## 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

P	ension Benefit Guaranty Corporation	➤ Complete all entries in accor	rdance wit	h the instructions to the Form 550	0-SF.				
		dentification Information							
For	calendar plan year 2010 or fisc	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	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	year return/report (less than 12 mo	nths)				
C	Check box if filing under:	extension		DFVC program					
	<b>3</b> · · ·	special extension (enter descripti	on)						
Da	rt II Basic Plan Infor	mation—enter all requested inform							
	Name of plan	mation—enter all requested inform	ialion		1h	Three-digit			
		ONAWANDAS, P.C., MONEY PENS	SION PLAN		10	plan number 002			
						(PN) ▶			
					1c	Effective date of plan			
	<u> </u>				26	01/01/1981			
	ICAL ASSOCIATES OF THE T	ress (employer, if for single-employe	r plan)		<b>2</b> D	Employer Identification Number (EIN) 16-1136136			
W.L.D	10/12/10000#11/20/01/11/21	010,000,000			2c	2c Plan sponsor's telephone number			
	JRNBERRY DRIVE					716-690-2211			
VVILL	IAMSVILLE, NY 14221-8203				2d	Business code (see instructions)			
	<b>D</b>		. "0		O.L.	621111			
MED	ICAL ASSOCIATES OF THE T	l address (if same as Plan sponsor, e ONAWANDA 33 TURNBE	enter "Same RRY DRIV	e") E	30	Administrator's EIN 16-1136136			
		WILLIAMSV	ILLE, NY 1	4221-8203	3c	Administrator's telephone number			
						716-690-2211			
		an sponsor has changed since the la		port filed for this plan, enter the	4b EIN				
1	name, EIN, and the plan number	er from the last return/report. Spons	or's name		40	4c PN			
5a	Total number of participants a	t the beginning of the plan year			5a				
b		t the end of the plan year				1			
C		vith account balances as of the end of			5b	•			
				•	5c	1			
6a	Were all of the plan's assets	during the plan year invested in eligil	ole assets?	(See instructions.)		Yes No			
b	Are you claiming a waiver of t	he annual examination and report of	an indeper	ndent qualified public accountant (IQ	PA)				
				ons.)		^ Yes   No			
Do	rt III Financial Inform		orm 5500-	SF and must instead use Form 55	00.				
		ation							
7	Plan Assets and Liabilities			(a) Beginning of Year	7	(b) End of Year 2252418			
-	Total plan assets		<u>7a</u>	1929007		2232410			
р	•			400000	7	2252440			
<u>C</u>		7b from line 7a)	7с	1929007		2252418			
8	Income, Expenses, and Trans			(a) Amount		(b) Total			
а	Contributions received or received (1) Employers	eivable from:	8a(1)						
					-				
		3)							
h	• • • •			323411					
b	` ,			323		323411			
c d		8a(2), 8a(3), and 8b)rollovers and insurance premiums	<u>8c</u>			020411			
u		rollovers and insurance premiums	8d						
е	Certain deemed and/or correct	etive distributions (see instructions)	8e						
f	Administrative service provide	ers (salaries, fees, commissions)	8f						
g	Other expenses		8g						
h	Total expenses (add lines 8d,	8e, 8f, and 8g)							
i		e 8h from line 8c)				323411			
j		ee instructions)							

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		•	
Part IV	Plan	(`hara	cteristics
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SIGN HERE

