## 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

	ension Benefit Guaranty Corporation	▶ Complete all entries in accord	rdance wit	n the instructions to the Form 550	0-SF.				
		lentification Information							
For	calendar plan year 2010 or fisca	al plan year beginning 01/01/20	10	and ending 1	2/31/2	2010			
Α -	This return/report is for:	single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participa	ant plan		
В	This return/report is for:	first return/report	final retur	n/report		_			
		an amended return/report	short plar	year return/report (less than 12 mo	nths)				
C Check box if filing under:				extension		DFVC progra	am		
		special extension (enter descripti	ion)						
Pa	rt II Basic Plan Inforr	nation—enter all requested inform	nation						
1a	Name of plan				1b	Three-digit			
RG F	SYCHOLOGICAL SERVICES F	PC 401K PROFIT SHARING PLAN	& TRUST			plan number	001		
					_	(PN) <b>•</b>			
					1C	Effective date of 01/01/2			
2a	Plan snonsor's name and addr	ess (employer, if for single-employe	r nlan)		2h		ification Number		
	SYCHOLOGICAL SERVICES I		i piari)			(EIN) 13-380			
202 1	AEDDIOK DD				2c	Plan sponsor's	telephone number		
SUIT	MERRICK RD E 204				24				
LYNE	BROOK, NY 11563				20	611000	(see instructions)		
3a	Plan administrator's name and	address (if same as Plan sponsor,	enter "Same	e")	3b	Administrator's			
RG F	SYCHOLOGICAL SERVICES I	NC 303 MERRI SUITE 204	CK RD			13-380			
		LYNBROOK	K, NY 11563	3	3c	Administrator's 800-72	telephone number		
4 1	the name and/or EIN of the pla	an sponsor has changed since the la	ast return/re	port filed for this plan, enter the	4b	EIN			
-	name, EIN, and the plan numbe	r from the last return/report. Spons	or's name						
	Tatal accept on of postining sets of	the beginning of the plantage				PN	70		
		the beginning of the plan year			5a		79 74		
		the end of the plan year			5b		74		
С		ith account balances as of the end o		•	5c		45		
6a				(See instructions.)			X Yes No		
b				ndent qualified public accountant (IQ					
	•			ons.)			Yes   No		
Pa	rt III Financial Informa		-orm 5500-	SF and must instead use Form 55	00.				
7	Plan Assets and Liabilities			(a) Deminsion of Year		(h) F.,	L of Voca		
′ -	Total plan assets		70	(a) Beginning of Year	4	(a) End	1492556		
	,		<u>7a</u> 7b	(	0				
	•	'b from line 7a)		1258824	4		1492556		
8	Income, Expenses, and Transf	·	, , ,	(a) Amount		(b)	Total		
а	Contributions received or recei					(6)	Iotai		
-			8a(1)	114362	2				
	(2) Participants		8a(2)	229047	7				
	(3) Others (including rollovers)	)	8a(3)	(	)				
b	Other income (loss)								
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	8c				491267		
d		rollovers and insurance premiums	8d	257538	5				
е		ive distributions (see instructions)		(	)				
f	Administrative service provider	rs (salaries, fees, commissions)	8f	(	)				
g	Other expenses		8g	(	0				
h	Total expenses (add lines 8d, 8	8e, 8f, and 8g)					257535		
i	Net income (loss) (subtract line	e 8h from line 8c)	8i				233732		
i	Transfers to (from) the plan (se	ee instructions)	8i		0				

	Fo	orm 5500-SF 2010 Page <b>2-</b>								
Par	t IV	Plan Characteristics								_
		plan provides pension benefits, enter the applicable pension feature codes from the List of Plan C $_{ m CF}$ $_{ m 2G}$ $_{ m 2J}$ $_{ m 2K}$ $_{ m 3D}$	naracteri	stic Co	des in	the instru	uctions	3:		_
		plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Ch	aracteris	stic Cod	des in t	he instru	ctions	:		
art	٧	Compliance Questions								_
0	Durin	g the plan year:		Yes	No		Am	ount		_
а		there a failure to transmit to the plan any participant contributions within the time period described FR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	in <b>10a</b>		X					
b		there any nonexempt transactions with any party-in-interest? (Do not include transactions reported to 10a.)	ed <b>10b</b>		X					_
С	Was	the plan covered by a fidelity bond?	10c	X					149256	3
d		ne plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fractionsty?	10d		X					_
е	insura	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 actions.)	10e		X					_
f	Has t	he plan failed to provide any benefit when due under the plan?	10f		X					
g	Did th	d the plan have any participant loans? (If "Yes," enter amount as of year end.)		X					51526	3
h		is an individual account plan, was there a blackout period? (See instructions and 29 CFR .101-3.)	10h		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								
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and only)						Yes	X No	)
2	Is thi	s a defined contribution plan subject to the minimum funding requirements of section 412 of the C	ode or se	ection 3	302 of I	ERISA?.		Yes	X No	,
•	`	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	4				عام ا	. 44	.1:	
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver								
lf y	ou co	impleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.	_	12b					_
b	<b>b</b> Enter the minimum required contribution for this plan year									_
	<b>C</b> Enter the amount contributed by the employer to the plan for this plan year				12c	<u> </u>				_
	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)				12d					
е	Will th	ne minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	N/A	_
art	VII	Plan Terminations and Transfers of Assets								
								1	N/	

