	Form 5500-SF			Report of Small Employ	OMB Nos. 1210-0110 1210-0089						
	Department of the Treasury Internal Revenue Service		Plan ctions 104 and 4065 of the Employe	ē	2010						
Er	Department of Labor nployee Benefits Security Administration	(ERISA), and section 6058(a) of the Code (the Code).									
P	ension Benefit Guaranty Corporation			n the instructions to the Form 550	Inspection 00-SF.						
	Part I Annual Report Identification Information For calendar plan year 2010 or fiscal plan year beginning 10/01/2010 and ending 09/12/2011										
For	calendar plan year 2010 or fisca		9/12/2								
	This return/report is for:	single-employer plan	•	mployer plan (not multiemployer)		one-participant plan					
В	This return/report is for:	first return/report	final retur	•	- 41						
~		an amended return/report	•	year return/report (less than 12 mo	ntns)						
	Check box if filing under:	Form 5558		extension		DFVC program					
Da	Part II Basic Plan Information—enter all requested information										
	Name of plan	nation —enter all requested morma	allon		1b	Three-digit					
		OLD, M.D., P.C. PROFIT SHARING	PLAN			plan number 003					
					4.	(PN) ►					
					IC	Effective date of plan 10/01/1980					
	Plan sponsor's name and addre	ess (employer, if for single-employer	plan)		2b	Employer Identification Number (EIN) 13-2725854					
	EAST 60TH STREET				2c	Plan sponsor's telephone number 212-838-9070					
	YORK, NY 10022				2d	Business code (see instructions)					
3a MAX	Plan administrator's name and L. SOM, M.D. & LEON M. ARN	address (if same as Plan sponsor, er OLD, M. D., P.C. 121 EAST 60	nter "Same	?") - T	3b	Administrator's EIN 13-2725854					
		NEW YORK,			3c	3c Administrator's telephone number 212-838-9070					
4	f the name and/or EIN of the pla	n sponsor has changed since the las	st return/re	port 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			4c 5a	2N 3					
b		the end of the plan year		за 5b	0						
c		th account balances as of the end of			30						
	complete this item)				5c	0					
-		uring the plan year invested in eligibl				X Yes No					
b	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)										
r	If you answered "No" to eith	er 6a or 6b, the plan cannot use Fo		,							
	rt III Financial Informa	ation									
7	Plan Assets and Liabilities		_	(a) Beginning of Year 1738667	,	(b) End of Year					
a b	•		7a 7b	(0					
c	•	b from line 7a)	7b 7c	1738667		0					
8	Income, Expenses, and Transf	,		(a) Amount		(b) Total					
a	Contributions received or recei			(4) / 41104111		(2)					
			8a(1)	(
			8a(2)	(_						
h	., ,	l	8a(3)	-17612	_						
b C		Ba(2), 8a(3), and 8b)	8b 8c		-	-17612					
d		ollovers and insurance premiums		4744040							
	, ,		8d	1711019	_						
e		ive distributions (see instructions)	8e	10036	_						
t a	•	s (salaries, fees, commissions)	8f	(
g h		3e, 8f, and 8g)	8g 8h			1721055					
i		e 8h from line 8c)	8i			-1738667					
j		e instructions)		()						

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: 2E 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		Amou	Int		
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		Х					
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					
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					
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					
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	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?								
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)								
а	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								
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_						
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 negative amount)		🗋	12d					
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	<u>،</u>	N/A	
Part	VII Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?					X	Yes	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		Г	13a				0	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?								
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):		130	:(2) EIN	√(s)	13	3c(3)	PN(s)	
Caut	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ise is i	establi	shed.				

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.	01/20/2012	AI CHOU LI
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

