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). 1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

		uance with	ii the instructions to the Form 5500	-or.					
	art I Annual Report Identification Information								
For	r calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending 12	2/31/2	011				
Α	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-participant plan				
В	This return/report is: the first return/report	the final r	eturn/report						
	an amended return/report	a short pla	an year return/report (less than 12 mo	nths)					
С	Check box if filing under: X Form 5558		DFVC program						
	special extension (enter description	on)							
Pa	art II Basic Plan Information—enter all requested information	,							
	Name of plan	ation		1h	Three-digit				
	OB BORNSTEIN, MD & HAROLD N. BORNSTEIN, MD, PC PROFIT	SHARING	S PLAN		plan number				
			(PN) ▶ 002						
		1c	Effective date of plan						
					07/01/1981				
2a	Plan sponsor's name and address; include room or suite number (e: OB BORNSTEIN, MD & HAROLD N. BORNSTEIN, MD, PC	mployer, if	for a single-employer plan)		Employer Identification Number				
0/10	OB BORROTEIN, MB & TIMROED II. BORROTEIN, MB, TO		-		(EIN) 13-2667796				
				2C	Sponsor's telephone number 212-988-6600				
	EAST 78TH STREET V YORK, NY 10021			2d	Business code (see instructions)				
14211	7 10100, 11 10021			Zu	621111				
3a	Plan administrator's name and address (if same as plan sponsor, er	nter "Same) ")	3b	Administrator's EIN				
JACC	OB BORNSTEIN, MD & HAROLD N. BORNSTEIN, 101 EAST 78	TH STREE			13-2667796				
MD, I	PC NEW YORK,	NY 10021		3с	Administrator's telephone number				
	If the common surd/or FINI of the plant program has also read of the common through		none at file of four their value of section the	415	212-988-6600				
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 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	4							
b	Total number of participants at the end of the plan year			5b	4				
С	Number of participants with account balances as of the end of the p	olan year (defined benefit plans do not						
	complete this item)			5c	<u> </u>				
6a	Were all of the plan's assets during the plan year invested in eligib		,		X Yes No				
b	3			PA)	X Yes □ No				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
Part III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year				
а		. 7a	1312859		1414862				
b			0		0				
С			1312859		1414862				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total				
а			, ,		(4) 10381				
	(1) Employers	. 8a(1)	0						
	(2) Participants	. 8a(2)	0						
	(3) Others (including rollovers)	8a(3)	0						
b	Other income (loss)	. 8b	102135						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			102135				
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	132						
h					132				
i	Net income (loss) (subtract line 8h from line 8c)				102003				
j	Transfers to (from) the plan (see instructions)	. 8i	0						

Form	5500	SF	201

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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
 - 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	1							
10		ng the plan year:		Yes	No	<u> </u>	Α	mount		
а	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)									
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	10b		X					
С	C Was the plan covered by a fidelity bond?									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?										
е										
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		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		X					
i		th was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i							
art	VI	Pension Funding Compliance								
11										
12		ris a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Ye	s X	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, and enter the date of the letter ruling granting the waiver										
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.										
b	Ente	r the minimum required contribution for this plan year			12b					
С	Ente	r the amount contributed by the employer to the plan for this plan year			12c					
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount)			12d					
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Y	es	No		N/A
art	VII	Plan Terminations and Transfers of Assets								
13a	Has	a resolution to terminate the plan been adopted in any plan year?				Yes	X No			
		es," enter the amount of any plan assets that reverted to the employer this year		1						
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control										
of the PBGC?										
13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) I							3) PN	l(s)		
Caut	ion: A	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	estab	olished	i.			
		alties of perjury and other penalties set forth in the instructions, I declare that I have examined this retredule MB completed and signed by an enrolled actuary, as well as the electronic version of this return.								
halia	:4:0	true correct and complete								

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	09/25/2012	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				

Form 5500-SF

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Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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2011

