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

P		lance witl	n the instructions to the Form 5500	-SF.		•		
Pä	art I Annual Report Identification Information							
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2011		and ending 1	2/31/2	011			
Α .	This return/report is for:	-employer plan (not multiemployer)	Ī	a one-particip	oant plan			
		the first return/report the final return/report						
			·	ntha)				
			in year return/report (less than 12 mo	ontns)	_			
С	Check box if filing under:	automatic	extension		DFVC progra	ım		
	special extension (enter description	n)						
Pa	art II Basic Plan Information—enter all requested informa	ition						
1a	Name of plan			1b	Three-digit			
	FPATEL PHYSICIAN, PC PROFIT SHARING 401(K) PLAN				plan number			
					(PN) ▶	002		
				1c	Effective date of			
					01/01	/2006		
	Plan sponsor's name and address; include room or suite number (en T PATEL PHYSICIAN, PC	nployer, if	for a single-employer plan)		Employer Identif			
LALI	T FATEL FITT SICIAN, FO				(=114)	50030		
				2c	Sponsor's telep			
	HAFFEE AVE		•	0.1	516-47			
ALBE	ERTSON, NY 11507			2d		see instructions)		
<u> </u>				01.	62111			
	Plan administrator's name and address (if same as plan sponsor, enting PATEL PHYSICIAN, PC 15 CHAFFEE		:")	30	Administrator's I	EIN 50030		
	ALBERTSON,		7	30		elephone number		
					516-477			
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/i	report filed for this plan, enter the	4b	EIN			
	name, EIN, and the plan number from the last return/report.		·					
а	Sponsor's name			4c	PN			
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			5b				
С	Number of participants with account balances as of the end of the pl	lan year (d	defined benefit plans do not					
	complete this item)		·	5c				
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)			X Yes N		
b	3			,				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a		· ·			X Yes N		
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	rm 5500-	SF and must instead use Form 550)0.				
	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End			
а	Total plan assets	7a	212821			269509		
b	Total plan liabilities	7b	0			0		
С	Net plan assets (subtract line 7b from line 7a)	7c	212821			269509		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal		
а	Contributions received or receivable from:		00700					
	(1) Employers	8a(1)	23700					
	(2) Participants	8a(2)	33000					
	(3) Others (including rollovers)	8a(3)	0					
b	Other income (loss)	8b	-12					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				56688		
d	Benefits paid (including direct rollovers and insurance premiums							
	to provide benefits)	8d	0					
е	Certain deemed and/or corrective distributions (see instructions)	8e	0					
f	Administrative service providers (salaries, fees, commissions)	8f	0					
g	Other expenses	8g	0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				0		
;	Net income (loss) (subtract line 8h from line 8c)	8i				56688		
;	`		0					
J	Transfers to (from) the plan (see instructions)	8j	U					

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Form	5500	SF.	2011

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Part IV	Plan	Charact	eristics
I altıv	ı ıaıı	Onal aci	にいらいしろ

- **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:

Part	V Compliance Questions						
10	During the plan year:		Yes	No		Amoun	
	Was there a failure to transmit to the plan any participant contributions within the time period described in	10a		X		Amoun	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported	10b		X			
С	Was the plan covered by a fidelity bond?	10c		X			
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		X			
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.)	10g		X			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	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					
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))					☐ Ye	es X N
lf y	(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 instruct granting the waiver. Month 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.	າ					
	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 or negative amount)	fa		12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
Part							
	Has a resolution to terminate the plan been adopted in any plan year?			Y	es X N	lo	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		3a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought up of the PBGC?		the co	ontrol			es X N
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	e plar	n(s) to			Ы	ш
1	3c(1) Name of plan(s):		13	c(2) EI	N(s)	13c	(3) PN(s)
	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable						
Jnde	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return	n/rep	ort, ir	cludin	g, if applic	able, a S	chedule