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	Form 5500-SF	Short Form Annual	rm Annual Return/Report of Small Employee OMB Nos. 1210-0 Benefit Plan						
	Department of the Treasury Internal Revenue Service	This form is required to be fi		c FIAN actions 104 and 4065 of the Employee					
	Department of Labor Employee Benefits Security Administration	Retirement Income Security	y Act of 1974	4 (ERISA), and section 6058(a) of the code (the Code).	This Form is Open to Public				
La construcción de la co	Pension Benefit Guaranty Corporation	Complete all entries in according	ordance wit	h the instructions to the Form 550()-SF.	Inspection			
		entification Information	3		والمراجعة والمراجعة				
	or calendar plan year 2010 or fisca ג	~~	10/01/2		*********	09/12/2011			
A	This return/report is for:	<∫ single-employer plan		employer plan (not multiemployer)		one-participant plan			
В	This return/report is for:	first return/report	X final retu	•					
		an amended return/report	X short pla	n year return/report (less than 12 mor	iths)	graning			
С	Check box if filing under:	」 Form 5558	automati	cextension		DFVC program			
	L	special extension (enter descrip	,		-				
1.000000000		nation—enter all requested infor	mation						
12	Name of plan	LEON M. ARNOLD, M.D.	PC		1b	Three-digit plan number			
			, E.C.			(PN) ► 003			
:	PROFIT SHARING PLAN				1c	Effective date of plan			
	· ·					10/01/1980			
2a	Plan sponsor's name and addre	ess (employer, if for single-employed LEON M. ARNOLD,	er plan)		2b	Employer Identification Number (EIN) 13-2725854			
	M. D., P.C.	,			2c	Plan sponsor's telephone number			
	121 EAST 60TH STREE	դ			~~	(212)838-9070			
		90			2d	Business code (see instructions)			
39	NEW YORK	address (if same as Plan sponsor,	onter "Sam	NY 10022	٦h	Administrator's EIN			
Ja	SAME	audiess (il saille as Fiall spolisol,	enter Sam	<i>→</i>)	50				
					3c	Administrator's telephone number			
	(E Alexandream and the second s			and the different by stress matters the	41.	(212)838-9070			
4		n sponsor has changed since the from the last return/report. Spons		port filed for this plan, enter the	40	EIN			
	•			-	4c	PN			
5a	Total number of participants at	the beginning of the plan year	*****		5a	3			
b	Total number of participants at	the end of the plan year			•				
С		h account balances as of the end			F -	0			
				******	<u>5c</u>	X Yes No			
		uring the plan year invested in elig e annual examination and report ((See instructions.) ndent gualified public accountant (IQ	 ΡΔ\				
				ions.)		X Yes No			
			Form 5500-	SF and must instead use Form 550)0.				
Lower Constants	art III Financial Informa	tion		I	1				
7	Plan Assets and Liabilities		i subilita de s	(a) Beginning of Year		(b) End of Year			
a b	•			1,738,66	/	0			
b C	· · · · ·	o from line 7a)		1,738,66	7	0			
8	Income, Expenses, and Transfe		<u> 7c</u>						
a	Contributions received or received		10457075525	(a) Amount		(b) Total			
- -			8a(1)		0				
	(2) Participants	·	8a(2)		0				
	(3) Others (including rollovers).		<u>8a(3)</u>		이				
b	Other income (loss)		8b	(17,612) 🔠				
С		a(2), 8a(3), and 8b)	8c		<u> </u>	(17,612)			
d	Benefits paid (including direct ro	ollovers and insurance premiums	8d	1,711,01	9				
e e	· ·	ve distributions (see instructions).		10,03					
f		(salaries, fees, commissions)			1				
ġ	·				ō				
h		e, 8f, and 8g)	······×			1,721,055			
i		8h from line 8c)				(1,738,667)			
j		e instructions)		na ana amin'ny fisiana amin'ny fisiana amin'ny fisiana amin'ny fisiana amin'ny fisiana amin'ny fisiana amin'ny	0				
	•			I	1 C				

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

Form 5500-SF 2010

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SIGN HERE

Signature of employer/plan sponsor

Page 2-

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 3D
 - 2E

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Par	tV Compliance Questions							
10	During the plan year:	Provodentitisticalities	Yes	No		Amount	2006/0001020000	
a	Was there a failure to transmit to the plan any participant contributions w 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary C			x				
b			a construction of the cons		2 2 100000000000000000000000000000000000			
		a.)					51000001000000000000000000000000000000	
С	Was the plan covered by a fidelity bond?		N-0400000000000000000000000000000000000	-	Х	*****		****
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity or dishonesty?			х				
e	Were any fees or commissions paid to any brokers, agents, or other per- insurance service or other organization that provides some or all of the b instructions.)	plan? (See		X				
f	Has the plan failed to provide any benefit when due under the plan?				Х			
g	Did the plan have any participant loans? (If "Yes," enter amount as of ye	ar end.)			Х			
h	If this is an individual account plan, was there a blackout period? (See in 2520.101-3.)		CFR		X			
i	If 10h was answered "Yes," check the box if you either provided the request exceptions to providing the notice applied under 29 CFR 2520.101-3							
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (5500))						∏ Yes	5 🗍 No
12	Is this a defined contribution plan subject to the minimum funding require			executivization			Yes	S X No
14	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	ements of sector		ouon c		ant Misself A.F. Fr		
а	If a waiver of the minimum funding standard for a prior year is being and granting the waiver.							
If	/ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (
b	Enter the minimum required contribution for this plan year	******			12b			
С								
d	Subtract the amount in line 12c from the amount in line 12b. Enter the re negative amount)		[12d				
е	e Will the minimum funding amount reported on line 12d be met by the funding deadline?							□ N/A
Part	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted during the plan year	r or any prior year	?				X Yes	s 🗍 No
	If "Yes," enter the amount of any plan assets that reverted to the employed	er this year			13a			0
b	Were all the plan assets distributed to participants or beneficiaries, trans of the PBGC?	ferred to another	plan, or brought under	the co			Yes	3 🛛 No
C	If during this plan year, any assets or liabilities were transferred from this which assets or liabilities were transferred. (See instructions.)	s plan to another p	plan(s), identify the pla	in(s) to)			
1	3c(1) Name of plan(s):			13c(2) EIN(s)			13c(3	3) PN(s)
Cauti	on: A penalty for the late or incomplete filing of this return/report wi	ill be assessed u	nless reasonable ca	use is	establ	ished.		
SB or	penalties of perjury and other penalties set forth in the instructions, I dec Schedule MB completed and signed by an enrolled actuary, as well as the it is true, correct, and complete.	clare that I have e he electronic vers	xamined this return/re ion of this return/report	port, ir t, and	ncludin to the l	g, if applic best of my	able, a Sc knowledg	hedule e and
SIGN	harding the det 1	CC 1-17-20 Bernice Arnold						
HERI		Date Enter name of individual signing as plan administrator						
SIGN			Bernice Arnold					

Date

Enter name of individual signing as employer or plan sponsor