## 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).

1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

Р	rension Benefit Guaranty Corporation  Complete	all entries in acc	ordance wit	h the instructions to the Form 550	0-SF.	Ins	pection	
Pa	art I Annual Report Identification					I		
For	calendar plan year 2011 or fiscal plan year beg		011	and ending	12/31/20	011		
A	This return/report is for:	loyer plan	a multiple	e-employer plan (not multiemployer)	Ī	a one-particip	oant plan	
	This return/report is:	n/report	the final r	eturn/report	L			
_	an amended	return/report	☐ ☐a short pla	an year return/report (less than 12 m	onths)			
_	片		H	c extension	Γ	DFVC progra	am	
C		sion (enter descrip	ш	CATCHSION	L	_ Di vo piogra	4111	
D	<u> </u>		,					
	art II Basic Plan Information—enter	all requested info	rmation		46	The second section		
	Name of plan ERT DREISINGER, M.D. DEFINED CONTRIBU	TION PLAN				Three-digit plan number		
ALDL	THE BREIGHTER, M.D. DET INED CONTRIDO	TIONT LAN				(PN) ▶	002	
					1c	Effective date o	f plan	
						11/01	/1972	
	Plan sponsor's name and address; include roo	m or suite number	(employer, if	for a single-employer plan)	2b	Employer Identi		er
ALBI	ERT DŘEISINGER, M.D.				<b>—</b>	(=114)	34786	
					2c	Sponsor's telep		
	WESTERVELT AVENUE				0-1	718-65		,
BRU	NX, NY 10469-6315				2a	Business code ( 62111		ns)
ใจ	Plan administrator's name and address (if sam	e as plan sponsor	enter "Same	<b>5</b> "\	3h	Administrator's		
	ERT DREISINGER, M.D.		TERVELT A		35 /		34786	
		BRONX, N	Y 10469-631	5	3c	Administrator's	telephone num	nber
						718-652	2-5959	
4	If the name and/or EIN of the plan sponsor has name, EIN, and the plan number from the last		e last return/	report filed for this plan, enter the	4b	EIN		
а	Sponsor's name	return/report.			4c	PN		
	Total number of participants at the beginning of	of the plan year			5a			
b	Total number of participants at the end of the p	, ,			5b			
C	Number of participants with account balances	•			30			
	complete this item)			•	5c			
6a	Were all of the plan's assets during the plan y	ear invested in elig	gible assets?	(See instructions.)			X Yes	No
b	Are you claiming a waiver of the annual exami							1
	under 29 CFR 2520.104-46? (See instructions	_	•	•			X Yes	No
Da	If you answered "No" to either 6a or 6b, the Irt III Financial Information	pian cannot use	Form 5500-	SF and must instead use Form 5	000.			
7	Plan Assets and Liabilities			(a) Baninninn of Yaan		/b) F. d	of Voor	
′			70	(a) Beginning of Year 344519		(b) Ena	of Year	)
a b	Total plan liabilities			0			C	
C	Total plan liabilities			344519				
	Net plan assets (subtract line 7b from line 7a).		7с			(6) 7		
8 a	Income, Expenses, and Transfers for this Plan Contributions received or receivable from:	rear		(a) Amount		(b) 1	otai	
a	(1) Employers		8a(1)	0				
	(2) Participants		8a(2)	0				
	(3) Others (including rollovers)			0				
b	Other income (loss)			-21495				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and						-21495	
d	Benefits paid (including direct rollovers and ins	•		000001				
	to provide benefits)		8d	323024				
е	Certain deemed and/or corrective distributions	` ,		0				
f	Administrative service providers (salaries, fees	s, commissions)	8f	0				
g	Other expenses		8g	0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)		8h				323024	
i	Net income (loss) (subtract line 8h from line 8d	;)	8i				-344519	
j	Transfers to (from) the plan (see instructions).		8j	0				

Form	5500.	SF.	201

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Part IV	Plan	Characteri	ietice
railiv	riaii	Character	เอเเตอ

