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 JAY A. KAPLAN, PC 401K PROFIT SHARING PLAN & TRUST (PN) ▶ 001 1c Effective date of plan 01/01/1987 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number JAY A. KAPLAN. PC 14-1726920 (EIN) 2c Sponsor's telephone number 845-331-3258 24 JOHN STREET KINGSTON, NY 12401 2d Business code (see instructions) 541110 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN 14-1726920 JAY A. KAPLAN, PC 24 JOHN STREET KINGSTON, NY 12401 3c Administrator's telephone number 845-331-3258 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 1480821 1599113 Total plan assets..... 7a 0 7b Total plan liabilities..... 1480821 1599113 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: 35467 8a(1) (1) Employers 22000 (2) Participants 8a(2) (3) Others (including rollovers)..... 8a(3) 60925 **b** Other income (loss)..... 8b 118392 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8с Benefits paid (including direct rollovers and insurance premiums to provide benefits)..... 8d Certain deemed and/or corrective distributions (see instructions) ... 8e 100 Administrative service providers (salaries, fees, commissions)....... 8f Other expenses..... 8g 100 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h 118292 Net income (loss) (subtract line 8h from line 8c)..... 8i Transfers to (from) the plan (see instructions)

| Form | EEOO | CE | 2011 |
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| Page 2 - | 1 |
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|----------|------|------------|------------|
| Part IV | Plan | Charac | eteristics |

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2A 2E 2F 2G 2J 2R 3D
- 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: | 1 | Yes | No | | | | |
|--|---|--|---|---|--|--|--|
| | _ | | 140 | | Am | 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) |)a | | X | | | | |
| Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) |)b | | X | | | | |
| Was the plan covered by a fidelity bond? |)c | X | | | | | 17500 |
| |)d | | Χ | | | | |
| insurance service or other organization that provides some or all of the benefits under the plan? (See |)e | | X | | | | |
| Has the plan failed to provide any benefit when due under the plan? | Of | | X | | | | |
| Did the plan have any participant loans? (If "Yes," enter amount as of year end.) |)a | | X | | | | |
| If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR | | | X | | | | |
| | Di | | | | | | |
| /I Pension Funding Compliance | | | | | | | |
| Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comple | | | | | | Yes | Пи |
| | | | | | | Yes | X N |
| | | | 02 0 | | | _ | ш |
| If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction | | | | | | | |
| 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 | | | 12b | | | | |
| Enter the amount contributed by the employer to the plan for this plan year | | | 12c | | | | |
| · · · · · · | | | 12d | | | | |
| Will the minimum funding amount reported on line 12d be met by the funding deadline? | | | | Yes | | No | N/A |
| /II Plan Terminations and Transfers of Assets | | | | | | | |
| Has a resolution to terminate the plan been adopted in any plan year? | | | Y | es X | No | | |
| If "Yes," enter the amount of any plan assets that reverted to the employer this year | 13 | За | | | <u> </u> | | |
| Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought und | | | ntrol | | | Yes | |
| | olan | (s) to | | | _ | - | |
| c(1) Name of plan(s): | | 130 | (2) EII | ۷(s) | | 13c(3 |) PN(s |
| | | | | | | | |
| on: A negative for the late or incomplete filling of this return/report will be assessed unless reasonable | יופי | se is | establi | ished | | | |
| 1 | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of year end.) | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.) Has the plan failed to provide any benefit when due under the plan? In the plan have any participant loans? (If "Yes," enter amount as of year end.) | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of year end.) | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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 | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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). In the star he plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of year end.). If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.). If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.). If the 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. If the 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. If y Pension Funding Compliance Is this a defined contribution plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)). Yes Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? . Yes 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 ru granting the waiver. Note 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 ru granting the waiver. Year Ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum funding amount reported on line 12b be met by the funding deadline?. Yes In a waiver of the minimum funding amount reported on line 12b be met by the funding deadline?. Yes No If "Yes," enter |

belief, it is true, correct, and complete.

| SIGN | Filed with authorized/valid electronic signature. | 06/14/2012 | JAY A. KAPLAN | | | | | | |
|------|---|------------|--|--|--|--|--|--|--|
| 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

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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

