## Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

Part I	Annual Report Identific				
For caler	ndar plan year 2009 or fiscal plan y	year beginning 01/01/2008		and ending 12/31/2	008
A This r	eturn/report is for:	a multiemployer plan;	a multiple	e-employer plan; or	
		a single-employer plan;	a DFE (s	pecify)	
<b>B</b> This r	eturn/report is:	the first return/report;		eturn/report;	
		an amended return/report;	a short pl	an year return/report (less th	an 12 months).
C If the	plan is a collectively-bargained pla	an, check here			
<b>D</b> Chec	k box if filing under:	Form 5558;	automatio	extension;	the DFVC program;
		special extension (enter desc	cription)		
Part I	I Basic Plan Information	on—enter all requested informat	tion		
1a Nam	e of plan				<b>1b</b> Three-digit plan
LOUIS J	SPAGNOLA D.C. P.C. 401(K) PL	_AN			number (PIN) >
					<b>1c</b> Effective date of plan 10/01/2004
	sponsor's name and address (emess should include room or suite r		olan)		2b Employer Identification Number (EIN)
LOUIS S	PAGNOLA D.C. PC				22-3146908
					<b>2c</b> Sponsor's telephone number
	UTE 55 SUITE 4 NGEVILLE, NY 12540		TE 55 SUITE 4 GEVILLE, NY 12540		2d Business code (see instructions) 621310
Caution	A penalty for the late or incomp	olete filing of this return/report	t will be assessed u	unless reasonable cause is	established.
					ncluding accompanying schedules, lef, it is true, correct, and complete.
SIGN					
HERE	Signature of plan administrato	r	Date	Enter name of individual si	gning as plan administrator
					<u> </u>
SIGN					
HERE	Signature of employer/plan sp	onsor	Date	Enter name of individual si	gning as employer or plan sponsor
	<u> </u>				<u> </u>
SIGN					
HERE	Signature of DFE		Date	Enter name of individual si	gning as DFE

	Form 5500 (2009) Page <b>2</b>		
LO 114	Plan administrator's name and address (if same as plan sponsor, enter "Same")  UIS SPAGNOLA D.C. PC  45 ROUTE 55 SUITE 4 GRANGEVILLE, NY 12540	22- <b>3c</b> Ad	ministrator's EIN 3146908 ministrator's telephone mber
4 a	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN the plan number from the last return/report:  Sponsor's name	and	4b EIN 4c PN
5	Total number of participants at the beginning of the plan year	5	
6 a	Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).  Active participants	6a	
b	Retired or separated participants receiving benefits.	6b	
С	Other retired or separated participants entitled to future benefits	6c	
d	Subtotal. Add lines 6a, 6b, and 6c	6d	
е	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f	Total. Add lines 6d and 6e	6f	
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
b ı	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes from the List of Plan Characteristic Codes in the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in		
	Plan funding arrangement (check all that apply)  (1) Insurance (2) Code section 412(e)(3) insurance contracts (3) Trust (4) General assets of the sponsor  Plan benefit arrangement (check all that apply)  (1) Insurance (2) Code section 412(e)(3) insurance contracts (3) Trust (4) General assets of the sponsor  Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number of the sponsor in the s	nsurano onsor	e contracts
	Pension_Schedules  b General Schedules	ei allac	neu. (See instructions)
	(1) R (Retirement Plan Information) (1) H (Financial Inform	ation)	

(2)

(3)

(4)

(5)

(6)

I (Financial Information – Small Plan)

**D** (DFE/Participating Plan Information)

**G** (Financial Transaction Schedules)

A (Insurance Information)C (Service Provider Information)

(2)

(3)

MB (Multiemployer Defined Benefit Plan and Certain Money

Purchase Plan Actuarial Information) - signed by the plan

SB (Single-Employer Defined Benefit Plan Actuarial

Information) - signed by the plan actuary

orm 5500

Department of the Treasury internal Revenue Service Department of Labor Employee Benefits Security Administration Peneion Benefit Annual Return/Report of 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 sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

► Complete all entries in accordance with the instructions to the Form 5500.

Official Use Only

OMB Nos, 1210-0110 / 1210-0089

2008

This Form is Open to Public inspection.

Part I Annua	l Report	Ide	entifi	catior	Info	rma	tion	***********											, _,, _, _,	.i.,		mmt.pr v a.			in and the second secon
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A This return/report	is for:	(1)		a mul	ti <b>e</b> mplo	yer p	lan;					(3)			a mu	iltiple	e-en	ploy	er p	lan;	or				
	ı	(2)	×	_	ile-emp tiple-em	-			er tha	an		(4)			a DF	Œ (s	peci	fy)		•••••		Programa f			
B This return/repor	t is:	(1)		the fir	st retur	rn/rвp	ort fi	led fo	or the	e plar	n;	(3)	100	Distance of the State of the St	the f	inal	retui	n/rep	oort	filed	for	the (	plan	;	
	1	(2)		an an	nended	retui	rn/rep	ort;				(4)		wê .				year mor			eport				
C If the plan is a c	ollectively-b	oarga	ained p	olan, ch	eck he	re					•••••						•••••	••••				•••••		•	
<b>D</b> If filing under an	extension	of tir	ne or	the DF\	√C prog	gram,	, che	ck bo	x an	d atta	ach	requ	ired	info	mati	Dn. (	s <del>ee</del>	instr	uctio	ons)				<b>&gt;</b>	
Part II Basic	Plan info	orm	ation	– en	ter all	req	uest	ted i	nfor	mati	on	•											*1****	******	1964 1467 
1a Name of plan											***		******												
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1b Three-digit pla	n number	(PN	<b>&gt;</b>	0						1c	Effe	ective	date	e of	plan		M	bi	1	0	Q	/[	纟	8	め労
Caution: A penalty																									
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Signature of plan a	dministrat	SE)	$\leq$		l	•								D-4			M	9/1	1	ה	al	7	*	W)	19
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. •	Form 5500 (2008)	Page 2	Official Use Only
2a	Plan sponsor's name and address (employer, if for single-employer plan) (Address should in	nclude room or suite i	no.)
1)	BOULS SPAFAUDLA D.C. PC		
	Name Continued		
2)	c(/o		
3)	Steld 4 St ROUTE ST SUITE 4		
4)	Lia GRANGEVILLE	2b Employer	Identification Number (EIN)
5)	MY ZVZOFACIIII	22-	3146908
6)	2c Sponsor's telephone number	794	
7)	The Part Collins of the Collins of t	2d Business code (see instructions)	621310
8)			
9)	Lacetice Addless of all constitutions their		
	Lycation Abritast City State/Pip it bitterant than 4) or 5		
3а	Plan administrator's name and address (If same as plan sponsor, enter "Same")	rwr 90 ar 3 F 1997 a Philosophilaidd y ad ddau "maegyym Filip	от произвольности в доставания на сите наполняться обыстиниваль
1)	LOUIS J. SAGNOLA		
	Name Continued		
2)	C / O		
3)	monus rount st summer		
4)	GAGRADREVILLE	3b Administrator's	EIN
5)	469 12/62/5040 IIIIII	22-	2148908
6)	True compared to the contract of the contract	3c Administrator's t	elephone number
7)	FOREIGN COURTY		
4	if the name end/or EIN of the plan sponsor has changed since the last return/report filed to number from the last return/report below:	or this plan, enter the	name, EIN and the plan
a	Springer's name  Springer's name	elokuski (miss e (* 1400) kontinen en sukrouden en soms i weder en soms	አደርላ-ግሬድዊ ድን ነው ኤንስያሳልርልም <b>ነፅ የ</b> ላይ <b>ርም</b> ንፎድ ጊዜ 12-12 አቀም ርመስተ ተላወታ
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b	EIN C PN		
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	Form 5500 (2008)	Page 3	Official Use Only
5	Preparer information (optional)		21 A T
а	Name (including firm name, if applicable) and address		
1)			
2)			
3)		b EIN	
4)	The same of the sa	and and last the same	
5)	ON THE PORT OF THE PARTY OF THE	c Telephone nun	nber
6)			
6	Total number of participants at the beginning of the plan year		
7	Number of participants as of the end of tha plan year (welfare plans complete only lines 7a,	7b, 7c, and 7d)	
а	Active participants		
b	Retired or separated participants receiving benefits	.,	
С	Other retired or separated participants entitled to future benefits		
d	Subtotal. Add lines 7a, 7b, and 7c		ШШШ
е	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	Charles 9 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
1	Total. Add lines 7d and 7e		
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		
h	Number of participants that terminated employment during the plan year with accrued benefit were less than 100% vested		
i	If any participant(s) separated from service with a deferred vested benefit, enter the number separated participants required to be reported on a Schedule SSA (Form 5500)		6
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. !	*.	Form 5500 (2008)			Page 4	Official Use Only
8	Bene	fits provided under the plan (complete 8a and 8b, as applicable)			raan radia radi y <sup>18</sup> ka aha n <del>dalama d</del> i wa <del>nadada dha nada bada da wa Marika ka d</del>	s debius. Nebaddinaana rapengaaniinin siir tara paamanna terbulaar atta. As ir
а	X	Pension benefits (check this box if the plan provides pension b of Plan Characteristics Codes printed in the in	enefits ar	nd ente s):	er below the applicable pension	n feature codes from the List
	6° - 4	ZEZEZEZEZEZEZEZE		IJ		
b		Welfare benefits (check this box If the plan provides welfare both of Plan Characteristics Codes printed in the			ter below the applicable welfar	re feature codes from the List
		Control of the second of the s				
9a	Plan	funding arrangement (check all that apply)	9b Plar	bene	fit arrangement (check all tha	t apply)
	(1)	Insurance	(1)		Insurance	
	(2)	Code section 412(e)(3) insurance contracts	(2)	Ō	Code section 412(e)(3) insur	rance contracts
	(3)	Trust	(3)	X	Trust	
	(4)	General assets of the sponsor	(4)		General assets of the spons	or
10	Sche	dules attached (Check all applicable boxes and, where indicated	, enter th	e nun	ber attached. See instruction	S.)
		sion Benefit Schedules			Schedules	
	1)	R (Retirement Plan Information)	1)		<b>H</b> (Fina	ncial Information)
	2)	B (Actuarial Information)	2)	X	l (Fina	incial InformationSmall Plan)
	3)	E (ESOP Annual Information)	3)		A (Insu	rance Information)
	4)	SSA (Separated Vested	4)		C (Sen	vice Provider Information)
		Participant Information)	5)			/Participating Plan mation)
			6)	nar j	<b>G</b> (Fina	ancial Transaction Schedules)