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.	08/10/2012	LALIT PATEL
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	08/10/2012	LALIT PATEL
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 section 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

	art I Annual Report Identification Information				·			
For	the calendar plan year 2011 or fiscal plan year beginning	01/01	/2011	and ending	12,	/31/2011		
Α	This return/report is for:	a multiple-	employer plan	not multiemployer)		a one-participant plan		
В	This return/report is:	the final re	turn/report			•		
			•	port (less than 12 mor	ithe)			
_	·	automatic	•	port (1000 than 12 mor		DFVC program		
C		automatic	extension		L	DEVC program		
	special extension (enter description)							
***************************************	art II Basic Plan Information enter all requested inform	nation.		***************************************				
1a	Name of plan					hree-digit olan number		
	Lalit Patel Physician, PC Profit Sharing 401(k)	Plan			'	PN) ► 002		
					1c E	Effective date of plan		
	70 M M M M M M M M M M M M M M M M M M M				C	01/01/2006		
2a	Plan sponsor's name and address; include room or suite number (empl Lalit Patel Physician, PC	oyer, if for	single-employe	r plan)	1	Employer Identification Number		
	Tallo lacel ligologian, lo					EIN) 20-4250030		
						Plan sponsor's telephone number (516) 477-0511		
	15 Chaffee Ave					Business code (see instructions)		
TTC	Albertson NY 11507					Susiness code (see instructions)		
<u>us</u> 3a	Plan administrator's name and address (If same as plan sponsor, enter	"Same")			3b △	Administrator's EIN		
	Same	/			/			
					30 ^	Administrator's telephone number		
					00 /	diffiliation s telephone number		
_					41			
4	If the name and/or EIN of the plan sponsor has changed since the last name, EIN, and the plan number from the last return/report.	return/repo	t filed for this p	lan, enter the	4b EIN			
а	Sponsor's Name				4c PN			
5a	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				5a	2		
b	Total number of participants at the end of the plan year				5b	2		
С	Number of participants with account balances as of the end of the plan complete this item)				. 5c 2			
6 a	Were all of the plan's assets during the plan year invested in eligible as							
b	Are you claiming a waiver of the annual examination and report of an in	•	•	accountant (IQPA)				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and	conditions.)				XYes No		
	If you answered "No" to either 6a or 6b, the plan cannot use Form	5500-SF a	nd must instea	d use Form 5500.				
	rt III Financial Information				1	· · · · · · · · · · · · · · · · · · ·		
7	Plan Assets and Liabilities		(a) Be	ginning of Year		(b) End of Year		
а	Total plan assets	7a		212,821		269,509		
b	Total plan liabilities	7b		. 0		0		
c	Net plan assets (subtract line 7b from line 7a)	7c		212,821		269,509		
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount		(b) Total		
a	(1) Employers	8a(1)		23,700				
	(2) Participants	8a(2)		33,000				
	(3) Others (including rollovers)	8a(3)	***************************************	0				
b	Other income (loss)	8b		(12)				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		1983		56,688		
d	Benefits paid (including direct rollovers and insurance premiums			-				
_	to provide benefits)	8d		0	-			
e	Certain deemed and/or corrective distributions (see instructions)	8e		0	-			
f	Administrative service providers (salaries, fees, commissions)	8f		0	_			
g	Other expenses	8g		0		•		
h :	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	and a			0		
!	Net income (loss) (subtract line 8h from line 8c)	8i		-		56,688		
- 1	Transfers to (from) the plan (see instructions)	8i		0				