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.	07/22/2011	WILLIAM CLEMANS					
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN								
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor					

### Form 5500-SF

Dopartment of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Ponsion 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).

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

1210-0089

OMB Nos. 1210-0110

2010

This Form is Open to Public Inspection

				<del></del>					
	Part I Annual Report Identification Information realendar plan year 2010 or fiscal plan year beginning	01/01/	2010	and ending		10/31/50	10		
	[7] -la-lala	7				12/31/20			
		₹ '		(not multiemployer)		one-participa	ant plan		
В	This return/report is for:	₹	ım/report						
_	an amended return/report	<b>≓</b>	=	eport (less than 12 mo	onths)	_			
C	Check box if filing under:	,	ic extension			DFVC progra	am		
	special extension (enter descript		<del></del>						
	art II Basic Plan Information—enter all requested inform	nation			γ	· · · · · · · · · · · · · · · · · · ·			
18	Name of plan RG PSYCHOLOGICAL SERVICES PC 401K PROFIT	ים מואם.	r Ni C		1b	Three-digit			
		I SIMM.	LIVG			plan number (PN) ▶	001		
	PLAN & TRUST				1c	Effective date o	f plan		
						01/01/200	3		
2a	Plan sponsor's name and address (employer, if for single-employer RG PSYCHOLOGICAL SERVICES INC	r plan)			2b	Employer Identi	fication Number		
					20	(EIN) 13-380			
	303 MERRICK RD				20	(800) 725-	telephone number 6280		
	SUITE 204				2d		see instructions)		
20	LYNBROOK			11563	-	611000			
Ja	Plan administrator's name and address (if same as Plan sponsor, $\varepsilon_{\text{SAME}}$	enter San	ie")		30	Administrator's	EIN		
					3c	Administrator's	elephone number		
4	If 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	ist return/r or's name	eport filed for ti	nis plan, enter the	4b	EIN			
		<i>31</i>			4c	PN			
5a	Total number of participants at the beginning of the plan year				5a	1	79		
b	Total number of participants at the end of the plan year		••••••		5b		7.		
C	Total number of participants with account balances as of the end o complete this item)	f the plan	year (defined b	enefit plans do not	5c		4:		
68	Were all of the plan's assets during the plan year invested in eligib						X Yes No		
b	Are you claiming a waiver of the annual examination and report of	an indepe	ndent qualified	i public accountant (IC	PAI		<u> </u>		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condi	ions.)	******************************	·····	••••••	X Yes No		
D.	If you answered "No" to either 8a or 8b, the plan cannot use F int III Financial Information	orm 5500	SF and must	instead use Form 65	00.				
7	Plan Assets and Liabilities	T	(a) B		1	# N =			
a	Total plan assets	. 7a	(a) B	eginning of Year 1,258,82	4	(b) End	1,492,556		
	Total plan liabilities			-,,	0		1,152,000		
	Net plan assets (subtract line 7b from line 7a)		<del> </del>	1,258,82	4	·	1,492,556		
8		1	<del>                                     </del>	a) Amount	+	(b) T			
a	Contributions received or receivable from:		· · · · · · · · · · · · · · · · · · ·		1	(0) 1	Otal		
	(1) Employers	8a(1)		114,36					
	(2) Participants	8a(2)		229,04	7	¥.			
	(3) Others (including rollovers)	8a(3)			이				
þ	Other income (loss)	$\vdash$	<u> </u>	147,85	8				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					491,267		
đ	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		257,53	5				
e	Certain deemed and/or corrective distributions (see instructions)	- 8e			0	, e ,			
f	Administrative service providers (salaries, fees, commissions)	8f			0				
g	Other expenses	8g			0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					257,535		
i	Net income (loss) (subtract line 8h from line 8c)						233,732		
i	Transfers to (from) the plan (see instructions)	Qi .			o	.::			