Signature of employer/plan sponsor

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

D		e plan provides welfare benefits, enter the applicable welfare teatu		iot of Flair Offara	0.01101		200 111			
Part	٧	Compliance Questions								
10	Dui	ing the plan year:				Yes	No	A	mount	
а	<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)						X			
b		re there any nonexempt transactions with any party-in-interest? (Define 10a.)		•	10b		X			
С	Wa	as the plan covered by a fidelity bond?		10c	X			2	250000	
d		the plan have a loss, whether or not reimbursed by the plan's fidel			10d		X			
е							X			
f	Has	s 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			
•		is is an individual account plan, was there a blackout period? (See			iog		V			
	252	0.101-3.)			10h		X			
i		Oh was answered "Yes," check the box if you either provided the re eptions to providing the notice applied under 29 CFR 2520.101-3			10i		X			
Part '	VI	Pension Funding Compliance								
		nis a defined benefit plan subject to minimum funding requirements 0))							Yes	X No
12		his a defined contribution plan subject to the minimum funding requ							Yes	X No
	(If "	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	e.)							
	gra	waiver of the minimum funding standard for a prior year is being ar nting the waiver.		Mont					e letter rulir 'ear	-
If y	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.									
b	Ent	er the minimum required contribution for this plan year					12b			
		er the amount contributed by the employer to the plan for this plan					12c			
	neg	tract the amount in line 12c from the amount in line 12b. Enter the ative amount)				_	12d		. –	
		the minimum funding amount reported on line 12d be met by the fundamental funding amount reported on line 12d be met by the fundamental fu	unding deadline?					Yes	No	N/A
Part '	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?					Yes	X No
		es," enter the amount of any plan assets that reverted to the emplo					13a			
b		re all the plan assets distributed to participants or beneficiaries, tranne PBGC?	nsferred to another	plan, or brought ι	under 	the co	ntrol		Yes	X No
С		uring this plan year, any assets or liabilities were transferred from the ch assets or liabilities were transferred. (See instructions.)	his plan to another	plan(s), identify th	ne plai	n(s) to			•	
1:	3c(1	) Name of plan(s):				130	c(2) EI	N(s)	13c(3) F	PN(s)
Cauti	on:	A penalty for the late or incomplete filing of this return/report	will be assessed u	ınless reasonabl	le cau	se is	establ	ished.	1	
Under SB or	r pei Sch	nalties of perjury and other penalties set forth in the instructions, I diedule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.	declare that I have e	examined this retu	ırn/rep	ort, in	cludin	g, if applicab		
SIGN	J F	iled with authorized/valid electronic signature.	09/30/2011	THOMAS D HYZ	Y					
HERI	E	Signature of plan administrator	Date	Enter name of in	ndividu	dual signing as plan administrator				

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 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

Pa	Annual Report Identification Information				-	
For o	calendar plan year 2010 or fiscal plan year beginning 01/01/2010		and er	nding 1	2/31/2010	)
A B	This return/report is for: first return/report final return/	report/	lan (not multier m/report (less		one-participant p	olan
C	Check box if filing under:  X Form 5558 automatic e special extension (enter description)				DFVC program	
	Basic Plan Information - enter all requested information					
	Name of plan			Three-digit		
	DICAL ASSOCIATES OF THE TONAWANDAS, P.C.	., M	ONEY	plan number	(PN) <b>&gt;</b>	002
PE.	NSION PLAN		1c	Effective date		
<del></del>	Diameter and the state of the s		01-		1/1981	
	Plan sponsor's name and address (employer, if for single-employer plan) DICAL ASSOCIATES OF THE TONAWANDAS, P.C		20		ntification Numbei . 136136	r (EIN)
444	FIGHE ADDOCIATED OF THE TONAMANDAD, F.C.	•	20			
33	TURNBERRY DRIVE		20		's telephone numb 5)690-2211	
			2d		le (see instructions	
WI	LLIAMSVILLE NY 14221-8203			6211		3)
	Plan administrator's name and address (If same as Plan sponsor, enter "Same	e")	3b	Administrator	's EIN	
SA	ME					
			3c	Administrator	's telephone numb	ber
	the name and/or EIN of the plan sponsor has changed since the last return/replan, enter the name, EIN, and the plan number from the last return/report.	•		EIN		
۲	ial, enter the name, city, and the plan number from the last return/report.	Sponsor's	4c	DNI		<u>-</u>
			40	FIN		
<u>5a</u>	Total number of participants at the beginning of the plan year		5a		1	
b	Total number of participants at the end of the plan year				1	
C	Total number of participants with account balances as of the end of the plan y					
	benefit plans do not complete this item)			_	1	
	Were all of the plan's assets during the plan year invested in eligible assets? (				Yes	∐ No
D	Are you claiming a waiver of the annual examination and report of an independent of an independent of the annual examination and report of an independent of the annual examination and report of an independent of the annual examination and report of an independent of the annual examination and report of an independent of the annual examination and report of an independent of the annual examination and report of an independent of the annual examination and report of an independent of the annual examination and report of an independent of the annual examination and report of an independent of the annual examination and report of an independent of the annual examination and report of an independent of the annual examination and report of an independent of the annual examination and report of an independent of the annual examination and report of the annu				₩	П.,
	(IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and		•			∐ No
	If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-S	it and m	nust instead us	se Form 5500.		-
7	Plan Assets and Liabilities		(a) Beginn	ing of Year	(b) End of	f Year
-	Total plan assets	. 7a		29,007		252,418
_	Total plan liabilities	. 7b				
C	Net plan assets (subtract line 7b from line 7a)		1,9	29,007	2,3	252,418
8	Income, Expenses, and Transfers for this Plan Year		(a) Ar	nount	(b) To	tal
а	Contributions received or receivable from:					
	(1) Employers	. 8a(1)				
	(2) Participants				4	
_	(3) Others (including rollovers)	. <mark>8a(3)</mark>		300 411		
b	Other income (loss) SEE STATEMENT 1			323,411		222 411
۲ 0	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)					323,411
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)  Certain deemed and/or corrective distributions (see instructions)				-	
e f	Administrative service providers (salaries, fees, commissions)				-	
g	Other expenses	` —			-	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)					
i	Net income (loss) (subtract line 8h from line 8c)					323,411
i	Transfers to (from) the plan (see instructions)	Ri				,

