	Form 5500-SF			Report of Small Emplo	yee	OMB Nos. 1210-0110 1210-0089
	Department of the Treasury Internal Revenue Service         Benefit Plan           Department of Labor         This form is required to be filed under sections 104 and 4065 of the Employe Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).					2010
Er						This Form is Open to Public
Ρ	ension Benefit Guaranty Corporation	Complete all entries in accord	dance witl	h the instructions to the Form 550	0-SF.	Inspection
	art I Annual Report Id calendar plan year 2010 or fisca	entification Information	0	and onding	12/31/2	2010
_		single-employer plan			12/31/2	
	This return/report is for:		•	employer plan (not multiemployer)		one-participant plan
В	This return/report is for:	first return/report an amended return/report	final retur	n/report a year return/report (less than 12 mc	ntha)	
<b>C</b>		Form 5558	•		mms)	
U (	Check box if filing under:	special extension (enter description		extension		DFVC program
Da	art II Basic Plan Inform	nation—enter all requested information	,			
	Name of plan	<b>Indulum</b> enter all requested informa	ation		1b	Three-digit
		RVICES, PLLC PROFIT SHARING I	PLAN			plan number (PN) ▶ 001
					1c	Effective date of plan 06/01/2001
2a FAM	Plan sponsor's name and addre	ess (employer, if for single-employer RVICES, PLLC	plan)		2b	Employer Identification Number (EIN) 14-1830175
	STATE ROUTE 30, SUITE 204				2c	Plan sponsor's telephone number 518-842-8185
AIVI5	TERDAM, NY 12010					Business code (see instructions) 621111
3a FAM	Plan administrator's name and ILY EAR, NOSE & THROAT SE	address (if same as Plan sponsor, e RVICES, PLLC 5010 STATE AMSTERDAI	ROUTE 3	0, SUITE 204		Administrator's EIN 14-1830175
					3c	Administrator's telephone number 518-842-8185
		In sponsor has changed since the las r from the last return/report. Sponso		port filed for this plan, enter the	4b	EIN
			r o hanno		4c	PN
5a	Total number of participants at	the beginning of the plan year			5a	11
b	Total number of participants at	the end of the plan year			5b	11
C	Total number of participants wi complete this item)	th account balances as of the end of	the plan y	rear (defined benefit plans do not	5c	11
6a	Were all of the plan's assets d	uring the plan year invested in eligib	le assets?	(See instructions.)		× Yes No
b		e annual examination and report of a See instructions on waiver eligibility a				X Yes 🗌 No
		er 6a or 6b, the plan cannot use Fo		,		
Pa	rt III Financial Informa	ation		I		
7	Plan Assets and Liabilities			(a) Beginning of Year	_	(b) End of Year
a	•		. 7a	1123	_	12120
b	·	·····	7b	1123	0	0 12120
<u> </u>		'b from line 7a)	7c		,	
8 a	Income, Expenses, and Transf Contributions received or recei			(a) Amount		(b) Total
			8a(1)		0	
	(2) Participants		8a(2)		0	
_	(3) Others (including rollovers)		8a(3)		0	
b			8b	88	3	000
C d		8a(2), 8a(3), and 8b) ollovers and insurance premiums	8c			883
d		ollovers and insurance premiums	8d		0	
е	, ,	ive distributions (see instructions)	8e		0	
f	Administrative service provider	s (salaries, fees, commissions)	8f		0	
g	Other expenses		8g		0	
h	Total expenses (add lines 8d, 8	Be, 8f, and 8g)	8h			0
i		8h from line 8c)				883
j	Transfers 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: 2E 3B 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		Amoun	nt	
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 transactions reported on line 10a.)	10b		х				
С	Was the plan covered by a fidelity bond?	10c	Х				10000	0
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X				
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.)	10g		Х				_
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
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	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					Υ	es 🕺 No	<u>с</u>
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	02 of E	ERISA?	Y	es X No	<u>с</u>
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
а	<ul> <li>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.</li> <li>Month Day Year</li> </ul>							
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			-				
b	Enter the minimum required contribution for this plan year			12b				
С	Enter 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 onegative amount)			12d				
е	Will the minimum funding amount reported on line 12d be met by the funding 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 year or any prior year?					Y	es X No	<u>с</u>
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?	under	the co			ΠY	es 🕺 No	- 5
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)							
1	3c(1) Name of plan(s):		130	:(2) Ell	N(s)	130	<b>:(3)</b> PN(s)	
Caut	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	le cau	ise is i	establi	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.	10/07/2011	KAREN TAN MD
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	10/07/2011	KAREN TAN MD
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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	Form 5500-SF	Short Form Annual		eport of Small Emplo	yee		OMB Nos. 1210-0110 1218-0088
	Department of the Treasury Internet Revenue Service	*hts 1	Benefit				2010
	Department of Labor			ctions 104 and 4065 of the Emplo (ERISA), and section 6053(s) of t		Į	
	ployee Banefits Security Administration	(nterna	l Revenue Co	de (the Code).		1	Solution 10 Public Spection
-	Pension Benefit Guaranty Corporation		ordance with	the instructions to the Form 55	00-3F.		
