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).

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

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	art I Annual Report Identification Information							
For	calendar plan year 2010 or fiscal plan year beginning 01/01/20	10	and ending	12/31/2	2010			
Α	This return/report is for:	multiple-	employer plan (not multiemployer)		one-participant plan			
В	This return/report is for: first return/report	final retu	nal return/report					
	an amended return/report	short plar	year return/report (less than 12 mo	onths)				
C	Check box if filing under: Form 5558	extension	,	DFVC program				
	special extension (enter descrip							
Dr								
	art II Basic Plan Information—enter all requested infor Name of plan	mation		1h	Three-digit			
	MAS P. SCULCO, M.D.401(K) PROFIT SHARING PLAN			15	nlan number			
					(PN) ▶ 001			
				1c	Effective date of plan			
					01/01/1997			
	Plan sponsor's name and address (employer, if for single-employed	er plan)		2b	Employer Identification Number			
THO	MAS P. SCULCO, M.D.			20	(EIN) 13-3449520 Plan sponsor's telephone number			
	EAST 71ST STREET, SUITE 238			20	212-606-1475			
NEW	YYORK, NY 10021			2d	Business code (see instructions)			
				1	621111			
3a THO	Plan administrator's name and address (if same as Plan sponsor, MAS P. SCULCO, M.D. 525 EAST	enter "Same	e") FT. SUITE 238	3b	Administrator's EIN 13-3449520			
	NEW YOR	K, NY 10021	2., 302 200	30	Administrator's telephone number			
					212-606-1475			
	f the name and/or EIN of the plan sponsor has changed since the		port filed for this plan, enter the	4b	EIN			
	name, EIN, and the plan number from the last return/report. Spon	sor's name		4c	DNI			
52	Total number of participants at the basinning of the plan year				PN 4			
	Total number of participants at the beginning of the plan year			5a 5b				
	b Total number of participants at the end of the plan year				0			
С	Total number of participants with account balances as of the end complete this item)			5c	0			
	Were all of the plan's assets during the plan year invested in elig				X Yes ☐ No			
b			,					
	under 29 CFR 2520.104-46? (See instructions on waiver eligibilit				Yes No			
	If you answered "No" to either 6a or 6b, the plan cannot use	Form 5500-	SF and must instead use Form 5	500.				
	rt III Financial Information		T					
7	Plan Assets and Liabilities		(a) Beginning of Year	^	(b) End of Year			
a	Total plan assets		54121		143			
b	Total plan liabilities		54404	0	0			
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7с	54121	2	143			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			
а	Contributions received or receivable from: (1) Employers	8a(1)	81	0				
	(2) Participants	•	142	2				
	(3) Others (including rollovers)			0				
h	Other income (loss)		-3230	14				
b	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		523		-30072			
c d	Benefits paid (including direct rollovers and insurance premiums	<u>8c</u>			555.2			
u	to provide benefits)	8d	51099	7				
е	Certain deemed and/or corrective distributions (see instructions).			0				
f	Administrative service providers (salaries, fees, commissions)			0				
g	Other expenses			0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)				510997			
i	Net income (loss) (subtract line 8h from line 8c)				-541069			
i	Transfers to (from) the plan (see instructions)			0				

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		•	
Part IV	Plan	(`hara	cteristics
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If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a

