	Form 5500-SF		eturn/l Benefit	Report of Small Employ	/ee	(OMB Nos. 1210-0110 1210-0089
	Department of the Treasury Internal Revenue Service	_		ctions 104 and 4065 of the Employee	<u>د</u>	2	011
	Department of Labor nployee Benefits Security Administration	Retirement Income Security Act of	1974 (ERI	ISA), and sections 6057(b) and 6058(Code (the Code).		This Form is	s Open to Public pection
	ension Benefit Guaranty Corporation		dance wit	h the instructions to the Form 5500	-SF.	113	pection
	art I Annual Report Id calendar plan year 2011 or fisca	entification Information	4	and anding (1	2/24/0	2044	
-					2/31/2		ant alan
	This return/report is for:		•	e-employer plan (not multiemployer)		a one-particip	bant plan
в	This return/report is:			eturn/report			
•			•	an year return/report (less than 12 mo	ntns)	_	
C	Check box if filing under:	Form 5558		extension		DFVC progra	m
De		special extension (enter descriptio					
	rt II Basic Plan Inform	nation—enter all requested informa	ation		1h	Three-digit	
	MAS P. SCULCO, M.D.401(K) P	PROFIT SHARING PLAN			10	plan number	
	, ()					(PN) 🕨	001
					1c	Effective date of 01/01/	•
	Plan sponsor's name and addre	ess; include room or suite number (er	mployer, if	for a single-employer plan)	2b	Employer Identif (EIN) 13-34-	
525 F	AST 71ST STREET, SUITE 23	8			2c	Sponsor's telepl 212-606	
	YORK, NY 10021	-			2d	Business code (62111	,
	Plan administrator's name and MAS P. SCULCO, M.D.		ST STREE	2") ET, SUITE 238		Administrator's E 13-34	49520
		NEW YORK,			3c	Administrator's t 212-606	elephone number 5-1475
4	If the name and/or EIN of the p name, EIN, and the plan numb	lan sponsor has changed since the later from the last return/report.	ast return/i	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		4
b	Total number of participants at	the end of the plan year			5b		0
С		count balances as of the end of the p	• •	-	5c		0
6a	/			(See instructions.)			X Yes No
	Are you claiming a waiver of th	e annual examination and report of a	an indeper	ndent qualified public accountant (IQF	PA)		
		0,		ions.) SF and must instead use Form 550			X Yes No
Pa	rt III Financial Informa		5111 5500-	or and must instead use form 550			
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year
а	Total plan assets		7a	143			0
b	Total plan liabilities		7b	0			0
С	Net plan assets (subtract line 7	b from line 7a)	7c	143			0
8	Income, Expenses, and Transf	ers for this Plan Year		(a) Amount		(b) T	otal
а	Contributions received or recei	vable from:	8a(1)	0			
			8a(2)	0	-		
)	8a(3)	0			
b	() ()			-36			
с	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	8c				-36
d	Benefits paid (including direct r	ollovers and insurance premiums	. 8d	107			
е	Certain deemed and/or correct	ive distributions (see instructions)	8e	0			
f	Administrative service provider	s (salaries, fees, commissions)	8f	0			
g	Other expenses		8g	0			
h	Total expenses (add lines 8d, 8	3e, 8f, and 8g)	8h				107
i		e 8h from line 8c)					-143
j	Transfers to (from) the plan (se	ee instructions)	8j				

