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

	Pension Benefit Guaranty Corporation	▶ Complete all entries in acco	rdance witl	h the instructions to the Form 550	0-SF.		•
		ntification Information					
For	calendar plan year 2011 or fiscal	plan year beginning 01/01/20)11	and ending 1	2/31/2	011	
Α	This return/report is for:	a single-employer plan	a multiple	-employer plan (not multiemployer)		a one-particip	oant plan
В	This return/report is:	the first return/report	the final r	eturn/report	•	_	
_		an amended return/report	=	an year return/report (less than 12 mo	onths)		
_	<u>.</u>	' <u> </u>	╡ '	, , ,) 	7 DEVC	
C	Check box if filing under:	Form 5558	_	extension		DFVC progra	ım
	<u> </u>	special extension (enter descript					
Pa	art II Basic Plan Informa	ation—enter all requested infor	mation		•		
	Name of plan				1b	Three-digit	
MAR	COS KORNSTEIN, M.D., P.A. 40	1(K) PLAN				plan number	000
					4.	(PN) •	002
					10	Effective date of 01/01	•
22	Dian anangar's name and address	a: include room or quite number	(amplayor if	for a single ampleyor plan)	2h		
	Plan sponsor's name and addres RCOS KORNSTEIN, M.D., P.A.	s, include room or suite number	employer, ii	ioi a sirigie-employer plan)		Employer Identif (EIN) 16-16	19525
						Sponsor's telep	
					20	561-79	
	FOREST GLEN LANE LINGTON, FL 33414				2d		see instructions)
						62111	
3a	Plan administrator's name and ad	ddress (if same as plan sponsor	enter "Same	3")	3b	Administrator's I	=IN
	COS KORNSTEIN, M.D., P.A.	892 FORES	T GLEN LA	ŃE			19525
		WELLINGT	ON, FL 334 ²	14	3с		elephone number
					_	561-795	5-2400
4	If the name and/or EIN of the pla		last return/	report filed for this plan, enter the	4b	EIN	
а	name, EIN, and the plan number Sponsor's name	from the last return/report.			4c	DNI	
	<u>'</u>	oo boginning of the plan year				FIN	
					5a	1	
b					5b		
С	Number of participants with acco			defined benefit plans do not	5c		
	, ,						X Yes No
oa b	•	0 , ,		(See instructions.) Ident qualified public accountant (IQI)			N Tes □ NC
D				ions.)			X Yes No
				SF and must instead use Form 55			
Pa	art III Financial Informat	ion					
7	Plan Assets and Liabilities			(a) Beginning of Year		of Year	
а	Total plan assets		7a	734360			644839
b				0			0
С	Net plan assets (subtract line 7b			734360			644839
8	Income, Expenses, and Transfer	,		(a) Amount		(b) 1	otal
а	Contributions received or received			(a) Amount		(6)	- Clai
ű	(1) Employers		8a(1)	5887			
	(2) Participants		8a(2)	22000			
	(3) Others (including rollovers)			0			
b	Other income (loss)			-116061			
C	Total income (add lines 8a(1), 8a						-88174
d	Benefits paid (including direct rol						
u	to provide benefits)		8d	0			
е	Certain deemed and/or corrective			0			
f		(salaries, fees, commissions)		0			
g				1347			
9 h	Total expenses (add lines 8d, 8e						1347
;							-89521
:	Net income (loss) (subtract line 8	,					09021
J	Transfers to (from) the plan (see	instructions)	···· 8j	0			

Form 5500-SF 2011	

Page	2	- [1	
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Part I\	/ I P	lan (:r	naracti	eristics

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
- **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		Amo	ount	
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				
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	Χ					70
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				
Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X					384
If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
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						
VI Pension Funding Compliance							
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))						Yes	X
0000//							
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	e or se	ction 3	302 of I	ERISA?	[
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instru	e or se	ction 3	302 of I	ERISA?		tter rul	ing
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	e or se ctions, nth	ction 3	302 of I	ERISA?		tter rul	ing
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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.	e or se ctions, oth	and e	302 of I	ERISA?		tter rul	ing
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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. Mor you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	e or se ctions, hth	and e	nter th	ERISA?		tter rul	ing
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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. Mon 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.	e or se	and e	nter th Day	ERISA?		tter rul	ing
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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. Mor 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. 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)	ctions,	and e	202 of I enter the Day 12b 12c 12d	ERISA?	if the le	tter rul	ing
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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. Mor 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. 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 negative amount)	ctions,	and e	202 of I enter the Day 12b 12c 12d	ERISA?	if the le	tter rul	ing
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Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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. Mor 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. 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 negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline?	ctions,	and e	12b 12c 12d	e date c	f the le	tter rul	ing
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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. Moryou 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 negative 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?	of a	and e	12b 12c 12d	e date c	if the le Yea	tter rul	ing
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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. Moryou 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 negative 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 a	and e	12b 12c 12d 	e date c	if the le Yea	tter rul	ing
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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	of a	and e	12b 12c 12d 	e date c	f the le Yea	tter rul	ing
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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	of a	and e	12b 12c 12d	e date c	f the le Yea	ves	ing

