## 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

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

**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 NEW YORK QUEENS OB/GYN, P.C. CASH OR DEFERRED PLAN AND TRUST (PN) ▶ 001 1c Effective date of plan 01/01/1998 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number NY QUEENS OB/GYN, P.C 11-3395424 (EIN) 2c Sponsor's telephone number 718-670-1390 163-03 HORACE HARDING EXPRESSWAY FRESH MEADOWS, NY 11365 2d Business code (see instructions) 621111 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN 11-3395424 163-03 HORACE HARDING EXPRESSWAY NY QUEENS OB/GYN, P.C. FRESH MEADOWS, NY 11365 3c Administrator's telephone number 718-670-1390 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 10 **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 (a) Beginning of Year (b) End of Year 206899 185660 Total plan assets..... 7a n 7b Total plan liabilities..... 206899 185660 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: 4926 (1) Employers ..... 8a(1) 5742 (2) Participants ..... 8a(2) (3) Others (including rollovers)..... 8a(3) -31638 **b** Other income (loss)..... 8b -20970 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) ..... 8с Benefits paid (including direct rollovers and insurance premiums 269 to provide benefits)..... 8d Certain deemed and/or corrective distributions (see instructions) ... 8e Administrative service providers (salaries, fees, commissions)...... 8f Other expenses..... 8g 269 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h -21239 Net income (loss) (subtract line 8h from line 8c)..... 8i Transfers to (from) the plan (see instructions) .....

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Part IV	Plan	Characteristics

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2F 2G 2J 2K 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:		Yes	No		А	mour	nt	
a	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 on line 10a.)	10b		X					
С	Was the plan covered by a fidelity bond?	10c	Χ						2500
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		Χ					
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10q		Χ					
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X					
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							
rt	VI Pension Funding Compliance								
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))						Пү	'es	X No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						$\vdash$		_
		or se	ction 3	302 of	<b>ERIS</b>	A?	Y	'es	X No
		or se	ction 3	802 of	ERIS	A?	ЦΥ	'es	× No
	(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	ctions,	and e	nter tl	he dat	e of the	ப் e lette	ı r rulir	⊒ ig
а	(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 instruc	ctions, th	and e	nter tl	he dat	e of the	ப் e lette	ı r rulir	⊒ ig
a If 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 instruction granting the waiver	ctions, th	and e	nter tl	he dat	e of the	ப் e lette	ı r rulir	ıg
a If y b	(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 instruction granting the waiver.  Monou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	ctions, th	and e	nter ti Day	he dat	e of the	ப் e lette	ı r rulir	ıg
a If y b c	(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 instruction granting the waiver	ctions, th of a	and e	nter tl Day	he dat	e of the	ப் e lette	ı r rulir	⊒ ig
a If y b c d	(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 instruction granting the waiver.  Monou 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.  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	ctions, th of a	and e	nter ti Day 12b 12c 12d	he dat	e of the	ப் e lette	ı r rulir	ıg
a If y b c d	(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 instruction granting the waiver.  Monou 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.  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).  Will the minimum funding amount reported on line 12d be met by the funding deadline?	ctions, th of a	and e	nter ti Day 12b 12c 12d	he dat	e of the	e letter ear _	ı r rulir	ig 
a  If y b c d	(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 instruction granting the waiver.  Monou 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.  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).  Will the minimum funding amount reported on line 12d be met by the funding deadline?	ctions, th of a	and e	12b 12c 12d	he dat	e of the	e letter ear _	ı r rulir	ig 
a If y b c d	(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 instruction granting the waiver	of a	and e	12b 12c 12d	he dat	e of the	e letter ear _	ı r rulir	ig 
a If y b c d e art	(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 instruction granting the waiver.  Monou 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.  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)  Will the minimum funding amount reported on line 12d be met by the funding deadline?  VII Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted in any plan year?	of a	and e	12b 12c 12d	he dat	e of the	e letter ear _	r rulir	ng
a  If y b c d e rt 3a b	(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 instruction granting the waiver	of a	and e	12b 12c 12d	he dat	e of the	e letter ear _	r rulir	ng
a If y b c d ert	(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	of a	and e	12b 12c 12d	Yes [	e of the	No Y	r rulir	N/A
a If y b c d e art 3a b	(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.  Monou 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.  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).  Will the minimum funding amount reported on line 12d be met by the funding deadline?  VII Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted in any plan year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year.  Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?  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.)	of a	and e	12b 12c 12d	Yes [	e of the	No Y	r rulir	N/A
a If y b c d e art 3a b	(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.  Monou 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.  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).  Will the minimum funding amount reported on line 12d be met by the funding deadline?  VII Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted in any plan year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year.  Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?  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.)	of a	and e	12b 12c 12d	Yes [	e of the	No Y	r rulir	N/A

