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	dance wit	h the instructions to the Form 550	0-SF.	1		
		dentification Information						
For	calendar plan year 2010 or fisc	al plan year beginning 01/01/201	0	and ending 1	2/31/2	2010		
Α -	his 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 return/report					_		
		an amended return/report	short plar	year return/report (less than 12 mor	nths)			
C	Check box if filing under:	Form 5558	automatio	extension		DFVC program		
	9	special extension (enter description	on)					
Da	rt II Basic Plan Infor	mation—enter all requested inform						
	Name of plan	mation—enter all requested inform	ialion		1h	Three-digit		
		, PC 401K PROFIT SHARIN PLAN 8	TRUST		10	plan number 001		
					4.	(PN)		
					10	Effective date of plan 01/01/1991		
2a	Plan snonsor's name and add	ress (employer, if for single-employer	· nlan)		2h	Employer Identification Number		
	HINGTONVILLE PEDIATRICS		piaii)		20	(EIN) 06-1326113		
					2c	Plan sponsor's telephone number		
	EATHERVANE DRIVE HINGTONVILLE, NY 10992					845-496-5437		
					2d	Business code (see instructions) 621111		
3a	Plan administrator's name and	l address (if same as Plan sponsor, e	nter "Same		3h	Administrator's EIN		
WAS	HINGTONVILLE PEDIATRICS	, PC 10 WEATHE	RVANE D	RÍVE	0.0	06-1326113		
		WASHINGT	ONVILLE,	NY 10992	3с	Administrator's telephone number 845-496-5437		
4 1	the name and/or EIN of the pla	an sponsor has changed since the la	st return/re	port filed for this plan, enter the	4b EIN			
	•	er from the last return/report. Sponso		,				
					4c			
5a	Total number of participants a	t the beginning of the plan year			5a	17		
b	Total number of participants a	t the end of the plan year			5b	17		
С	• • •	vith account balances as of the end o		•	5c	13		
6a	Were all of the plan's assets	during the plan year invested in eligib	ole assets?	(See instructions.)		Yes No		
b		he annual examination and report of						
		(See instructions on waiver eligibility				Yes No		
Da		ner 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 55	00.			
	rt III Financial Inform	ation		I				
7	Plan Assets and Liabilities			(a) Beginning of Year 985218	•	(b) End of Year 716392		
	Total plan assets		. <u>7a</u>					
р				005046		740200		
<u>C</u>	Net plan assets (subtract line	7b from line 7a)	. 7с	985218	5	716392		
8	Income, Expenses, and Trans			(a) Amount		(b) Total		
а	Contributions received or rece (1) Employers	eivable from:	. 8a(1))			
	., .,			4530)			
	, ,			(_			
h	, ,	5)	` '	100022	22			
b	,	0-(0) 0-(0)		100022	_	104552		
G C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		. 8c			104002		
d		rollovers and insurance premiums	. 8d	373378	3			
е	Certain deemed and/or correct	etive distributions (see instructions)	. 8e	()			
f	Administrative service provide	ers (salaries, fees, commissions)	. 8f	()			
g	Other expenses		. 8g	C)			
h	Total expenses (add lines 8d,	8e, 8f, and 8g)				373378		
i	Net income (loss) (subtract lin	e 8h from line 8c)	8i			-268826		
i		ee instructions)		()			

