	Form 5500-SF		Report of Small Employ	yee	OMB Nos. 1210-0110 1210-0089				
	Department of the Treasury Internal Revenue Service	Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employ				2010			
Er	Department of Labor nployee Benefits Security Administration	Retirement Income Security A Internal	This Form is Open to Public						
P	Pension Benefit Guaranty Corporation Inspection								
	art I Annual Report Id calendar plan year 2010 or fisca	entification Information	0	and ending 1	2/31/2	2010			
		single-employer plan		g	2/31/2				
	This return/report is for:	first return/report	final retur	mployer plan (not multiemployer)		one-participant plan			
в	This return/report is for:	an amended return/report		year return/report (less than 12 mo	othe)				
C	Obeels here if filling under	Form 5558			1015)	DFVC program			
	Check box if filing under:	special extension (enter descriptio		extension					
Pa	rt II Basic Plan Inform	nation—enter all requested information	,						
	Name of plan	nation —enter all requested informa	allon		1b	Three-digit			
		WHITE PLAINS, PLLC PROFIT SHA	RING PLA	N		plan number 001			
						(PN) ►			
					10	Effective date of plan 01/01/2002			
	Plan sponsor's name and addre	ess (employer, if for single-employer WHITE PLAINS, PLLC	plan)		2b	Employer Identification Number (EIN) 13-4120572			
	VESTCHESTER AVENUE, SUI				2c	Plan sponsor's telephone number 914-684-8100			
WHI	E PLAINS, NY 10604				2d	Business code (see instructions) 621111			
3a ONC	Plan administrator's name and OLOGY & HEMATOLOGY OF	address (if same as Plan sponsor, er WHITE PLAINS, PLLC 244 WESTCH	nter "Same	a") VENUE. SUITE 411	3b	Administrator's EIN 13-4120572			
		604	3c Administrator's telephone numbe 914-684-8100						
		in sponsor has changed since the las	port filed for this plan, enter the	4b	EIN				
I	name, EIN, and the plan numbe	r from the last return/report. Sponso	r's name		40	PN			
5a	Total number of participants at	the beginning of the plan year				21			
b			5a 5b	23					
С	Total number of participants wi	th account balances as of the end of			defined benefit plans do not				
62	complete this item)								
-	 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) b Are you claiming a waiver of the annual examination and report of an independent gualified public accountant (IQPA) 								
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) No									
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III Financial Information									
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year			
'a			7a	(a) beginning of real 765745	5	(b) End of Year 945640			
b			7b						
С	Net plan assets (subtract line 7	'b from line 7a)	7c	765745	5	945640			
8	Income, Expenses, and Transf	ers for this Plan Year		(a) Amount		(b) Total			
а	Contributions received or recei		9-(4)	56129					
			8a(1)	83994	_				
			8a(2)	0000					
b	., ,)	8a(3) 8b	57172	2				
c	· · · ·	8a(2), 8a(3), and 8b)	8c			197295			
d		rollovers and insurance premiums							
е	1 ,	ive distributions (see instructions)							
f		s (salaries, fees, commissions)	166						
g	Other expenses		8g						
h	Total expenses (add lines 8d, 8	Be, 8f, and 8g)	8h			17400			
i	Net income (loss) (subtract line	e 8h from line 8c)	8i			179895			
j	Transfers to (from) the plan (se	ee instructions)	8j						

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Part IV **Plan Characteristics**

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2A 2E 2F 2G 2J 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	ount	
а								1177
b								
С								100000
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?							
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.) 				741			
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					588
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								
a lf: b c d e	 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No (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, see instructions, and enter the date of the letter ruling granting the waiver							
Part								
13a	a Has a resolution to terminate the plan been adopted during the plan year or any prior year?						Yes	× No
b	If "Yes," enter the amount of any plan assets that reverted to the employer this year							
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)							
13c(1) Name of plan(s):							13c(3)	PN(s)
	ian. A novelu for the late or incomplete filing of this actum/second will be exceeded unloss accorded				laha d			