SIGN	Filed with authorized/valid electronic signature.	09/18/2012	WILLIAM CLEMANS
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

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OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

1900 Sept.	Search Annual Development all entries in acco	rdance w	th the instructions to the F	orm 5500	-SF. ]				
Fo	art [7] Annual Report Identification Information realendar plan year 2011 or fiscal plan year beginning	01/01/	2011 and end	ina		12/31/2011			
	This return/report is for: 🗵 a single-employer plan		e-employer plan (not multier	,	,M.,				
	This return/report is: the first return/report	<u>-</u>	nal rotum/roport						
13	an amended return/report	=	lan year return/report (less th	nan 12 mor	nths)				
0	Check box if filling under: X Form 6558	≓ ¨	c extension		······, [7]	DFVC program			
·	X special extension (enter descript	<del>-1</del>		2011-87		ar va program			
ΓĎ	art II Basic Plan Information—enter all requested inform		200110 2301107 251 2						
سينين	Name of plan	nation			1b T	hree-digit			
	NEW YORK QUEENS OB/GYN, P.C. CASH OR					an number			
	DEFERRED PLAN AND TRUST			-		N)  001			
						ffective date of plan 1/01/1998			
2a	Plan sponsor's name and address; include room or suite number (	employor,	f for a single-employer plan)		2b E	nployer Identification Number			
	NY QUEENS OB/GYN, P.C.			L	(E	IN) 11-3395424			
					2c S	ponsor's telephone number			
	163-03 HORACE HARDING EXPRESSWAY			<u> </u> _		718) 670-1390			
			2757 11000			usiness code (see instructions) 21111			
38	FRESE MEADOWS  Plan administrator's name and address (if same as plan sponsor, or	enter "Sam	NY 11365			Iministrator's EIN			
44	SAME	J. 1607 G G.J.	~ /	L		THE COUNTY OF THE			
				[ ;	3c A	iministrator's telephone number			
4	If the name and/or EIN of the plan sponsor has changed since the	last return	report filed for this plan, ente	arthe d	4b Ei	N			
	name, EIN, and the plan number from the last return/report.		•		4	**************************************			
P	Sponsor's name			······································	4c P	11			
	Total number of participants at the beginning of the plan year			ļ	<u>5a</u>	10			
b c					5b	±V			
	complete this item).				5c	6			
6a						X Yes No			
b	Are you claiming a waiver of the annual examination and raport of under 29 CFR 2520.104-467 (See instructions on waiver eligibility					⊠ Yes □ No			
	If you answered "No" to either 6a or 6b, the plan cannot use F					- 100 H			
·Pε	irt III Financial Information			9 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		WITH THE PROPERTY OF THE PROPE			
7	Plan Assets and Liabilities	14.00	(a) Beginning of Y	ear		(b) End of Year			
a	Total plan assets	. 7a	2	06,899	· · · · · · · · · · · · · · · · · · ·	185,660			
b	Total plan flabilities	. 7b		0		0			
C	Net plan assets (subtract line 7b from line 7a)	. 7c	2	06,899		185,660			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		· 455	(b) Total			
a	Contributions received or receivable from: (1) Employers	. 8a(1)		4,926					
	(1) Employers (2) Participants (3)	8a(2)		5,742					
	(3) Others (including rollovers)		**************************************						
b		1	(3:	1,638)					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)			127 <i>8</i> , 11		(20, 970)			
d	Benefits paid (Including direct rollovers and Insurance premiums			200		and the second s			
	to provide benefits)			269	2011 II. 1013 I				
e	to provide benefits)	8e		269					
e f	to provide benefits)	8e 8f		269					
e f g	to provide benefits)	8e 8f 8g		269		269			
e f	to provide benefits)	8e 8f 8g 8h		269		269 (21,239)			
e f g	to provide benefits)	8e 8f 8g 8h		269		(21, 239)			

