P				Report of Small Employ	OMB Nos. 1210-0110 1210-0089					
	Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employe					2011				
	Department of Labor	Retirement Income Security Act of	1974 (ERI	SA), and sections 6057(b) and 6058(
Employee Benefits Security Administration the Internal Revenue Code (the Code). Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the For						Inspection				
Pa	art I Annual Report Id	-SF.								
	calendar plan year 2011 or fisca		1	and ending 12	2/31/2	2011				
Α .	This return/report is for:	a single-employer plan	a multiple	-employer plan (not multiemployer)		a one-participant plan				
В	This return/report is:									
an amended return/report a short plan year return/report (less than 12 months)										
C	C Check box if filing under:									
		special extension (enter descriptio	n)							
		nation—enter all requested information	ation							
	Name of plan				1b	Three-digit plan number				
JOHN	I M. OLSEWSKI, MD, PC PROF	-II-SHARING PLAN				(PN) ▶ 001				
					1c	Effective date of plan				
0-					~	01/01/2002				
	Plan sponsor's name and addre	ess; include room or suite number (er	mployer, if			Employer Identification Number (EIN) 11-3585799				
2157	TOMLINSON AVENUE				2c	Sponsor's telephone number 718-794-2501				
	NX, NY 10461				2d	Business code (see instructions) 621111				
	Plan administrator's name and I M. OLSEWSKI, MD, PC	address (if same as plan sponsor, er 2157 TOMLIN	ISON AVE		3b	Administrator's EIN 11-3585799				
_		BRONX, NY 1	10461		3c	Administrator's telephone number 718-794-2501				
4		lan sponsor has changed since the la	ast return/	report filed for this plan, enter the	4b EIN					
а	name, EIN, and the plan numb Sponsor's name	er from the last return/report.			4c	PN				
	•	the beginning of the plan year			5a	7				
b	Total number of participants at	the end of the plan year			5b	6				
С		count balances as of the end of the p	• •		5c	6				
6a	Were all of the plan's assets d	uring the plan year invested in eligibl	e assets?	(See instructions.)		X Yes No				
b				ident qualified public accountant (IQP		X Yes No				
	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.									
Pa	rt III Financial Informa		-		-					
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year				
а	Total plan assets		7a	583439		614109				
b	Total plan liabilities		7b	0	_	0				
<u> </u>		'b from line 7a)	7c	583439		614109				
8	Income, Expenses, and Transf			(a) Amount		(b) Total				
а	Contributions received or recei (1) Employers	vapie from:	8a(1)	10000						
	(2) Participants		8a(2)	0						
	(3) Others (including rollovers))	8a(3)	0						
b	Other income (loss)		8b	21227						
c		8a(2), 8a(3), and 8b)	8c		_	31227				
d		ollovers and insurance premiums	8d	557	57					
е	· ,	ive distributions (see instructions)	8e	0						
f		s (salaries, fees, commissions)	8f	0						
g	Other expenses		8g	0	1					
h	Total expenses (add lines 8d, 8	3e, 8f, and 8g)	8h			557				
i		e 8h from line 8c)	8i			30670				
j	Transfers to (from) the plan (se	ee instructions)	8j							

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Part IV Plan Characteristics

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 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	Du	ring the plan year:		Yes	No		Am	ount	
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)								
b									
С	W	as the plan covered by a fidelity bond?	10c	Х					60000
d		d the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud dishonesty?		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.)								
f	Ha	is the plan failed to provide any benefit when due under the plan?	10f		Х				
g	Die	d the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х				
h		his is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10h						
i		Oh was answered "Yes," check the box if you either provided the required notice or one of the ceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
Part	VI	Pension Funding Compliance							
11		his a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com	•			`		Yes	X No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?								
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)								
а	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								
lf :	you	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_					
b	En	ter the minimum required contribution for this plan year			12b				
С	En	ter the amount contributed by the employer to the plan for this plan year			12c				
d		btract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left gative amount)			12d				
е	Wi	I the minimum funding amount reported on line 12d be met by the funding deadline?				Ye	s	No	N/A
Part	VII	Plan Terminations and Transfers of Assets							
13a	На	s a resolution to terminate the plan been adopted in any plan year?				Yes 💙	< No		
		Yes," enter the amount of any plan assets that reverted to the employer this year							
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?								
С	lf c	luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th ich assets or liabilities were transferred. (See instructions.)					L	J	
1		1) Name of plan(s):		13	c(2) El	IN(s)		13c(3)	PN(s)
		A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab						<u> </u>	
Unde	r pe	nalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu	urn/rep	port, in	Icludin	g, if ap	plicable	, a Sche	edule

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.	07/18/2012	JOHN M. OLSEWSKI
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	07/18/2012	JOHN M. OLSEWSKI
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

		Return/ Benefi	Report of Small Employ	OMB Nos. 1210-0110 1210-0089				
	Department of the Treasury Internal Revenue Service This form is required to be file	۵	2011					
	Department of Labor mployee Benefits Security Administration Retirement Income Security Act of the Internation	(a) of	This Form is Open to Public					
	Pension Benefit Guaranty Corporation Complete all entries in accor	Inspection 00-SF.						
	Annual Report Identification Information calendar plan year 2011 or fiscal plan year beginning 0	01/01/2	.011 and ending		12/31/2011			
	This return/report is for: X a single-employer plan	1	e-employer plan (not multiemployer)		a one-participant plan			
	This return/report is: the first return/report	, 1	eturn/report					
5	an amended return/report	1	an year return/report (less than 12 m	onths				
С	Check box if filing under:	1	c extension	,	DFVC program			
-	special extension (enter description							
P	art II Basic Plan Information—enter all requested inform	ation						
1a	Name of plan			1b	Three-digit			
	JOHN M. OLSEWSKI, MD, PC PROFIT-SHARING	PLAN			plan number (PN) ▶ 001			
				1c	Effective date of plan			
					01/01/2002			
2a	Plan sponsor's name and address; include room or suite number (e	employer, it	for a single-employer plan)	2b	Employer Identification Number			
	JOHN M. OLSEWSKI, MD, PC			•	(EIN) 11-3585799			
				2C	Sponsor's telephone number (718) 794-2501			
	2157 TOMLINSON AVENUE			2d	Business code (see instructions)			
	BRONX		NY 10461		621111			
3a	Plan administrator's name and address (if same as plan sponsor, e \ensuremath{SAME}	nter "Same	?")	3b	Administrator's EIN			
				3c Administrator's telephone number				
4	If the name and/or EIN of the plan sponsor has changed since the l name, EIN, and the plan number from the last return/report.	last return/	report filed for this plan, enter the	4b	EIN			
а	Sponsor's name		4c PN					
5a	Total number of participants at the beginning of the plan year		5a	7				
b	Total number of participants at the end of the plan year		5b	6				
C	Number of participants with account balances as of the end of the p		5c	6				
6a	complete this item) Were all of the plan's assets during the plan year invested in eligib	5						
	Are you claiming a waiver of the annual examination and report of	PA)						
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							
Pa	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information	orm 5500-	SF and must instead use Form 550	00.				
7	Plan Assets and Liabilities		(a) Beginning of Year	1	(b) End of Year			
а	Total plan assets	. 7a	583,43	9	614,109			
b	Total plan liabilities	. 7b		0	0			
C	Net plan assets (subtract line 7b from line 7a)	. 7c	583,43	9	614,109			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			
а	Contributions received or receivable from: (1) Employers	8a(1)	10,00	0				
	(2) Participants		10,00	0				
	(3) Others (including rollovers)			0				
b	Other income (loss)		21,22	7				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			31,227			
d	Benefits paid (including direct rollovers and insurance premiums		FC	-				
•	to provide benefits)	8d 8e	55	1				
e f	Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions)		0					
g	Other expenses	8f 8g		0				
9 h	Total expenses (add lines 8d, 8e, 8f, and 8g)			-	557			
i	Net income (loss) (subtract line 8h from line 8c)				30,670			
j	Transfers to (from) the plan (see instructions)							

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Form 5500-SF (2011)

Part IV Plan Characteristics

HERE

- 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 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	ring the plan year:				Yes	No		Amoun	it
а		as there a failure to transmit to the plan any participant contributions OCFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary			10a		Х			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)						Х			
С	Wa	as the plan covered by a fidelity bond?			10c	Х				60,000
d		I the plan have a loss, whether or not reimbursed by the plan's fidelit 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.)						Х			
f	Has	s the plan failed to provide any benefit when due under the plan?			10f		Х			
g	Did	I the plan have any participant loans? (If "Yes," enter amount as of ye	ear end.)		10a		Х			
h		nis is an individual account plan, was there a blackout period? (See i 20.101-3.)			10h					
i		0h was answered "Yes," check the box if you either provided the requertions to providing the notice applied under 29 CFR 2520.101-3			10i					
Part	VI	Pension Funding Compliance								
11		nis a defined benefit plan subject to minimum funding requirements?							Y	es X No
12		his a defined contribution plan subject to the minimum funding requi							1 Y	es 🛛 No
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)								
	grar	waiver of the minimum funding standard for a prior year is being am nting the waiver.		Mon	ctions, th	and e	nter th Day	e date of	the letter Year	ruling
		completed line 12a, complete lines 3, 9, and 10 of Schedule MB					126			
		er the minimum required contribution for this plan year				H	12b			
	Sub	er the amount contributed by the employer to the plan for this plan your otract the amount in line 12c from the amount in line 12b. Enter the re- ative amount)	esult (enter a minu	us sign to the left	of a	F	12c 12d			
е	Will	the minimum funding amount reported on line 12d be met by the fur	nding deadline?					Yes	No No	N/A
Part	VII	Plan Terminations and Transfers of Assets		10-10-10-10-10-10-10-10-10-10-10-10-10-1						
13a	Has	a resolution to terminate the plan been adopted in any plan year?					Y	es XI	No	
		es," enter the amount of any plan assets that reverted to the employ					<u> </u>			
b		re all the plan assets distributed to participants or beneficiaries, trans							T Ye	es 🛛 No
с	lf du	uring this plan year, any assets or liabilities were transferred from thi ch assets or liabilities were transferred. (See instructions.)							_	
1	3c(1)) Name of plan(s):				130	;(2) El	N(s)	13c	(3) PN(s)
Cauti	ion: /	A penalty for the late or incomplete filing of this return/report w	/ill be assessed u	Inless reasonabl	le cau	se is e	establ	ished.		iten di
SB or	Sch	nalties of perjury and other penalties set forth in the instructions, I de redule MB completed and signed by an enrolled actuary, as well as t true correct, and complete.	eclare that I have e the electronic vers	examined this retu sion of this return/	irn/rep report	oort, in , and t	cluding o the k	g, if applic best of my	able, a S knowled	chedule ge and
SIGN		& Ill. Ohnt, is	Jaulia	JOHN M. OLS	SEWS	KI				
HER	and A line of	Signature of plan administrator D	Pate,	Enter name of in			ning as	plan adn	ninistrator	-
SIGN	GN X JOHN M. OLSEWSKI									

Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan spor			
	ignature of employer/plan sponsor	Date Enter name of individual signing as employer or plan sp	ponsor