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

2010

This Form is Open to Public Inspection

	Complete all entries in accor	dance wit	h the instructions to the Form 550	0-SF.	1
	art I Annual Report Identification Information				
For	calendar plan year 2010 or fiscal plan year beginning 01/01/201	0	and ending 1	2/31/2	2010
Α.	This return/report is for:	multiple-e	employer plan (not multiemployer)		one-participant plan
В .	This return/report is for: first return/report	final retur	n/report		
	an amended return/report	short plar	n year return/report (less than 12 mor	nths)	
C	Check box if filing under: Form 5558	automatio	extension		DFVC program
	special extension (enter description	on)			
Pa	rt II Basic Plan Information—enter all requested inform	,			
	Name of plan	iation		1h	Three-digit
	NW. O'GRADY, MD, PC PROFIT SHARING PLAN & TRUST				plan number
					(PN) • 002
				1c	Effective date of plan
	<u> </u>			O.L.	06/01/1978
	Plan sponsor's name and address (employer, if for single-employer NW. OGRADY, MD, PC	· plan)		∠D	Employer Identification Number (EIN) 13-2937260
00111	T. Corale I, Me, I C			2c	Plan sponsor's telephone number
	74TH STREET YORK, NY 10021				212-861-5200
IVEVV	10KK, W1 10021			2d	Business code (see instructions) 621111
32	Plan administrator's name and address (if same as Plan sponsor, e	nter "Same	2")	3h	Administrator's EIN
JOH	NW. OGRADY, MD, PC 112 E 74TH	STREET		30	13-2937260
	NEW YORK	, NY 10021		3с	Administrator's telephone number
4 .					212-861-5200
	the name and/or EIN of the plan sponsor has changed since the la name, EIN, and the plan number from the last return/report. Sponso		port filed for this plan, enter the	4b	EIN
	iame, Em, and the plan number from the last retain report. Openior	or o marrie		4c	PN
5a	Total number of participants at the beginning of the plan year			5a	3
b	Total number of participants at the end of the plan year			5b	3
С	Total number of participants with account balances as of the end o	f the plan y	vear (defined benefit plans do not		
	complete this item)	<u></u>		5c	1
	Were all of the plan's assets during the plan year invested in eligib		,		Yes No
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indeper	ndent qualified public accountant (IQI	PA)	X Yes No
	If you answered "No" to either 6a or 6b, the plan cannot use F				
Pa	rt III Financial Information				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
а	Total plan assets	7a	1445895	5	1581747
b	Total plan liabilities	7b	C)	0
С	Net plan assets (subtract line 7b from line 7a)	. 7с	1445895	5	1581747
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or receivable from:		C		
	(1) Employers	` '		_	
	(2) Participants	` '	C	_	
	(3) Others (including rollovers)	` '		_	
b	Other income (loss)		166875)	400075
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c			166875
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	20850)	
е	Certain deemed and/or corrective distributions (see instructions)		C)	
f	Administrative service providers (salaries, fees, commissions)		10173	3	
g	Other expenses		C)	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)				31023
i	Net income (loss) (subtract line 8h from line 8c)				135852
j	Transfers to (from) the plan (see instructions)		C)	

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Part IV	Plan	Characteristics	c
railiv	ГІАП	CHALACLEH SUC:	

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: 2E 3D

b	lf th	e plan provides welfare benefits, enter the applicable welfare featur	re codes from the l	_ist of Plan Charac	terist	ic Cod	des in	the instruct	tions:	
Part	٧	Compliance Questions								
10	Dui	ing the plan year:		_		Yes	No		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			
		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			225	000
d		the plan have a loss, whether or not reimbursed by the plan's fideli			10d		X			
	ins	re any fees or commissions paid to any brokers, agents, or other per per ance service or other organization that provides some or all of the ructions.)	e benefits under the	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.)		10q		X			
h		is is an individual account plan, was there a blackout period? (See 0.101-3.)) CFR	10h		X			
		Oh was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3			10i					
Part \	VI	Pension Funding Compliance								
		nis a defined benefit plan subject to minimum funding requirements?							☐ Yes ☐	No
12		his a defined contribution plan subject to the minimum funding requ								No
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.								
		waiver of the minimum funding standard for a prior year is being am		year, see instruct	ions,	and e	nter th	ne date of t	he letter ruling	
	-	nting the waiver.			ı		Day		Year	_
-		completed line 12a, complete lines 3, 9, and 10 of Schedule MB	•	•			401	1		
		er the minimum required contribution for this plan year				⊢	12b			
		er the amount contributed by the employer to the plan for this plan y					12c			
	neg	tract the amount in line 12c from the amount in line 12b. Enter the rative amount)	······				12d		<u> </u>	
		the minimum funding amount reported on line 12d be met by the fu	unding deadline?					Yes	No N	I/A
Part \		Plan Terminations and Transfers of Assets								
13a	Has	a resolution to terminate the plan been adopted during the plan year	ear or any prior yea	r?				T	Yes X	No
-		es," enter the amount of any plan assets that reverted to the emplo					13a			
	of t	re all the plan assets distributed to participants or beneficiaries, tran ne PBGC?							Yes X	No
		uring this plan year, any assets or liabilities were transferred from the ch assets or liabilities were transferred. (See instructions.)	nis plan to another	plan(s), identify the	e plar					
13	3c(1) Name of plan(s):				130	c(2) El	N(s)	13c(3) PN	(s)
Cautio	on:	A penalty for the late or incomplete filing of this return/report v	will be assessed u	ınless reasonable	cau	se is	establ	ished.		
SB or	Sch	nalties of perjury and other penalties set forth in the instructions, I de edule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.								
SIGN	F	iled with authorized/valid electronic signature.	2/07/2011	JOHN W. O'GRAD	Y, M	D				
HERE	- T	Signature of plan administrator	Date	Enter name of inc	dividu	ıal sigı	ning as	s plan adm	inistrator	

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).