Earm	5500-SF	(2010)
LOUI	ココレレ・コト	(2010)

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Part IV	Plan	cteristic	S

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:2C 3D

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

Pa	Compliance Questions						
10	During the plan year:		Yes	No		Amoun	
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.)	10a		x			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include	1,00					
_	transactions reported on line 10a.)	10b		$\mid \mathbf{x} \mid$			
C	Was the plan covered by a fidelity bond?	10c	X		-	2	50,000
	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that	1.00					
_	was caused by fraud or dishonesty?	10d		x			
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance	1.00					
·	carrier, insurance service or other organization that provides some or all of the benefits under			1 1			
	the plan? (See instructions.)	10e		x			
f	Has the plan failed to provide any benefit when due under the plan?	10f		X			
	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	-	X	-		
_	If this is an individual account plan, was there a blackout period? (See instructions	109					
"	and 29 CFR 2520.101-3.)	10h		x			
i		1011		1	•••••		••••
•	of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i		x			
Da	Pension Funding Compliance	1 101	·	1 22 1			
**** 11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instruction	no ond		loto			
• •						Yes	X No
12	Schedule SB (Form 5500))  Is this a defined contribution plan subject to the minimum funding requirements of section 412 in the minimum funding requirements of					res	<u> </u>
-	• • •					Yes	X No
_	section 302 of ERISA? (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,						
14	ruling granting the waiver. Month Month		_	у		Year _	<del></del>
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to			405			
	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			
u				ادمدا			
_	the left of a negative amount)			12d	1	I.	111/4
	will the minimum funding amount reported on line 12d be met by the funding deadline?			. <u>    Y</u>	es	No	N/A
*******						Пи	₩
ısa	Has a resolution to terminate the plan been adopted during the plan year or any prior year?					Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a			
D	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan,		-			$\Box$ .	₩
_	under the control of the PBGC?					Yes	X No
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s)	), identi	fy the	plan(s)	to whic	h assets c	or
	liabilities were transferred. (See instructions.)		40.40			40.4	
	13c(1) Name of plan(s):		130(2	2) EIN(s) 13c(3) PN(s			3) PN(S)
	Alan Annual Andrea Alan Antana Caran	-					
	ution: A penalty for the late or incomplete filing of this return/report will be assessed unless						<del>.</del>
Unde signe	r penalties of perjury and other penalties set forthyln the instructions, I declare that I have examined this return/report, including, if do 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.	e, correct	e, a Sche , and co	edule SB mplete.	or Schedul	le MB comple	eted and
SIG	10/2/2011						
HEI	THOMAS D H						
	Signature of plan administrator Date Enter name of individual	tual sig	ning a	s plan	administ	trator	
<b></b>	11 1 1 1 2 11 1 [2] 1.						
SIC		LTI					
	Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor						