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).

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance witl	h the instructions to the Form 550	0-SF.				
		lentification Information							
For	calendar plan year 2010 or fisca	al plan year beginning 01/01/201	10	and ending 1	2/31/2	2010			
Α .	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	ant 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 mor	nths)				
C	Check box if filing under:	Form 5558	automatio	extension		DFVC progra	am		
		special extension (enter description	on)						
Pa	rt II Basic Plan Inforr	nation—enter all requested inform	nation						
1a	Name of plan				1b	Three-digit			
EYE	ASSOCIATES, PC 401K PROF	TIT SHARING PLAN & TRUST				plan number	001		
					10	(PN)	f l		
					10	Effective date of 09/01/2			
2a	Plan sponsor's name and addre	ess (employer, if for single-employer	r plan)		2b Employer Identification Number				
	ASSOCIATES, PC		. ,			(EIN) 14-161	2401		
500 A	AARON COURT				2c	Plan sponsor's 845-33	telephone number		
	STON, NY 12401				2d		(see instructions)		
						621111			
3a FYF	Plan administrator's name and ASSOCIATES, PC	address (if same as Plan sponsor, 6 500 AARON		9")	3b	3b Administrator's EIN 14-1612401			
	7,00001/1720,170	KINGSTON,			3c	3c Administrator's telephone number			
						845-331-0711			
		an sponsor has changed since the la		port filed for this plan, enter the	4b EIN				
	name, EIN, and the plan numbe	er from the last return/report. Sponso	ors name		4c	PN			
5a	Total number of participants at	the beginning of the plan year			5a	33			
b	Total number of participants at	the end of the plan year			5b	2			
С	Total number of participants w	ith account balances as of the end o	of the plan y	rear (defined benefit plans do not					
	complete this item)				5c		22		
		. , ,		(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	1823453	3	1479			
b	Total plan liabilities		. 7b	C					
C	Net plan assets (subtract line 7	7b from line 7a)	7с	1823453	3		1479360		
8	Income, Expenses, and Transf	fers for this Plan Year		(a) Amount		(b) Total			
а	Contributions received or received		90(4)	73549	9				
				93461	61				
)			0				
h	, ,			65258	58				
C	,	8a(2), 8a(3), and 8b)				232268			
d		rollovers and insurance premiums	. 60						
-			8d	570933	_				
е	Certain deemed and/or correct	tive distributions (see instructions)	8e	(
f	Administrative service provider	rs (salaries, fees, commissions)	8f	5428	_				
g	Other expenses		8g	()				
h		8e, 8f, and 8g)					576361		
i		e 8h from line 8c)					-344093		
j	Transfers to (from) the plan (se	ee instructions)	. 8i)				

	Form 5500-SF 2010 Page 2-							
ar	t IV Plan Characteristics							
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char 2E 2F 2G 2J 2K 2R 3D	acteris	tic Co	des in	the instructions:			
	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	acterist	tic Cod	des in t	he instructions:			
art	t V Compliance Questions							
ar (During the plan year:		Yes	No	Amount			
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		X				
С	Was the plan covered by a fidelity bond?	10c	Χ		500000			
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		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X		4328			
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						
art	VI Pension Funding Compliance							
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))							
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?							
а	(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 instructions, and enter the date of the letter ruling							
lf :	granting the waiverMor you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			Day .	rear			
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 of a negative amount)				<u> </u>			
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

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

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.	10/17/2011	ROGER HUSTED
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

Form 5500-SF

Department of the Treasury Internal Revenue Service

Pension Benefit Guaranty Corporation

Department of Labor Employee Benefits Security Administration

EIN 14-1612401 / PN 001 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).