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

the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

| | art I Annual Report Identification Information | | | | | | |
|----------|---|--------------------------|--------------------------------|-----------------------|----------------|--|-------------------|
| For | | 1/01/2 | | and ending | | 12/31/201 | .1 |
| Α | This return/report is for: 🔀 a single-employer plan | a multiple | employer plar | (not multiemployer) | | a one-partici | oant plan |
| В | This return/report is: the first return/report | the final re | turn/report | | | | |
| | an amended return/report | a short pla | n year return/r | eport (less than 12 m | onths) | | |
| С | Check box if filing under: Form 5558 | automatic | extension | | | DFVC progra | ım |
| | special extension (enter description | ก) | | | | _ | |
| P | art II Basic Plan Information—enter all requested informa | | | | | | |
| | Name of plan | | | | 1b | Three-digit | |
| | JAY A. KAPLAN, PC 401K PROFIT SHARING PLA | AN & | | | | plan number | |
| | TRUST | | | | 4- | (PN) • | 001 |
| | 1 | | | | 10 | Effective date of 01/01/1987 | • |
| 22 | Plan sponsor's name and address; include room or suite number (er | mplover if | for a single-en | nolover plan) | 2h | Employer Identi | |
| | JAY A. KAPLAN, PC | | | | | (EIN) 14-172 | |
| | | | | | 2c | Sponsor's telep | hone number |
| | | | | ' | | (845) 331- | 3258 |
| | 24 JOHN STREET | | | | 2d | Business code (| see instructions) |
| | KINGSTON | | - | 2401 | 25 | 541110 Administrator's | |
| 3a | Plan administrator's name and address (if same as plan sponsor, en SAME | iter "Same | ") | | 30 | Administrator s | EIN |
| | | | | | 3c | Administrator's | elephone number |
| | | | | | | | |
| 4 | If the name and/or EIN of the plan sponsor has changed since the la | ast return/r | eport filed for t | this plan, enter the | 4b | EIN | |
| 2 | name, EIN, and the plan number from the last return/report. Sponsor's name | | | | 4c | PN | |
| <u>a</u> | | | .,, | ····· | 5a | 1 | 2 |
| b | Total number of participants at the end of the plan year | | | | 5b | | 2 |
| c | Number of participants with account balances as of the end of the p | | | | - | | |
| | complete this item) | | | | 5c | <u> </u> | 2 |
| 6a | Were all of the plan's assets during the plan year invested in eligible | le assets? | (See instructio | ns.) | | | X Yes No |
| b | Are you claiming a waiver of the annual examination and report of a | an indepen | dent qualified | public accountant (IQ | PA) | | X Yes ∏ No |
| | under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either 6a or 6b, the plan cannot use Fo | and conditi orm 55004 | опа. <i>)</i> SF and must i | nstead use Form 55 | 00. | | |
| Pa | art III Financial Information | | | | | | - |
| 7 | Plan Assets and Liabilities | | (a) Be | ginning of Year | | (b) End | of Year |
| а | Total plan assets | 7a | | 1,480,82 | 1 | | 1,599,113 |
| b | Total plan liabilities | | | | 0 | | 0 |
| С | Net plan assets (subtract line 7b from line 7a) | 7c | | 1,480,82 | 1 | <u> </u> | <u>1,599,113</u> |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (| a) Amount | | (b) · | Total |
| а | Contributions received or receivable from: | D-(4) | | 35,46 | :7 | | |
| | (1) Employers | 8a(1) | · <u> </u> | 22,00 | _ | | |
| | (2) Participants | 1 | | 22,00 | ~ | | |
| ١. | (3) Others (including rollovers) | 8a(3) | | 60,92 | - | | |
| b | Other income (loss) | | | 00,02 | - | - | 118,392 |
| C | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums | 8c | | | + | | |
| đ | to provide benefits) | 8d | | | _ | | |
| е | Certain deemed and/or corrective distributions (see instructions) | 8e | | | _] | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | | 10 | 0 | | |
| g | Other expenses | 8g | | | | <u> </u> | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | | | | | | 100 |
| i | Net income (loss) (subtract line 8h from line 8c) | _ | | | | | 118,292 |
| i | Transfers to (from) the plan (see instructions) | | | | | | |

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| Page 2 - |
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| Part IV | Plan | Chara | cteristics |
|---------|---------|--------|------------|
| rail iv | - Flaii | Cildia | Clensucs |