## SCHEDULE I (Form 5500)

Department of the Treasury Internal Revenue Sarvice

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## Financial Information -- Small Plan

This schedule is required to be filed under Section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal, Revenue Code (the Code).

File as an attachment to Form 5500.

Official Use Only

OMB No. 1210-0110

2008

This Form is Open to Public Inspection.

	the calendar plan year 2008 fiscal plan year beginning	विभाग विभाग विभाग	and ending	MM/640/88812
A	Name of plan		8	Three-digit plan number ▶ ○○/
C	Plan sponsor's name as shown on		• D	Employer Identification Number
Cor are	nplete Schedule I if the plan covered	d fewer than 100 participants as of the beg 20 participant rule (see instructions). Compl	inning of the plan y ete Schedule H if re	year. You may also complete Schedule I if you aporting as a large plan or DFE.
P	art I Small Plan Financia	i Information		
valu yea	e of plan assets held in more than r to pay a specific dollar benefit at d(s) and any payments/receipts to/fr	one trust. Do not enter the value of the p	ortion of an insurar inses of the plan in	e and the deficiency of the part of the second state of the second
1	Plan Assets and Liabilities:	(a) Бедінінің Оі теаі.	auce. A continuos chies	(b) End of Year
а	Total plan assets	118 (1816)		1123239,00
b	Total plan liabilities		5 60	O.00
C	Net plan assets (subtract line 1b from line 1a)	IIIIII I (A G89)	F.00	।।।।।।।।।।।।।।।।।।।।।।।।।।।।।।।।।।।।।।
2	income, Expenses, and Transfers	for this Plan Year:	(a) Amount	
а	Contributions received or receivable (1) Employers		7.7.72	500 00
	(2) Participants	And the state of t	ILUST	000 60
	(3) Others (including rollovers)			UÜ
b	Noncash contributions	AND		00
С	Other income	programme a second		(b) Total
	The second secon	), 2a(3), 2b, and 2c)		22500,00
For	Paperwork Reduction Act Notice and	d OMB Control Numbers, see the instructio	ns for Form 5500. (	Cat. No. 24414Y Schedule i (Form 5500) 2008
	ı		) 1 0 J Titishinikanikasi	, <b>il</b> ioni -