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

		Form 5500-SF 2010		age Z						
Par	t IV	Plan Characteristics			***************************************		***************************************	······································	***************************************	
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  X 2E 2F 2G 2J 2K 3D									
b	If th	e plan provides welfare benefits, enter the applicable welfare feature	e codes from the	List of Plan Chara	cteris	tic Cor	des in I	he instructi	ons:	
Part	٧	Compliance Questions			***************************************	******	***************************************	<del>17 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1</del>	***************************************	······································
10	Du	ring the plan year:				Yes	No		Amount	
	29	s there a failure to transmit to the plan any participant contributions of CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary	Correction Progra	ım)	10a		Х			
b		re there any nonexempt transactions with any party-in-interest? (Do line 10a.)			10b		Х			
C	Wa	as the plan covered by a fidelity bond?		**>***	10c	X,			1.4	19,256
d		the plan have a loss, whether or not reimbursed by the plan's fidelit			10d		Х			
е	We	re any fees or commissions paid to any brokers, agents, or other per grance service or other organization that provides some or all of the largetings.)	rsons by an insun benefits under the	ance carrier. plan? (See	10e		Х			
f	Has	s the plan failed to provide any benefit when due under the plan?	ข่องหล่างจลังเกิดของสีลเกษจะเสียง		101		Х			
Ω	Did	the plan have any participant loans? (If "Yes," enter amount as of ye	ear end.)		10a	х	· · · · · · · · · · · · · · · · · · ·			1,526
-	lf th	nis is an individual account plan, was there a blackout period? (See in	nstructions and 2	9 CFR	10h		Х			
į	If 1	Oh was answered "Yes," check the box if you either provided the requestions to providing the notice applied under 29 CFR 2520.101-3	uired notice or an	e of the	10i					
Part	·	Pension Funding Compliance			<b></b>	i	·····			
11	ls ti	nis a defined benefit plan subject to minimum funding requirements?							☐ Yes	X No
12	***************************************	his a defined contribution plan subject to the minimum funding requir								X No
		Yes," complete 12a or 12b, 12b, 12d, and 12e below, as applicable.)							,	- <del>Instit</del> i
a	il a	waiver of the minimum funding standard for a prior year is being amo	ortized in this plac	year, see instruc	tions,	and e	nter th	e date of th	é letter ru	ling
476	gra	nting the waiver.		Moni	th		Day .		Year	
		completed line 12a, complete lines 3, 9, and 10 of Schedule MB				F	12b		******	***************************************
		er the minimum required contribution for this plan year					12c	* ****		
		er the amount contributed by the employer to the plan for this plan your the amount in line 12c from the amount in line 12c. Enter the re				***			***************************************	
	neg	alive amount)	***********	*******************	a eeseyaji.	<u> </u>	12d	T Yes T	T No T	N/A
		the minimum funding amount reported on line 12d be met by the fun	nding deadline?	*************************************	*****		<u> </u>	T tes T	T 130 T	14253
Part	**********		<u></u>		<del></del>	· · · ·			77	17
13a	Has	a resolution to terminate the plan been adopted during the plan yea	ır or any prior yea	17	مرمزجاته فالمناف مالفو				Yes	X No
		es," enter the amount of any plan assets that reverted to the employ					13a			······································
	of t	re all the plan assets distributed to participants or beneficiaries, trans ne PBGC?	iliano ripodesta, enpoya is minoje u e bij	والمائيسهما ومحمامات الممهاني ورواسه ويسود	مهر بشرونه	والمراجعة والمستعدد			Yes	X No
	whi	uring this plan year, any assets or liabilities were transferred from thi ch assets or liabilities were transferred. (See instructions.)	s plan lo anomer	plan(s), identily ti	ie pia T				T 40 20	
1	3c(1	) Name of plan(s):			<del> </del>	730	(2) EI	N(S)	130(3)	PN(s)
		A penalty for the late or incomplete filing of this return/report w								·
SBo	r Sch	natities of perjury and other penalties set forth in the instructions, I de nedule MB completed and signed by an enrolled actuary, as well as to true cornect, and complete	clare that I have on the electronic vers	examined this return/ sion of this return/	rn/report	ort, in , and t	cluding o the b	, if applicat est of my k	ile, a Schi nowledge	edule and
	1		7-21-11	GARY BUTCH	EN					
SIG HER			ate	Enter name of in		ıal sigr	ning as	plan admir	istrator	
SIG	N						,			
HER	اكسد	Signature of employer/plan sponsor D	ate	Enter name of in	dividu	ıal sigr	ning as	employer c	ır plan spi	onsor