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	accordance wit	h the instructions to the Form 5500	0-SF.		•	
P	art I Annual Report Identification Information	on					
For	calendar plan year 2011 or fiscal plan year beginning 01,	/01/2011	and ending 1	2/31/2	011		
Α	This return/report is for:	a multiple	e-employer plan (not multiemployer)	[a one-particip	ant plan	
В	This return/report is:	the final r	eturn/report				
	an amended return/report	a short pla	an year return/report (less than 12 mo	onths)			
С	Check box if filing under: X Form 5558	automatio	extension		DFVC progra	m	
	special extension (enter de	escription)					
Pa	art II Basic Plan Information—enter all requested	l information					
1a	Name of plan			1b	Three-digit		
CHIL	DRENS MEDICAL PRACTICE OF BRONXVILLE, PLLC PRO	OFIT SHARING P	LAN AND TRUST		plan number		
					(PN) ▶	002	
				1c	Effective date of 01/01/		
2a	Plan sponsor's name and address; include room or suite nui	mher (employer it	for a single-employer plan)	2h	Employer Identif		
CHII	LDRENS MEDICAL PRACTICE OF BRONXVILLE, PLLC	Tiber (employer, ii	Tor a single employer plant		(EIN) 06-15		
				2c	Sponsor's telep	hone number	
1 EL	M STREET				914-337		
	KAHOE, NY 10707			2d	Business code (see instructions)	1
					62111		
	Plan administrator's name and address (if same as plan spo DRENS MEDICAL PRACTICE OF BRONXVILLE, 1 ELM	nsor, enter "Same I STREET	2")	3b /	Administrator's E	EIN 46543	
PLLC		AHOE, NY 10707	•	3c	Administrator's t	elephone numbe	er
_					914-337	7-7474	
4	If the name and/or EIN of the plan sponsor has changed sin name, EIN, and the plan number from the last return/report.		report filed for this plan, enter the	4b	EIN		
а	Sponsor's name			4c	PN		
5a	Total number of participants at the beginning of the plan year	ar		5a			
b	Total number of participants at the end of the plan year			5b			_
С	Number of participants with account balances as of the end	of the plan year (defined benefit plans do not				
	complete this item)			5c			
-	Were all of the plan's assets during the plan year invested in	J	,			X Yes I	No
b	Are you claiming a waiver of the annual examination and re under 29 CFR 2520.104-46? (See instructions on waiver eli					X Yes I	No
	If you answered "No" to either 6a or 6b, the plan cannot	•	•				
Pa	art III Financial Information						_
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year	
a		7a	44250		(b) Liid	19215	
b	Total plan liabilities						
C	Net plan assets (subtract line 7b from line 7a)		44250			19215	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal	
а	Contributions received or receivable from:		(1)		(,		
	(1) Employers	8a(1)					
	(2) Participants	8a(2)					
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	-9785				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				-9785	
d	Benefits paid (including direct rollovers and insurance prem						
	to provide benefits)	8d	13625				
e	Certain deemed and/or corrective distributions (see instructions)		4005				
f	Administrative service providers (salaries, fees, commission	· -	1625				
g	Other expenses						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				15250	
į	Net income (loss) (subtract line 8h from line 8c)	8i				-25035	_
j	Transfers to (from) the plan (see instructions)	······ 8j					

Form	5500.	SF.	201

Page	2	-	,		
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Part IV	Plan	Characte	aristics
raii iv	- FIAII	Guaraci	ยเอแรอ