	Schedule I (Form 5500) 2008			Page 3	0.6-1111 0.1
4d	Ware there any nonexempt transactions with any party-in-interast? (Do not include transactions reported on line 4a.)	Yes	No		Official Use Only
e	Was the plan covered by a fidelity bond?	3 .* 5 . 7 8 . 7	×	and the second s	an gan mentepata samuja - sagamen najam sagamen sagamen. Paman man di disebuah di didakan mengan
f	Did the plan have a loss, whether or not raimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	1 * * * * * * * * * * * * * * * * * * *	X	and the state of t	egeneral and the second of the
g	Did the pian hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	, w. z	X		en de la companya de
h	Did the plan receive any noncash contributions whose value was naither readily determinable on an established market nor set by an independent third party appraiser?		X	an and the control of	and the second of the second o
i	Did the plan at any time hold 20% or more of its assets in any single security, dabt, mortgage, parcei of real estate, or partnership/joint venture interest?		Y		
j	Were all the plan assets either distributed to participants or banaficiarias, transferred to another plan, or brought under the control of the PBGC?	e deservice	2		
k	Ara you claiming a waiver of the annual examination and report of an indapendent qualified public accountant (IQPA) undar 29 CFR 2520.104-46? If no, attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	X	And the second s		
5 <b>a</b>	Has a resolution to terminate tha plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year	Yes	No X	•	nount
5b					
30	If during this plan year, any assets or liabilities were transferred from identify the plan(s) to which assets or liabilities were transferred. (Si			other plan(s),	
35				other plan(s),	a and a constant and a special
56	identify tha plan(s) to which assets or liabilities ware transferred. (Since the state of planes			and the second s	s car as an an an area of a care as an an an an area of a care as
56	identify tha plan(s) to which assets or liabilities ware transferred. (Since 5b(1) Name of plan  5b(2) EIN  5b(1) Name of plan	ae instru	uctions.)	5b(3) PN	
36	identify tha plan(s) to which assets or liabilities ware transferred. (Since the state of plan and sta	ae instru	uctions.)	5b(3) PN	
36	identify tha plan(s) to which assets or liabilities ware transferred. (Si  5b(1) Name of plan  5b(2) EIN  5b(1) Name of plan	ae instru	uctions.)	5b(3) PN	
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36	identify tha plan(s) to which assets or liabilities ware transferred. (Since the state of plan state	ae instru	actions.)	5b(3) PN	
30	identify tha plan(s) to which assets or liabilities ware transferred. (Since the state of plan state	ae instru	uctions.)	5b(3) PN 5b(3) PN	

Schedule 1	(Form 5500) 2008			Page 2	
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		becommented mession in termination	(a) An	nount	
Benefits paid (inclu	ding direct rollovers)	Secretarian security and secretarian	Tempo si supo sono	months and a second second second second	
Corrective distributi	ons (see Instructions)				
	stributions of participant loans	A CONTRACTOR OF THE STATE OF TH	Action of the man	and the second s	
Other expenses		Inaderode, son seed.	er and and	<u> </u>	) Total
				A record construction of the second construction	
	d lines 2e, 2f, 2g, and 2h)				
Net income (loss) (	subtract line 2i from line 2d)		*************		الراي (١١٩٥٥ لـ ١
Transfers to (from)	the plan (see instructions)		,		
value of any assets	the plan held assets at any time dustremaining in the plan as of the end than one plan on a line-by-line basis	l of the plan year. A	Mocate the	value of the plan's interest in	a commingled trust contain
		Yes	No	Ar	nount
Partnership/joint ver	nture interests	Lymi	K	C. The state of th	
Employer real prope	erty	gang gang gang			
Real estate (other t	than employer real property)	¥°. i.u.,	X		
Employer securities			X	The state of the s	
Participant loans		dyman.	X		
		n.mmks	27.00		
Loans (other than to	o participants)		Ŋ	The state of the s	
	roperty	Parties.	Y	The second secon	
Tangible personal p		Parties.	Ĭ.		
Tangible personal p	tions During Plan Year	Parties.	No.	An	nount
Tangible personal p  Transact  During the plan yea  Did the employer fa participant contribut	tions During Plan Year  ir:  ii to transmit to the plan any ions within the time period	Yes	Ţ.	An	Tount
Tangible personal p  Transact  During the plan yea  Did the employer fa participant contribut described in 29 CFI	tions During Plan Year  ir:  ii to transmit to the plan any	Philips Philips Claumi	Ţ.	An	nount
Tangible personal particle Transact  During the plan year Did the employer far particle pant contribut described in 29 CFI and DOL's Voluntary  Were any loans by plan in default as of	tions During Plan Year  it: ii to transmit to the plan any ions within the time period R 2510.3-102? (See instructions y Fiduciary Correction Program.) the plan or fixed income obligations if the close of the plan year or classi	Yes  due the ifiad during	Ţ.	And the second of the second o	nount
Tangible personal partial Transact  During the plan year  Did the employer far participant contribut described in 29 CFI and DOL's Voluntary  Were any loans by the plan in default as of the year as uncolled.	tions During Plan Year  It:  If to transmit to the plan any ions within the time period R 2510.3-102? (See instructions y Fiduciary Correction Program.)the plan or fixed income obligations	Yes  due the  ifiad during  ecured by	Ţ.		nount