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	Complete all entries in accord	dance wit	h the instructions to the Form 5500	0-SF.	1			
	art I Annual Report Identification Information							
For	calendar plan year 2010 or fiscal plan year beginning 01/01/2010	0	and ending 1	2/31/2	2010			
Α.	This return/report is for: \square single-employer plan \square	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)				
С	Check box if filing under: Form 5558	automatic	extension		DFVC program			
	special extension (enter description							
Da	urt II Basic Plan Information—enter all requested informa	,						
	Name of plan	alion		1h	Three-digit			
	NAM OBSTETRICS & GYNECOLOGY, PC 401(K) PROFIT SHARIN	IG PI AN		10	plan number			
					(PN) ▶ 001			
				1c	Effective date of plan			
					07/01/2008			
	Plan sponsor's name and address (employer, if for single-employer NAM OBSTETRICS & GYNECOLOGY, PC	plan)		2b	Employer Identification Number			
PUII	NAMI OBSTETRICS & GTNECOLOGT, PC			(EIN) 26-2858451 2c Plan sponsor's telephone nur				
	STONELEIGH AVENUE			20	845-279-2000			
CAR	MEL, NY 10512			2d	Business code (see instructions)			
0 -				01	621111			
PUTI	Plan administrator's name and address (if same as Plan sponsor, en NAM OBSTETRICS & GYNECOLOGY, PC 660 STONEL	nter "Same .EIGH AVE	e") ENUE	3D	Administrator's EIN 26-2858451			
	CARMEL, NY	Y 10512		3c	Administrator's telephone number			
					845-279-2000			
	f the name and/or EIN of the plan sponsor has changed since the las		port filed for this plan, enter the	4b EIN				
1	name, EIN, and the plan number from the last return/report. Sponso	r's name		4c	PN			
5a	Total number of participants at the beginning of the plan year			5a	5			
b	Total number of participants at the end of the plan year		ł	5b	0			
C	Total number of participants with account balances as of the end of		ł	JD				
	complete this item)		•	5c	0			
6a	Were all of the plan's assets during the plan year invested in eligible	le assets?	(See instructions.)		Yes No			
b	Are you claiming a waiver of the annual examination and report of a				XI vaa II na			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a		•		Yes No			
Pa	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information	orm 5500-	SF and must instead use Form 550	00.				
7	Plan Assets and Liabilities		(a) Beginning of Year		(h) End of Voca			
=	Total plan assets	70	(a) Beginning of Year		(b) End of Year			
a b	Total plan liabilities	7a 7b						
C	Net plan assets (subtract line 7b from line 7a)		72361		0			
8		7c			(b) Total			
а	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount		(b) Total			
_	(1) Employers	8a(1)	4810)				
	(2) Participants	8a(2)	24070)				
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	6928	3				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			35808			
d	Benefits paid (including direct rollovers and insurance premiums		107501					
	to provide benefits)	. 8d	107301	-				
e	Certain deemed and/or corrective distributions (see instructions)	. 8e						
f	Administrative service providers (salaries, fees, commissions)		000					
g	Other expenses	. 8g	668		400400			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)				108169			
į	Net income (loss) (subtract line 8h from line 8c)				-72361			
j	Transfers to (from) the plan (see instructions)	8i						

	Fo	orm 5500-SF 2010 Page 2-							
Par	t IV	Plan Characteristics							
a	If the p	olan provides pension benefits, enter the applicable pension feature codes from the List of Plan Charles 2F 2G 2J 2K 3D olan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Charles 2F							
art	: V	Compliance Questions							
0	Durin	g the plan year:		Yes	No		Am	ount	
а	Was	there a failure to transmit to the plan any participant contributions within the time period described in FR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b		there any nonexempt transactions with any party-in-interest? (Do not include transactions reported e 10a.)	10b		X				
C	Was	the plan covered by a fidelity bond?	10c		X				
d		ne plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud honesty?	10d		X				
е	insur	any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, ance service or other organization that provides some or all of the benefits under the plan? (See ctions.)	10e		X				
f	Has t	he plan failed to provide any benefit when due under the plan?	10f		X				
q	Did th	ne plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
	If this	is an individual account plan, was there a blackout period? (See instructions and 29 CFR 101-3.)	10g		X				
i		was answered "Yes," check the box if you either provided the required notice or one of the otions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI	Pension Funding Compliance							
1		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con						Yes	X No
2	Is thi	s a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	e or se	ction 3	302 of	ERISA?		Yes	X No
	(If "Ye	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru							
If ·	-	ng the waiver			Day		rea	ai	
	•	the minimum required contribution for this plan year		Γ	12b				
		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 of a negative amount)				12c 12d				
е	Ŭ	ne minimum funding amount reported on line 12d be met by the funding deadline?		<u></u>		Yes		No	N/A