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

			V.	1		_		
	During the plan year:		Yes	No		Am	ount	
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					100000
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		Х				
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.)	10q		Χ				
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						
art '	VI Pension Funding Compliance		<u> </u>					
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500))						Yes	□ No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod						Yes	<u> </u>
	3 · 1· · · · · · · · · · · · · · · · · ·		CHOH	302 of E	-KIOA:	·	162	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)		Clion a	302 of E	-KISA	·	168	X No
а	(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 amortized in this plan year, see instrugranting the waiver	ıctions,	and e	nter th	e date	of the le	tter ru	ing
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru	ıctions, nth	and e	nter th	e date	of the le	tter ru	ing
a If y	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	ictions, nth	and e	nter th	e date	of the le	tter ru	ing
a If y b	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	ictions, nth	and e	enter th Day ₋	e date	of the le	tter ru	ing
a If y b c d	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	uctions, nth	and e	nter th Day	e date	of the le	tter ru	ing
a If y b c d	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	nth	and e	nter th Day 12b 12c 12d	e date	of the le	tter ru	ing
a If y b c d	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	nth	and e	nter th Day 12b 12c 12d	e date	of the le	etter ru	ing
a If y b c d	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	uctions, nth	and e	12b 12c 12d	e date	of the le	etter ru	ing
a lfy b c d	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	t of a	and e	12b 12c 12d	e date	of the le	etter ru	ing
a If y b c d e	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	t of a	and e	12b 12c 12d 	e date	of the le	etter ru	ing
a If y b c d e ort ' Ba	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	t of a	and e	12b 12c 12d	e date	of the le	etter ru	ing
a If y b c d e ort ' Ba b c	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	t of a	and e	12b 12c 12d	Yes	of the le	No [ing
a If y b c d e art ' 3a b	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	t of a	and e	12b 12c 12d	Yes	of the le	No [N/A

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	10/11/2012	MARC RABUSE
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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Department of the Treasury Internal Revenue Service

Department of Libbor Employee Benefits Security Administration Printion 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).

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

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

P,	art I Annual Report Identification Information	and with	the mandenens to the country						
		1/01/2	011 and ending		12/31/2011				
A	This return/report to for:	a multiple	employer plan (not multiemployer)	lan (not multiemployer) a one-participant plan					
_	This return/report is:	the final re	stum/report						
		a short pla	n year return/report (less than 12 m	ontha)					
C	Check box # filing under: X Form 5558	•	extension	,	DEVC program				
_	special extension (enter description			- And Andrews					
Pa	rt II Basic Plan Information—enter all requested information	<u> </u>							
	Name of plan	211011		1b	Three-digit				
	CHILDRENS MEDICAL PRACTICE OF BRONXVILLE	. PLLC			plan number				
	PROFIT SHARING PLAN AND TRUST	,			(PN) ▶ 002				
	KNOKAK GEMING ELMI MID INGGI		1¢	Effective date of plan 01/01/1990					
23	Plan sponsor's name and address; Include room or suite number (e.	mania if	for a cidale employer plant	2h	Employer Identification Number				
~ G	CHILDRENS MEDICAL PRACTICE OF	HIPIOYELLI	tot a migra-emproyer premy	ZU	(EIN) 06-1546543				
	BRONXVILLE, PLLC			2c	Sponsar's telephone number				
					(914) 337-7474				
	1 Elm Street			2d	Business code (see Instructions)				
	Tuckahoe		NY 10707		621111				
	Plan administrator's name and address (if same as plan sponsor, er SAME	nter "Same	7	36	Administrator's EIN				
				3c	Administrator's telephone number				
4	If the name end/or EIN of the plan sponsor has changed since the l	est retum/r	eport filed for this plan, enter the	<u>4b</u>	EIN				
2	name, EIN, and the plan number from the last return/report, Sponsor's name			4c	PN				
_5a	,			5a	1 4				
þ	Total number of participants at the end of the plan year			5b	1				
c	Number of participants with account balances as of the end of the p			<u> </u>	 				
	complete this item)			5c	4				
	Were all of the plan's assets during the plan year invested in eligib				Yes [] No				
cl	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520,104-467 (See instructions on waiver eligibility				X Yes ∏ No				
	If you answered "No" to either 6a or 6b, the plan cannot uso Fe								
Pε	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year				
a	Total plan essets	7a	44,25	0	19,215				
b	Total plen liabilities	7b							
_ c	Net plan assets (subtract line 7b from line 7s)	70	44,25	0	19,215				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total				
а	Contributions received or receivable from:	8a(1)							
	(1) Employers	83(2)		-					
	(3) Others (including rollovers)			╡					
ь			(9,785	5)					
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				(9,785)				
d	Bonefits paid (including direct rollovers and insurance premiums								
	to provide benefits)	. <u>8d</u>	13,62	<u> </u>					
•	Certain deemed and/or corrective distributions (see instructions)			_					
f	Administrative service providers (salaries, fees, commissions)	8f	1,62	: 5					
g	Other expenses			_					
h !				-	15,250				
İ	Net income (loss) (subtract line 8h from line 8c)			-	(25,035)				
- 1	Transfers to (from) the plan (see instructions)	· 8j							
	Paperwork Red 7 det No 9 29 .0 N Control Numbers, and the Instructions for			Mq0	(1102) 48.0cf. 5. 2012 4:0				