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

		e plan provides wellare benefits, enter the applicable wellare realtire codes from the cist of Flan Chara	cteris		ues III	uie iiisuu	10110113.		
art	V	Compliance Questions		•					
0	Dur	ing the plan year:		Yes	No		Amou	unt	
а		s there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b		re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ine 10a.)	10b		X				
С	Wa	s the plan covered by a fidelity bond?	10c		X				
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud lishonesty?	10d		X				
е	insu	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, urance service or other organization that provides some or all of the benefits under the plan? (See ructions.)	10e	Х					172
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					0
h		is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		X				
i		Oh was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI	Pension Funding Compliance							
1		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com						Yes	X No
2	ls t	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction :	302 of	ERISA?		Yes	X No
	(If "`	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
	grar	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions the waiver	th						ng
lf y	ou o	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		г					
b	Ente	er the minimum required contribution for this plan year			12b				
		er the amount contributed by the employer to the plan for this plan year			12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount)			12d				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	0	N/A
art	VII	Plan Terminations and Transfers of Assets							
3a	Has	a resolution to terminate the plan been adopted during the plan year or any prior year?		<u>.</u>			X	Yes	No
	If "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a				0
b	Wer	re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought ne PBGC?			ontrol			Yes	X No
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the chassets or liabilities were transferred. (See instructions.)	he pla	n(s) to)				
1	13c(1) Name of plan(s):				c(2) El	IN(s)	1:	3c(3) F	PN(s)
			<u> </u>						
		A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab						<u> </u>	
B or	Sch	nalties of perjury and other penalties set forth in the instructions, I declare that I have examined this returned the MB completed and signed by an enrolled actuary, as well as the electronic version of this returnet true, correct, and complete.							

SIGN	Filed with authorized/valid electronic signature.	07/26/2011	THOMAS P. SCULCO
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	07/26/2011	THOMAS P. SCULCO
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form 5500-SF

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Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

P	Part I Annual Report Identification Information								
For	ne calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010								
A	This return/report is for: x single-employer plan n	nultiple-em	ployer plan (no	ot multiemployer)	one-participant plan				
В	This return/report is for: first return/report fi	inal return/	report						
	an amended return/report s	hort plan y	ear return/repo	ort (less than 12 mont	hs)				
C	Check box if filing under: Form 5558	utomatic e	xtension			DFVC program			
	special extension (enter description)								
D	art II Basic Plan Information enter all requested inform	ation							
	Name of plan	iation.			1b	Three-digit			
	,	NT.			Ī	olan number			
	THOMAS P. SCULCO, M.D.401(K) PROFIT SHARING PLA					PN) ► 001 Effective date of plan			
						01/01/1997			
2a	Plan sponsor's name and address (employer, if for single-employer plan	ın)				Employer Identification Number			
	THOMAS P. SCULCO, M.D.					EIN) 13-3449520			
	525 EAST 71ST STREET, SUITE 238				2c Plan sponsor's telephone number (212) 606–1475				
	NEW 10021					Business code (see instructions)			
	NEW YORK NY 10021 Plan administrator's name and address (If same as plan employer, ent	er "Same"				621111 Administrator's EIN			
Ja	SAME	ci Gairie			00,	tarrimotrator o Env			
					3c Administrator's telephone number				
					Administrator's telephone number				
4	V CN CO I TO SECURE OF SECURE			ulau autautlau	4b EIN				
4	If the name and/or EIN of the plan sponsor has changed since the last name, EIN and the plan number from the last return/report. Sponsor's		ort liled for this	pian, enter trie					
_	appara at a				4c 5a	T			
	Total number of participants at the beginning of the plan year					4			
b	Total number of participants at the end of the plan year Total number of participants with account balances as of the end of the		_5b	0					
	complete this item)		5c	0					
6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								
b	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) 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								
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Be	eginning of Year		(b) End of Year			
a	Total plan assets	7a		541,212		143			
b	Total plan liabilities	7b		0		0			
С	Net plan assets (subtract line 7b from line 7a)	7c		541,212		143			
8	Income, Expenses, and Transfers for this Plan Year	F.77	(a) Amount		(b) Total			
a	Contributions received or receivable from:			010					
	(1) Employers	8a(1)		810					
	(2) Participants	8a(2)		1,422					
b	(3) Others (including rollovers)	8a(3)		(32,304)					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b		(32,304)		(30,072)			
d	Benefits paid (including direct rollovers and insurance premiums	8c				(30,072)			
	to provide benefits)	8d		510,997					
е	Certain deemed and/or corrective distributions (see instructions)	8e		0					
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				510,997			
i	Net income (loss) (subject line 8h from line 8c)	8i	15			(541,069)			
j	Transfers to (from) the plan (see instructions)	8j		0					

