## 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.

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

Pa	art I Annual Report Identification Information						
For	calendar plan year 2010 or fiscal plan year beginning 01/01/2011		and ending 1	0/31/2	2011		
Α	This return/report is for:	multiple-e	employer plan (not multiemployer)		one-participant plan		
		final return/report					
_		n year return/report (less than 12 mor	nths)				
C	Check box if filing under:	·	extension	,,,	DFVC program		
C	special extension (enter description	CATCHSION	_ bi vo program				
	art II Basic Plan Information—enter all requested information	ation	1	1h	Three-digit		
	Name of plan  N W. O'GRADY, MD, PC PROFIT SHARING PLAN & TRUST			ID	nlan number		
3011	W. O CRADT, MD, TO TROTTI CHARING I LAN & TROOT				(PN) • 002		
				1c	Effective date of plan		
					06/01/1978		
	Plan sponsor's name and address (employer, if for single-employer   N.W. OGRADY, MD, PC	plan)			Employer Identification Number		
JUH	N. OGRADT, NID, PC				(EIN) 13-2937260 Plan sponsor's telephone number		
	E 74TH STREET			20	212-861-5200		
NEW	/ YORK, NY 10021			2d	Business code (see instructions)		
				01	621111		
JOHI	Plan administrator's name and address (if same as Plan sponsor, er N W. OGRADY, MD, PC 112 E 74TH S		∋")	30	Administrator's EIN 13-2937260		
	NEW YORK,	NY 10021		3c	Administrator's telephone number		
					212-861-5200		
	If the name and/or EIN of the plan sponsor has changed since the las		port filed for this plan, enter the	4b	EIN		
	name, EIN, and the plan number from the last return/report. Sponsor	r's name		4c	PN		
5a	Total number of participants at the beginning of the plan year			5a	1		
b				5b	0		
С				0.0			
	complete this item)				0		
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)		X Yes No		
b					X Yes ☐ No		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either 6a or 6b, the plan cannot use Fo		· · · · · · · · · · · · · · · · · · ·				
Pa	art III Financial Information	0000	or and made motora add r orm do	<del></del>			
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year		
а	Total plan assets	7a	1581747	,	0		
b	Total plan liabilities	7b	0	)	0		
С	Net plan assets (subtract line 7b from line 7a)	7c	1581747	,	0		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total		
а	Contributions received or receivable from:		, ,				
	(1) Employers	8a(1)	0	_			
	(2) Participants	8a(2)	0	_			
	(3) Others (including rollovers)	8a(3)	0				
b	Other income (loss)	8b	77561		77504		
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			77561		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1653747	,			
е	Certain deemed and/or corrective distributions (see instructions)	8e	0	)			
f	Administrative service providers (salaries, fees, commissions)	8f	5561				
g	Other expenses	8g	0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			1659308		
i	Net income (loss) (subtract line 8h from line 8c)	8i			-1581747		
i	Transfers to (from) the plan (see instructions)	8j	0	)			
	` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '						

Form 5500-SF 2010	Page <b>2-</b>
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SIGN HERE Signature of plan administrator

