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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

	Complete all entries in acco	rdance wit	h the instructions to the Form 5500	-SF.			
Pa	art I Annual Report Identification Information						
For	calendar plan year 2011 or fiscal plan year beginning 01/01/20	11	and ending 12	2/31/2	011		
Δ.	This return/report is for: a single-employer plan	a multiple	e-employer plan (not multiemployer)		a one-particip	ant plan	
		=	eturn/report	ı			
Ь		=	•				
	an amended return/report	a short pla	an year return/report (less than 12 mo	nths)			
C	Check box if filing under: Form 5558	automatio	extension		DFVC progra	m	
	special extension (enter descript	ion)		•			
Do							
		nation		4 14	- 1 11 12		
	Name of plan	o TDLICT			Three-digit plan number		
WAS	HINGTONVILLE PEDIATRICS, PC 401K PROFIT SHARIN PLAN	& IRUSI			(PN) ▶	001	
			-		Effective date of		
				10	01/01/		
20	Diagram and a delegation in all the second and a second a	/	(for a single condense)	26			
	Plan sponsor's name and address; include room or suite number (HINGTONVILLE PEDIATRICS, PC	employer, ii	for a single-employer plan)		Employer Identif		er
	,		-		-		
				2C	Sponsor's teleph 845-496		
	EATHERVANE DRIVE		-	<u> </u>			
WAS	HINGTONVILLE, NY 10992			2 a	Business code (s		ıs)
					62111	-	
	Plan administrator's name and address (if same as plan sponsor, HINGTONVILLE PEDIATRICS, PC 10 WEATHER			3b	Administrator's E		
WASI	HINGTONVILLE PEDIATRICS, PC 10 WEATHE WASHINGT			2-			
		, .		3C	Administrator's to 845-496		ber
4	If the name and/or EIN of the plan sponsor has changed since the	loot roturn/	raport filed for this plan, enter the	4b		0407	
7	name, EIN, and the plan number from the last return/report.	iasi returri	report filed for this plant, enter the	40	EIIN		
а	Sponsor's name			4c	PN		
	Total number of participants at the beginning of the plan year				1		17
			-	5a			
b	Total number of participants at the end of the plan year			5b			21
С	Number of participants with account balances as of the end of the		•	F			13
	complete this item)			5c			
6a	Were all of the plan's assets during the plan year invested in eligi		'			X Yes	No
b	Are you claiming a waiver of the annual examination and report o					V voo □	No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility		•			X Yes	No
	If you answered "No" to either 6a or 6b, the plan cannot use	Form 5500-	SF and must instead use Form 550	0.			
Pa	rt III Financial Information		T				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year	
а	Total plan assets	7a	716392			696711	
b	Total plan liabilities	7b	0			0	
С	Net plan assets (subtract line 7b from line 7a)		716392			696711	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal	
а	Contributions received or receivable from:		(a) Amount		(b) T	viai	
а	(1) Employers	8a(1)					
		` '	1632	_			
			67649				
_	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)		-88962				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				-19681	
d	Benefits paid (including direct rollovers and insurance premiums						
	to provide benefits)	8d		_			
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)					0	
:						-19681	
!	Net income (loss) (subtract line 8h from line 8c)					-13001	
J	Transfers to (from) the plan (see instructions)	···· 8j					

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Form	5500	SF.	2011

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Part IV	Plan	Charac	teristics
railiv	ı Fiaii	Charac	teristics

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

Part	v c	compliance Questions							
10	During	the plan year:		Yes	No		An	nount	
а	Was th	here a failure to transmit to the plan any participant contributions within the time period described in FR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b		here any nonexempt transactions with any party-in-interest? (Do not include transactions reported 10a.)	10b		X				
С	Was t	he plan covered by a fidelity bond?	10c	X					120000
d		e plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud onesty?	10d		X				
е	insura	any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, nce service or other organization that provides some or all of the benefits under the plan? (See tions.)	10e		X				
f	Has th	e plan failed to provide any benefit when due under the plan?	10f		X				
g	Did the	e plan have any participant loans? (If "Yes," enter amount as of year end.)	10q	X					8145
h		s an individual account plan, was there a blackout period? (See instructions and 29 CFR 01-3.)	10h		X				
i		was answered "Yes," check the box if you either provided the required notice or one of the ions to providing the notice applied under 29 CFR 2520.101-3	10i						
Part	VI P	ension Funding Compliance				,1			
	Is this	a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com						Yes	☐ No
12		a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X No
	If a wa grantin	s," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) iver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction g the waiver	th						
		he minimum required contribution for this plan year			12b				
		he amount contributed by the employer to the plan for this plan year			12c	+			
	Subtra	ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left /e amount)	of a		12d				
е	Ū	e minimum funding amount reported on line 12d be met by the funding deadline?				ΠYe	es	No	N/A
art		Plan Terminations and Transfers of Assets							
		resolution to terminate the plan been adopted in any plan year?				Yes	X No		
		," enter the amount of any plan assets that reverted to the employer this year							
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought			ntrol			_	
		PBGC?						Yes	X No
С		g this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)	ne pla	n(s) to	1				
1:	3 c(1) N	ame of plan(s):		13	c(2) E	IN(s)		13c(3)	PN(s)
Cauti	on: A p	penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	estab	lished	<u> </u>		
		ies of perjury and other penalties set forth in the instructions, I declare that I have examined this retule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/							

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	05/24/2012	BARBARA GANNON
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

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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	anti Annual Report Identification Information	01/01/20	011 and ending		12/31/2011
For			·	-	
Α	This return/report is for: X a single-employer plan	a multiple-	employer plan (not multiemployer)	ŀ	a one-participant plan
В	This return/report is: the first return/report	the final re	turn/report		
	an amended return/report	a short pla	n year return/report (less than 12 m	onths)	
С	Check box if filing under: Form 5558	automatic	extension		DFVC program
-	special extension (enter description	on)		•	-
Ps	art II Basic Plan Information—enter all requested inform				- .
	Name of plan			1b	Three-digit
	Washingtonville Pediatrics, PC 401k Prof	it Shar	rin		plan number
	,			_	(PN) 001
	Plan & Trust				Effective date of plan
		-			01/01/1991
2a	Plan sponsor's name and address; include room or suite number (e Washingtonville Pediatrics, PC	employer, if	for a single-employer plan)		Employer Identification Number (EIN) 06-1326113
	washingtonville rediactics, rc		•	_	Sponsor's telephone number
	•		•		(845) 496-5437
	10 Weathervane Drive				Business code (see instructions)
	Washingtonville		NY 10992		621111
	Plan administrator's name and address (if same as plan sponsor, e	nter "Same		3b	Administrator's EIN
-	same				
				3c	Administrator's telephone number
	The state of the s	I = -4 = -4:	and filed for this plan aptor the	4b	EIN
4	If the name and/or EIN of the plan sponsor has changed since the name, EIN, and the plan number from the last return/report.	iast return/r	eport filed for this plan, enter the	40	CIN
а	Sponsor's name		. <u></u>	4c	PN
5a				5a	17
b	Total number of participants at the end of the plan year			5b	21
C					
	complete this item)			5c	13
6a	Were all of the plan's assets during the plan year invested in eligit	ele assets?	(See instructions.)		X Yes No
b	Are you claiming a waiver of the annual examination and report of	an indepen	dent qualified public accountant (IQ	PA)	п., п.,
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and conditi	ONS.)	 በሰ	М 169 П 16
	If you answered "No" to either 6a or 6b, the plan cannot use F	Orin 5500-	3F and most matead use i orm so	· · ·	
		Trans.	(a) Beginning of Year		(b) End of Year
7	Plan Assets and Liabilities	7a	716,39		696,711
	Total plan assets			'21	. 090,711
	Tetal plan lightilian			0	090,711
d		. 7b		0	0
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7b 7c	716,39	0	696,711
<u>c</u> 8	Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	7b		0	0
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7b 7c	716,39	0	696,711
<u>c</u> 8	Net plan assets (subtract line 7b from line 7a)	7b 7c 8a(1)	716,39	0	696,711
<u>c</u> 8	Net plan assets (subtract line 7b from line 7a)	7b 7c 8a(1) 8a(2)	716,39 (a) Amount	0	696,711
<u>c</u> 8	Net plan assets (subtract line 7b from line 7a)	7b 7c 8a(1) 8a(2) 8a(3)	716,39 (a) Amount 1,63	0	696,711
8 a	Net plan assets (subtract line 7b from line 7a)	8a(1) 8a(2) 8a(3)	716,39 (a) Amount 1,63 67,64	0	696,711
8 a	Net plan assets (subtract line 7b from line 7a)	8a(1) 8a(2) 8a(3) 8b 8c	716,39 (a) Amount 1,63 67,64	0	0 696,711 (b) Total
8 a b	Net plan assets (subtract line 7b from line 7a)	8a(1) 8a(2) 8a(3) 8b 8c	716,39 (a) Amount 1,63 67,64	0	0 696,711 (b) Total
8 a b	Net plan assets (subtract line 7b from line 7a)	8a(1) 8a(2) 8a(3) 8b 8c 8d	716,39 (a) Amount 1,63 67,64	0	0 696,711 (b) Total
8 a b c	Net plan assets (subtract line 7b from line 7a)	8a(1) 8a(2) 8a(3) 8b 8c 8d	716,39 (a) Amount 1,63 67,64	0	0 696,711 (b) Total
8 a b c	Net plan assets (subtract line 7b from line 7a)	8a(1) 8a(2) 8a(3) 8b 8c 8d	716,39 (a) Amount 1,63 67,64	0	0 696,711 (b) Total
8 a b c d	Net plan assets (subtract line 7b from line 7a)	8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f	716,39 (a) Amount 1,63 67,64	0	0 696,711 (b) Total
8 a b c d d e f g	Net plan assets (subtract line 7b from line 7a)	8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g	716,39 (a) Amount 1,63 67,64	0	(19,681)
8 a b c d d e f g	Net plan assets (subtract line 7b from line 7a)	8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h	716,39 (a) Amount 1,63 67,64	0	0 696,711 (b) Total (19,681)

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Part IV	Plan Characteristics
COILIY I	riali Cilalactellotics

Signature of employer/plan sponsor

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2F 2G 2J 2R 3D
- 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		Amour	nt
а	Was there a failure to transmit to the plan any participant contributions					$ \mathbf{x} $			
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary			10a	-	^		_	
D	Were there any nonexempt transactions with any party-in-interest? (Do on line 10a.)			юь		х			
С	Was the plan covered by a fidelity bond?		1	10c	X				120,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fideli or dishonesty?			I0d		х			
е	Were any fees or commissions paid to any brokers, agents, or other perinsurance service or other organization that provides some or all of the instructions.)	e benefits under the	plan? (See	10e		х			
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 y	year end.)		10g	Х		-		8,145
_	If this is an individual account plan, was there a blackout period? (See 2520.101-3.)	instructions and 2	9 CFR	lOh		х	•		<u> </u>
i	If 10h was answered "Yes," check the box if you either provided the recexceptions to providing the notice applied under 29 CFR 2520.101-3	quired notice or on	e of the	101	_		_	_	-
Part				•		-			
11	Is this a defined benefit plan subject to minimum funding requirements (5500))	? (If "Yes," see ins	tructions and compl	lete \$	Sched	ule SB	(Form	Y	es No
	(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 an granting the waiver. You completed line 12a, complete lines 3, 9, and 10 of Schedule MB	mortized in this plan	Month	ons,	and e	nter the	e date of	the lette Year _	ruling
b b	Enter the minimum required contribution for this plan year					12b			_
_	Enter the amount contributed by the employer to the plan for this plan y					12¢		-	_
	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	result (enter a mini	us sign to the left of	fa		12d			
е	Will the minimum funding amount reported on line 12d be met by the fu	unding deadline?					Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets			_					
13a	Has a resolution to terminate the plan been adopted in any plan year?					Y	es X	No	
	If "Yes," enter the amount of any plan assets that reverted to the emplo	oyer this year		1:	3a				
b	Were all the plan assets distributed to participants or beneficiaries, transfer the PBGC?					ntrol		Y	es 🛛 No
С	If during this plan year, any assets or liabilities were transferred from the which assets or liabilities were transferred. (See instructions.)	his plan to another	plan(s), identify the	plar	n(s) to				
1	3c(1) Name of plan(s):				13	c(2) Ell	V(s)	13	c(3) PN(s)
	ion: A penalty for the late or incomplete filling of this return/report	will he seecesed	inless reasonable	Cali	go le	establi	shed	I.	
Caut	r penalties of perjury and other penalties set forth in the instructions, I d	leclare that I have	examined this return	n/rer	ort. ir	cluding	ı. if appli	cable, a	Schedule
SBo	r penalties of perjury and other penalties set forth in the instructions, i d r Schedule MB completed and signed by an enrolled actuary, as well as f, it is true, correct, and complete.	the electronic vers	sion of this return/re	port	, and	to the b	est of m	y knowle	dge and
	Bawa Ir	5/17/12	Barbara Gan	nor	1				_
SIG	N \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	Date	Enter name of ind			ning as	plan ad	ministrato	or
	N L								
I SIG									