	the calendar plan year 2010 or	dentification Information	A1 1A1	/2010 end ending		201 20010	
					14 {	731/2010	- x
_				npioyer plan (not multiemployer)	[	_ one-participa	int plan
0	This return/report is for:	first return/report	final return	•			
-		an amended return/report		year return/report (less than 12 mor		7	
C ·	Check box If Ning under:	x Form 5558	automatic	extension	1	DFVC progra	m
100		special extension (enter description					
10	Name of plan	mation enter all requested in	formation.		7 45		1
1 63	·					Three-digit plan number	
	Family Ear, Nose & Th	aroat Services, FLLC Proj	fit Sharin	ng Plan		(PN) >	001
						Effective date o 06/01/2001	f plan
22	Plan sponsor's name and adde	ess (employer, if for single-employer	pian)	······		and the second se	Scallon Number
	Family Ear, Nose 5 Th	hroat Services, PLLC			<u> </u>	(EIN) 14-18	30175
	5010 State Route 30,	Suite 204			2C	Plan sponsor's (528) 842-	telephone number ex es
110	Azsterdaz	NY 12010			2d		(see instructions)
-		address (if same as plan employer,	antar *Same*	5		<u>621111</u> Administrator's	E 131
	8280	and the second			-	- server som distri d	CAV
					30	1. doministratoria	lelephone number
							anahi ana munu
4	V the name service 51hi of the n	ian sponsor has changed since the l	and and and and	not filed for this steel only the	45	<b>2%</b>	
	name, EIN and the plan numbe	a from the last return/report. Sponso	vis Name	our mon an and built faither als			
58	Tabal member of antificants of	the headening of the star com			40		
Ъ		the beginning of the plan year			5a 5b	<del> </del>	11
¢	Total number of participanta wi	in account balances as of the end of	the plan year	defined benefit plans do not		1	
62	complete this item)			<u> </u>	<b>5</b> 0	1	11
b		ning the plan year invested in eligible a annual axamination and report of a				* * * *	X Yes No
	under 29 CFR 2520.104-46? (S	iee instructions on waiver eligibility a	ind conditions	.)	• • • •		X Yes No
	CARL CARLES	r 6a or 6b, the plan cannot use Fo	rm 5500-SF a	nd must instead use Form 5500.			
	Financial Inform						
7	Plan Assets and Liabilities			(a) Beginning of Yeer	_Į	(b) End	of Yeer
a b	Total plan assets	* * * * * * * * * * * * *	· 7a	11,237			12,120
c		• * • • • • • • • • • • • • • • • • • •	. 75	0			0
8	Net plan assets (subtract line 7)		. 76	11,237			12,120
a	Income, Expenses, and Transfe Contributions received or received			(a) Amount		(b)	(ota)
	(1) Employem		. <b>Ba(1)</b>	0			
	(2) Participanta		. 89(2)	0			
	(3) Others (including roliovers)	• • • • • • • • • • • • • •	· 8#(3)	0			
b	Other income (loss)		. 8b	883			
C đ	Total income(add lines 8a(1), 8a		- 8c				993
-	In non-data have allert	Novers and insurance premiums	- 84	0	1		
e		ve distributions (see instructions) .	. 80	0			
ť		(salaries, fees, commissions)	. 81	0			
g	Other expenses		- 8g	0			
h	Total expenses (add lines 6d, 8	e, 8f, and 8g}	. <u>8h</u>				0
i	Net income (loss) (subtract line		. 8i	an a	l		883
J	Transfers to (from) the plan (see		. 8)	0			
For	Paperwork Reduction Act Not	ice and OMB Control Numbers, se	e the instruc	tions for Form 5500-SF.		F	orm 5609-8F (2010)

Form 5608-8F (2010) v.092308.1

	Form \$500-\$F 2010 Page 2-						
Ţ.	Plan Characteristics			رود هده مدهد م رو			
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characé 2E 3B 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Character						
							······································
	Compliance Questions						
0	During the plan year: When there a failure to tenenge in the star and control and the star and the star of the star of the star of the	<u></u>	Yes	No		Amou	RÊ.
