Benefit Plan           This form is required to be filed under sections 104 and 4065 of the Employee Interma Revenue Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Intermal Revenue Code (the Code).         Coll 1           Part I         Annual Report Identification Information           Periodic Beauty Administrator         > Complete all entries in accordance with the instructions to the Form 5500-SF.         This Form is Open to Pul Inspection           Part I         Annual Report Identification Information         and ending         12/31/2011         This open to Pul Inspection           For calendar plan year 2011 or fiscal plan year beginning         01/01/2011         and ending         12/31/2011           A This return/report is         is a single-employer plan         and ending         12/31/2011         a one-participant plan           B This return/report is         in a amended return/report         a short plan year return/report (less than 12 months)         D FVC program           C Check box if filing under:         Special extension (enter description)         D FVC program         Special extension (enter description)           Part II         Basic Plan Information—enter all requested information         1         The e-digit plan number         D FVC program           2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)         2b Employer denti							
Department of Labor         Retirement income Security Act of 1974 (ERISA), and sections 6057(b) and 6059(a) of the Internal Revenue Code (the Code).         This Form is Open to Put Inspection           Periodic Bearding Guaranty Corporation         > Complete all entries in accordance with the instructions to the Form 5500-SF.         This Form is Open to Put Inspection           Part 1         Annual Report Identification Information         a single-employer plan         and ending         12/31/2011           A This return/report is for:         a single-employer plan         a work of the first return/report         a one-participant plan           B This return/report is:         the first return/report         a short plan year return/report (less than 12 months)         DFVC program           C Check box if filing under:         Special extension (enter description)         DFVC program         DFVC program           Part II         Basic Plan Information—enter all requested information         1b         Three-digit plan number (PN) >         002           2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)         2b         Employer Identification Number (EIN) 13-2666341           2a Plan administrator's name and address (if same as plan sponsor, enter "Same")         77 PONDFIELD ROAD BRONXVILLE, NY 10708         3b         Administrator's telephone numer 914-783-1500           4         If the name and/or EIN of the plan sponsor has changed since the l							
Part I       Annual Report Identification Information         For calendar plan year 2011 or fiscal plan year beginning       01/01/2011       and ending       12/31/2011         A This return/report is for:       a single-employer plan       a multiple-employer plan (not multiemployer)       a one-participant plan         B This return/report is:       the first return/report       a short plan year return/report       a one-participant plan         C Check box if filing under:       Form 5558       automatic extension       DFVC program         special extension (enter description)       special extension (enter description)       002         Part II       Basic Plan Information—enter all requested information       1b       Three-digit plan number (PN)         Quart II       Basic Plan Information—enter all requested information       1c       Effective date of plan 10/01/1980         Za Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2b       Employer Identification Number (PN)       002         TP PONDFIELD ROAD       77 PONDFIELD ROAD       2b       Employer Identification State St	lic						
For calendar plan year 2011 or fiscal plan year beginning       01/01/2011       and ending       12/31/2011         A This return/report is for:       A single-employer plan       a multiple-employer plan (not multiemployer)       a one-participant plan         B This return/report is:       the first return/report       a short plan year return/report (less than 12 months)       a one-participant plan         C Check box if filing under:       If form 5558       automatic extension       DFVC program         special extension (enter description)       special extension (enter description)       DFVC program         Part II       Basic Plan Information—enter all requested information       1       Three-digit plan number (PN) ▶         1a Name of plan       EDUARDO SAPONARA, MD, PC PROFIT-SHARING PLAN       1       Three-digit plan number (PN) ▶         22a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2       Employer Identification Number (PN) ▶         22d Business code (see instruction 621111       3a Plan administrator's name and address (if same as plan sponsor, enter "Same")       3b       Administrator's EIN         34 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       3c       Administrator's EIN         4       If the name and/or EIN of the plan sponsor has changed since the la							
A This return/report is for:       a single-employer plan       a multiple-employer plan (not multiemployer)       a one-participant plan         B This return/report is:       the first return/report       a short plan year return/report (less than 12 months)         C Check box if filing under:       Form 5558       automatic extension       DFVC program         Part II       Basic Plan Information—enter all requested information       1       Three-digit plan number (PN) ▶       002         1a Name of plan       EDUARDO SAPONARA, MD, PC PROFIT-SHARING PLAN       1b Three-digit plan number (PN) ▶       002         22a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2b Employer Identification Number (EIN)       13-2666541         77 PONDFIELD ROAD       ReonxVILLE, NY 10708       2d Business code (see instruction 621111       3a Plan administrator's name and address (if same as plan sponsor, enter "Same")       3b Administrator's telephone number 914-793-1500         24 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.       3b Administrator's telephone numer 914-793-1500         25 Total number of participants at the beginning of the plan year.       5a       5a							
A This fedure/equilities (d).       □ or of participants at the beginning of participants at the beginning of participants at the beginning of the plan equilibrium of participants at the beginning of the plan equilibrium of participants at the beginning of the plan equilibrium of participants at the beginning of the plan equilibrium of the plan eq							