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

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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 2K 3D 2J 2G
- **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	D	uring the plan year:		Yes	No		A	mour	nt	
а		/as 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		/ere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported n line 10a.)	10b		Х					
С	v	Vas the plan covered by a fidelity bond?	10c		Х					
d		id the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud r dishonesty?	10d		Х					
е	in	/ere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, surance service or other organization that provides some or all of the benefits under the plan? (See structions.)	10e		X					
f	Н	as the plan failed to provide any benefit when due under the plan?	10f		Х					
g	D	id the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х					
h		this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 520.101-3.)	10h		Х					
i		10h was answered "Yes," check the box if you either provided the required notice or one of the cceptions to providing the notice applied under 29 CFR 2520.101-3	10i							
Part	VI	Pension Funding Compliance								
11		this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 500))	•			`		Υ	/es	X No
lf y b	(If If gr yot Er	s this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct anting the waiver	ctions, th	and e	enter th	ne dat	te of the	letter	r rulir	
d		ubtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left egative amount)			12d					
е	W	ill the minimum funding amount reported on line 12d be met by the funding deadline?				Y	′es	No		N/A
Part	VI	I Plan Terminations and Transfers of Assets								
13a	Н	as a resolution to terminate the plan been adopted in any plan year?	····· <u>···</u>		X	Yes	No			
	lf	"Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a						0
	of	ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the PBGC?						X Y	/es	No
C		during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th hich assets or liabilities were transferred. (See instructions.)	ie piai	n(s) to						
1	3c	(1) Name of plan(s):		13	c (2) El	N(s)		130	c(3) I	PN(s)
Court	ior	. A popular for the late or incomplete filing of this return/report will be accessed where records			ostabl	lichc	d			
		: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab						<u> </u>	Scho	dule

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.	07/27/2012	THOMAS P. SCULCO
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	07/27/2012	THOMAS P. SCULCO
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

	orm 5500-SF	Short Form Annual	Return/Re Benefit P	port of Small Employ lan	yee	OMB Nos, 1210-01 1218-00
	Indend Herresco Annala			ions 104 and 4065 of the Emplo		2011
	Departmente (2), alter Mercana Sector a Administrativo			(A), and section 6057(b) and 603 Code (the Code)	58(a) o	This Form is Open to Public Inspection
Part	Annual Report I			e instructions to the Form 550	0.SF	
	calendar plan year 2011 or h	dentification Information	01/01/3	2011 and ending	13	2/31/2011
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	19-110 TEAM POINT CONT	an amendee return/repon	H			
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					1.00	(E0V) 13-3449520
	- and the contract of the second s	Material Anton				Plan sponsor's telephone number (212) -606-1475
26	5 EAST 71ST STREET.	SUITE 238				Business code (see mitractions)
S. NE	W YORK	NY 10021				621111
		andress (If same as plan sponsor a	ontor "Same")		3b	Administration's EIN
SA	ME.					
					3c	Administrator's telephone number
10.0	te nume and or EIN of the pl	an sponsor has changed since the	last reministrenet	Elect for this rither writer the	4b	17 F # 1
010	ne. EIN, and the plan number	in from the last return/report	and a fight of the party of the	many one true point, denies tone.		
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		ring the plan year invested in eligib				X Ves No
D: PER	you daming a waver of the	annual examination and report of lee instructions on warver eligibility.	run mitterpondent.c	united public accountant (IOPA)		100 L
		r 6a or 6b, the plan cannot use F				X Yes No
art I						
	n Assists and Liabilities			(a) Beginning of Year		(b) End of Year
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					1	0
		n from one 7a)	7c	143		0
in trace	ome Expenses, and Transfe	ins for this Plan Yoav		(a) Amount		(b) Total
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e	Were any leas or commissions paid to any brokers, agents, or other persons by an insurance carrier,	1.00.00					
	insurance services or other organization that provides some or all of the benefits under the plan? (See			. 1			
	vesing loss () in the contract of the contract	100	3				
£.	Has the plan tailed to provide any benefit when due under the plan?	101	2	8			
g	Dut the plan have any participant loans?" (If "Yes," unler amount as of year end)	109					
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR						
12		10h	2		_	_	-
ł.	If 10% was answered."Yes," check the box if you either provided the required notice or one of the exceptions to praviding the notice applied under 29 GFR 2520 101 ±	10					
art	VI Pension Funding Compliance	101		-	_	-	-
1	Is this a defined benefit plan subject to minimum funding requirements? Iff "Yes." see instructions and comple	No Ve	RANDER R	CALCULUS			-
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