Signature of employer/plan sponsor

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 3D

b	If the	e plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan	Characteri	stic Co	des in	the instru	ctions		
art	٧	Compliance Questions							
0	Dui	ring the plan year:		Yes	No		Amo	ount	
а		as there a failure to transmit to the plan any participant contributions within the time period describe CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			X				
b		ere there any nonexempt transactions with any party-in-interest? (Do not include transactions repo line 10a.)			X				
С	Wa	as the plan covered by a fidelity bond?	100	X					225000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by f dishonesty?			X				
е	insı	ere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier urance service or other organization that provides some or all of the benefits under the plan? (Sections.)	e		X				
f	Has	s 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				
h		nis is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10h		X				
i		Oh was answered "Yes," check the box if you either provided the required notice or one of the ceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art		Pension Funding Compliance			1				
11	ls th	his a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions an					Г	Yes	No
12		this a defined contribution plan subject to the minimum funding requirements of section 412 of the						Yes	X No
_		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	Oude of 3	COLIOIT	JUZ 01	LINIOA:	<u> </u>		□
а	lf a	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see nting the waiver.							
lf y	-	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lin							
b	Ent	er the minimum required contribution for this plan year			12b				
С	Ent	er the amount contributed by the employer to the plan for this plan year			12c				
d		otract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the pative amount)			12d			_	
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	1	Ю	N/A
art	VII	Plan Terminations and Transfers of Assets							
3а	Has	s a resolution to terminate the plan been adopted during the plan year or any prior year?		····- <u>-</u>			X	Yes	No
	If "Y	Yes," enter the amount of any plan assets that reverted to the employer this year			13a				0
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broken PBGC?	ought unde	r the co	ontrol		X	Yes	No
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide ich assets or liabilities were transferred. (See instructions.)	ntify the pla	an(s) to	)				
1	3c(1	) Name of plan(s):		13	<b>c(2)</b> El	N(s)		13c(3)	PN(s)
`aut	ion:	A namelty for the late or incomplete filling of this return/report will be assessed unless reas	onable ca	uso is	octab	ishod			
		A penalty for the late or incomplete filing of this return/report will be assessed unless reasonalties of perjury and other penalties set forth in the instructions, I declare that I have examined the					able	a Sche	dule
SB o	·Sch	nedule MB completed and signed by an enrolled actuary, as well as the electronic version of this is true, correct, and complete.							
SIGI	J	Filed with authorized/valid electronic signature. 12/06/2011 JOHN W. C	O'GRADY,	MD					

Date

Date

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

## EIN 13-2937260 / PN 002

## Form 5500-SF

Department of the Treasury nternal Revenue Service

Department of Labor Employee Benefits Security Administration

## 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 Pension Benefit Guaranty Corporation ▶ Complete all entries in accordance with the instructions to the Form 5500-SF **Annual Report Identification Information** 01/01/2011 10/31/2011 and ending For calendar plan year 2010 or fiscal plan year beginning single-employer plan multiple-employer plan (not multiemployer) one-participant plan A This return/report is for: final return/report first return/report **B** This return/report is for: short plan year return/report (less than 12 months) Х an amended return/report Form 5558 automatic extension DFVC program C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Part II 1b Three-digit 1a Name of plan plan number JOHN W. O'GRADY, MD, PC PROFIT SHARING 002 (PN) ▶ PLAN & TRUST 1c Effective date of plan 06/01/1978  $\bf 2a$  Plan sponsor's name and address (employer, if for single-employer plan) JOHN W. OGRADY, MD, PC 2b Employer Identification Number (EIN) 13-2937260 2c Plan sponsor's telephone number (212)861-5200 112 E 74TH STREET 2d Business code (see instructions) 621111 NEW YORK NY 10021 3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") 3b Administrator's EIN SAME 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. Sponsor's name 4c PN 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 C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c 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 qualified public accountant (IQPA) Yes under 29 CFR 2520,104-46? (See instructions 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 (b) End of Year (a) Beginning of Year Plan Assets and Liabilities 1,581,747 a Total plan assets..... 7a 7b b Total plan liabilities..... C Net plan assets (subtract line 7b from line 7a)..... 1,581,747 7с (b) Total (a) Amount Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: n (1) Employers ..... 8a(1) (2) Participants ..... 8a(2) (3) Others (including rollovers)..... 8a(3) 77,561 **b** Other income (loss)..... 8b 77,561 8c C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) ..... Benefits paid (including direct rollovers and insurance premiums 1,653,747 to provide benefits)..... 8d e Certain deemed and/or corrective distributions (see instructions)... 8e 5,561 8f Administrative service providers (salaries, fees, commissions)...... 8g Other expenses..... 1,659,308 Total expenses (add lines 8d, 8e, 8f, and 8g)..... (1,581,747)Net income (loss) (subtract line 8h from line 8c)..... Transfers to (from) the plan (see instructions).....

