	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 Employed				2010				
Er	Department of Labor nployee Benefits Security Administration	Retirement Income Security A		This Form is Open to Public						
P	ension Benefit Guaranty Corporation	Complete all entries in accord	i00-SF.							
Part I Annual Report Identification Information										
For	calendar plan year 2010 or fisca		0	and ending 1	2/31/2	2010				
Α	This return/report is for:	single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participant plan				
B	This return/report is for:	first return/report	final retur	•						
		an amended return/report	short plan	year return/report (less than 12 mo	nths)	_				
С	Check box if filing under:	Form 5558		extension		DFVC program				
		special extension (enter description	,							
		nation—enter all requested information	ation		16	Three-digit				
	Name of plan AT NECK PEDIATRIC ASSOCI.	ATES PC PROFIT SHARING PLAN			10	plan number (PN) ▶ 002				
					1c	Effective date of plan 01/09/1973				
	Plan sponsor's name and addre	ess (employer, if for single-employer ATES PC	plan)		2b	Employer Identification Number (EIN) 11-2289871				
173E	AST SHORE ROAD				2c	Plan sponsor's telephone number 516-487-4020				
GRE	AT NECK, NY 11023				2d	Business code (see instructions) 621111				
3a GRE	Plan administrator's name and AT NECK PEDIATRIC ASSOCI.	address (if same as Plan sponsor, e ATES PC 173EAST SH GREAT NEC	IORE ROA	VD		Administrator's EIN 11-2289871				
						Administrator's telephone number 516-487-4020				
		In sponsor has changed since the las r from the last return/report. Sponso		port filed for this plan, enter the	4b	EIN				
						PN				
5a Total number of participants at the beginning of the plan year						10				
b	Total number of participants at	the end of the plan year			5b	10				
C	Total number of participants wi complete this item)	th account balances as of the end of	the plan y	ear (defined benefit plans do not	5c	10				
	•	uring the plan year invested in eligib		. ,		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 Fe		,						
Pa	rt III Financial Informa	ation		I						
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year 3234731				
a L	•		7a	3019189		0				
b C	•	/b from line 7a)		3019189		3234731				
8	Income, Expenses, and Transf	/	7c	(a) Amount		(b) Total				
a	Contributions received or recei									
	(1) Employers			100						
			8a(2)	3200	_					
Ŀ	., ,)	8a(3)	278733	_					
b	()	(2) (2) and (2)		210130	,	282033				
c d		8a(2), 8a(3), and 8b) ollovers and insurance premiums	8c							
~			8d	66491						
е	Certain deemed and/or correct	ive distributions (see instructions)	8e	(
f	•	s (salaries, fees, commissions)		(_					
g	•		8g	()	66491				
h :		Be, 8f, and 8g)	8h			215542				
i		e 8h from line 8c) ee instructions)		()					
,		,	0							

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

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: 2A 2E 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		Am	ount	
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		×				
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					400000
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		Х				
e	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					20679
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	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500)).						Yes	No
lf y b c d <u>e</u> Part 13a	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instruct granting the waiver	of a	and e	12b 12c 12d 13a ontrol	ne date (of the le		0
C 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.)								
1	3c(1) Name of plan(s):		13	c(2) El	N(s)		13c(3)	PN(s)
	an A nanaliu far tha lata ar incomplete filing of this set un fan at will be account unloss recence b							

