public Accountants & Consultants

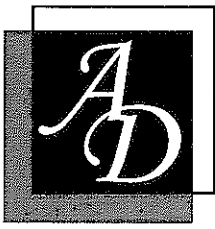
**ROSCOE COMMUNITY NURSING HOME  
PROFIT SHARING PLAN**

**FINANCIAL STATEMENTS  
DECEMBER 31, 2009 and 2008  
WITH  
INDEPENDENT AUDITOR'S REPORT**

# **ROSCOE COMMUNITY NURSING HOME PROFIT SHARING PLAN**

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# ABBATE DEMARINIS, LLP

Certified Public Accountants & Consultants

## INDEPENDENT AUDITORS' REPORT

To The Plan Participants  
and Administrators of the:

### **ROSCOE COMMUNITY NURSING HOME PROFIT SHARING PLAN**

We were engaged to audit the financial statements and supplemental schedules of Roscoe Community Nursing Home Profit Sharing Plan as of December 31, 2009 and 2008 and for the years ended December 31, 2009 and 2008. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 2, which was certified by Principal Life Insurance Company, the trustee (or custodian) of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee (or custodian) holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee (or custodian) as of December 31, 2009 and 2008 and for the years ended December 31, 2009 and 2008 that the information provided to the plan administrator by the trustee (or custodian) is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee or custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



CERTIFIED PUBLIC ACCOUNTANTS

September 1, 2010

# ROSCOE COMMUNITY NURSING HOME PROFIT SHARING PLAN

## STATEMENT OF NET ASSETS AVAILABLE FOR PLAN BENEFITS

December 31, 2009 and 2008

### ASSETS

	<u>2009</u>	<u>2008</u>
Marketable Investments at Fair Market Value (Note 2)		
Mutual Funds	\$ 403,286	\$ 284,062
Insurance Contracts	<u>192,491</u>	<u>147,583</u>
<b>TOTAL INVESTMENTS</b>	<b>595,777</b>	<b>431,645</b>
Other Assets	3,559	6,282
Participant Loans	<u>12,938</u>	<u>14,557</u>
<b>NET ASSETS AVAILABLE FOR PLAN BENEFITS</b>	<b><u>\$ 612,274</u></b>	<b><u>\$ 452,484</u></b>

### LIABILITIES

Participant Interest	<u>\$ 612,274</u>	<u>\$ 452,484</u>
<b>TOTAL LIABILITIES</b>	<b><u>\$ 612,274</u></b>	<b><u>\$ 452,484</u></b>

The Accompanying Notes to Financial Statements are an Integral Part of these Statements

**ROSCOE COMMUNITY NURSING HOME PROFIT SHARING PLAN**

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS**

**For the Year Ended December 31, 2009 and 2008**

**Additions (Subtractions) to New Assets Attributed to:**

**Investment Income (Loss); Net Unrealized  
Appreciation (Depreciation) in Fair  
Market Value of Market Securities and  
Mutual Funds:**

	<u><b>2009</b></u>	<u><b>2008</b></u>
Interest and Other Revenue		
Realized and Unrealized Gains<Losses>	\$ 86,885	\$<121,395>
Employer Contributions	<u>90,017</u>	<u>87,899</u>
<b>TOTAL ADDITIONS TO NET ASSETS</b>	<u><b>176,902</b></u>	<u><b>&lt; 33,396&gt;</b></u>
<b>Deductions From Assets Attributed To:</b>		
Benefits Paid to Participants	6,437	25,079
Administrative Expenses	<u>10,675</u>	<u>8,207</u>
<b>TOTAL DEDUCTIONS TO NET ASSETS</b>	<u><b>17,112</b></u>	<u><b>33,286</b></u>
Net Increase (Decrease)	159,790	< 66,782>
<b>Net Assets Available for Benefits, Beginning of Year</b>	<u><b>452,484</b></u>	<u><b>519,266</b></u>
<b>Net Assets Available for Benefits, End of Year</b>	<u><b>\$ 612,274</b></u>	<u><b>\$ 452,484</b></u>

The Accompanying Notes to Financial Statements are an Integral Part of these Statements

# ROSCOE COMMUNITY NURSING HOME PROFIT SHARING PLAN

## NOTES TO FINANCIAL STATEMENTS

Year Ended December 31, 2009 and 2008

### 1) Description of the Plan

The following brief description of the Roscoe Community Nursing Home Profit Sharing Plan is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

Entry Requirements: A minimum age is not required. Service requirement is 1 year and 1000 hours. Semi-yearly entry date.

Compensation: Compensation is the total compensation paid to the employee, but excludes fringe benefits.

Employer Contributions: Employer contributions are up to 3% of the participant's compensation.

<u>Vesting Service</u> <u>(whole years)</u>	<u>Vesting</u> <u>Percentage</u>
Less than 3	0%
3	40%
4	60%
5	80%
5 or More	100%

Plan Distributions: Retirement, Early Retirement, Death, Disability, Termination of Employment

In-Service Withdrawals: Rollover Withdrawal



# ROSCOE COMMUNITY NURSING HOME PROFIT SHARING PLAN

## NOTES TO FINANCIAL STATEMENTS

Year Ended December 31, 2009 and 2008

### 2) Summary of Significant Accounting Policies

Basis of Presentation – The accompanying financial statements have been prepared on the accrual method of accounting, which recognizes income when earned, and expenses, when incurred.

Investments – Investments in marketable investments are stated at aggregate current value, which is based on published market values. Investments in mutual funds are stated at quoted market prices.

The net appreciation<depreciation> in current value of investments includes the appreciation<depreciation> on marketable securities and mutual funds bought and sold, as well as held, during the year.

The market value of the marketable investments net of carrying charges at December 31, 2009 and 2008 is as follows:

### INSURANCE CONTRACTS

<u>Company</u>	<u>Description</u>	<u>2009 Market Value</u>	<u>2008 Market Value</u>
Principle Life Ins. Co	Fixed Income 401(A)(K)	<u>\$ 192,491</u>	<u>\$ 147,583</u>
TOTAL INSURANCE CONTRACTS		<u>\$ 192,491</u>	<u>\$ 147,583</u>

### MUTUAL FUNDS

Balanced Asset Funds	\$ 175,248	\$ 136,634
Fixed Income Funds	41,325	26,585
Equity Funds	<u>186,713</u>	<u>120,843</u>
TOTAL MUTUAL FUNDS	<u>\$ 403,286</u>	<u>\$ 284,062</u>

## **ROSCOE COMMUNITY NURSING HOME PROFIT SHARING PLAN**

### **NOTES TO FINANCIAL STATEMENTS**

**Year Ended December 31, 2009 and 2008**

#### **3) Plan Termination**

The Plan is subject to change and may be terminated at any time. No change, however, may be made to the Plan, which shall retroactively affect the interest of any member in the Plan. In the event of a termination of the Plan, the net assets of the Plan are to be set aside for the purpose of paying to each participant benefits which shall have been funded up to the date of such termination, and such participants shall have fully vested interests in such funded benefits.

#### **4) Income Taxes**

The Plan has received a determination from the Internal Revenue Service that it is a qualified pension plan under Section 401(a) of the Internal Revenue Code and its trust qualifies as a tax exempt trust under Section 501(a) of the Code. Annual information returns are filed with the Internal Revenue Service.