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).

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2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation	Complete all entries in accor	dance wit	h the instructions to the Form 550	0-SF.	-
		entification Information				
For	calendar plan year 2010 or fisca	al plan year beginning 01/01/201	0	and ending 1	2/31/2	2010
Α.	This return/report is for:	single-employer plan	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)	
C	Check box if filing under:	Form 5558	automatio	extension		DFVC program
		special extension (enter description	on)			
Pa	rt II Basic Plan Inforn	nation—enter all requested inform	nation			
1a	Name of plan				1b	Three-digit
EDU	ARDO SAPONARA, MD, PC PR	OFIT-SHARING PLAN				plan number 002
					10	(PN)
					10	Effective date of plan 10/01/1980
2a	Plan sponsor's name and addre	ess (employer, if for single-employer	r plan)		2b	Employer Identification Number
EDU	ARDO SAPONARA, MD, PC		. ,			(EIN) 13-2666541
77 P	ONDFIELD ROAD				2c	Plan sponsor's telephone number 914-793-1500
	NXVILLE, NY 10708				2d	Business code (see instructions)
						621111
3a	Plan administrator's name and a ARDO SAPONARA, MD, PC	address (if same as Plan sponsor, e			3b	Administrator's EIN 13-2666541
		BRONXVILL			3c	Administrator's telephone number
						914-793-1500
		n sponsor has changed since the la		port filed for this plan, enter the	4b	EIN
	name, Elin, and the plan numbel	r from the last return/report. Sponso	ors name		4c	PN
5a	Total number of participants at	the beginning of the plan year			5a	4
b		the end of the plan year			5b	4
С		th account balances as of the end o			0.0	
				•	5c	4
	•			(See instructions.)		Yes No
b				ndent qualified public accountant (IQI ions.)		X Yes ☐ No
	,			SF and must instead use Form 55		
Pa	rt III Financial Informa					
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year
а	Total plan assets		7a	1428011		1623956
b	Total plan liabilities					
С	Net plan assets (subtract line 7	b from line 7a)	. 7с	1428011		1623956
8	Income, Expenses, and Transfe	ers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or received			57868	3	
				0.000		
	` '		· · ·		_	
h	, , , ,			143696	3	
b	,	00(2) 00(2) and 0h)		110000		201564
c d		8a(2), 8a(3), and 8b)ollovers and insurance premiums	8c			201001
u		ollovers and insurance premiums	. 8d	5619	9	
е	Certain deemed and/or correcti	ive distributions (see instructions)	. 8e			
f	Administrative service providers	s (salaries, fees, commissions)	. 8f			
g	Other expenses		. 8g			
h	Total expenses (add lines 8d, 8	Be, 8f, and 8g)	. 8h			5619
i	Net income (loss) (subtract line	8h from line 8c)	. 8i			195945
j	Transfers to (from) the plan (se	e instructions)	. 8i			

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Part IV	Plan	(`hara	cteristics
ı aıtıv ı	ı ıaıı	Onal a	SIGI ISLIGS

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a

a v b v c v d D	Compliance Questions During the plan year: 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) Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud	10a	Yes	No X		Amoun	t
a v b v c v d D	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)		Yes			Amoun	t
b v o o o o o o o o o o o o o o o o o o	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			X			
c /	on line 10a.)	10b					
d D				X			
	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud	10c	X				150000
	or dishonesty?	10d		X			
ir	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, nsurance service or other organization that provides some or all of the benefits under the plan? (See nstructions.)	10e		X			
f⊢	Has the plan failed to provide any benefit when due under the plan?	10f		X			
g D	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X			
	f this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X			
	f 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					
art V	Pension Funding Compliance						
	s this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com (500))					. [] Ye	es X No
12 1:	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of	ERISA?	. Y	es 🛚 No
•	If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
g	f a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru- granting the waiver	th					
_	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	401			
b E	Enter the minimum required contribution for this plan year			12b			
	Enter the amount contributed by the employer to the plan for this plan year			12c			
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left agative amount)			12d			
e v	Vill the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
art V	II Plan Terminations and Transfers of Assets						
3а н	las a resolution to terminate the plan been adopted during the plan year or any prior year?		<u></u>			Y	es X No
If	f "Yes," enter the amount of any plan assets that reverted to the employer this year			13a			
	Vere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	under	the co	ntrol		Y	es X No
	f during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the vhich assets or liabilities were transferred. (See instructions.)	ne plai	n(s) to				
130	c(1) Name of plan(s):		130	c(2) EI	N(s)	130	(3) PN(s)
Caution	n: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	estahl	ished		
Jnder p SB or S	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return to the set of the	urn/rep	ort, in	cludin	g, if applic		

SIGN	Filed with authorized/valid electronic signature.	08/09/2011	EDUARDO SAPONARA
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	08/09/2011	EDUARDO SAPONARA
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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

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).