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

F	······································	dance with	the instructions to the Form 5500	0-SF.		· · · · · · · · · · · · · · · · · · ·		
Part I Annual Report Identification Information								
For		1/01/20	and ending		12/31/201	. 0		
Α	This return/report is for: X single-employer plan	multiple-er	mployer plan (not multiemployer)		one-participa	nt plan		
В	This return/report is for: first return/report final return/report							
	an amended return/report	short plan	year return/report (less than 12 mor	nths)				
С	Check box if filing under: X Form 5558	automatic	extension		DFVC progra	m		
	special extension (enter description	n)						
Pa	Irt II Basic Plan Information—enter all requested information	ation			· · · -			
	Name of plan			1b	Three-digit			
	EYE ASSOCIATES, PC 401K PROFIT SHARING P	LAN			plan number			
	& TRUST				(PN) •	001		
				1C	Effective date of 09/01/1980	•		
22	Plan engager's name and address (amployer if for single amployer	nlan)		2h	Employer Identif	.		
La	Plan sponsor's name and address (employer, if for single-employer EYE ASSOCIATES, PC	piairi)			(EIN) 14 - 161			
				2c		elephone number		
	500 AARON COURT			24	(845) 331-0			
	KINGSTON		NY 12401	2 u	Business code (621111	see instructions)		
3a	Plan administrator's name and address (if same as Plan sponsor, e	nter "Same"		3b	Administrator's 8	IN		
	SAME							
				3с	Administrator's t	elephone number		
<u> </u>	f the name and/or EIN of the plan sponsor has changed since the las	st return/ren	ort filed for this plan, enter the	4h	EIN			
	name, EIN, and the plan number from the last return/report. Sponso		or med for this plan, effer the	40	LIN			
				4c	PN			
5a	Total number of participants at the beginning of the plan year			<u>5a</u>		33		
b	Total number of participants at the end of the plan year			5b		29		
С	Total number of participants with account balances as of the end of			5c		22		
C-	complete this item).							
	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **Description** **Descr							
D	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a					X Yes No		
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-S	F and must instead use Form 550	00				
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year	_	(b) End			
a	Total plan assets	7a	1,823,45	·		1,479,360		
b	Total plan liabilities	7b		0		0		
С	Net plan assets (subtract line 7b from line 7a).	7c	1,823,45	3		1,479,360		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	-	(b) T	otal		
а	Contributions received or receivable from: (1) Employers	8a(1)	73,54	9				
	(2) Participants	8a(2)	93,46	⊣				
	(3) Others (including rollovers)	8a(3)	•	o				
b	Other income (loss)	8b	65,25	8				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				232,268		
c d	Benefits paid (including direct rollovers and insurance premiums							
.	to provide benefits)	8d	570,93	3				
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f	5,42	8				
g	Other expenses	8g		0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		<u> </u>		576,361		
i	Net income (loss) (subtract line 8h from line 8c)	8i		-		(344,093)		
j	Transfers to (from) the plan (see instructions)	8j		0				
	Paperwork Reduction Act Notice and OMB Control Numbers, see the instruction	na for Form I	EOO SE			Form 5500-SF (2010)		

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Par	t IV	Plan Characteristics							
9a	If th	e plan provides pension benefits, enter the applicable pension fea	ture codes from the	List of Plan Chara	cteris	stic Co	des in	the instruct	tions:
b	lf th	2E 2F 2G 2J 2K 2R 3D e plan provides welfare benefits, enter the applicable welfare feat	ture codes from the	List of Plan Chara	cteris	tic Cod	des in t	the instructi	ons:
Part	v	Compliance Questions							
10		ring the plan year:				Yes	No	I	Amount
а		is there a failure to transmit to the plan any participant contribution	ns within the time pe	riod described in		.00	110	· · · · · · · · · · · · · · · · · · ·	Amount
	29	CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia	ry Correction Progr	am)	10a		Х		
b		ere there any nonexempt transactions with any party-in-interest? (I line 10a.)			10b		Х		
С	W	as the plan covered by a fidelity bond?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		10c	Х			500,00
d		the plan have a loss, whether or not reimbursed by the plan's fide			10d		Х		
е	ins	ere any fees or commissions paid to any brokers, agents, or other purance service or other organization that provides some or all of the tructions.)	ne benefits under the	e plan? (See	10e		X		
f	На	s the plan failed to provide any benefit when due under the plan?			10f		Χ		
g	Dic	the plan have any participant loans? (If "Yes," enter amount as of	f year end.)		10g	Х			4328
h		nis is an individual account plan, was there a blackout period? (Se			10h		Х		
i		Oh was answered "Yes," check the box if you either provided the repetions to providing the notice applied under 29 CFR 2520.101-3	•		10i				
Part	VI	Pension Funding Compliance							
11		nis a defined benefit plan subject to minimum funding requirement 0))							Yes No
12		his a defined contribution plan subject to the minimum funding rec							Yes X No
	gra	waiver of the minimum funding standard for a prior year is being a nting the waiver. completed line 12a, complete lines 3, 9, and 10 of Schedule M		Mont			Day		e letter ruling Year
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		
d		otract the amount in line 12c from the amount in line 12b. Enter the ative amount)					12d		
е	Wil	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	Ha	s a resolution to terminate the plan been adopted during the plan y	ear or any prior yea	ır?					Yes X No
		es," enter the amount of any plan assets that reverted to the emp					13a	<u> </u>	
b		re all the plan assets distributed to participants or beneficiaries, tra he PBGC?				the co	ntrol 		Yes X No
С		uring this plan year, any assets or liabilities were transferred from ch assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify th	e plar	n(s) to			
1	3 c(′) Name of plan(s):				13c(2) EIN(s) 13c(3) PN(13c(3) PN(s)
	· · -								
Cauti	on:	A penalty for the late or incomplete filing of this return/report	t will be assessed	uniess reasonabl	e cau	se is	establ	ished.	
Unde SB or	r pe Scl	nalties of perjury and other penalties set forth in the instructions, I nedule MB completed and signed by an enrolled actuary, as well as true_correct, and complete.	declare that I have	examined this retu	rn/rep	ort, in	cluding	g, if applical	ble, a Schedule nowledge and
010.		Voge le sta	10/11/11	ROGER HUSTE	ΞD				
SIGN		Signature of plan administrator	Date	Enter name of in	dividu	ıal sigr	ning as	s plan admir	nistrator
		•					· ·		
SIGN		Cignoture of ampleyor/plan ananger	Date	Enter name of in	divid	بما وامر	ning as	s employer	or plan sponsor
	- [Signature of employer/plan sponsor	Date	Lines hante of th	a.viul	.a. oigi	g as	. Jp.J.yor	- F openioon