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	HERRICK COHEN MD
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	Short Form Annual F	CMB Nos. 1210-011 1210-008						
Department of the Treasury Internal Revenue Service		2010						
Department of Labor Employee Benefits Security Administration	Retirement Income Security	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).						
Pension Benefit Guaranty Corporation	Complete all entries in accord	rdance wit	h the instructions to the Form 550	0-SF.	SF.			
	Identification Information				*****			
For calendar plan year 2010 or fi	P***	01/01/	2010 and ending		12/31/2010			
A This return/report is for:	X single-employer plan	multiple-	employer plan (not multiemployer)		one-participa	nt plan		
B This return/report is for:	first return/report	final retur	n/report					
	an amended return/report	short plar	n year return/report (less than 12 mo	nths)	_			
C Check box if filing under:	X Form 5558	automatio	extension		DFVC progra	m		
	special extension (enter descripti							
	prmation—enter all requested inform	nation						
1a Name of plan				1b	Three-digit			
GREAT NECK PEDIAT	RIC ASSOCIATES PC PROF	IT SHAR	RING PLAN		plan number (PN) ▶	002		
				1c	Effective date of			
					01/09/197			
2a Plan sponsor's name and ad	Idress (employer, if for single-employed	r plan)		2b	Employer Identif			
GREAT NECK FEDIAT	PRIC ASSOCIATES PC			20	(EIN)11-228			
173EAST SHORE ROA	AD			20	516-487-4	elephone number 020		
GREAT NECK	NY 11023			2d	Business code (
3a Plan administrator's name ar	nd address (if same as Plan sponsor, e	enter "Same	9")	3b	621111 Administrator's E			
	TRIC ASSOCIATES PC			30	11-228987			
173EAST SHORE ROA GREAT NECK	NY 11023			30	516-487-4	elephone number		
4 If the name and/or EIN of the	plan sponsor has changed since the la		port filed for this plan, enter the	4b	EIN			
4 If the name and/or EIN of the			port filed for this plan, enter the		EIN			
4 If the name and/or EIN of the name, EIN, and the plan num	plan sponsor has changed since the la ber from the last return/report. Sponso	or's name	·····	4c	EIN			
 4 If the name and/or EIN of the name, EIN, and the plan num 5a Total number of participants 	plan sponsor has changed since the la ber from the last return/report. Sponso at the beginning of the plan year	or's name		4c 5a	EIN	1		
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9art IV 9a liftne plat	Yan Characteristics								
28 10 10 10 10 10 10 10 10 10 10 10 10 10	T provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:								
b if the par	provides welfare benefits, onter the applicable welfa	IP faiture codes fre-							
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Part V Co	np#ance Questions		**************************************						· ····································
10 During th a Was ther	e plan year:				Yes.	No			
29 CFR	a failure to transmit to the plan any participant cond 2510.3-102? (See instructions and COL's Volument	ibutions within the br	ne period described i	n [1.4.4			tmount	
b Were the	© any nonexempt inset actions with any and interior	rubcially Correction I	rogram)	10a		Х.			
				105		X			
	Hold Covered by a lidelity bond?			10-	x				
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74 runda randa bais	In have any participant loans? (If "Yek " once and on			++	.	<u>^</u> +			
				109	<u> </u>			20	679
1 10h was	answered "Yes" check the key if the state	46		ton		X			
		The required house of 01-3	r one of the		1	1			
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i isthisadal	ned henefit plan subject to minimum	nenus? (!! "Yes," see	Instructions and cha						
12 (5 ibis a de	ined contribution plan subject to the minimum function		CON CONTRACTOR	heere 2	4719 0 23	e 28 (F	-orm	Yes [No
(If Yes, 'co	BDiete 12a or 126, 10a, 10a, and and an and an	A redmeaseus or sec	tion 412 of the Code	or sect	ion 30/	ZOIER	ISA?	Yes M	Nic.
a lia waivein	The minimum function and at the	a. 30,813. j					_		
granting the	Walkar	ing amonuzed in this (Nan year, see instruc	tions, a	nd em	er the c	late of the k	atter ruling	
D Enter the ret	If a valve of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and errier the date of the letter r granting the walver								
	THE REAL POLICY CONTROL AND THE SHARE WARE				12	6		······································	
d Subtract the	amount in line 12c from the arrest in the plan for this p	clain year			12	c			
negative am	uni).	the result (enter a m	inus sign to the left o	13	172	~ +			
the second se	and an our reported (a) see 120 be mot by:	ile fundino diserienza		*****	<u> </u>	<u> </u>			
the second se							Yes	VO N/,	à.
138 Has a resolut	On to terminate the plan been adopted during the pla	D wear of any print of							
<u>If "Yes," enter</u>	the amount of any plan assets that reverted to the er	This of any prior ye	ar /	•••••••	·		[]	Yes 🖂 N	lo
D Were all the p of the pack				13:	3				
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which assets	ten year, any assets or liabilities were transferred fro or liabilities were transferred. (See Instructions.)	m this plan to anothe	r plan(s), identify the	plan(s)	to		L.	100 EX (1	v
13c(1) Name of				· · · · · · · · · · · · · · · · · · ·					
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