2010

This Form is Open to Public

Inspection

OMB Nos. 1210-0110 1210-0089

> Complete all entries in accordance with the instructions to the Form 5500-SF **Annual Report Identification Information** For calendar plan year 2010 or fiscal plan year beginning and ending 12/31/2010 single-employer plan A This return/report is for: multiple-employer plan (not multiemployer) one-participant plan first return/report **B** This return/report is for: final return/report an amended return/report short plan year return/report (less than 12 months) Form 5558 automatic extension DFVC program C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Part II 1a Name of plan 1b Three-digit JOHN W. O'GRADY, MD, PC PROFIT SHARING plan number 002 (PN) • PLAN & TRUST 1c Effective date of plan 06/01/1978 2b Employer Identification Number 2a Plan sponsor's name and address (employer, if for single-employer plan) JOHN W. OGRADY, MD, PC (EIN) 13-2937260 Plan sponsor's telephone number (212)861-5200112 E 74TH STREET Business code (see instructions) 621111 NY 10021 NEW YORK 3a Plan administrator's name and address (if same as Plan sponsor, enter "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 last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year 5a **b** Total number of participants at the end of the plan year..... 5b Total number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c complete this item). 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes 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 Form 5500-SF and must instead use Form 5500. Financial Information Part III (b) End of Year (a) Beginning of Year Plan Assets and Liabilities 1,581,747 1,445,895 7a Total plan assets 7b Total plan liabilities..... 1,581,747 1,445,895 C Net plan assets (subtract line 7b from line 7a)..... (b) Total (a) Amount Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: 0 8a(1) (1) Employers 0 (2) Participants 8a(2) 8a(3) (3) Others (including rollovers)..... 166,875 8b **b** Other income (loss)..... 166,875 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c Benefits paid (including direct rollovers and insurance premiums 20,850 8d to provide benefits)..... Certain deemed and/or corrective distributions (see instructions). 8e 0 Administrative service providers (salaries, fees, commissions)...... 8f 10,173 8g Other expenses 31,023 h Total expenses (add lines 8d, 8e, 8f, and 8g). 135,852 8i Net income (loss) (subtract line 8h from line 8c)..... 0 Transfers to (from) the plan (see instructions)..... Form 5500-SF (2010)

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FORM	221111	- ~ -	701	п

Enter name of individual signing as employer or plan sponsor

Part	۱۱	/	Р	lan	Ch	ara	cte	rist	ics
416	4 1	,			~ ~ .	ala	CLC	1131	.16.3

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 3D

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

	V Compliance Questions							
0	During the plan year:		Yes	No		Amou	nt	
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)	10a		Х				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х				
С	Was the plan covered by a fidelity bond?	10c	Х				225	,000
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		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 instructions.)	10e		Х				
f	Has the plan failed to provide any benefit when due under the plan?	10f		х				
q	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10a		Х			*****	
_	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х				
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								
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500))	nplete	Sched	ule SB	(Form	. [] \	Yes [No
2 a	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru	ctions	, and e	nter th	e date of	f the lette	er rulit	ng
16.	granting the waiver	ıtıı		Day		I cai		
-	Enter the minimum required contribution for this plan year		Г	12b				
	Enter the minimum required contribution for this plan year.			12b 12c				
С	Enter the amount contributed by the employer to the plan for this plan year	of a						
c d	Enter the amount contributed by the employer to the plan for this plan year	of a		12c 12d	Yes	☐ No		N/A
c d	Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline?.	of a		12c 12d	Yes	☐ No		N/A
c d e art	Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline?. VII Plan Terminations and Transfers of Assets	of a		12c 12d	Yes			
c d e art	Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline?. VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted during the plan year or any prior year?	of a		12c 12d	Yes			
c d e art 3a	Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted during the plan year or any prior year? If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	of a	the co	12c 12d 13a ontrol	Yes		Yes	N/A X No
c d e art 3a	Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline?. VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted during the plan year or any prior year? If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought	of a	the co	12c 12d 13a ontrol	Yes		Yes Yes	X No
c d e art 3a b c	Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline?. VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted during the plan year or any prior year? If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify	of a	the co	12c 12d 13a ontrol			Yes Yes	X No
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c d e eart 3a b c	Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted during the plan year or any prior year? If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s):	under	the co	12c 12d 13a ontrol	N(s)		Yes Yes	X No
c d e eart 3a b c	Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted during the plan year or any prior year? If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s):	under	the co	12d 12d 13a ontrol c(2) El	N(s)	13	Yes Yes Sche	X No
c d e e Part 3a b c C Laut Under SB o	Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted during the plan year or any prior year? If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.) Isac(1) Name of plan(s):	under	the co	12d 12d 13a ontrol c(2) El	N(s)	13	Yes Yes Sche	X No
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c d e e art 3a b c Caut	Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted during the plan year or any prior year? If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.) Identify the plan is a perpenditive of perjury and other penalties set forth in the instructions, I declare that I have examined this return of schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return of, it is true, correct, and complete.	under the pla	use is eport, int, and	13a Ontrol c(2) El estable ncludin to the	N(s) lished. g, if apple best of n	1:	Yes Yes Scheedge	X No
c d e art 3a b c Caut Unde SB o o o o o o o o o o o o o o o o o o	Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted during the plan year or any prior year? If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.) Idion: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonal are penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this rear 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. JOHN W. O	under the pla	use is eport, int, and	13a Ontrol c(2) El estable ncludin to the	N(s) lished. g, if apple best of n	1:	Yes Yes Scheedge	X N PN(s)

Date