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.	10/14/2011	SARA SADAN
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 sponsor

2010 2010 This form is required to be filed under sections 104 and 4055 of the Employee Part II Annual Report IRSN) and section 6039(a) of the Integration 6039(a) of the Integrates andintetheta Integration 6030(a) of the Integrates Integrate		Form 5500-SF Short Form Annual		Report of Small Employ	OMB Nos. 1210-0110 1210-0089						
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5a Total number of participants at the beginning of the plan year											
b Total number of participants at the end of the plan year. 5b 23 c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 5c 23 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) See instructions.) See instructions.) Yes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes No fy ou answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III Financial Information Yes No 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 945, 640 7 total plan isbilities 7a 765, 745 945, 640 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) 56, 129 (1) Employers 8a(2) 83, 994 (3) Others (including rollovers) 8a(3) b Other income (loss) 8a(3) 57, 172 197, 295 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)											
c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this litem). 5c 23 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) X res ou claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X res (IPAA) No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X res (IPAA) No e Part III Financial Information Y res (IPAA) X res (IPAA) X res (IPAA) 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 60 7 Total plan assets (subtract line 7b from line 7a). 7c 7c5, 745 945, 640 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) 56, 129 (2) Participants 8a(2) 83, 994 (3) Other income (loss) 8b 57, 172 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 16, 934 197, 295 1 Benefits paid (including direct rollovers and insurance	5a					· · · · · · · · · · · · · · · ·					
complete this item)	-	•	<u>5b</u>	23							
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Image: Constructions on waiver eligibility and conditions.) If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan assets. 7a 765,745 945,640 b Total plan liabilities. 7b	С				5c						
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) X Yes No If you answerd "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan assets 7a 765,745 945,640 b Total plan iabilities 7b		6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)									
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Part IIIFinancial Information7Plan Assets and Liabilities(a) Beginning of Year(b) End of YearaTotal plan assets7a765,745945,640bTotal plan liabilities7b											
aTotal plan assets7a765,745945,640bTotal plan liabilities7bcNet plan assets (subtract line 7b from line 7a)7c765,745945,6408Income, Expenses, and Transfers for this Plan Year(a) Amount(b) TotalaContributions received or receivable from: (1) Employers8a(1)56,129(2) Participants8a(2)83,994(3) Others (including rollovers)8a(3)8cb57,172197,295dBenefits paid (including direct rollovers and insurance premiums to provide benefits)8d16,934fAdministrative service providers (salaries, fees, commissions)8f466gOther expenses8g17,400iNet income (loss) (subtract line 8h from line 8c)8h17,400iNet income (loss) (subtract line 8h from line 8c)8i179,895	Pa		_								
b Total plan liabilities	7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year					
CNet plan assets (subtract line 7b from line 7a)	а	Total plan assets	7a	765,74	5	945,640					
8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) 56, 129 (1) Employers 8a(2) 83, 994 (2) Participants 8a(2) 83, 994 (3) Others (including rollovers) 8a(3) 6b 57, 172 b Other income (loss) 8b 57, 172 197, 295 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 16, 934 c Crotal including direct rollovers and insurance premiums to provide benefits) 8d 16, 934 e Certain deemed and/or corrective distributions (see instructions) 8e 16, 934 f Administrative service providers (salaries, fees, commissions) 8f 466 g Other expenses 8g 17, 400 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 179, 895 i Net income (loss) (subtract line 8h from line 8c) 8i 179, 895	b	Total plan liabilities	7b								
a Contributions received or receivable from: 8a(1) 56,129 (1) Employers 8a(2) 83,994 (2) Participants 8a(2) 83,994 (3) Others (including rollovers) 8a(3) 6b b Other income (loss) 8b 57,172 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 197,295 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 16,934 e Certain deemed and/or corrective distributions (see instructions) 8e 466 g Other expenses 8g 17,400 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 179,895	C	Net plan assets (subtract line 7b from line 7a)	7c	765,74	5	945,640					
(1) Employers8a(1)56, 129(2) Participants8a(2)83, 994(3) Others (including rollovers)8a(3)(b) Other income (loss)8b57, 172(c) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)8c197, 295(c) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)8c197, 295(c) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)8c197, 295(c) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)8c197, 295(c) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)8d16, 934(c) Certain deemed and/or corrective distributions (see instructions)8e16, 934(c) Certain deemed and/or corrective distributions (see instructions)8e17, 400(c) Other expenses8g17, 400(c) Add lines 8d, 8e, 8f, and 8g)8h179, 895(c) Net income (loss) (subtract line 8h from line 8c)8i179, 895	8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total					
(1)Entropy of the second s	а		8-1(1)	56.12	9						
(3) Others (including rollovers)											
b Other income (loss)					-1						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 197, 295 d Benefits paid (Including direct rollovers and insurance premiums to provide benefits) 8d 16, 934 e Certain deemed and/or corrective distributions (see instructions) 8e 6 f Administrative service providers (salaries, fees, commissions) 8f 466 g Other expenses 8g 17, 400 i Net income (loss) (subtract line 8h from line 8c) 8i 179, 895	h			57.17	2						
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)					_	197,295					
e Certain deemed and/or corrective distributions (see instructions)		Benefits paid (including direct rollovers and insurance premiums									
f Administrative service providers (salaries, fees, commissions) 8f 466 g Other expenses	е]						
g 8g h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 17, 400 i Net income (loss) (subtract line 8h from line 8c)	f			46	56						
h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 17, 400 i Net income (loss) (subtract line 8h from line 8c)	g	•									
		•				17,400					
j Transfers to (from) the plan (see instructions)	i	Net income (loss) (subtract line 8h from line 8c)	<u>8i</u>			179,895					
	j	Transfers to (from) the plan (see instructions)	····· 8j								

