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).

OMB Nos. 1210-0110

1210-0089

2011

This Form is Open to Public Inspection

	Col	mplete all entries in accor	dance witl	h the instructions to the Form 5500	D-SF.	,		
P	art I Annual Report Identific	ation Information						
For	calendar plan year 2011 or fiscal plan ye	ear beginning 01/01/201	11	and ending 1	2/31/2	011		
Α	This return/report is for:	le-employer plan	a multiple	e-employer plan (not multiemployer)		a one-particip	ant plan	
В	This return/report is:	st return/report	the final r	eturn/report				
	an am	ended return/report	a short pla	an year return/report (less than 12 mo	onths)			
С	Check box if filing under:	5558	automatic	extension		DFVC progra	m	
	specia	al extension (enter descripti	on)					
Pa	art II Basic Plan Information-	enter all requested inform	nation					
1a	Name of plan	•			1b	Three-digit		
	RY M ZIDE MD PC PROFIT SHARING F	PLAN				plan number		
						(PN) ▶	002	
					1c	Effective date of		
-20	Diagram and a data and			(for a six also considered and set)	O.L.	01/01/		
	Plan sponsor's name and address; inclusive M ZIDE MD PC	ade room or suite number (6	empioyer, it	for a single-employer plan)		Employer Identif (EIN) 13-317		r
						Sponsor's telept		
420 I	EAST 55TH STREET SUITE 1D					O ponisor s telepi	ione namber	
	/ YORK, NY 10022-5140				2d	Business code (see instruction	s)
						62111	1	
	Plan administrator's name and address RY M ZIDE MD PC			e") ET SUITE 1D	3b	Administrator's E		
DAIN	KT W ZIDE WDT C	NEW YORK			3c	Administrator's t		ber
						212-421		
4	If the name and/or EIN of the plan spon		last return/	report filed for this plan, enter the	4b	EIN		
а	name, EIN, and the plan number from t Sponsor's name	ine iasi retum/report.			4c	PN		
	Total number of participants at the begi	inning of the plan year			5a			3
b	Total number of participants at the end	. ,			5b			
С	Number of participants with account ba				35			
	complete this item)			•	5c			3
6a	Were all of the plan's assets during the			` '			X Yes	No
b	3						X Yes	No
	under 29 CFR 2520.104-46? (See instr If you answered "No" to either 6a or			•			N 163	INO
Pa	art III Financial Information	ob, the plan calmot use i	01111 3300-	or and must mistead use i orm 550				
7	Plan Assets and Liabilities			(a) Basississ of Year		/b) ===	of Voor	
· .			70	(a) Beginning of Year 425073		(b) End	431911	
a b	Total plan liabilities						0	
C	Net plan assets (subtract line 7b from li			425073			431911	
8	Income, Expenses, and Transfers for the		. 70	(a) Amount		(b) T		
а				(a) Amount		(5) 1	otai	
_	(1) Employers		8a(1)	40000				
	(2) Participants		. 8a(2)	0				
	(3) Others (including rollovers)		. 8a(3)	0				
b	Other income (loss)			-25901				
С	Total income (add lines 8a(1), 8a(2), 8a	a(3), and 8b)	. 8c				14099	
d	Benefits paid (including direct rollovers	and insurance premiums		7001				
	to provide benefits)			7261				
e	Certain deemed and/or corrective distril			0	-			
f	Administrative service providers (salarie	,		0				
g	Other expenses			0			7001	
h	, , , ,						7261	
i	Net income (loss) (subtract line 8h from	,					6838	
j	Transfers to (from) the plan (see instruc	ctions)	. 8j	0				

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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

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			1	ı			
0	During the plan year:		Yes	No		Amo	unt	
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					80000
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		Χ				
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.)	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				
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			•				
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					. П	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 instrugranting the waiver	th						
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			401				
	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 negative amount)			12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	0	N/A
art	VII Plan Terminations and Transfers of Assets							
3a	Has a resolution to terminate the plan been adopted in any plan year?				'es 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 plar	n(s) to	1		_		_
1	3c(1) Name of plan(s):		13	c(2) El	N(s)	1	3c(3)	PN(s)
aut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	establ	ished.			
ВВо	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return, it is true, correct, and complete.							

SIGN	Filed with authorized/valid electronic signature.	05/17/2012	BARRY ZIDE
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.