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

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

_	During the plan year:		Yes	No		Am	ount		
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)	10a		X					
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X					
;	Was the plan covered by a fidelity bond?	10c		X					
I	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					
•	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					
•	Has the plan failed to provide any benefit when due under the plan?	10f		X					
J	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X					
1	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X					
İ	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							
t	VI Pension Funding Compliance								
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					Г	Ye	s	No
					ERISA?			s >	< 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 amortized in this plan year, see instruction granting the waiver	th	and e	nter th	e date d	of the le		rulin	g
fу	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	th	and e	nter th Day	e date d	of the le		rulin	g
· y	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	th	and e	nter th Day	e date d	of the le		rulin	g
fy O	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	th  of a	and e	nter th Day	e date d	of the le		rulin	g
f y O	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	th  of a	and e	nter th Day 12b 12c 12d	e date d	of the le		rulin	g
f y ) ;	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	th  of a	and e	nter th Day 12b 12c 12d	e date d	of the le	ar	rulin	g 
f y	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	th	and e	nter th Day 12b 12c 12d	e date o	of the le	ar	rulin	g 
t	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	of a	and e	nter th Day 12b 12c 12d	e date d	of the le	ar	rulin	g 
f y	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	of a	and e	12b 12c 12d	e date o	The lead of the le	No	rulin	g N/A
f y o c d	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver	of a	and e	12b 12c 12d	e date o	The lead of the le	No	rulin	g N/A
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	of a	and e	12b 12c 12d	e date o	The lead of the le	No	ruling	g N/A
b c d e rt a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver.  Monor ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left enegative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?.  VII Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted in any plan year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year.  Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?  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.)	of a	and e	nter the Day  12b  12c  12d	e date o	The lead of the le	No Ye	ruling	g N/A

SIGN	Filed with authorized/valid electronic signature.	02/28/2012	ALBERT DREISINGER, M.D.
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

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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.

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

770, 770,												
	art I		rt Identification Information									
For	calenda	ar plan year 2011 o	r fiscal plan year beginning	01/01/20	)11	and ending		12/31/201	1			
Α	This ret	urn/report is for:	X a single-employer plan	a multiple-er	mployer plan (r	not multiemployer)		a one-partic	ipant p	lan		
В	This ret	urn/report is:	the first return/report	X the final retu	ırn/report							
			an amended return/report	a short plan	year return/rep	ort (less than 12 m	onths)					
С	Check b	oox if filing under:	Form 5558	automatic ex	xtension			DFVC progr	ram			
		· ·	special extension (enter des	cription)								
P	art II	Basic Plan In	formation—enter all requested in	, ,								
	Name		enter an requested in	mormation			1b	Three-digit	T	9.	-	
			M.D. DEFINED CONTRIB	UTION PLAN				plan number				
								(PN)	002			
								Effective date				
2a	Plan sp	oonsor's name and	address; include room or suite num	ber (employer, if fo	r a single-empl	loyer plan)		Employer Iden		n Nur	nber	
		DREISINGER,						(EIN) 13-40				
23	55 WI	ESTERVELT AV	ENUE				2c	Sponsor's tele	phone	numb	er	
								718-652-5	959			
BR	ONX		NY 10469-63	15			2d	Business code	(see in	struc	tions	3)
20	Di-	1-1-1-1-1-1					01	621112				
AI	BERT	oministrator's name DREISINGER ESTERVELT AV	and address (if same as plan spons	sor, enter "Same")			30	Administrator's				
23	33 W.	ESIERVELI A	/ENUE				3с	Administrator's		one n	umb	er
	RONX		NY 10469-63				41	718-652-5	959			
4			the plan sponsor has changed since number from the last return/report.	e the last return/rep	ort filed for this	s plan, enter the	4b	EIN			_	
а		or's name					4c	PN				
5a	Total r	number of participa	nts at the beginning of the plan year				5a					1
b	Total r	number of participa	nts at the end of the plan year				5b					0
			th account balances as of the end o				0.0					
	compl	ete this item)					5c				_	0
_			ets during the plan year invested in	-					X	Yes		No
b	Are yo	ou claiming a waive	r of the annual examination and repo 46? (See instructions on waiver elig	ort of an independe	ent qualified pu	blic accountant (IQ	PA)		X	Yes	П	No
			either 6a or 6b, the plan cannot						41	103	Ш	140
Pa	rt III	Financial Info			una mast me	1000 000 101111 00	00.			-		
7	Plan A	Assets and Liabilitie	S		(a) Begi	nning of Year		(b) En	d of Ye	ar		
а	Total p	olan assets		7a		34451	19					0
b	Total p	olan liabilities		7b			0					0
			line 7b from line 7a)			34451	19					0
8	Incom	e, Expenses, and T	ransfers for this Plan Year		(a)	Amount		(b)	Total	7		
а		butions received or			1-7			(-)		7.7		
	(1) Er	mployers		8a(1)			0					
	(2) Pa	articipants		8a(2)			0					
	(3) Ot	thers (including rolls	overs)	8a(3)			0					
b	Other	income (loss)		8b		-2149	95					
C	Total i	ncome (add lines 8	a(1), 8a(2), 8a(3), and 8b)	8c							-21	495
d			irect rollovers and insurance premiu			32302	24					
е			prrective distributions (see instruction		36		0					
f			oviders (salaries, fees, commissions				0					
g		•					0					
h		•	8d, 8e, 8f, and 8g)							:	323	024
i			ct line 8h from line 8c)							-:	344	519
i			an (see instructions)				0					