X Yes No

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....

Plan Terminations and Transfers of Assets

Part VII

13c(1) Name of plan(s): 13c(2) EIN(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	Filed with authorized/valid electronic signature.	03/04/2011	JANUSZ RUDNICKI
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	03/04/2011	JANUSZ RUDNICKI
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form 5500-SF

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Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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► Complete all entries in accordance with the instructions to the Form 5500-SF.

2010

OMB Nos. 1210-0110

1210-0089

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<u> </u>	art I	identification information							
For	the calendar plan year 2010	or fiscal plan year beginning	01/01	/2010 and ending	12/	/31/2010			
Α	This return/report is for:	x single-employer plan	multiple-en	nployer plan (not multiemployer)		one-participant	plan		
В	This return/report is for:	first return/report x	final return	/report					
		an amended return/report	short plan	year return/report (less than 12 months)				
С	Check box if filing under:	Form 5558	automatic	extension		DFVC program			
-	g	special extension (enter description)						
D	art II Basic Plan Info	ormation enter all requested infor	<u> </u>						
	Name of plan	Diffiation enter all requested linor	mauon.		1b ⊤	hree-digit			
	•			_		lan number			
	Putnam Obstetrics &	Gynecology, PC 401(k) Prof	Eit Shar	ing Plan		PN) ▶	001		
						Effective date of p	olan		
2a	Plan sponsor's name and add	dress (employer, if for single-employer pl	an)			Employer Identific	ation Number		
	Putnam Obstetrics &		/		(EIN) 26-2858451				
	660 Stoneleigh Aven				2c Plan sponsor's telephone number				
	660 Stoneleigh Aven	ue		-		845) 279-20 Business code (se			
	Carmel	NY 10512				21111			
3a	Plan administrator's name an Same	nd address (If same as plan employer, en	ter "Same")		3b A	dministrator's El	N		
	same								
					3c Administrator's telephone number				
4		plan sponsor has changed since the las		rt filed for this plan, enter the	4b EIN				
	name, EIN and the plan num	ber from the last return/report. Sponsor's	Name		4c PN				
5a	Total number of participants a	at the beginning of the plan year			5a	5a 5			
b		at the end of the plan year			5b		0		
C	Total number of participants	with account balances as of the end of th	e plan year	(defined benefit plans do not					
_					5c		0		
		during the plan year invested in eligible a			• •	• • • •	X Yes No		
b	,	the annual examination and report of an (See instructions on waiver eligibility and	•	,			X Yes No		
	If you answered "No" to eit	her 6a or 6b, the plan cannot use Forr	n 5500-SF a	nd must instead use Form 5500.					
Pa	rt III Financial Infor	mation							
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End o	f Year		
а	Total plan assets		. 7a	72,361			0		
b	Total plan liabilities	. 	. 7b						
С	Net plan assets (subtract line	7b from line 7a)	. 7c	72,361			0		
8	Income, Expenses, and Trans	sfers for this Plan Year		(a) Amount		(b) To	otal		
а	Contributions received or rec		6:40	4 010					
			. 8a(1)	4,810	1				
	, ,		. 8a(2)	24,070					
b	, , ,	rs)	. 8a(3)	6,928	-				
			. 8b	0,920			25.000		
c d		, 8a(2), 8a(3), and 8b) trollovers and insurance premiums	. 8c				35,808		
			. 8d	107,501					
е	Certain deemed and/or corre	ctive distributions (see instructions) .	. 8e						
f	Administrative service provide	ers (salaries, fees, commissions)	. 8f						
g	Other expenses		· 8g	668					
h	Total expenses (add lines 8d	, 8e, 8f, and 8g)	. 8h				108,169		
i	Net income (loss) (subject lin	e 8h from line 8c)	. 8i				(72,361)		
j	Transfers to (from) the plan (see instructions)	. 8j						

