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).

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

 Complete all entries in accordance with the instructions to the Form 5500-SF **Annual Report Identification Information** For calendar plan year 2011 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: the first return/report **B** This return/report is: the final return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 automatic extension DFVC program C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number JOSEPH DEMARTINO MD LTD PROFIT SHARING PLAN AND TRUST (PN) ▶ 002 1c Effective date of plan 01/01/1982 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number JOSEPH DEMARTINO MD LTD 05-0385493 (EIN) 2c Sponsor's telephone number 401-487-3928 C/O PROFESSIONAL PRACTICE MGMT INC 35 CEDAR BAY DRIVE 2d Business code (see instructions) WARWICK, RI 02888 621111 3b Administrator's EIN 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 05-0385493 JOSEPH DEMARTINO MD LTD C/O PROFESSIONAL PRACTICE MGMT INC 35 CEDAR BAY DRIVE **3c** Administrator's telephone number WARWICK, RI 02888 401-487-3928 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN Sponsor's name 5a Total number of participants at the beginning of the plan year 5a **b** Total number of participants at the end of the plan year..... Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)..... **6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Financial Information Plan Assets and Liabilities (b) End of Year (a) Beginning of Year 1435566 1421560 Total plan assets..... 7a 7b Total plan liabilities..... 1435566 1421560 Net plan assets (subtract line 7b from line 7a)..... 7с Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) (1) Employers (2) Participants 8a(2) (3) Others (including rollovers)..... 8a(3) 35546 **b** Other income (loss)..... 8b 35546 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8с Benefits paid (including direct rollovers and insurance premiums 46773 to provide benefits)..... 8d Certain deemed and/or corrective distributions (see instructions) ... 8e Administrative service providers (salaries, fees, commissions)....... 8f 2779 Other expenses..... 8g 49552 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h -14006 Net income (loss) (subtract line 8h from line 8c)..... 8i Transfers to (from) the plan (see instructions)

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Part IV	Plan	Characteri	ietice
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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:

art	V Compliance Questions								
0	During the plan year:		Yes	No		Amount			
	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)	cribed in							
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b							
С	Was the plan covered by a fidelity bond?	10c	X			15	50000		
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					
h	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							
art	VI Pension Funding Compliance								
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					Yes	No		
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Yes	X 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								
-	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г		1				
b	Enter the minimum required contribution for this plan year		-	12b					
	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 of negative amount)			12d					
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A		
art	VII Plan Terminations and Transfers of Assets								
3a	Has a resolution to terminate the plan been adopted in any plan year?				res X N	10			
	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.)	e pla	n(s) to)			_		
1	3c(1) Name of plan(s):		13	c(2) El	N(s)	13c(3) F	PN(s)		
auti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonabl	e cau	ıse is	estab	lished.				
B or	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/i, it is true, correct, and complete.								

SIGN	Filed with authorized/valid electronic signature.	03/30/2012	JOSEPH DEMARTINO MD
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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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