electrical control						·			
	Plan Characteristics								
_	 If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the Instructions; 2A 2E 2J If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions; 								
	Compliance Questions						***************************************		
####		<u></u>		Įγε	n No	T	Amount		
70	During the plan year: Was there a fallure to transmit to the plan any participant contributions	within the fime neri	od described in		1		74.110.00.115		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciery			10a	×				
Ł,	Were there any nonexempt transactions with any party-in-interest? (De-				x	1			
	on line 10a.) . , . ,			106		 			
Ċ	Was the plan covered by a fidelity bond?			10c	<u> </u>		· · ·		
đ	Did the pign have a loss, whether or not reimbursed by the pign's fidelic or dishonasty?			10d	×				
_	··· ·· ·· •		· · · · · · · · · · · · · · · · · · ·	144				·	
đ	Were any fees or commissions paid to any brokers, egents, or other per insurance services or other organization that provides some or all of the				1	}			
	instructions.)			10+	x				
f	Has the plan falled to provide any benefit when due under the plan?			101	x				
g	Did the plan have any participant loans? (If "Yes," enter emount as of y	ywarend.)		108	X	[
h	if this is an individual account plan, was there a blackout period? (See	Instructions and 29			×	order i			
	2520.101-3.)		· F	10h		Mark Control			
ł	If 10h was answered "Yes," check the box if you either provided the re- exceptions to providing the notice epplied under 29 CFR 2520.101-3	quired notice or one	of the }	101					
and the	Pension Funding Compliance	· · · · · · · · · · · · · · · · · · ·		177		art of the car a char	Jack Cray of A. at	Total Commence	
11	is this a defined benefit plan subject to minimum funding requirements	? (If "Yes." see instr	uctions and complete	Schodu	e SB (F	orm			
	5600))	,					******	X No	
12	is this a defined contribution plan subject to the minimum funding requi	irements of saction (112 of the Code or sec	cilon 302	of ERIS	3A? .	Yes	No X	
	(if "Yes," complete 12s or 12b, 12c, 12d, and 12s below, as applicable).)							
a	If a waiver of the minimum funding standard for a prior year is being en								
i#	granting the waiver			1	U	y	TWAL	·	
b	Enter the minimum required contribution for this plan year				12b	T	······································		
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			• •	43.3	 			
	negative amount)			• •	120	<u> </u>		·	
. 0	Will the minimum funding amount reported on line 12d be met by the fu	unding deadline?	<u>. , , , , , , , , , , , , , , , , , , ,</u>	• • •		Yes	□No	□N/A	
	Plan Terminations and Transfers of Assets				1/2000				
13 a	Has a resolution to terminate the plan been adopted in any plan year?				<u> </u>		. Yes	X No	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	If "Yes," enter the amount of any plan sesets that reverted to the emplo	yer this year .	. , . , . , .		13m				
b			lan, or brought under	the conf	rol				
c	of the PBGC? If during this plan year, any exacts or liabilities were transferred from th		R s t s t s	ı	+ + +		+ [Y=s	X No	
•	which assets or liabilities were transferred. (See instructions.)	ne hien in endine h	omitely sterribly non-blen	i(a) io			•		
	13c(1) Name of plan(s):				13¢(2) E	IN(s)	13ct3) FN(a)	
***************************************				······································				<u> </u>	

							1		
					<u> </u>			···	
aut	on: A penalty for the late or incomplete filing of this return/report wi	il be seessed unk	auso eldenosser au	e la cut	hilahec	<u> </u>			
nde	penalties of perjury and other penalties set forth in the instructions, I dec Schedule MB completed and sloping by an enrolled actuary, as well as it	clare that I have exce	ogen/muter sint benim	rt, inclu	ling, If a	pplicable, a	Schedule .		
	At is inus, correct, and complete.	ile alacticum Astrom	ot tune territtumbolt" i	KUÒ TO TU	ig DMP(C	r my known	eaga ana		
	GIFILIS Imlit Patel							~	
	Signature of plan administrator	Date	Enter name of indiv	dual sin	nina se	nian admini	Introtor		
		87912111]		· · · · · · · · · · · · · · · · · · ·	Aurent directions	ING INCO		
			Lalit Patel						
2.5	Signature of smployeriplan aponeor	Date	Enter name of Indiv	idual sid	ning as	amployer o	r pian apone	301	

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