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

Form	5500	-SF	201	٢

Signature of employer/plan sponsor

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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	acteris	stic Co	des in	the instruct	ions:	
L	it ir	2E 3D	uvra and an from the	List of Blan Chara	ataria	tia Car	daa in 6	lha inatruati		
b	11 17	e plan provides welfare benefits, enter the applicable welfare feat	ure codes from the	LIST OF Plant Chara	iciens	ilic Coi	ues in	ine mstructi	ons.	
Part	v	Compliance Questions								
10		ring the plan year:				Yes	No		Amount	
а	Wa	as there a failure to transmit to the plan any participant contribution					7,			
b		9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia are there any nonexempt transactions with any party-in-interest? (I			10a	]	Х			
b		line 10a.)		·	10b		Х			
С	W	as the plan covered by a fidelity bond?	•••••		10c	Х			2	25,000
d		the plan have a loss, whether or not reimbursed by the plan's fide	•		40.		v			
е		dishonesty? are any fees or commissions paid to any brokers, agents, or other p			10d		X			
C	ins	urance 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		$\overline{\mathbf{x}}$			
g		I the plan have any participant loans? (If "Yes," enter amount as of			10g		х			
h		nis is an individual account plan, was there a blackout period? (See			109		- 11			
_	25	20.101-3.)			10h		Х			
I		Oh was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3.			10i					
—— Part		Pension Funding Compliance			1,41					
11		his a defined benefit plan subject to minimum funding requirements	s? (If "Yes," see ins	tructions and com	plete	Sched	ule SB	(Form		
#		00))							Yes	
12	ls	this a defined contribution plan subject to the minimum funding req	uirements of section	n 412 of the Code	or se	ction 3	302 of I	ERISA?	Yes	X No
_		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable		a vaar oog ingtrue	tiona	and a	ntor th	a data of th	o lottor ri	lina
d	ır a gra	waiver of the minimum funding standard for a prior year is being a nting the waiver.	imortized in this plan	Mont	th	and e	Day Day	————	Year	y
lf y		completed line 12a, complete lines 3, 9, and 10 of Schedule M								
b	Ent	er the minimum required contribution for this plan year					12b			
С		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 pative amount)	·	-			12d			
е	•	the minimum funding amount reported on line 12d be met by the f						Yes	No	N/A
Part		Plan Terminations and Transfers of Assets	<u> </u>							,
		s a resolution to terminate the plan been adopted during the plan y	ear or any prior yea	r?					X Yes	No
		Yes," enter the amount of any plan assets that reverted to the empl				- 1	13a			0
b	We	re all the plan assets distributed to participants or beneficiaries, tra	insferred to another	plan, or brought i	under	the co			X Yes	. No
С		uring this plan year, any assets or liabilities were transferred from ich assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify th	ne pla	n(s) to				
1	3c(	) Name of plan(s):				130	c(2) El	N(s)	13c(3	) PN(s)
					_					
		A penalty for the late or incomplete filing of this return/report								
SB o	r Śc	nalties of perjury and other penalties set forth in the instructions, I nedule MB completed and signed by an enrolled actuary, as well a strue, correct, and complete.	declare that I have on the electronic vers	examined this return/	ırn/re  report	oort, in t, and t	cluding to the b	g, if applica best of my k	ble, a Sch nowledge	nedule e and
+	İ	John W. O Grady M.D.	11/28/11	JOHN W. O'	GRAI	OY, 1	MD		*	
SIG		Signature of plan administrator	Date Date	Enter name of in				plan admi	nistrator	
		1								
SIG		Signature of employer/plan sponsor	Date	Enter name of in	ndivid	ual sig	ning as	employer	or plan sp	onsor

Date