	Was there a failure to transmit to the plan any participant contribution within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		×			
	on line 19a.)	105		×			
C	Was the plan covered by a fidelity bond?	100	x				100,0
đ	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	100		x			
*	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 instructions t	100		x			
f	Instructions.) Has the plan failed to provide any benefit when due under the plan?			x	WWW.closeco.co.co.co.co.co.co.co.co.co.co.co.co.c		
g	Did the plan have any participant loans? (if "Yes," enter amount as of year end.)	107		x			
ĥ	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	10g					
1	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the	10h		x			
-	exceptions to providing the notice applied under 29 CFR 2520.101-3	101					
	Ver Pension Funding Compliance			******			
1	Is this a defined benefit plan subject to minimum funding requirements? (X "Yes," see instructions and compl 5500))	ele Sc	heduk	sb (f	ดกา	<b>5</b> 77	Yes No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	sectio	n 302	of ERI	SA? .		Yes No
	A PARTICIPATION AND A CARACTERIA AND A CA						
Ħу	If a waiver of the minimum funding standard for a prior year is being amonized in this plan year, see instructin granting the waiver	xh		Day <sub>.</sub>	ate of th		iling
ify b	More completed line 12s, 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		- <u> </u>	Day			
Ħy	Not 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 (anter a minus sign to the left of	 		Day <sub>.</sub>			
ify b c đ	Non our completed line 12s, complete lines 3, 9, and 10 of Schedule MB (Form 5600), 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 left of negative amount)			Day_ 12b 12c 12d		Year	
ify b c đ	Not out completed line 12s, complete lines 3, 9, and 10 of Schedule MB (Form 5600), 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 left of negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline?			Day_ 12b 12c 12d			
ify b c d e	Not out completed line 12a, complete lines 3, 9, and 19 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 left of negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted during the plan year or any prior year?	· · · · · · · · · · · · · · · · · · ·	•	Day 12b 12c 12d	Уев	Year	
ify b c d e 3a	Work       More         out 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 left of negative amount)         Will the minimum funding amount reported on line 12d be met by the funding deadline?         Will the minimum funding amount reported on line 12d be met by the funding deadline?         Will the minimum funding amount reported on line 12d be met by the funding deadline?         Will the minimum funding amount reported on line 12d be met by the funding deadline?         Will the minimum funding amount reported on line 12d be met by the funding deadline?         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			Day_ 12b 12c 12d	Уев	Year	
ify b c d e 3a b	More set the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought uno Were set the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought uno the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought uno the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought uno the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought uno the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought uno the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought uno the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought uno the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought uno the the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought uno the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought uno the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought uno the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought uno the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought uno the plan assets distributed to participants or beneficiaries and the plan beneficiaries and th	385 8 • • • • • • • • • • • • • • • • • • •		Day_ 12b 12c 12d	Уев	Year .	
ffy b c d e 3a b c	Work all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought uno of the PBGC7.	385 8 • • • • • • • • • • • • • • • • • • •		Day_ 12b 12c 12d	Уев	Year .	
ify b c d e 3a b c	More set the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought uno Were set the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought uno the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought uno the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought uno the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought uno the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought uno the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought uno the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought uno the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought uno the the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought uno the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought uno the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought uno the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought uno the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought uno the plan assets distributed to participants or beneficiaries and the plan beneficiaries and th	385 8 • • • • • • • • • • • • • • • • • • •	·	Day.	Yes	Year .	/as (2)No
ify b c d e 3a b c	More set to amount of any plan assets or liabilities were transferred from this plan year or any prior year?	385 8 • • • • • • • • • • • • • • • • • • •	·	Day_ 12b 12c 12d	Yes	Year .	
ify b c d e 3a b c	More set to amount of any plan assets or liabilities were transferred from this plan year or any prior year?	385 8 • • • • • • • • • • • • • • • • • • •	·	Day.	Yes	Year .	/as (2)No
ify b c d e 3a b c	More set to amount of any plan assets or liabilities were transferred from this plan year or any prior year?	385 8 • • • • • • • • • • • • • • • • • • •	·	Day.	Yes	Year .	/as (2)No
ify b c d e a a b c s i i i i i i i i i i i i i i i i i i	All the minimum required contribution for this plan year	isth	•	Day.	Yes	Year .	/as (X)No (as (X)No (a) Ph(s)
ify b c d e d e d d e d a b c t i or S	All the second s	isth	·	Day. 12b 12c 12d 12d 13a 13a 13a 13a 13a 13a 13a 13a	Yes	Year .	/es (2)N/A /es (2)N/a /es (2)N/a
ify b c d e d e d d e d a b c t i or S	More some of prior waves and the solution of t	stin	·	Day. 12b 12c 12d 12d 13a 13a 13a 13a 13a 13a 13a 13a	Yes	Year .	/es (2)N/A /es (2)N/a /es (2)N/a
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ify b c d e d e d a d b c 1 1 c d a a a b c c a a a a a a a a a	All and the whether the interval of the state of the second state and state of the second state and state of the second state and state of the second state of the second state of the second state and state of the second state and state of the second state of the sec	isth	·	Day, 12b 12c 12c 12d 12d 12d 12d 12d 12d 12d 12d	Yes     i(s)     policable     f my know	Year	/es (2)N/A /es (2)N/a /es (2)N/a
ify b c d e d e d a d b c 1 1 c d a a a b c c a a a a a a a a a	More some of period of the second sec	sith	contra     contra	Day. 12b 12c 12d 12d 12d 12d 12d 12d 12d 12d	Yes	Year .	/as (2)/No /as (2)/No