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

Pa	rt i Annual Report Identification Information				10/21/2011
For	calendar plan year 2011 or fiscal plan year beginning C	1/01/2			12/31/2011
A ,	his return/report is for:	a multiple-	employer plan (not multiemplo	/er)	a one-participant plan
В	Tits return report is.	the final re	•		
	an amended return/report	a short plar	n year return/report (less than '	2 months)	p-mq
C	Check box if filing under: Form 5558	automatic	extension		DFVC program
	special extension (enter description	n)			
Pa	rt II Basic Plan Information—enter all requested informa	ition			
	Name of plan			1b	Three-digit plan number
BAR	RY M ZIDE MD PC PROFIT SHARING PLAN				(PN) • 002
					Effective date of plan
					01/01/1990
	Plan sponsor's name and address; Include room or sulte number (er RRY M ZIDE MD PC	nployer, if	for a single-employer plan)	2b	Employer Identification Number (EIN) 13-3178290
	D EAST 55TH STREET SUITE 1D			2c	Sponsor's telephone number
					212-421-2424
NE	W YORK NY 10022-5140			2d	Business code (see instructions)
				26	621111 Administrator's EIN
3a RA	Plan administrator's name and address (if same as plan sponsor, en RRY M ZIDE MD PC	iter "Same'	")	SD	13-3178290
42	0 EAST 55TH STREET SUITE 1D			3с	Administrator's telephone number
NE	W YORK NY 10022-5140			41	212-421-2424
4	If the name and/or EIN of the plan sponsor has changed since the language and the plan number from the last return/report.	ast return/r	eport filed for this plan, enter th	ie 415	EIN
a	Sponsor's name			4c	PN
	Total number of participants at the beginning of the plan year			5a	3
b	Total number of participants at the end of the plan year		·		3
	Number of participants with account balances as of the end of the p	lan year (d	efined benefit plans do not	_	3
	complete this item)				
6a	Were all of the plan's assets during the plan year invested in eligible	le assets?	(See instructions.)dont gualified public accounts:		
Ø	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	an independant	ons.)		X Yes No
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use For	m 5500.	
Pa	rt III Financial Information	I : : : . I			
7	Plan Assets and Liabilities	:::::::::::::::::::::::::::::::::::::::	(a) Beginning of Yea		(b) End of Year 431911
a	Total plan assets	7a	4.	5073	431911
b	Total plan liabilities	7b	Λ.	5073	431911
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7с		3073	(b) Total
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		
а	Contributions received or receivable from: (1) Employers	8a(1)		0000	
	(2) Participants	8a(2)		0	
	(3) Others (including rollovers)	8a(3)		0	
b	Other income (loss)	8b		25901	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			14099
d	Benefits paid (including direct rollovers and insurance premiums	8d		7261	
^	to provide benefits) Certain deemed and/or corrective distributions (see instructions)	8e		0	
e f	Administrative service providers (salaries, fees, commissions)	8f		0	
ı	Other expenses			0	
g h	Total expenses (add lines 8d, 8e, 8f, and 8g)				7261
- 11	Lords authorized ford man on out out and all manimum manners				6838
i	Net income (loss) (subtract line 8h from line 8c)	. 8i		1	0000
i j	Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)	f		O	