Part	IV	Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:									
b	f the e	2E 2K 3D 2J 2G	codes from the List	of Plan Characterist	ic Co	ides ir	the in	estructions.		
D I	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:									
Par	t V	Compliance Questions								
10		ing the plan year:			,	Yes	No	Ar	nount	
a	Wa	s there a failure to transmit to the plan any participant contribution w			100		х			
b		CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary re there any nonexempt transactions with any party-in-interest? (Do		, –	10a					
D		ine 10a.)			l0b		Х			
С	Wa	s the plan covered by a fidelity bond?		1	10c		х			
d		the plan have a loss, whether or not reimbursed by the plan's fidelit			\neg		х			
	or dishonesty?									
е	We	re any fees or commisions paid to any brokers, agents, or other per	rsons by an insurance	ce carrier,						
	ins	rrance services or other organization that provides some or all of thructions.)	e benefits under the	plan? (See	10e	Х				172
f		s the plan failed to provide any benefit when due under the plan? .			10f		Х			
g		the plan have any participant loans? (If "Yes," enter amount as of y			10g	Х				0
h		is is an individual account plan, was there a blackout period? (See								
		0.101-3.)			10h		Х		ale di della	
i		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					
Dark		Pension Funding Compliance			101					
11		nis a defined benefit plan subject to minimum funding requirements	? (If "Yes," see instru	uctions and complet	e Scl	nedule	e SB (F	orm		
	550	00))								X No
12		nis a defined contribution plan subject to the minimum funding requi		112 of the Code or s	ectio	n 302	of ER	ISA?	Yes	X No
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable							U P	
a		waiver of the minimum funding standard for a prior year is being an nting the waiver								
If		completed line 12a, complete lines 3, 9, and 10 of Schedule MB								
b	En	er the minimum required contribution for this plan year					12b			
С	En	er the amount contributed by the employer to the plan for this plan	year				12c			
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)									
		ative amount)				• [_		☐Yes [No	□N/A
Part		Plan Terminations and Transfers of Assets	inding deadline? .			•				
		s a resolution to terminate the plan been adopted during the plan ye	ar or any prior year?	L		OC 985	Si Kel		x Yes	No
IJa		es," enter the amount of any plan assets that reverted to the emplo				ĿĹ	13a			0
b		re all the plan assets distributed to participants or beneficiaries, trar		olan, or brought und	er the	e cont	rol			
	of t	he PBGC?							Yes	x No
С		uring this plan year, any assets or liabilities were transferred from the chassets or liabilities were transferred. (See instructions.)	nis plan to another p	lan(s), identify the p	lan(s) to				
		I) Name of plan(s):				13	c(2) E	IN(s)	13c(3)	PN(s)
	100(Than of panels.								
			out to a way a way of your	la a a usa a usa bila sa			احادادا			
		A penalty for the late or incomplete filing of this return/report w							a Cabadul	10
SB or	Sch	alties of perjury and other penalties set forth in the instructions, I de edule MB completed and signed by an enrolled actuary, as well as t true, correct, and complete.	the electronic version	n of this return/repo	eport, rt, an	d to th	aing, ii ne bes	t of my know	ledge and	d
SIC		Jhannes Ant	1/29/	THOMAS P. SCU	JLCC)				
HE	5,84	Signature of plan administrator	Date	Enter name of indiv	vidua	l signi	ng as	plan adminis	trator	
SIC	iN	V Shommon Sul	14/20/1	THOMAS P. SCU	JLCC)				
	RE		Date	Enter name of indiv	vidua	l signi	ng as	employer or	plan spon	isor
		,,,,,,,, .								

Form 5500-SF 2010