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.	06/08/2012	MARCOS KORNSTEIN				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN	Filed with authorized/valid electronic signature.	06/08/2012	MARCOS KORNSTEIN				
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 section 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

Pension Benefit Guaranty Corporation ► Complete all entries in accordance with the instructions to the Form 5500-SF. **Annual Report Identification Information** For the calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011 A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan B This return/report is: the first return/report the final return/report an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: Form 5558 automatic extension DFVC program special extension (enter description) Basic Plan Information --- enter all requested information. 1a Name of plan 1b Three-digit plan number Marcos Kornstein, M.D., P.A. 401(K) Plan (PN) ▶ 002 1c Effective date of plan 01/01/2004 Plan sponsor's name and address; include room or suite number (employer, if for single-employer plan) 2b Employer Identification Number Marcos Kornstein, M.D., P.A. (EIN) 16-1619525 2c Plan sponsor's telephone number 892 Forest Glen Lane (561) 795-2400 2d Business code (see instructions) Wellington 621111 FL 33414 Plan administrator's name and address (If same as plan sponsor, enter "Same") 3b Administrator's EIN 3c Administrator's telephone number 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. Sponsor's Name 4c PN Total number of participants at the beginning of the plan year 5a 5b Number of participants with account balances as of the end of the plan year (defined benefit plans do not Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) X Yes Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) X Yes No 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 (a) Beginning of Year (b) End of Year Total plan assets . 7a 734,360 644,839 Total plan liabilities 7b 0 0 Net plan assets (subtract line 7b from line 7a) 7c 734,360 644,839 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total Contributions received or receivable from: (1) Employers 5,887 22,000 8a(2) (3) Others (including rollovers). 8a(3) n Other income (loss) . 8b (116,061)Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) . . (88, 174)Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 0 Certain deemed and/or corrective distributions (see instructions) 0 Administrative service providers (salaries, fees, commissions) 8f 0 Other expenses 1,347 8g Total expenses (add lines 8d, 8e, 8f, and 8g) h 1,347

Net income (loss) (subtract line 8h from line 8c) .

Transfers to (from) the plan (see instructions)

0

(89,521)

Par	IV Plan Characteristics								
9a	f the plan provides pension benefits, enter the applicable pension featu	re codes from the List	of Plan Characteristic	Codes i	n the ins	structions:			
b	2A 2E 2J b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:								
Pai	t V Compliance Questions								
10	During the plan year:		1,50000	Yes	No	Ar	nount		
а	Was there a failure to transmit to the plan any participant contribution	d described in							
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducian	y Correction Program)	10	0a	х				
b	Were there any nonexempt transactions with any party-in-interest? (I on line 10a.)			0ь	x				
							70.000		
C	Was the plan covered by a fidelity bond?		–	Oc X	+		70,000		
d	Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty?		od	x					
_									
е		Were any fees or commisions paid to any brokers, agents, or other persons by an insurance carrier, insurance services or other organization that provides some or all of the benefits under the plan? (See							
	instructions.)								
f	Has the plan failed to provide any benefit when due under the plan?		10	Of	х				
g	Did the plan have any participant loans? (If "Yes," enter amount as of	year end.)	10	og X			38,449		
h	If this is an individual account plan, was there a blackout period? (See				x				
	2520.101-3.)			Oh	^				
1	If 10h was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3			oi					
Par	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirement	s? (If "Yes," see instru	ctions and complete S	chedule	SB (For	m			
	5500))						Yes X No		
12	Is this a defined contribution plan subject to the minimum funding req		12 of the Code or secti	ion 302 d	of ERISA	۹?	Yes X No		
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	e.)							
a	If a waiver of the minimum funding standard for a prior year is being a								
lf ·	granting the waiver				Day	Y	ear		
b	Enter the minimum required contribution for this plan year			[12b				
C	Enter the amount contributed by the employer to the plan for this plan				12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the			• •					
-	negative amount)	20	• • • • • •	[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								
	Has a resolution to terminate the plan been adopted in any plan year?						Yes X No		
	If "Yes," enter the amount of any plan assets that reverted to the emp				13a				
b	Were all the plan assets distributed to participants or beneficiaries, tra	insferred to another pl	an, or brought under th	e contro	ol .				
	of the PBGC?						Yes X No		
	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	his plan to another pla	an(s), identify the plan(s) to					
	3c(1) Name of plan(s):			13c(2) EIN(s) 13c(3			13c(3) PN(s)		
Couti	on: A penalty for the late or incomplete filing of this return/report v	vill be accessed unlo	es reasonable eauso	ic octab	liched				
		No. No. No. No.	Page to to to the terms of the terms of	57 AV 97595	1000	aliaahla a Ca	hadula		
	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		The second secon						
	it is true, correct, and complete.	-							
SIG	1/4/4	5-28.2012	Marcos Kornste	in					
E. (1) 2. (4) (4)	HERE Signature of plan administrator Date Enter name of individual signing as plan administrator						ator		
SIG	The state of the s	5. 28-2012	Marcos Kornste	in					
HEF		Date	Enter name of individ	ual signi	ng as er	mployer or pla	an sponsor		
		*							

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