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Page	2 -	
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		rage Z							
·	t IV Plan Characteristics								
	If the plan provides pension benefits, enter the applicable pension fear $2E-2A$								
d	If the plan provides welfare benefits, enter the applicable welfare feat	ure codes from the	List of Plan Chara	cterist	ic Cod	les in ti	ne Instructi	ons:	
Part	V Compliance Questions								
10	During the plan year:				Yes	No		Amoun	t
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia	ary Correction Prog	gram)	10a		х			
b	Were there any nonexempt transactions with any party-in-interest? (I on line 10a.)	Do not include trar	sactions reported	10b		Х			
С	Was the plan covered by a fidelity bond?			10c	Х				8000
d	Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty?	elity bond, that was	s caused by fraud	10d		х			
е	Were any fees or commissions paid to any brokers, agents, or other plansurance service or other organization that provides some or all of the instructions.)	persons by an insu ne benefits under t	irance carrier, he plan? (See	10e		Х	111.414.1		
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					x			
h	If this is an individual account plan, was there a blackout period? (Sec 2520.101-3.)	e instructions and	29 CFR	10g 10h		х			
i	If 10h was answered "Yes," check the box if you either provided the reexceptions to providing the notice applied under 29 CFR 2520.101-3.	equired notice or o	ne of the	101					
Part	VI Pension Funding Compliance			101	1		- W.L.		
	Is this a defined benefit plan subject to minimum funding requirements 5500))	s? (If "Yes," see in	structions and com	plete S	Schedi	ule SB	(Form	∏ Ye	s ∏ No
12	is this a defined contribution plan subject to the minimum funding requ	ulrements of section	on 412 of the Code	or sec	tion 3	02 of F	RISA2	∏ Ye	
	(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 ar granting the waiver. ou completed line 12a, complete lines 3, 9, and 10 of Schedule ME	mortized in this pla		tions, h	and er	nter the Day_	date of th	e letter i Year	ruling
_	Enter the minimum required contribution for this plan year					12b	· · · · · · · · · · · · · · · · · · ·		
	Enter the amount contributed by the employer to the plan for this plan					12c			
ď	Subtract, the amount in line 12c from the amount in line 12b. Enter the negative amount)	result (enter a mir	rus sian to the left o	of a		12d			
	Will the minimum funding amount reported on line 12d be met by the fu						Yes	No	□ N/A
Part \	/II Plan Terminations and Transfers of Assets						<u> </u>		<u>L</u>
13a	Has a resolution to terminate the plan been adopted in any plan year?				Γ	Υe	s X No		
	f "Yes," enter the amount of any plan assets that reverted to the emplo	over this vear		13					. , , , , , , , , , , , , , , , , , , ,
b	Were all the plan assets distributed to participants or beneficiaries, trar of the PBGC?	nsferred to anothe	r plan, or brought u	nder H	ne con	trol		☐ Ye:	s X No
С	f 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	e plan	(s) to				
13	c(1) Name of plan(s):				13c(2) EIN	(s)	13c(3) PN(s)
	ı								
Cautio	n: A penalty for the late or incomplete filing of this return/report v	will be seened			. 1.	-4-7 **		<u> </u>	
Under SB or s	penalties of perjury and other penalties set forth in the instructions, I do Schedule MB completed and signed by an enrolled actuary, as well as t is true, correct, and complete.	eclare that I have	examined this retur	ntrenn	rt inci	udina	if applicab	le, a Scl owledge	nedule e and
SIGN	Jaugn Ban	Δ	Barry Zide						
HERE	Signature of plan administrator	Date \$ / / 3 / / 2	*Enter name of ind	lividua	l signi	ng as p	lan admin	strator	
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of Ind	lividus	l elani-		mployer =	nlan s	onoo-
	- Spanner	,4,0	Enter name of ind	ividua	i oistill	ig as e	mproyer o	hian st	JOHSOF

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Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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A ,	his return/report is for:	a multiple-	employer plan (not multiemplo	/er)	a one-participant plan
В	Tits return report is.	the final re	•		
	an amended return/report	a short plar	n year return/report (less than '	2 months)	p-mq
C	Check box if filing under: Form 5558	automatic	extension		DFVC program
	special extension (enter description	n)			
Pa	rt II Basic Plan Information—enter all requested informa	ition			
	Name of plan			1b	Three-digit plan number
BAR	RY M ZIDE MD PC PROFIT SHARING PLAN				(PN) • 002
					Effective date of plan
					01/01/1990
	Plan sponsor's name and address; Include room or sulte number (er RRY M ZIDE MD PC	nployer, if	for a single-employer plan)	2b	Employer Identification Number (EIN) 13-3178290
	O EAST 55TH STREET SUITE 1D			2c	Sponsor's telephone number
					212-421-2424
NE	W YORK NY 10022-5140			2d	Business code (see instructions)
				26	621111 Administrator's EIN
3a RA	Plan administrator's name and address (if same as plan sponsor, en RRY M ZIDE MD PC	iter "Same'	")	SD	13-3178290
42	0 EAST 55TH STREET SUITE 1D			3с	Administrator's telephone number
NE	W YORK NY 10022-5140			41	212-421-2424
4	If the name and/or EIN of the plan sponsor has changed since the language and the plan number from the last return/report.	ast return/r	eport filed for this plan, enter th	ie 415	EIN
a	Sponsor's name			4c	PN
	Total number of participants at the beginning of the plan year			5a	3
b	Total number of participants at the end of the plan year		·		3
	Number of participants with account balances as of the end of the p	lan year (d	efined benefit plans do not	_	3
	complete this item)				
6a	Were all of the plan's assets during the plan year invested in eligible	le assets?	(See instructions.)dont gualified public accounts:		
g	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	an independant	ons.)		X Yes No
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use For	m 5500.	
Pa	rt III Financial Information	I : : : . I			
7	Plan Assets and Liabilities	:::::::::::::::::::::::::::::::::::::::	(a) Beginning of Yea		(b) End of Year 431911
a	Total plan assets	7a	4.	5073	431911
b	Total plan liabilities	7b	Λ.	5073	431911
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7с		3073	(b) Total
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		
а	Contributions received or receivable from: (1) Employers	8a(1)		0000	
	(2) Participants	8a(2)		0	
	(3) Others (including rollovers)	8a(3)		0	
b	Other income (loss)	8b		25901	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			14099
d	Benefits paid (including direct rollovers and insurance premiums	8d		7261	
^	to provide benefits) Certain deemed and/or corrective distributions (see instructions)	8e		0	
e f	Administrative service providers (salaries, fees, commissions)	8f		0	
ı	Other expenses			0	
g h	Total expenses (add lines 8d, 8e, 8f, and 8g)				7261
- 11	Lords authorized ford man on on out and all was minimum				6838
i	Net income (loss) (subtract line 8h from line 8c)	. 8i		1	0000
i j	Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)	f		O	

