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

Р	ension Benefit Guaranty Corporation	▶ Complete all entries in accord	dance wit	n the instructions to the Form 5500	0-SF.					
Pa	art I Annual Report Ide	entification Information								
For	calendar plan year 2010 or fisca	l plan year beginning 07/01/2010)	and ending 0	2/28/2	2011				
A	This return/report is for:	single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participa	nt plan			
В	This return/report is for:	first return/report	final retur	n/report		_				
	Ī	an amended return/report	short plar	year return/report (less than 12 mor	nths)					
C	Check box if filing under:	Form 5558	automatic	extension	DFVC program					
		special extension (enter descriptio								
Dr	rt II Basic Blan Inform	nation—enter all requested informa	,							
		iation—enter all requested informa	ation	1	1h	Three-digit				
	Name of plan EBECK SURGICAL, PC PROFI	T SHARING PLAN			10	plan number	200			
						(PN) •	003			
					1c	Effective date o				
						07/01/1	994			
	Plan sponsor's name and addre EBECK SURGICAL, PC	ss (employer, if for single-employer	plan)		2b Employer Identification Number					
KHIIV	EBECK SURGICAL, PC				20	(EIN) 14-155 Plan sponsor's t		ımhar		
	SPRINGBROOK AVE. SUITE 1	01			20	845-87	1-4275	iiiibei		
RHIN	EBECK, NY 12572				2d	Business code (ons)		
					01	621111				
3a RHIN	Plan administrator's name and a EBECK SURGICAL, PC	address (if same as Plan sponsor, er 6511 SPRING	nter "Same SBROOK	e") AVE. SUITE 101	3b	Administrator's				
	,	RHINEBECK	, NY 1257	2	3c	3c Administrator's telephone number				
						845-87				
	•	n sponsor has changed since the las		port filed for this plan, enter the	4b	EIN				
I	name, EIN, and the plan number from the last return/report. Sponsor's name					4c PN				
5a	Total number of participants at t	the beginning of the plan year			5a					
	5a Total number of participants at the beginning of the plan yearb Total number of participants at the end of the plan year							0		
	• •	h account balances as of the end of		ł	5b					
С				` .	5c			0		
6a	Were all of the plan's assets du	uring the plan year invested in eligibl	e assets?	(See instructions.)			X Yes	No		
b				ndent qualified public accountant (IQF			<u> </u>	_		
	,	0 ,		ons.)			^ Yes	No		
Do	If you answered "No" to either		orm 5500-	SF and must instead use Form 550	00.					
		tion								
7	Plan Assets and Liabilities			(a) Beginning of Year 570301		(b) End of Year				
	Total plan assets		7a	070301	_			0		
b			. 7b	570301				0		
<u> </u>		b from line 7a)	7c					0		
8	Income, Expenses, and Transfe			(a) Amount		(b) 1	<u> Fotal</u>			
а	Contributions received or received (1) Employers	/adie from:	8a(1)							
	, , , ,		8a(2)							
	• • • • • • • • • • • • • • • • • • • •									
b	, ,		8b	52930)					
C	,	8a(2), 8a(3), and 8b)	8c					52930		
d		ollovers and insurance premiums								
	to provide benefits)		8d	623231						
е	Certain deemed and/or corrective	ve distributions (see instructions)	8e							
f	Administrative service providers	s (salaries, fees, commissions)	8f							
g	Other expenses		. 8g	0)					
h	Total expenses (add lines 8d, 8	e, 8f, and 8g)	8h				6:	23231		
i	Net income (loss) (subtract line	8h from line 8c)	. 8i				-5	70301		
i		e instructions)		0)					

Form 5500-SF 2010	Page 2-
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Dart IV	Dlan	Characteristic	_
Part IV	Plan	Characteristic	Ş

HERE

SIGN HERE

Signature of plan administrator

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

b	If th	ne plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan C	Characteris	tic Co	des in	the instru	ctions		
art	٧	Compliance Questions							
0	Du	rring the plan year:		Yes	No		Amo	ount	
а		there a failure to transmit to the plan any participant contributions within the time period described CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			X				
b		Vere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported not not include transactions reported not not			X				
С	Wa	as the plan covered by a fidelity bond?	10c	X					175000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?								
е	ins	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.)							
f	Ha	s the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did	d the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
h		his is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10h		X				
i		IOh was answered "Yes," check the box if you either provided the required notice or one of the ceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art		Pension Funding Compliance	<u> </u>		1				
11	ls ti	this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and						Yes	☐ No
12		this a defined contribution plan subject to the minimum funding requirements of section 412 of the						Yes	X No
_			0000 01 00	20110111	JUZ 01	L1110/11	<u> </u>		ш
а	(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								
lf y	granting the waiver								
b	b Enter the minimum required contribution for this plan year								
С	Ent	ter the amount contributed by the employer to the plan for this plan year		L	12c				
d		btract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the gative amount)		L	12d				
е	Will	Il the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	1	No	N/A
art	VII	Plan Terminations and Transfers of Assets							
3а	Has	s a resolution to terminate the plan been adopted during the plan year or any prior year?		<u>.</u>			X	Yes	No
	lf "۱	Yes," enter the amount of any plan assets that reverted to the employer this year			13a				0
b		ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broom the PBGC?	ught under	the co	ontrol 		X	Yes	No
С		during this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden iich assets or liabilities were transferred. (See instructions.)	tify the pla	ın(s) to)				
13c(1) Name of plan(s):				13c(2) EIN(s) 13c(3)			PN(s)		
:aut	ion:	A penalty for the late or incomplete filing of this return/report will be assessed unless reason	nable ca	ISA İS	estah	lished			
		enalties of perjury and other penalties set forth in the instructions, I declare that I have examined this					cable.	a Sche	dule
SB o	r Ścł	hedule MB completed and signed by an enrolled actuary, as well as the electronic version of this restructions to the structure of the structur							
SIGI	N	Filed with authorized/valid electronic signature. 05/23/2011 JAMES A. V	/ING						