	Form 5500-SF 2010	P	age 2 -				
Pari	N Plan Characteristics			-			
	the plan provides pension benefits, enter the applicable pension feature 2A 2E 2F 2G 2J 2K 3D the plan provides welfare benefits, enter the applicable welfare feature						
Par	V Compliance Questions						
10	During the plan year:	.	_		Yes No	_	Amount
а	Was there a failure to transmit to the plan any participant contribution	within the time period	described in		х		
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Were there any nonexempt transactions with any party-in-interest? (Donn line 10a.)	o not include transact	ions reported	10a 10b	x		
С	Was the plan covered by a fidelity bond?			10c	х		<u> </u>
d	Did the plan have a loss, whether or not reimbursed by the plan's fidel or dishonesty?	ity bond, that was car	used by fraud	10d	x	<u>-</u>	
е	Were any fees or commissions paid to any brokers, agents, or other perinsurance services or other organization that provides some or all of the instructions.)	ne benefits under the	plan? (See	10e	x		
f	Has the plan failed to provide any benefit when due under the plan?			_	х	_	
g	Did the plan have any participant loans? (If "Yes," enter amount as of			10f			
h	If this is an individual account plan, was there a blackout period? (See 2520.101-3.)	instructions and 29 0		10g	x		
i	If 10h was answered "Yes," check the box if you either provided the re exceptions to providing the notice applied under 29 CFR 2520.101-3	equired notice or one	of the				
	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements 5500))	? (If "Yes," see instru	ctions and comple	te Sch	edule SB	(Form	. ∐Yes 🕱 No
12 a If y	Is this a defined contribution plan subject to the minimum funding required (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 ar granting the waiver	e.) mortized in this plan y	ear, see instructio	ns. an	d enter the	date of the	. Yes X No letter ruling Year
b	Enter the minimum required contribution for this plan year \dots				. 12b		
d	Enter the amount contributed by the employer to the plan for this plan Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	result (enter a minus	sign to the left of a		. 12d	 	
е	Will the minimum funding amount reported on line 12d be met by the fi				·	Yes	□No □N/A
Part	VII Plan Terminations and Transfers of Assets				· · ·	<u> </u>	
13a	Has a resolution to terminate the plan been adopted during the plan year. If "Yes," enter the amount of any plan assets that reverted to the employer.				13a		, X Yes No
b	Were all the plan assets distributed to participants or beneficiaries, training the PBGC? If during this plan year, any assets or liabilities were transferred from the plan year.						. XYes No
	which assets or liabilities were transferred. (See instructions.)	nis pian to another pia	an(s), identify the p	ııan(s)	το		
1	3c(1) Name of plan(s):				13c(2)	EIN(s)	13c(3) PN(s)
		<u>.</u>	,				
Cautio	n: A penalty for the late or incomplete filing of this return/report w	vill be assessed unle	ess reasonable ca	use is	establisi	ned.	L
Under SB or	penalties of perjury and other penalties set forth in the instructions, I de Schedule MB completed and signed by an enrolled actuary, as well as it it is true, correct, and complete.	eclare that I have example	mined this return/re	eport i	ncludina i	f annlicable	, a Schedule wledge and
SIG	Dum Kustul	4.2.11	Janusz Rudn	icki	_		
HEF		Date	Enter name of inc		l signina a	s plan admi	nistrator
SIG	Dean Custilla	3.3.11	Janusz Rudn		<u> </u>	y 200 - 30 may 110	
HE		Date	Enter name of inc		l signing a	s employer	or nian sponsor
		 -			- e-grang a	o.npioyer	or pian aponaol