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).

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 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 UNIVERSITY PLAZA OB/GYN PENSION PLAN (PN) ▶ 002 1c Effective date of plan 10/01/1983 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number VICTOR ALINOVI, M.D., PC 11-2251193 (EIN) 2c Sponsor's telephone number 516-222-0722 **877 STEWART AVENUE** GARDEN CITY, NY 11530 2d Business code (see instructions) 621112 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN 11-2251193 **877 STEWART AVENUE** VICTOR ALINOVI, M.D., PC GARDEN CITY, NY 11530 3c Administrator's telephone number 516-222-0722 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..... 44 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 4681295 4849889 Total plan assets..... 7a 7b Total plan liabilities..... 4681295 4849889 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: 143112 8a(1) (1) Employers 113121 (2) Participants 8a(2) (3) Others (including rollovers)..... 8a(3) 11363 **b** Other income (loss)..... 8b 267596 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8с Benefits paid (including direct rollovers and insurance premiums 69560 to provide benefits)..... 8d Certain deemed and/or corrective distributions (see instructions) ... 8e 29442 Administrative service providers (salaries, fees, commissions)....... 8f Other expenses..... 8g 99002 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h 168594 Net income (loss) (subtract line 8h from line 8c)..... 8i Transfers to (from) the plan (see instructions)

Form	5500.	SF.	201

Page 2 -	1	
----------	---	--

Part IV	Plan	Charac	teristics
railiv	ı Fiaii	Charac	teristics

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

art			V	NI-	l .		
0	During the plan year:		Yes	No	F	Amount	
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			X			
	on line 10a.)	10b		^			
С	Was the plan covered by a fidelity bond?	10c	X			5	500000
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		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.)	10q	X				4395
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х			
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							
<u>αι ι</u> 1	5 1		0 - 1	L.I. OF) /F		
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500))					Yes	X No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	e or se	ction	302 of	ERISA?	Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru granting the waiver.						
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			,			
b	Enter the minimum required contribution for this plan year		[12b			
С	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	No	N/A
art							
3a	Has a resolution to terminate the plan been adopted in any plan year?			Y	res 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	under	the co	ontrol			
	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 t which assets or liabilities were transferred. (See instructions.)	he pla	n(s) to)			
1	3c(1) Name of plan(s):		13	c(2) El	N(s)	13c(3)	PN(s)
	A manufacturate late on incomplete filling of the control of the c			1-1	i a la a al		
	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab					do o Cale	- اريام
	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return.						

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	07/02/2012	GARY ROSENBERG
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

l n	and Americal Demonstration at the state of t				
	r calendar plan year 2011 or fiscal plan year beginning	01/01/2	011 and ending		12/31/2011
	This return/report is for: X a single-employer plan	1			
	This retains report is for:		-employer plan (not multiemployer)		a one-participant plan
В	This return/report is:		eturn/report		
_	an amended return/report	i	n year return/report (less than 12 m	onths)	
C	Check box if filing under: Form 5558	automatic	extension		DFVC program
	special extension (enter descripti	C-02000 P.			
P	art II Basic Plan Information—enter all requested inform	nation			
1a	Name of plan			1b	Three-digit
	UNIVERSITY PLAZA OB/GYN PENSION PLAN				plan number
				10	(PN) 002
				10	Effective date of plan 10/01/1983
2a	Plan sponsor's name and address; include room or suite number (e	employer, if	for a single-employer plan)	2b	Employer Identification Number
	VICTOR ALINOVI, M.D., PC			25670	(EIN) 11-2251193
				2c	Sponsor's telephone number
	877 STEWART AVENUE				(516) 222-0722
				2d	Business code (see instructions)
32	GARDEN CITY Plan administrator's name and address (if same as plan sponsor, e	-ta- #0	NY 11530	21	621112
Ju	SAME	nter Same)	30	Administrator's EIN
				3c	Administrator's telephone number
_	war				
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.	last return/r	eport filed for this plan, enter the	4b	EIN
а	Sponsor's name			4c	DN
5a	Total number of participants at the beginning of the plan year			5a	32
	Total number of participants at the end of the plan year			5b	
	Number of participants with account balances as of the end of the			50	4.4
_	complete this item)	piair year (c	enred benefit plans do not	5c	4.4
6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)		
b	Are you claiming a waiver of the annual examination and report of	an indepen	dent qualified public accountant (IO	DAI	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F	and condition	ons.)		X Yes No
Pa	art III Financial Information	01111 5500-5	or and must instead use Form 55	00.	
7	Plan Assets and Liabilities		(a) Beginning of Year	\top	(L) = 1 - () (
а	Total plan assets	7a	4, 681, 29	5	(b) End of Year
b	Total plan liabilities		1,001,23	7	4,849,889
	Net plan assets (subtract line 7b from line 7a)		4,681,29	5	1 0 1 0 0 0 0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	_	4,849,889
a	Contributions received or receivable from:		(a) Amount		(b) Total
	(1) Employers	8a(1)	143,11	2	
	(2) Participants	8a(2)	113,12	1	
124	(3) Others (including rollovers)	8a(3)			
b	Other income (loss)	-	11,36	3	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			267,596
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	60 50	0	
е	Certain deemed and/or corrective distributions (see instructions)	8e	69,56	-	
f	Administrative service providers (salaries, fees, commissions)	8f	20 44	2	
g	Other expenses		29,44	4	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8g 8h			
i	Net income (loss) (subtract line 8h from line 8c)	8i			99,002
j	Transfers to (from) the plan (see instructions)				168,594
_		8i			

Forr	n	55	S	1-5	F	20	11	*

-	333	2	
Pac	ıe	4	-

Part IV	Plan (haracteristics

- 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 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							
10	During the plan year:		Yes	No		Amount	
а	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х			
С	Was the plan covered by a fidelity bond?	10c	Х		1	c	00,000
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		Х			,00,000
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?			Х			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10f		^			0 200.00
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10g	X	17			4,395
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	10h		X			
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))	plete	Sched	ule S	B (Form	Пуе	s X No
12	ls this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	02 of	FRISA2	T 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 amortized in this plan year, see instructions the waiver. Mon	ctions, th	and e	nter t	he date of	the letter r Year	uling
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			- Table 19			
C	Enter the minimum required contribution for this plan year.	•••••	-	12b			
d	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)	of a		12c 12d			
	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Пу	п.,	П
Part '	/II Plan Terminations and Transfers of Assets		**********		Yes	No	N/A
	Has a resolution to terminate the plan been adopted in any plan year?			1.		v.	
	if "Yes," enter the amount of any plan assets that reverted to the employer this year				Yes X N	10	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought	ındar t	ho co	ntrol			
С	of the PBGC?	e plan	(s) to			Yes	X No
	c(1) Name of plan(s):			(0) =			
			130	(2) EI	N(s)	13c(3	3) PN(s)
Cautio	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable		STANGE -				
Under SB or	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/rescribed and signed by an enrolled actuary, as well as the electronic version of this return/return correct, and complete.			to all a	. 10 0	able, a Sch knowledge	nedule e and
SIGN	Day Kreubles 6/2/12 GARY ROSENE	BERG					
HERE	Signature of plan administrator Date Enter name of in	dividua	al sign	ing as	s plan adm	inistrator	
SIGN							
	Signature of employer/plan sponsor Date Enter name of in	dividua	al sign	ing as	employer	or plan sp	onsor