Date

Date

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Short Form Annual Return/Report of Small Employee **Benefit Plan**

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QMB Nos. 1210-0110 1210-0089

2010 This Form is Open to Public

Inspection Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF Part J Annual Report Identification Information 02/28/2011 07/01/2010 For calendar plan year 2010 or fiscal plan year beginning and ending single-employer plan one-participant plan multiple-employer plan (not multiemployer) A This return/report is for X first return/report final return/report B This return/report is for: short plan year return/report (less than 12 months) an amended return/report automatic extension DFVC program Form 5558 C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1b Three-digit 1a Name of plan Rhinebeck Surgical, PC Profit Sharing Plan pian number 003 (PN) ▶ 1c Effective date of plan 07/01/1994 2a Plan sponsor's name and address (employer, if for single-employer plan) Rhinebeck Surgical, PC 2b Employer Identification Number (EIN) 14-1552055 2c Plan sponsor's telephone number (845)871-4275 6511 Springbrook Ave. Suite 101 2d Business code (see instructions) 621111 NY 12572 Rhinebeck 3b Administrator's EIN 3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") 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 3 5a Total number of participants at the beginning of the plan year...... 5a 0 b Total number of participants at the end of the plan year..... 5b C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not 0 complete this item). Yes Ν¢ Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 6a b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes No 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 Part III Financial Information ildin! (b) End of Year Plan Assets and Liabilities (a) Beginning of Year 0 570,301 7a a Total plan assets... Ó 7b **b** Total plan liabilities..... 0 570,303 c Net plan assets (subtract line 7b from line 7a) (b) Total Income, Expenses, and Transfers for this Plan Year (a) Amount R Contributions received or receivable from: 8a(1) (1) Employers 8a(2) (2) Participants 8a(3) (3) Others (including rollovers). 8b **b** Other income (loss)..... 52,930 8c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) ... Benefits paid (including direct rollovers and insurance premiums 623, 231 8d to provide benefits). Certain deemed and/or corrective distributions (see instructions). 86 Administrative service providers (salaries, fees, commissions)..... 8f 89 Other expenses g 8h Total expenses (add lines 8d, 8e, 8f, and 8g)..... (570.301)81 Net income (loss) (subtract line 8h from line 8c).... Transfers to (from) the plan (see instructions) 8

Form 5500-\$F 2010

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Pa	rt IV Plan Characteristics								*
	If the plan provides pension benefits, enter the applicable pension fea $2E$	ture codes from the	List of Plan Chara	acteris	stic Co	des in	the instru	ctions:	
b	If the plan provides welfare benefits, enter the applicable welfare feat	ure codes from the	List of Plan Chara	cteris	tic Coc	des in	the instruc	ctions:	
Par	tV் Compliance Questions			· · · · · · ·					·
10	During the plan year:				Yes	No		Amount	
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia	ry Correction Progra	am)	10a		Х			
b	Were there any nonexempt transactions with any party-in-interest? (Con line 10a.)			10b		Х			
¢	Was the plan covered by a fidelity bond?			10c	Х			1	75,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty?			10d		Х			
6	insurance service or other organization that provides some or all of the	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.)				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	2520.101-3.)			10հ		Х			
i	If 10h was answered "Yes," check the box if you either provided the reexceptions 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 5500))							Yes	No
12	Is this a defined contribution plan subject to the minimum funding req							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 a granting the waiver.	mortized in this plai	ı year, see instruc Mont	tions,	and e	nter th	e date of	the letter ru Year	
lf ·	you completed line 12a, complete lines 3, 9, and 10 of Schedule MI					Oay		1001	
	Enter the minimum required contribution for this plan year			,,,	[12b			
¢	Enter the amount contributed by the employer to the plan for this plan				ŀ	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)					12d			
	Will the minimum funding amount reported on line 12d be met by the f	funding deadline?					Yes	No	N/A
'art	VII Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted during the plan ye	ear or any prior yea	r?				,	X Yes	No
	If "Yes," enter the amount of any plan assets that reverted to the empl					13a			C
b	Were all the plan assets distributed to participants or beneficiaries, tra of the PBGC?					ntrol		X Yes	No.
С	If during this plan year, any assets or liabilities were transferred from twhich assets or liabilities were transferred. (See instructions.)	this plan to another	pian(s), identity th	ie piar I	i(s) to				
1	3c(1) Name of plan(s):			13c(2) EIN(s)			13c(3) PN(s)	
	ion: A penalty for the late or incomplete filing of this return/report								
SBo	er penalties of perjury and other penalties set forth in the instructions, I or r Schedule MB completed and signed by an enrolled actuary, as well as f, it is true, correct, and complete.	declare that I have e s the electronic vers	examined this retu- sion of this return/o	rn/report	ort, in , and t	cluding o the t	g, if applic best of my	able, a Sch knowledge	nedule e and
nene 1387,	f f	5/11/2211	Yomos A Mi	in ~					
SIG	N / comes a ware		James A. Wi	vang individual signing as plan administrator					
HER		Date	Euler name of in	MINIT	a sul	mig at	ווטים וופוק כ	misuatu	
SIG HER	N	Date	Enter name of in	divide	al eige	aina a	employe	r or nian er	noneor
C. L. Y. J. Y.	ment Standarde of employerman Shonsof	Date 1	LINGLINGING VIN	~****	an andi	साम्बद्धाः	A CHIPIOYE	ייטיו אונדוו איריי	7 CT CT CT