	Form 5500-SF		eturn/Report of Small Employee			OMB Nos. 1210-0110 1210-0089				
	Department of the Treasury Internal Revenue Service This form is required to be filed			: <b>Plan</b> ctions 104 and 4065 of the Employ	90	2010				
Department of Labor Retirement Income Security A				(ERISA), and section 6058(a) of th Code (the Code).	This Form is Open to Public					
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5						Inspection				
		entification Information	-							
For	calendar plan year 2010 or fisca	7			12/31/2					
	This return/report is for:	single-employer plan	•	employer plan (not multiemployer)		one-participant plan				
B	This return/report is for:	first return/report	final retur	•						
-		an amended return/report		year return/report (less than 12 mo	onths)					
C	C Check box if filing under:									
		special extension (enter description	,							
	Part II Basic Plan Information—enter all requested information   1a Name of plan 1b Three-digit									
<b>1a</b> Name of plan PAUL G. JONES, MD, PC RETIREMENT TRUST PROFIT SHARING PLAN						plan number (PN) ▶ 002				
					1c	Effective date of plan 01/05/1976				
	Plan sponsor's name and addre	ess (employer, if for single-employer	plan)		2b	Employer Identification Number (EIN) 14-1578508				
427 E	BROADWAY - SUITE 2				2c	Plan sponsor's telephone number 845-794-5119				
MON	TICELLO, NY 12701				2d	Business code (see instructions) 621111				
	Plan administrator's name and a G. JONES, MD, PC	3b	Administrator's EIN 14-1578508							
MONTICELLO, NY 12701						<b>3C</b> Administrator's telephone number 845-794-5119				
		n sponsor has changed since the las	port filed for this plan, enter the	4b	EIN					
	name, EIN, and the plan number	r from the last return/report. Sponso	or's name		4c	PN				
5a	Total number of participants at	the beginning of the plan year			5a	14				
b	Total number of participants at	5b	14							
C		th account balances as of the end of		5c	13					
6a	Were all of the plan's assets d	uring the plan year invested in eligib	le assets?	(See instructions.)		Yes No				
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.)									
Pa	rt III Financial Informa									
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year				
а	Total plan assets		. 7a	169898	7	1882815				
b				0 0						
<u> </u>		b from line 7a)	. 7c	169898	/	1882815				
8	Income, Expenses, and Transf Contributions received or received			(a) Amount		(b) Total				
а			. 8a(1)		0					
	(2) Participants		. 8a(2)		0					
	(3) Others (including rollovers)		. 8a(3)		0					
b	Other income (loss)		. 8b	20539	0	005000				
с С		Ba(2), 8a(3), and 8b)	. 8c			205390				
d		ollovers and insurance premiums	. 8d		0					
е	Certain deemed and/or correct	ive distributions (see instructions)	. 8e		0					
f	Administrative service provider	s (salaries, fees, commissions)	. 8f	2156	_					
g	Other expenses		. 8g		0					
h		3e, 8f, and 8g)				21562 183828				
i		8h from line 8c)				103028				
J	mansiers to (from) the plan (se	e 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: 2A 2E 3D
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions							
10	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)			Х				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reporte on line 10a.)	d 10b		Х				
С	Was the plan covered by a fidelity bond?	10c	Х				2	200000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			Х				
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		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			Х				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х				
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						
Part	VI Pension Funding Compliance							
11								
12							× 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 y	rou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	3.	_	-				
b	b Enter the minimum required contribution for this plan year							
С	C Enter the amount contributed by the employer to the plan for this plan year							
d	<b>d</b> Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)							
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	Ν	0	N/A
Part	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?					Х	Yes	No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		Г	13a				0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?							X No
C 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):					<b>13c(2)</b> EIN(s) <b>13c(3)</b> PN(s)			PN(s)
Caut	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasor	able ca	ise is	establ	ished			

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.	07/27/2011	PAUL G. JONES
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	07/27/2011	PAUL G. JONES
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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