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

2011

210-0089

This Form is Open to Public inspection

	art I Annual Report Identification Information				12/31/2011	_	
For	calendar plan year 2011 or fiscal plan year beginning	01/01/	2011 and ending			_	
Α.	This return/report is for: X a single-employer plan	a multiple	employer plan (not multiemployer)	l	a one-participant pl:	ın	
	This return/report is:	the final r	eturn/report				
	an amended return/report	a short pla	an year return/report (less than 12 mon	ths)			
^	H	automatic	extension		DFVC program		
	Check box if filing under:	nn\					
						-	
تتنا	art II Basic Plan Information—enter all requested inform	ation		16	Three-digit	_	
1a	Name of plan seph DeMartino MD Ltd Profit Sharing Plan	and I			plan number		
00.	seph bulartino iib bid 110-10 amming		L		(PN) 004	_	
			•		Effective date of plan		!
	Plan sponsor's name and address, include room or suite number (e	mployer, it	for a single-employer plan)		Employer Identification	N	umber
	seph DeMartino MD Ltd		<u> </u>		(EIN) 05-038549	_	
	o Professional Practice Mgmt Inc				Sponsor's telephone	ur	her
	Cedar Bay Drive		 -		401-487-3928	_	
Wa	rwick RI 02888				Business code (see in:	STT'	(anoms)
30	Plan administrator's name and address (if same as plan sponsor, e	ntnr "Come	373		621111 Administrator's EIN		
Jg	righ administrator's name and society (if some as plan sponsor, e speph DeMartino MD Ltd o Professional Practice Mgmt Inc	inter Same	; '		05-0385493		
C / 35	O Professional Practice Mgmt Inc Cedar Bay Drive		Ţ:	3c	Administrator's telepho	 YN:	number
	rwick RI 02888				401-487-3928	_	
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.	ast return/	report filed for this plan, enter the	4b	EIN		
	Sponsor's name			4c	PN		
*5a	Total number of participants at the beginning of the plan year			5a			
b	Total number of participents at the end of the plan year	•	j	5b	<u> </u>	_	
	Number of participants with account balances as of the end of the		<u></u>		-	_	<u>-</u> -
	complete this item)		· · · · · · · · · · · · · · · · · · ·	5c_			
6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)	· · · · · · · · · · · · · · · · · · ·	X	Υ:	3 🗌 No
þ		an indeper	ident qualified public accountant (IQPA	()	- k	. .	
	under 29 CFR 2520.104-467 (See Instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use F				<u>.</u>	▼ I:	s No
Pa	nt.ill. Financial Information	J. 111 J.J. J. J	Of and must make a day Form 3300	<u>-</u>		1	
7	Plan Assets and Liabilities	44,58G	(a) Beginning of Year		(b) End of Y		
а	Total plan assets	. 7a	1435566	-		_ ,	421560
b	Total plan liebilities		·		-	- •	
C	Net plan assets (subtract line 7b from line 7a)		1435566			- i	421560
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total		
а	Contributions received or receivable from:				1 1. 4.44.		
	(1) Employers	Ba(1)					
	(2) Perticipants	. <u>8a(2)</u>					
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	35546				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					35546
ď	Benefits paid (Including direct rollovers and insurance premiums to provide benefits)	Bd	46773	_			
e	Certain deemed and/or corrective distributions (see instructions)						
f	Administrative service providers (salaries, fees, commissions)	8f					
9	Other expenses	8g	2779				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	Bh					49552
į	Net income (loss) (subtract line 8h from line 8c)	81					-14006
i	Transfers to (from) the plan (see instructions)	e:					

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Form 5500-SF 2011

Plan Characteristics

Part IV

Page 2 - [

Фa	1	f the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chai $2\mathtt{E}$	racteri	stic Co	ides ii	n the ins	struction	j:	
∀ d	١	f the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	cterisi	ic Cod	les in	the inst	ructions		
Par	t '	V Compliance Questions						 -	
10		During the plan year:		Yes	No		Am	ount	
а		Was there a fallure 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		х		•		
¢		Was the plan covered by a fidelity bond?	10c	Х					50000
đ		Old the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х			 -	
e		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?		_	Х				,
g		Did the plan have any participant loens? (If "Yes," enter amount as of year end.)	10f			ļ			
h		If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	10g		X				
i		If 10h was answered "Yes," check the box if you either provided the required notice or one of the	10h		X				
•		exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
Part			101			<u> </u>			
11	ı	s this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com	plete	Sched	ule SI	B (Farm	<u> </u>		No.
12		Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						'eı	X No
		If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)		W. C.	, O.Z. G.	LINION	· · ·	_	13 ···
` ~	ı	f a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru	tions,	and e	nter ti	he date	of the le	ttore	ilng
		granting the waiver,	th		Day		_ Yea	r	
		ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_					
b	E	Enter the minimum required contribution for this plan year		··· ⊢	12b	ļ			
C		Enter the amount contributed by the employer to the plan for this plan year		_	12c	<u> </u>			
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	1	Mill the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	S 1	VC1	, N/A
Part	١	Plan Terminations and Transfers of Assets						_	
13a	1	las a resolution to terminate the plan been adopted in any plan year?			\Box	Yes X	No		
	1	f "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3а					., ====================================
b		Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	under	the co	ntrol				X No
C		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 plai	ol (a)r					
		c(1) Name of plan(s):	Γ	130	(2) E	IN(s)		1:1c(:	PN(5)
									.:
C		n: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le car	ge la	agtah	liched		—	
		penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this returned to the complete that I have examined this return to the complete that I have examined the com					olicable	<u>-</u>	
SBo	r	Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/ it is true, correct, and complete.	report	, and t	o the	best of	my knov	yııqg	· and
	_	7/21/// Toseph DeM	arti	no i	'ID				
	SIGN I THE								
	3/2/// Joseph Demarting MD								
SIG		Later of Mayour				s emplo	yer or p	an s	nonsor
	_	Signature of Authorizations should be a family of the state of the sta			<u>.</u>				