	Form 5500-SF 2011	Page <b>2</b> -		_					
Par	Part IV Plan Characteristics					-			
	la If the plan provides pension benefits, enter the applicable	e pension feature codes from the List of Plan Chara	acterist	ic Cod	es in th	ne instru	ctions:		
<b>L</b>	2E								
D	<b>b</b> If the plan provides welfare benefits, enter the applicable	e welfare feature codes from the List of Plan Charac	cteristic	Code	s in the	instruc	tions:		
Par	art V Compliance Questions								
10				Yes	No		Amo	unt	
а	a Was there a failure to transmit to the plan any participal				Х				
h	29 CFR 2510.3-102? (See instructions and DOL's Volumb Were there any nonexempt transactions with any party-		10a						
b	on line 10a.)		10b		X				
С	C Was the plan covered by a fidelity bond?		10c		Х				
d	<b>d</b> Did the plan have a loss, whether or not reimbursed by	the plan's fidelity bond, that was caused by fraud			х				
	or dishonesty?		10d		<i>Y</i>				
е	e Were any fees or commissions paid to any brokers, age insurance service or other organization that provides so				37				
	instructions.)		10e		X				
f	<b>f</b> Has the plan failed to provide any benefit when due und	der the plan?	10f		X				
g	g Did the plan have any participant loans? (If "Yes," enter	amount as of year end.)	10g		X				
h	h If this is an individual account plan, was there a blackou		404		Х				
i	i If 10h was answered "Yes," check the box if you either		10h	-					
	exceptions to providing the notice applied under 29 CFI		10i						
ar	art VI Pension Funding Compliance							3	
11								Yes	П No
12	12 Is this a defined contribution plan subject to the minimum.								X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below		01 360	311011 31	02 OI L	NIOA:			
а	a If a waiver of the minimum funding standard for a prior	year is being amortized in this plan year, see instruc							
If	granting the waiver.  If you completed line 12a, complete lines 3, 9, and 10 o				Day _		Yea	ſ	
	<b>b</b> Enter the minimum required contribution for this plan ye	,		7	12b				
	C Enter the amount contributed by the employer to the pla				12c				
d	d Subtract the amount in line 12c from the amount in line				12d	Ž			
_	negative amount)					Yes		No $\square$	N/A
	e Will the minimum funding amount reported on line 12d leart VII Plan Terminations and Transfers of A					163		10	19//
	13a Has a resolution to terminate the plan been adopted in any				X Ye	, C	No		
136	If "Yes," enter the amount of any plan assets that reven			3a		,5			0
h	b Were all the plan assets distributed to participants or be				ntrol			_	
J	of the PBGC?						X	Yes	No
C	C If during this plan year, any assets or liabilities were tra which assets or liabilities were transferred. (See instruc-		he plar	n(s) to					
	13c(1) Name of plan(s):	MOIIO.)		13c	(2) EIN	l(s)		13c(3)	PN(s)

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

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	+ Albert Sheespe	, ,	ALBERT DREISINGER, M.D.
HERE	Signature of plan administrator	Date 2/20/12	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