	I	Form 5500-SF 2011	Page 2 -								
Par	t IV	Plan Characteristics									
9a		s plan provides pension benefite, enter the applicable pension factu RE 3B 3D	ire codes from the l	list of Plan Chara	oteria	tia Co	dea in	the inst	ruotion	:	
b		e plan provides welfare behefits, enter the applicable welfare feature	e codes from the Li	st of Plan Charac	terist	le Cod	ies in t	ho instr	uctions	:	
Part	٧	Compilance Questions			_						
10	Dur	ing the plan year.				Yes	No		An	ount	
a	29	s there a fallure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduoisry	y Correction Program	m)	10a		x				
þ		re there any nonexempt transactions with any party-in-interest? (Do ine 10a.)			10b		х				
C	W۶	is the plan covered by a fidelity bond?	[][]];;;]a		10ç	х				100	,000
q		the plan have a joss, whether or not reimbursed by the plan's fidelitishonesty?			10d		х				
e	ineu	re any fees or commissions paid to any brokers, agents, or other ps trance service or other organization that provides some or all of the fuctions.)	s benefits under the	plan? (See	10=		ж				
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		X				
þ		is is an individual account plan, was there a blackout period? (See 0.101-3.)			10h		х				
j		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	VI	Pension Funding Compliance									
11		nis a defined benefit plan subject to minimum funding requirements?								Yes	No
12		his a defined contribution plan subject to the minimum funding requ								Yes [ΧINο
		Yea," complete 12s or 12b. 12c. 12d. and 12s below, as applicable.									
	grai	waiver of the minimum funding standard for a prior year is being am hting the waiver		Mont							ng
lf :	-	completed line 12a, complete lines 3, 9, and 10 of Schedule MB		-		Г	425	· ··			
þ		er the minimum required contribution for this plan year					12b 12c	 			
C		er the amount contributed by the employer to the plan for this plan y				'' <i>''</i>	120				
d		etract the amount in line 12c from the amount in line 12b. Enter the r				, l	12đ	ĺ			
ė	•	the minimum funding amount reported on line 12d be met by the fu				_		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?	• • • • • • • • • • • • • • • • • • • •				X	/08 <u> </u>	No		
		res," enter the amount of any plan assets that reverted to the emplo				3a					0
þ	of t	re all the plan assets distributed to participants or beneficiaries, tran he PBGC?			• • • • • • • • • • • • • • • • • • • •				[] Yes [X No
С		uring this plan year, any assets or liabilities were transferred from th ch assets or liabilities were transferred. (See instructions,)	his plan to another i	plan(s), identify th	ie plai	n(s) to	<u> </u>				
•	13c(1) Name of plan(s):				13	c(2) El	N(s)	\rightarrow	13c(3) F	PN(s)
Cau	ion:	A penalty for the late of incomplete filing of this return/report	will be seepesed u	niess ressonabl	e cau	ise is	ostab	ilshed.			
SBc	r Scl	naltice of perjury and other penalties set forth in the instructions, I di todule MB completed and signed by an enrolled actuary, as well as a true, correct, and complete.	leclare that I have e the electronic vers	examined this return/	ırn/rej report	port, li t, and	ncludin to the	g, if app best of t	olicabie my kno	, a Sche wledge a	dule and
SIG	N I	× /// Ch	X16/5/n	MARC RABUS	E						
HEF		Signature of plan administrator	Date	Enter name of in	dlvld	ual sig	ining s	s plah s	dminis	trator	
SIG	N										
HE	SE	Signature of employer/plan sponsor	Date	Enter name of in	dividi	ual sic	ning a	s emplo	yer or	plan soor	1501