	Fo	orm 5500-SF 2010 Page 2-						
Par	t IV	Plan Characteristics						
		plan provides pension benefits, enter the applicable pension feature codes from the List of Plan $F=2G=2J=2R=3D$	Character	istic Co	des in	the instructi	ons:	
		plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan	Characteri	stic Co	des in t	the instruction	ons:	
art	: V	Compliance Questions						
0	Durin	g the plan year:		Yes	No	1	Amount	
а		there a failure to transmit to the plan any participant contributions within the time period described. FR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		1	X			
b		there any nonexempt transactions with any party-in-interest? (Do not include transactions repe 10a.)			X			
С	Was	the plan covered by a fidelity bond?	100	X				120000
d		ne plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by the plan's fidelity bond, the plan's fidelity bon		1	X			
е	insura	any fees or commissions paid to any brokers, agents, or other persons by an insurance carrie ance service or other organization that provides some or all of the benefits under the plan? (Sections.)	ė	•	X			
f	Has t	he plan failed to provide any benefit when due under the plan?	101	;	X			
g	Did th	ne plan have any participant loans? (If "Yes," enter amount as of year end.)	100	X				14458
h		is an individual account plan, was there a blackout period? (See instructions and 29 CFR 101-3.)			X			
i		was answered "Yes," check the box if you either provided the required notice or one of the otions to providing the notice applied under 29 CFR 2520.101-3	10i	i				
art	VI I	Pension Funding Compliance						
1		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions ar					Yes	No
2	Is this	s a defined contribution plan subject to the minimum funding requirements of section 412 of the	Code or s	ection	302 of	ERISA?	Yes	X No
	,	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see						
lf :	you co	mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	ne 13.	_				
b	Enter	the minimum required contribution for this plan year			12b			
		the amount contributed by the employer to the plan for this plan year			12c			
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the amount)			12d			
е	Will th	ne minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
art	VII	Plan Terminations and Transfers of Assets						
								V

13a 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 brought under the control

of the PBGC?.....

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): 13c(2) EIN(s) 13c(3) PN(s)

Yes X No

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

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.	10/12/2011	BARBARA GANNON					
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN								
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponso					

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

Р	art Annual Report Identification Information				
For	calendar plan year 2010 or fiscal plan year beginning	01/01/2	010 and ending		12/31/2010
Α	This return/report is for:	multiple-e	employer plan (not multiemployer)		one-participant plan
В	This return/report is for:	final retur	n/report		
	an amended return/report	short plai	n year return/report (less than 12 moi	nths)	
C	Check box if filing under:	1	extension	,	DFVC program
	special extension (enter description	ı	o exteriorer		_ Br vo program
	art II Basic Plan Information—enter all requested inform	ation		1h	Throo digit
ıa	Name of plan Washingtonville Pediatrics, PC 401k Prof	it Sha	rin	ID	Three-digit plan number
	Plan & Trust				(PN) ▶ 001.
	rian a rianc			1c	Effective date of plan
					01/01/1991
2a	Plan sponsor's name and address (employer, if for single-employer Washingtonville Pediatrics, PC	pian)		2b	Employer Identification Number (EIN) 06-1326113
	,			20	Plan sponsor's telephone number
	10 Weathervane Drive				(845) 496-5437
				2d	Business code (see instructions)
2-	Washingtonville		NY 10992	21-	621111
за	Plan administrator's name and address (if same as Plan sponsor, e same	nter "Same	e") 	30	Administrator's EIN
				3c	Administrator's telephone number
	If the name and/or EIN of the plan sponsor has changed since the last		port filed for this plan, enter the	4b	EIN
	name, EIN, and the plan number from the last return/report. Sponso	or s name		4c	PN
5a	Total number of participants at the beginning of the plan year			5a	17
b	Total number of participants at the end of the plan year			5b	17
С	Total number of participants with account balances as of the end of		i	0.0	
	complete this item)			5c	13
6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)		X Yes No
b	Are you claiming a waiver of the annual examination and report of				X Yes No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either 6a or 6b, the plan cannot use Fo		*		
Pa	art III Financial Information	01111 0000	or and mast motera ass. on oo	, , , , , , , , , , , , , , , , , , , 	
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
а	Total plan assets	. 7a	985,21	8	716,392
b	Total plan liabilities	7b		0	
С	Net plan assets (subtract line 7b from line 7a)	7c	985,21	8	716,392
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or receivable from:				
	(1) Employers	8a(1)	4.53	9	
	(2) Participants	8a(2)	4,53	U	
	(2) Others (including rellevers)				
	(3) Others (including rollovers)	. 8a(3)		0	
b	Other income (loss)	. 8b	100,02	0	104 115
c	Other income (loss)	` '	100,02	2	104,552
_	Other income (loss)	. 8b . 8c	100,02 373,37		104,552
c	Other income (loss)	. 8b 8c 8d			104,552
c d	Other income (loss)	8b 8c 8d 8e			104,552
c d e f	Other income (loss)	8b 8c 8d 8e 8f			104,552
c d	Other income (loss)	8b 8c 8d 8e 8f 8g			104,552 373,378
c d e f g	Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions) Other expenses	8b 8c 8d 8e 8f 8g 8h			