OMB Nos. 1210-0110

1210-0089

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		dance wil	n the instructions to the Form 55	JU-5F.						
	art Annual Report Identification Information									
For		01/01/2	2011 and ending		12/31/201	.1				
Α	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-particip	ant plan				
В	This return/report is: the first return/report	the final i	eturn/report							
	· F	a short pla	an year return/report (less than 12 n	nonths)						
_	Check box if filing under:	•	c extension	,	DFVC progra	m				
C	special extension (enter description	i	o extension		L Di vo progra					
0000			eddesskindabonsoanabonsoannoonnoonnoonnoonnoonnoonnoonnoonno	**************	nnonnonnonnonnonnontribusotur:	Dánasadakakakakamakamamataannançojannan				
	art II Basic Plan Information—enter all requested inform	ation		16	Three-digit	~~~~				
Ta	Name of plan	`AT A/I'\	D.C.	טו	plan number					
	JACOB BORNSTEIN, MD & HAROLD N. BORNSTEI	.IN , IMI,	FC		(PN) ▶	002				
	PROFIT SHARING PLAN			1c	Effective date of					
					07/01/1981					
2a	Plan sponsor's name and address; include room or suite number (e	mployer, i	f for a single-employer plan)	2b	Employer Identif	ication Number				
	JACOB BORNSTEIN, MD & HAROLD N. BORNSTEIN, MD, PC				(EIN) 13-266					
	BOINGILLIN, 115, 10			2c	Sponsor's telepl	hone number				
	101 EAST 78TH STREET			0.1	(212) 988-					
			XXX 10001	2 a	Business code (: 621111	see instructions)				
22	NEW YORK Plan administrator's name and address (if same as plan sponsor, er	ntor "Same	NY 10021	3h	Administrator's E	=INI				
Ja	SAME	iller Saine	,	35	Administrators	-114				
				3c	Administrator's t	elephone number				
4	If the name and/or EIN of the plan sponsor has changed since the I	ast return/	report filed for this plan, enter the	4b	EIN					
а	name, EIN, and the plan number from the last return/report. Sponsor's name			4c	₽N					
5a				5a	T					
b				5b						
0	Number of participants with account balances as of the end of the p			30						
·	complete this item)			5c						
6a	Were all of the plan's assets during the plan year invested in eligible	le assets?	(See instructions.)			X Yes No				
b	Are you claiming a waiver of the annual examination and report of a									
	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 Fourt III Financial Information	orm 5500-	SF and must instead use Form 55	00.						
_										
7	Plan Assets and Liabilities		(a) Beginning of Year 1,312,85	- - a	(b) End	1,414,86				
a	Total plan assets	7a	1,312,00	7-7		1,414,00				
b	•	7b	1 212 0	- 0		1,414,86				
-	Net plan assets (subtract line 7b from line 7a)	7c	1,312,85	اد ر						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	********	(b) T	otal				
a	Contributions received or receivable from: (1) Employers	8a(1)		0						
	(2) Participants	8a(2)		o						
	(3) Others (including rollovers)	8a(3)		o						
b		8b	102,13	3.5						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)					102,13				
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	13	32						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)					132				
i	Net income (loss) (subtract line 8h from line 8c)					102,00				
. j	Transfers to (from) the plan (see instructions)			0						

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Par	t IV Plan Characteristics	Reservo	***************************************		0.0000000000000000000000000000000000000		
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char 2A 2E 3D	acteris	stic Co	des in	the instruction	ons:	
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	cterist	ic Cod	es in ti	he instruction	ns:	
Part	V Compliance Questions	***************************************	•••••	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
10	During the plan year:		Yes	No	Δ	mount	
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		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			125,00	
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			
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		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10a		Х		• • • • • • • • • • • • • • • • • • • •	
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					
Part	VI Pension Funding Compliance	Maritan pharma		**************		· · · · · · · · · · · · · · · · · · ·	
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					Yes X No	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	802 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 instrugranting the waiver	ctions, ith	and e	nter tn Day	ie date of the	e letter ruling 'ear	
lf :	you 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		··· L	12c			
d	d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)						
e	Will the minimum funding amount reported on line 12d be met by the 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?	<u></u>		Y	es X No	THE PROPERTY OF THE PROPERTY O	
	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 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 the which assets or liabilities were transferred. (See instructions.)	he plar	n(s) to				
1	3c(1) Name of plan(s):	ļ	130	(2) EI	N(s)	13c(3) PN(s)	
						NO. 100 CO. 10	

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

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.

			<u> </u>	<i></i>					
SIGN		9	71	Clac	HAROLD N. BORNSTEIN, MD				
HERE	Signature of plan administrator	Date	J		Enter name of individual signing as plan administrator				
SIGN									
SIGN . HERE	Signature of employer/plan sponsor		Date		Enter name of individual signing as employer or plan sponsor				
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~									