Form 5500-SF 2010

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	the list of Plan Cha	racteri	sile Ci	odes il	The ins	Iruction	5:	
b	2A $2E$ $2F$ $2G$ $2J$ $3DIf the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Char$							
		acteris	itic Co	daş in	the instr	ructions	:	
Par								
10	During the plan year:		Yes	No		 Am	ount	
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduciary Correction Program)							
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	<u>10а</u> 10ь	X	×	-			1,17
C		10c	×		┼───			
d		10d		×				0,000
e	Were any fees of 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.)	108	x		 			741
f	Has the plan failed to provide any benefit when due under the plan?	101		x				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	х	<u> </u>				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10g	<u>^</u>					588
 	If 10h was answered "Yas," 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	101			, 14 14		بر بندین. این بندین بر بندین	
Part	M: Pension Funding Compliance				1.1.1.1.1.1.1.1.1			
11	te this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))	plete S	Sched	ule SE	l (Form		Yes	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	DF 600	tion 3	07 .4	EDICAD	<u>H</u>		
	(If "Yes," complete 12e or 12b, 12c, 12d, and 12e below, as applicable.)							<u> </u>
	If a walver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	tions, th	and e	nter th Dav	e date o	if the let Yea	iter ruli	ng
	rou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form \$500), and skip to line 13.			,				
	Enter the minimum required contribution for this plan year			12b				
c	Enter the amount contributed by the employer to the plan for this plan year	,,		12c				
a	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)	ofa	[12ď				
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		<u>.</u>	,	Yes	N	10	N/A
art								
3a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?						Yes	No No
	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 to of the PBGC?	inder t	he coi	ntrol			Yes	X No
	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.)	e plan	(s) lo					
1:	3c(1) Name of plan(s):		13c	(2) Ell	N(5)	1	3c(3)	PN(s)
					-			
				_				
Cauti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonabl	e Caus	se is e	stabil	shed.			
28 OL	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/r it is true, correct, and complete.	eporl,	ort, ind and to	luding the b	i if appli est of m	cable, a y knowl	Scheo edge a	dule Ind
···,								<u> </u>
SIGN	A Sala Salan							

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 sponsor