- 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2G 2J 2R 3D
- b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

| Part | v | Compliance Questions | | | | | | | | | |
|--------|---|---|---|-----------------------------|---------------|--------------------|-------------------|--------------------------|------------------|--------------------|--------------|
| 10 | Dur | ing the plan year: | | | | Yes | No | | An | ount | |
| а | | s there a failure to transmit to the plan any participant contributions of CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary | | | 10a | | х | | | | |
| þ | | re there any nonexempt transactions with any party-in-interest? (Do ine 10a.) | | | 10b | | х | | | | |
| С | Wa | s the plan covered by a fidelity bond? | | | 10c | х | | | | 17 | 5,000 |
| d | a management of the second of | | | | | | х | | | | |
| e | | | | | | | х | | | | |
| 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 ye | ear end.) | | 10g | | х | | | | |
| h | If th | is is an individual account plan, was there a blackout period? (See i | instructions and 29 | CFR | 10h | | х | | | - | |
| i | If 10 | Oh was answered "Yes," check the box if you either provided the requestions to providing the notice applied under 29 CFR 2520.101-3 | quired notice or one | e of the | 101 | | | | | | |
| Part ' | | Pension Funding Compliance | | | | | | | | | |
| 11 | ls th 550 | is a defined benefit plan subject to minimum funding requirements? | ? (If "Yes," see inst | ructions and comp | plete | Sched | ule Si | 3 (Form | | Yes | |
| 12 | ls t | nis a defined contribution plan subject to the minimum funding requi | irements of section | 1 412 of the Code | or se | ction 3 | 302 of | ERISA? | . L | Yes | X No |
| | (If " | res," complete 12a or 12b, 12c, 12d, and 12e below, as applicable. |) | | | | | | | - 44 | |
| а | If a | waiver of the minimum funding standard for a prior year is being am nting the waiver. | nortized in this plan | ı year, see instruc Mont | tions, th | ang e | nter ti Day | ne date of | rine i Ye | etter ru ar | iing |
| lf v | ou (| completed line 12a, complete lines 3, 9, and 10 of Schedule MB | (Form 5500), and | skip to line 13. | | | | | | | |
| | | er the minimum required contribution for this plan year | | | | L | 12b | | | | |
| | | er the amount contributed by the employer to the plan for this plan y | | | | | 12c | | | | |
| | Sub | tract the amount in line 12c from the amount in line 12b. Enter the reactive amount) | esult (enter a minu | is sign to the left o | of a | | 12d | | _ | | |
| е | Will | the minimum funding amount reported on line 12d be met by the fu | inding deadline? | | | <u></u> | | Yes | | No | N/A |
| Part | VII | Plan Terminations and Transfers of Assets | | | _ | _ | | | | | |
| 13a | Has | s a resolution to terminate the plan been adopted in any plan year? | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | .,., | <u></u> | | | Yes X | No | | |
| | if "Y | es," enter the amount of any plan assets that reverted to the employ | yer this year | | 1 | 3a | | | | | l |
| b | | re all the plan assets distributed to participants or beneficiaries, tran | sferred to another | plan, or brought u | under | the co | ntrol | | [| Yes | X No |
| С | if do | ring this plan year, any assets or liabilities were transferred from th ch assets or liabilities were transferred. (See instructions.) | nis plan to another | plan(s), identify th | ne pla | | | | | | |
| 1 | 3c(1 |) Name of plan(s): | | | 13c(2) EIN(s) | | | | \dashv | 13c(3 | PN(s) |
| | | | | | | | | | | | |
| | | A penalty for the late or incomplete filling of this return/report w | | | | | | | | | |
| SB or | Sch | nalties of perjuny and other penalties set forth in the instructions, I de redule MB completed and signed by an enfolled actuary, as well as true, correct, and complete. | eclare that I have e the electronic vers | examined this return/ | report | port, ir t, and | icludir to the | ng, if appl best of m | icable iy kno | e, a Scr wledge | edule and |
| 6101 | T | | 6/8/12/ | JAY A. KAPI | LAN | | | | | | |
| SIGN | _ | Signature of plan administrator | Date | Enter name of in | | ual sig | ning a | s plan ac | lminis | trator | |
| | 1 | | - | | | | | | | | |
| SIG | | Signature of employer/plan sponsor | Date | Enter name of in | ndivid | ual sig | ning e | s employ | er or | plan sp | onsor |