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

OMB Nos. 1210-0110

2010

This Form is Open to Public Inspection

P	Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.									
Pa	art I	Annual Report	Identification Information							
For	calenda	ar plan year 2010 or fis	cal plan year beginning 01/01/201	0	and ending 1	2/31/2	2010			
Α	This ret	urn/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan			
		urn/report is for:	first return/report	final retur	n/report					
_	11110 100	diffreport to for.	an amended return/report		n year return/report (less than 12 mor	nths)				
•	O			·		11110)	□ DEVC program			
C	Check t	box if filing under:	Form 5558		extension	DFVC program				
			special extension (enter description	on)						
Pa	art II	Basic Plan Info	rmation—enter all requested inform	ation						
	Name	•				1b	Three-digit			
NOR	TH CO	UNTRY OBSTETRICS	& GYNECOLOGY PLLC PROFIT SH	ARING 40	1(K) PLAN		plan number 001			
						10	(PN)			
						10	Effective date of plan 01/01/2009			
22	Dlan er	noncor's name and add	dress (employer, if for single-employer	· nlan)		2h	Employer Identification Number			
NOR	TH CO	UNTRY OBSTETRICS	& GYNECOLOGY PLLC	piai i)		20	(EIN) 26-2581213			
						2c	Plan sponsor's telephone number			
		STREET LS, NY 12801					518-792-7841			
OLLI	NO I AL	.2001				2d	Business code (see instructions) 621111			
20	Disco	destatate de la como de	deddays (Yesses Blackson		- 11\	2 h				
NOR	TH CO	UNTRY OBSTETRICS		STREET		30	Administrator's EIN 26-2581213			
PLLC			GLENS FAL	LS, NY 128	301	3c	Administrator's telephone number			
						,	518-792-7841			
			olan sponsor has changed since the la		port filed for this plan, enter the	4b	EIN			
I	name, E	EIN, and the plan numb	per from the last return/report. Sponso	or's name		4c	DNI			
52	Total	oumbar of participants	at the beginning of the plan year				12			
		·	at the beginning of the plan year			5a				
b			at the end of the plan year			5b	16			
С			with account balances as of the end o		•	5c	16			
60							X Yes ☐ No			
b			during the plan year invested in eligib the annual examination and report of							
D			(See instructions on waiver eligibility				X Yes No			
			ther 6a or 6b, the plan cannot use F		•					
Pa	rt III	Financial Inform	nation							
7	Plan A	Assets and Liabilities			(a) Beginning of Year		(b) End of Year			
а	Total p	olan assets		. 7a	119015	5	484138			
b										
С	Net pla	an assets (subtract line	. 7b from line 7a)	. 7с	119015	5	484138			
8			sfers for this Plan Year		(a) Amount		(b) Total			
a		butions received or rec			, ,		(2) 1012			
				. 8a(1)	34972	2				
	(2) Pa	articipants		. 8a(2)	83178	3				
	(3) Ot	thers (including rollove	·s)	. 8a(3)	196838	3				
b	Other	er income (loss)			7					
С	Total i	ncome (add lines 8a(1)), 8a(2), 8a(3), and 8b)	. 8c			366705			
d			t rollovers and insurance premiums							
				. 8d		_				
е	Certai	n deemed and/or corre	ctive distributions (see instructions) \dots	. 8e	1582	2				
f	Admin	istrative service provid	ers (salaries, fees, commissions)	. 8f		_				
g	Other	expenses		. 8g						
h	Total e	expenses (add lines 8d	, 8e, 8f, and 8g)	. 8h			1582			
i	Net in	come (loss) (subtract li	ne 8h from line 8c)	. 8i			365123			
j	Transf	fers to (from) the plan (see instructions)	. 8j						

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Par	t IV Plan Characteristics								_
_	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char	acteris	stic Co	des in	the instru	ctions	:		
b	2E 2F 2G 2J 2T 3B 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	actoric	tic Coc	loc in t	ho inetru	etione:			
D	in the plan provides wellare benefits, enter the applicable wellare readile codes from the List of Flan Char	aciens	iic Coc	ies iii t	ile ilistiut	,110115.			
art	V Compliance Questions								
0	During the plan year:		Yes	No		Amo	unt		
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		X					
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					200	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		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		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							
art	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500))	nplete	Sched	ule SB	(Form		Yes	X	No
2									No
_	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)								
а	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								
lf	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						
С	Enter the amount contributed by the employer to the plan for this plan year		12c						
d	d 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)								
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	lo	N/	Ά
art	VII Plan Terminations and Transfers of Assets								
_						$\neg \neg$		Υ.	

13a 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 under the control of the PBGC?.....

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.)

13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)

Yes X No

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	Filed with authorized/valid electronic signature.	02/22/2011	MICHAEL FINKOWSKI
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	02/22/2011	MICHAEL FINKOWSKI
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor