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 accord	ance witi	n the instructions to the Form 55	00-SF.		
Pa	art I Annual Report Identification Information					
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2011	1	and ending	12/31/2	011	
Α .	This return/report is for:	a multiple	-employer plan (not multiemployer)	a one-participant plan	
В	This return/report is: the first return/report	the final re	eturn/report	•	_	
	an amended return/report	a short pla	in year return/report (less than 12	months)		
C	Check box if filing under: Form 5558		extension	ĺ	DFVC program	
	special extension (enter descriptio			ļ		
Da	rt II Basic Plan Information—enter all requested informa	,				
	Name of plan	alion		1h	Three-digit	
	TURY-AIRPORT PEDIATRICS PC 401(K) PSP & TRUST				plan number	
					(PN) • 001	
				1c	Effective date of plan	
0-				-	01/01/2003	
	Plan sponsor's name and address; include room or suite number (er TURY-AIRPORT PEDIATRICS PC	mployer, if	for a single-employer plan)	II .	Employer Identification Numb (EIN) 16-1488758	er
				-	Sponsor's telephone number	
nene	HARLEM BOAR			20	716-893-7337	
SUIT	HARLEM ROAD E 210			2d	Business code (see instruction	ns)
CHEI	EKTOWAGA, NY 14225				6211 1 1	
	Plan administrator's name and address (if same as plan sponsor, er		")	3b	Administrator's EIN	
JENI	TURY-AIRPORT PEDIATRICS PC 2625 HARLEN SUITE 210	M ROAD		30	16-1488758	mhar
	CHEEKTOWA	AGA, NY 1	4225	36	Administrator's telephone nui 716-893-7337	nbei
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/i	report filed for this plan, enter the	4b	EIN	
_	name, EIN, and the plan number from the last return/report.			4.		
_	Sponsor's name			4c	PN T	
_	Total number of participants at the beginning of the plan year		- Ou		31	
	Total number of participants at the end of the plan year	5b		47		
С	Number of participants with account balances as of the end of the p complete this item)			. 5c		28
6a	Were all of the plan's assets during the plan year invested in eligible				X Yes	No
	Are you claiming a waiver of the annual examination and report of a		• ,			_
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a		•		Yes L	No
D -	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information	orm 5500-	SF and must instead use Form 5	500.		
7	Plan Assets and Liabilities	_	(a) Beginning of Year 171262		(b) End of Year 40319	1
a	Total plan assets	7a	17 1202		40010	•
b	Total plan liabilities	7b	171262		40319	1
<u>с</u> 8	Net plan assets (subtract line 7b from line 7a)	7c				•
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount		(b) Total	
_	(1) Employers	8a(1)	12863			
	(2) Participants	8a(2)	55707			
	(3) Others (including rollovers)	8a(3)				
b	Other income (loss)	8b	-14732			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			5383	8
d	Benefits paid (including direct rollovers and insurance premiums	0-1	12981			
^	to provide benefits)	8d	12001			
	Certain deemed and/or corrective distributions (see instructions)	8e	325			
t	Administrative service providers (salaries, fees, commissions)	8f	020			
g	Other expenses (add lines 2d, 2e, 2f, and 2e)	8g			1330	6
n :	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			4053.	
l ;	Net income (loss) (subtract line 8h from line 8c)	8i	191397		4033	_
j	וומווסוסוס נט (ווטווון נווב פומוו (סבב וווסנוטטווס)	8j	191397			

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Page 2	- [1	
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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 2E 2F 2G 2J 3D 3H
- 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	А	mount			
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		X					
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X					
С	Was the plan covered by a fidelity bond?	10c	X				18000		
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		X					
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				13148		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X					
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 se	ction	302 of	ERISA?	Yes	X No		
а	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a lf 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								
lf '	granting the waiver			Day	'	Cai			
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	N/A		
Part	VII Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted in any plan year?				res X No				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a						
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?					Yes	X No		
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	ne pla	n(s) to)					
1	3c(1) Name of plan(s):		13	c(2) El	N(s)	13c(3)	PN(s)		
Caut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	establ	ished.				
SB o	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.	08/27/2012	ANTHONY VETRANO
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

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).

OMB Nos. 1210-0110 1210-0089

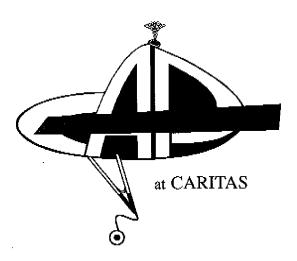
2011

This Form is Open to Public Inspection

Pen	sion Benefit Guaranty Corporation	 Complete all entries in accord 	dance with	the instructions to the Form 5500	-SF.					
Par	t I Annual Report Id	entification Information				12/31/201	4			
For ca	lendar plan year 2011 or fisca	plan jour seguining	01/01/20							
A Th	is return/report is for:	a single-employer plan	a multiple-	employer plan (not multiemployer)	L	a one-particip	ant plan			
	is return/report is:	the first return/report	the final re	turn/report						
	·	an amended return/report	a short plar	year return/report (less than 12 mo	nths)_	_				
C ci	neck box if filing under:	Form 5558	automatic	extension		DFVC progra	m			
U CI	leck box it filling drider.	special extension (enter description	on)		_	_				
	LIL Designation									
Par		nation—enter all requested inform	auon		1b 1	Three-digit				
	lame of plan	STAMBICS DC				olan number				
	ENTURY-AIRPORT PEI	DIATRICS PC				PN) 🕨	001			
4	01(K) PSP & TRUST					Effective date of 01/01/2003				
2a F	lan sponsor's name and addr	ess; include room or suite number (e	employer, if t	for a single-employer plan)	2b €	Employer Identii EIN) 16-148	fication Number 8758			
C	ENTURY-AIRPORT PE	DIATRICS PC								
						Sponsor's telep (716) 893-				
2	625 HARLEM ROAD						see instructions)			
S	UITE 210			NISC 1 4 2 2 E	621111					
	HEEKTOWAGA	the end of the same of the sam	ntor "Como"	NY 14225	3b /	Administrator's EIN				
3a F	Plan administrator's name and PAME	address (if same as plan sponsor, e	iller Saille	,						
~					3c /	Administrator's	telephone number			
4	f the name and/or EIN of the p	plan sponsor has changed since the	last return/r	eport filed for this plan, enter the	4b	EIN				
		per from the last return/report.			4c	PN				
a s	Sponsor's name	t the beginning of the plan year		<u>,</u>	5a		31			
p .	Total number of participants a	t the end of the plan year			<u>5b</u>	 	47			
С	Number of participants with ac	ecount balances as of the end of the	plan year (d	lefined benefit plans do not	5c]	28			
	complete this item}	during the plan year invested in eligi	ble seeste?	(See instructions)		-	X Yes No			
6a	Were all of the plan's assets (during the plan year invested in engi he annual examination and report of	on indenen	dent qualified public accountant (IQ	PA)					
	under 29 CFR 2520.104-46?	(See instructions on waiver eligibility	and conditi	ons.)	**********		X Yes No			
	If you answered "No" to eith	her 6a or 6b, the plan cannot use I	orm 5500-	SF and must instead use Form 55	00.					
Par	t III Financial Inform	ation				···				
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year			
а	Total plan assets		7a	171,2	52		403,191			
b	Total plan liabilities		7b		_		100 101			
		7b from line 7a)		171,20	52		403,191			
	Income, Expenses, and Trans			(a) Amount		(b)	Total			
а	Contributions received or rece	eivable from:		12,8	53					
		•••••		55,70	_					
				33,71	4					
	(3) Others (including rollovers	s)		(14,73)	51					
	Other income (loss)		8b	(14,73.	-/-		53,838			
С	Total income (add lines 8a(1)	, 8a(2), 8a(3), and 8b)	<u>8c</u>		—		33,636			
d	Benefits paid (including direct	t rollovers and insurance premiums		12,9	81					
	•	U distributions (on instructions)			7					
		ctive distributions (see instructions).		3	25					
f		ers (salaries, fees, commissions)	_		7					
g					+		13,306			
h		, 8e, 8f, and 8g)			——		40,532			
i		ne 8h from line 8c)		101.0	0.7		40,002			
i	Transfers to (from) the plan (s	see instructions)	8i	191,3	9/					

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		F	orm 5500-SF 2011	Page 2 -			_				
	<u> </u>	ω.	Plan Characteristics								
L	Part	the	plan provides pension benefits, enter the applicable pension featu	re codes from the Li	st of Plan Chara	cteris	tic Co	des in	the instruction	15:	
•		21	E 2F 2G 2J 3D 3H								
	b I	f the	plan provides welfare benefits, enter the applicable welfare feature	e codes from the Lis	t of Plan Charac	tensu	c Coa	es in u	le instructions		
Ī	art '	v	Compliance Questions								
•	10	Durli	ng the plan year:				Yes	No	Ar	nount	
	a 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)										
	b	Were	e there any nonexempt transactions with any party-in-interest? (Done 10a.)	o not include transac	tions reported	10b		Х			
	C	C Was the plan covered by a fidelity bond?								18	3,000
	d	Did tor di	he plan have a loss, whether or not reimbursed by the plan's fideli	ity bond, that was ca	used by fraud	10d		Х			
	0	Were insur instr	e any fees or commissions paid to any brokers, agents, or other pr rance service or other organization that provides some or all of the uctions.)	ersons by an insurar benefits under the p	nce carrier, plan? (See	10e		Х	: 		
	f	Has	the plan failed to provide any benefit when due under the plan?			10f		Х			
	g	Did t	the plan have any participant loans? (If "Yes," enter amount as of	year end.)		10g	Х			1	3,148
		If thi	s is an individual account plan, was there a blackout period? (See	instructions and 29	CFR	10h		х		<u></u>	<u> </u>
	i	if 10	h was answered "Yes," check the box if you either provided the re options to providing the notice applied under 29 CFR 2520.101-3	quired notice or one	of the	10i					
Ī	Part	VI	Pension Funding Compliance								
-	11	le th	is a defined benefit plan subject to minimum funding requirements	? (If "Yes," see instr	uctions and com	plete	Sched	lule SE	3 (Form	Yes	∏ No
-	12	le th	his a defined contribution plan subject to the minimum funding requ	uirements of section	412 of the Code	or se	ction	- 302 of	ERISA?	Yes	X No
		/16 m	(on " complete 12a or 12b, 12c, 12d, and 12e below, as applicable	1.)							
		If a v	valver of the minimum funding standard for a prior year is being at	mortized in this plan	Nior	11th	, and e	enter the Day	ne date of the	letter ruli ear	ng
	lf y	ou c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule Mi	B (Form 5500), and	skip to line 13.		г	12b	T		
	b	Ente	r the minimum required contribution for this plan year				···· }	12c			
	C	Ente	or the amount contributed by the employer to the plan for this plan	year			····				
	d	Sub	tract the amount in line 12c from the amount in line 12b. Enter the ative amount)	result (enter a minu	s sign to the left	a	L	12d			
		will	the minimum funding amount reported on line 12d be met by the	funding deadline?	<u></u>				Yes	No	N/A
ſ	Part		Plan Terminations and Transfers of Assets								
L	13a	Hos	a resolution to terminate the plan been adopted in any plan year?						Yes X No		
	130	If "\	es," enter the amount of any plan assets that reverted to the empl	loyer this year	,,,,		13a				
-	b	Mo	re all the plan assets distributed to participants or beneficiaries, transperse of the plan assets distributed to participants or beneficiaries, transperse of the plan assets distributed to participants or beneficiaries, transperse of the plan assets distributed to participants or beneficiaries, transperse of the plan assets distributed to participants or beneficiaries, transperse of the plan assets distributed to participants or beneficiaries, transperse of the plan assets distributed to participants or beneficiaries, transperse of the plan assets distributed to participants or beneficiaries, transperse of the plan assets distributed to participants or beneficiaries, transperse of the plan assets distributed to participants or beneficiaries, transperse of the plan assets distributed to participants or beneficiaries, transperse of the plan asset	insferred to another	plan, or brought	unde	r the c	ontrol		Yes	X No
	C	If de	uring this plan year, any assets or liabilities were transferred from ch assets or liabilities were transferred. (See instructions.)	this plan to another p	olan(s), identify	the pla	an(s) t	0			
-) Name of plan(s):			丄	13	3c(2) E	IN(s)	13c(3)	PN(s)
•											
					nlago reces	hlo or	ueo i-	petak	lished		
•	Unde SB o	er pei er Sch	A penalty for the late or incomplete filling of this return/report nalties of perjury and other penalties set forth in the instructions, I nedule MB completed and signed by an enrolled actuary, as well a true, correct, and appliete.	declare that I have e	vamined this re	tum/re	eport. i	includir	ng, if applicab	le, a Sch nowledge	edule and
ı	nalie	., (8	s tab, corroot, angeripent	7.31.12	4.	И.	 0	1/	etrano		
	SIG		(mb4)		Enter name of	indivir	Viel oi			istrator	
ı	HEF	(E	Signature of plan administrator	Date	citter name or	HICKY	Judi Si	Minin G	Por edimin		
	SIG			5.4	Fedou s : f	indi-d	dual c	anina :	ae amployes s	r nian en	onsor
	HEF	(E.	Signature of employer/plan sponsor	Date	Enter name of	HIGIVI	uudi Si	griniy i	an employer c	· pigit ob	



2625 Harlem Road - Suite 210 - Cheektowaga, NY 14225 Phone: (716) 893-7337 - Fax: (716) 893-7699

August 13, 2012

RE: CENTURY-AIRPORT PEDIATRICS 401K PLAN ~ 5500 FILING

This filing was delayed due to the difficulties that were experienced by a first-time plan manager with the electronic filing system used when trying to file timely:

- Unanticipated delay in requesting with Department of Labor
- Unanticipated delay in running the entire electronic process

I have every intention of complying with reporting and disclosure rules. I believe that the late filing of this Form 5500 is the result of reasonable cause, not willful neglect. It was indeed filed on 7/31/12, but not "received or recognized" until August 6th. A copy was mailed on 7/31/12 with the required 8955-SSA form as well. Since next year will be the second year of this new procedure, I do not anticipate the same issues in the future and the filings in the future will be timely. I would ask for abatement of the purposed late filing penalty.

Thank you,

Anthony T. Vetrano, M.D., Administrator Century-Airport Pediatrics 401K Plan #210417