	Form 5500-SF 2011	Page Z							
Par	IV: Plan Characteristics				·^-	d# <del>************************************</del>	a preside separativa por la confirmación	بره دارین بر بره به بره بره بره بره بره بره بره ب	
	If the plan provides pension benefits, enter the applicable pension if 2E 2F 2G 2J 2K 3D	eature codes from th	e List of Plan	Characteris	illo Co	des in	the instruc	tions:	
b	if the plan provides welfare benefits, enter the applicable welfare fee	ature codes from the	List of Plan	Characterist	ic Coc	les in t	the Instruction	ons:	
Part	V∷ Compliance Questions	**************************************			,,,,	-		, <del>, , , , , , , , , , , , , , , , , , </del>	
10	During the plan year:				Yes	No		Amount	
a	Was there a failure to transmit to the plan any participant contributing 29 CFR 2510,3-102? (See Instructions and DOL's Voluntary Fiduce).	ciary Correction Prog	ram)	10a		Х			
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)				***********	х			***
C	Was the plan covered by a fidelity bond?			10c	Х			25	,000
d	Did the plan have a loss, whether or not relimbursed by the plan's fi or dishonesty?					Х			
e	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of instructions.)	the benefits under the	ne plan? (See	•		Х			
f	Has the plan failed to provide any benefit when due under the plan	ን		10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year end.)		10g		Х			
h	If this is an individual account plan, was there a blackout period? (8 2520.101-3.)					Х	i de la comp		
i	if 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520,101-	•		101			e na dise. Talah		
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements 5500)}							∏ Yes 🛚	No
12	is this a defined contribution plan subject to the minimum funding rule (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applica	•	on 412 of the	Code or se	ction 3	02 of	ERISA?	Yes X	No
a	If a waiver of the minimum funding standard for a prior year is being granting the waiver.	amortized in this pla							
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule				·				
b	Enter the minimum required contribution for this plan year	************************	**********	********		12b			
Ç	Enter the amount contributed by the employer to the plan for this pla	•			-  -	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	•	•			12d		·	
Contraction	Will the minimum funding amount reported on line 12d be met by the	e funding deadline?	***************************************	***************************************	,,,,,,,,,,		Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets				*********				
13a	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 em	ployer this year	<	13	a				
	Wero all the plan assets distributed to participants or beneficiaries, to fithe PBGC?		*******	*************				Yes X	No
****	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See Instructions.)	n this plan to another	plan(s), ider	itify the plan		····		_	
1:	Ic(1) Name of plan(s):				13c	(2) Ell	√(s)	13c(3) PN	۷(s)
Cauti	on: A penalty for the late or incomplete filing of this return/repor	rt will be assessed	uniess reas	onable caus	e is e	stabli	shed.		
Under SB or	penalties of perjury and other penalties set forth in the instructions, Schedule MB completed and stoned by an enrolled actuary, as well it is true, correct, and complete.	I declare that I have	examined thi	s return/repo	ort, Inc	luding	, if applicab		
SĬĠŅ	911		DAVID C	OATES		***************************************		,,, , , , , , , , , , , , , , , ,	
HERE	Signature of plan administrator	Date		of individua	i siani	no as	plan edmini	istrator	
-5						. 121. 140	P (4141141111		
SIGN HERE		Date	Enter name	of Individue	l signi	ng as	employer o	plan sponse	or
								<del></del>	