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		raye z							
·	t IV Plan Characteristics								
	If the plan provides pension benefits, enter the applicable pension fear $2E\!-\!2A$								
d	If the plan provides welfare benefits, enter the applicable welfare featu	ure codes from the	List of Plan Chara	cterist	ic Cod	es in ti	ne Instructi	ons:	
Part	V Compliance Questions								
10	During the plan year:				Yes	No		Amoun	t
	Was there a fallure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia	ry Correction Prog	ıram)	10a		х			
b	Were there any nonexempt transactions with any party-in-interest? (Don line 10a.)	Do not include tran	sactions reported	10b		Х			
С	Was the plan covered by a fidelity bond?		•••••	10c	Х				8000
d	Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty?	elity bond, that was	caused by fraud	10d		Х			
е	Were any fees or commissions paid to any brokers, agents, or other produced insurance service or other organization that provides some or all of the instructions.)	persons by an insu	rance carrier,	10e		Х	111.414.1		
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					x			
h	If this is an individual account plan, was there a blackout period? (See 2520.101-3.)	e instructions and :	29 CFR	10g 10h		Х			
i	If 10h was answered "Yes," check the box if you either provided the reexceptions to providing the notice applied under 29 CFR 2520.101-3	equired notice or o	ne of the	101					
Part	VI Pension Funding Compliance			101	1		- W.L.		
	Is this a defined benefit plan subject to minimum funding requirements 5500))	s? (If "Yes," see ins	structions and com	plete S	Schedi	ıle SB	(Form	∏ Ye	s П No
12	is this a defined contribution plan subject to the minimum funding requ	ulrements of section	on 412 of the Code	or sec	tion 3	02 of F	RISA?	☐ Ye	
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a. If 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 granting the waiver. Month Day Year If you 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					12b	· · · · · · · · · · · · · · · · · · ·		
						12c			
d									
	Will the minimum funding amount reported on line 12d be met by the fu					-	Yes	No	□ N/A
Part \	/II Plan Terminations and Transfers of Assets			***********		[_	<u> </u>		
13a	Has a resolution to terminate the plan been adopted in any plan year?				ī	Ye	s X No		
	f "Yes," enter the amount of any plan assets that reverted to the emplo	over this year		13					
b	Vere all the plan assets distributed to participants or beneficiaries, tran	nsferred to another	plan, or brought u	nder H	ne con	trol		☐ Ye:	s X No
C	f 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	e plan	(s) to	•••			
13	c(1) Name of plan(s):				13c(2) EIN	(s)	13c(3) PN(s)
	,								
Caufic	n: A penalty for the late or incomplete filing of this return/report v	uill be sees	uniono' *			-1-1-11			
Under SB or s	penalties of perjury and other penalties set forth in the instructions, I de Schedule MB completed and signed by an enrolled actuary, as well as t is true, correct, and complete.	eclare that I have e	examined this retur	ntrenn	rt inci	udina	if applicab	le, a Scl owledge	nedule e and
SIGN	Jaugn Bans	4	Barry Zide						
HERE	Signature of plan administrator	Date \$ 1/3/12	Enter name of ind	inter name of individual signing as plan administrator					
SIGN HERE	Signature of employer/plan sponsor) Date	Enter name of ind	Inter name of individual signing as employer or plan sponsor					
			Homo of the			.5 40 6	p.oyor o	pian of	.07,1001