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COIIII	DOUU-	-OF	201	u

Page	2-	

					_			
Par								
9a	If the plan provides pension benefits, enter the applicable pension for 2E 2F 2G 2J 2R 3()	eature codes from t	he List of Plan Char	acteris	stic Co	des in	the instruct	tions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature codes from th	e List of Plan Chara	acteris	tic Co	des in	the instructi	ons:
Part	V Compliance Questions							
10	During the plan year:		-		Yes	No	T	Amount
а	Was there a failure to transmit to the plan any participant contributi	ions within the time	period described in		700	110	<u> </u>	Amount
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	ciary Correction Pro	gram)	10a		Х		
b	Were there any nonexempt transactions with any party-in-interest?							
	on line 10a.)			10b		Х		
С	Was the plan covered by a fidelity bond?			10c	Χ			120,00
d	Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?	idelity bond, that wa	s caused by fraud	10d		Х		
е	Were any fees or commissions paid to any brokers, agents, or othe insurance service or other organization that provides some or all of instructions.)	the benefits under	the plan? (See	10e		Х		
f	Has the plan failed to provide any benefit when due under the plan			10f		X		
a								
g	Did the plan have any participant loans? (If "Yes," enter amount as	•		10g	Х			14,458
: :	If this is an individual account plan, was there a blackout period? (\$2520.101-3.)			10h		Χ		
•	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-			10i				
Part					ļ			
11	Is this a defined benefit plan subject to minimum funding requireme	inte? (If "Vec " see in	estructions and com	ploto !	Sahad	ulo SD	/Form	
	5500))			hiere .	eu		(FOIIII	Yes No
12	Is this a defined contribution plan subject to the minimum funding re							Yes X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applica If a waiver of the minimum funding standard for a prior year is being granting the waiver. Tou completed line 12a, complete lines 3, 9, and 10 of Schedule	g amortized in this p	Mont	ctions, th	and e	nter th Day	e date of th	e letter ruling Year
b	Enter the minimum required contribution for this plan year					12b		
	Enter the amount contributed by the employer to the plan for this pla					12c		
	Subtract the amount in line 12c from the amount in line 12b. Enter t negative amount)	he result (enter a m	inus sign to the left	of a		12d		
е	Will the minimum funding amount reported on line 12d be met by the						Yes	No □ N/A
Part		<u> </u>						<u> </u>
	Has a resolution to terminate the plan been adopted during the plan	a voor or any prior w	2252					Yes X No
ısa						13a		163 24 140
h	If "Yes," enter the amount of any plan assets that reverted to the em Were all the plan assets distributed to participants or beneficiaries,							
	of the PBGC?							Yes X No
	which assets or liabilities were transferred. (See instructions.)	in this plan to anothe		re piai	1(3) 10			- ,
1	3c(1) Name of plan(s):				130	(2) EII	N(s)	13c(3) PN(s)
Cauti	on: A penalty for the late or incomplete filing of this return/repo	ort will be assessed	l unless reasonabl	e cau	se is e	establi	shed.	
Unde SB or	penalties of perjury and other penalties set forth in the instructions, Schedule MB completed and signed by an enrolled actuary, as well it is true, correct) and complete.	I declare that I have	e examined this retu	ırn/rep	ort, in	cluding	g, if applicat	
SIGN	1 Often	10/1/11	Barbara Gar	nnon				
HER		Date	Enter name of in			ning as	plan admir	istrator
		2	251 114/110 01 111	uu	a. oigi	g us	prair duffill	
SIGN		Date	Enter name of in	dividu	al sigr	ning as	employer c	or plan sponsor