2010 This Form is Open to Public

OMB Nos. 1210-0110

1210-0089

Pension Benefit Guaranty Corporation Inspection Complete all entries in accordance with the instructions to the Form 5500-SF. Annual Report Identification Information For the calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010 A This return/report is for: single-employer plan multiple-employer plan (not multiemployer) one-participant plan B This return/report is for: first return/report final return/report an amended return/report short plan year return/report (less than 12 months) C Check box if filing under: x Form 5558 automatic extension DFVC program special extension (enter description) Basic Plan Information --- enter all requested information. 1a Name of plan 1b Three-digit plan number EDUARDO SAPONARA, MD, PC PROFIT-SHARING PLAN 002 (PN) ▶ 1c Effective date of plan 10/01/1980 Plan sponsor's name and address (employer, if for single-employer plan) 2b Employer Identification Number EDUARDO SAPONARA, MD, PC (EIN) 13-2666541 2c Plan sponsor's telephone number 77 PONDFIELD ROAD (914) <u>793-1500</u> 2d Business code (see instructions) BRONXVILLE NY 10708 621111 Plan administrator's name and address (If same as plan employer, enter "Same") 3b Administrator's EIN 3c Administrator's telephone number 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 Total number of participants at the beginning of the plan year . . . 5a b 5b 4 Total number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 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.) X Yes No If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year Total plan assets . 7a 1,428,011 1,623,956 Total plan liabilities 7b Net plan assets (subtract line 7b from line 7a) 70 1,428,011 1,623,956 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total Contributions received or receivable from: (1) Employers 8a(1) 57,868 (2) Participants . . . 8a(2) (3) Others (including rollovers). 8a(3) Other income (loss) . . 8b 143,696 Total income(add lines 8a(1), 8a(2), 8a(3), and 8b) . . . 8c 201,564 Benefits paid (including direct rollovers and insurance premiums 5,619 Certain deemed and/or corrective distributions (see instructions) 8e Administrative service providers (salaries, fees, commissions) . 8f 8g Total expenses (add lines 8d, 8e, 8f, and 8g) . . 8h 5,619 Net income (loss) (subtract line 8h from line 8c). 8i 195,945 Transfers to (from) the plan (see instructions) .

	Form 5500-SF 2010 Page 2-						
	TIV Plan Characteristics						· · · · · · · · · · · · · · · · · · ·
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Ch 2E 2A 3D						
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Cha	aracteristic	Codes	in the	instructio	ns:	
Pa	Compliance Questions						
0	During the plan year:		Yes	No		Amoun	t
а	Was there a failure to transmit to the plan any participant contribution within the time period described			x		•	
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported	<u>10</u>	a	+		···········	
	on line 10a.)	10	b	х			
C	and the proceeding by a matthy borids.	. , 10	c x				150,0
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by frai	ud					
_		· · 10	d	_ X			
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance services or other organization that provides some or all of the benefits under the plan? (See	1					
	instructions.)	10	е	х			
f	Has the plan failed to provide any benefit when due under the plan?	10	•	х			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10	a l	х			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CER		1	T.,			
i	2520.101-3.)	10	<u> </u>	×			
	exceptions to providing the notice applied under 29 CFR 2520.101-3	10	-				
	VI Pension Funding Compliance		<u> </u>		PERMISSION		
1	la this a defined haveful and the latest and the la						
	is this a defined denem plan subject to minimum funding requirements? (If "Yes," see instructions and o	complete S	Schedu	le SB (I	Form		
2	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and of 5500))					. 🗆 Y	
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Co					. 🗆 Y	es XNo
2 a	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Co (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	ode or sec	ion 30	2 of ER	ISA? .	. 🗆 Y	es X No
а	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Co (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 amortized in this plan year, see insignanting the waiver	ode or sect	ion 30	2 of ER	USA?	. □Y	es X No
a if y	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Co (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 amortized in this plan year, see ins granting the waiver You completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13	ode or sect	ion 30	2 of ER	USA?	. 🗆 Y	es X No
a if y b	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Co (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 amortized in this plan year, see ins granting the waiver You completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year	ode or sect	ion 30	2 of ER	USA?	. □Y	es X No
a if y b c	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Co (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 amortized in this plan year, see ins granting the waiver You completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year Enter the amount contributed by the employer to the plan for this plan year	ode or sectors; and sectors of the s	ion 30	of ER	USA?	. □Y	es X No
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a if y b c d	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Co (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 amortized in this plan year, see ins granting the waiver You completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year 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 lengative amount)	structions, and Month	ion 30	2 of ER ter the care Day 12b 12c	date of th	e letter ruli Year	es X No
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a ify b c d	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Co (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 amortized in this plan year, see ins granting the waiver You completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year 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 lengative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted during the plan year or any prior year?	structions, and Month	ion 30	2 of ER ter the c Day 12b 12c 12d	date of th	e letter ruli Year No	es X No
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a if y b c d e e e t t b	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Co (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 amortized in this plan year, see ins granting the waiver You completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year 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 lengative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets 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 brough of the PBGC?	structions, a Month 3. left of a	and en	12b 12c 12d	date of th	e letter ruli Year No	es X No
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5500 Electronic Filing Authorization

Plan Name:

EDUARDO SAPONARA, MD, PC PROFIT-SHARING PLAN

EIN/PN:

13-2666541/002

Plan Year:

01/01/2010 - 12/31/2010

I hereby authorize O. A. PENSION SERVICES, INC. to electronically file the above return with the US Department of Labor's Electronic Filing Acceptance System (EFAST).

I have signed Form 5500 for this return and understand a scanned copy of this return bearing my manual signature will be included in the electronic filing and posted on the US Department of Labor's internet site for public disclosure.

Plan Administrator

sign)

(date) \$////

Plan Sponsor

(si ork)

(date)