an amended return/report       a short plan year return/report (less than 12 months)         C Check box if filing under:       Form 5558       automatic extension       DFVC program         Part II       Basic Plan Information—enter all requested information       1b       Three-digit plan number (PN) ▶       002         1a Name of plan       1b       Three-digit plan number (PN) ▶       002       1c       Effective date of plan 10/01/1980         2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2b       Employer Identification Number (EIN) 13-2666541         77 PONDFIELD ROAD       77 PONDFIELD ROAD       2d       Business code (see instruction 621111)         3a Plan administrator's name and address (if same as plan sponsor, enter "Same")       3b       Administrator's telephone number 13-2666541         2c Administrator's name and address (if same as plan sponsor, enter "Same")       3b       Administrator's telephone num 914-793-1500         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.       4c       PN         5a       5a       5a       5a       5a       5a							
C Check box if filing under:       Form 5558       automatic extension       DFVC program         Part II       Basic Plan Information—enter all requested information       1       Three-digit plan number (PN) b       002         1a Name of plan       Ib Three-digit plan number (PN) b       002       1       C Effective date of plan 10/01/1980         2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2b Employer Identification Number (EIN 011/980         77 PONDFIELD ROAD       2b Employer Identification Number (EIN 013-2666541       2c Sponsor's telephone number 914-793-1500         3a Plan administrator's name and address (if same as plan sponsor, enter "Same")       3b Administrator's telephone number 914-793-1500         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.       4c PN         5a       Total number of participants at the beginning of the plan year.       5a							
gecial extension (enter description)         Part II       Basic Plan Information—enter all requested information         1a       Name of plan         EDUARDO SAPONARA, MD, PC PROFIT-SHARING PLAN       1b       Three-digit plan number (PN) ▶         2a       Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2b       Employer Identification Number (EIN) 13-2666541         2c       Sponsor's telephone number 914-793-1500       2d       Business code (see instruction 621111)         3a       Plan administrator's name and address (if same as plan sponsor, enter "Same")       3b       Administrator's telephone number 13-2666541         2c       SponxVILLE, NY 10708       3b       Administrator's telephone number 621111         3a       Plan administrator's name and address (if same as plan sponsor, enter "Same")       3b       Administrator's telephone num 914-793-1500         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.       4c       PN         5a       5a       5a       5a							
Part II       Basic Plan Information—enter all requested information         1a       Name of plan         EDUARDO SAPONARA, MD, PC PROFIT-SHARING PLAN       1b       Three-digit plan number (PN) ▶         2a       Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2b       Employer Identification Number (EIN)         27       PONDFIELD ROAD BRONXVILLE, NY 10708       2d       Business code (see instruction 621111         3a       Plan administrator's name and address (if same as plan sponsor, enter "Same") EDUARDO SAPONARA, MD, PC       77 PONDFIELD ROAD BRONXVILLE, NY 10708       3b       Administrator's EIN 13-2666541         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.       4b       EIN         5a       5a       5a							
1a Name of plan       1b Three-digit plan number (PN) >       002         1c Effective date of plan 10/01/1980       002         2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2b Employer Identification Number (EIN) 13-2666541         2c Sponsor's telephone number 914-793-1500       2d Business code (see instruction 621111         3a Plan administrator's name and address (if same as plan sponsor, enter "Same")       3b Administrator's EIN 13-2666541         2c Sponsor's telephone number 914-793-1500       2d Business code (see instruction 621111         3a Plan administrator's name and address (if same as plan sponsor, enter "Same")       3b Administrator's EIN 13-2666541         2c Sponsor's telephone number 914-793-1500       2d Business code (see instruction 621111         3a Plan administrator's name and address (if same as plan sponsor, enter "Same")       3b Administrator's EIN 13-2666541         2c Administrator's name and address (if same as plan sponsor, enter "Same")       3b Administrator's telephone number 914-793-1500         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.       4b EIN         4 Sponsor's name       4c PN       5a							
EDUARDO SAPONARA, MD, PC PROFIT-SHARING PLAN       plan number (PN) ▶       002         1c       Effective date of plan 10/01/1980       002         2a       Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) EDUARDO SAPONARA, MD, PC       2b       Employer Identification Number (EIN)       13-2666541         2c       Sponsor's telephone number 914-793-1500       2d       Business code (see instruction 621111         3a       Plan administrator's name and address (if same as plan sponsor, enter "Same") EDUARDO SAPONARA, MD, PC       77 PONDFIELD ROAD BRONXVILLE, NY 10708       3b       Administrator's EIN 13-2666541         3a       Plan administrator's name and address (if same as plan sponsor, enter "Same") EDUARDO SAPONARA, MD, PC       77 PONDFIELD ROAD BRONXVILLE, NY 10708       3b       Administrator's EIN 13-2666541         3a       Plan administrator's name and address (if same as plan sponsor, enter "Same") EDUARDO SAPONARA, MD, PC       77 PONDFIELD ROAD BRONXVILLE, NY 10708       3b       Administrator's telephone num 914-793-1500         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.       4b       EIN         5a       5a       5a							
(PN) ▶       002         1c       Effective date of plan 10/01/1980         2a       Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) EDUARDO SAPONARA, MD, PC       2b       Employer Identification Number (EIN)         77       PONDFIELD ROAD BRONXVILLE, NY 10708       2c       Sponsor's telephone number 914-793-1500         2d       Business code (see instructior 621111       3b       Administrator's EIN 13-2666541         3a       Plan administrator's name and address (if same as plan sponsor, enter "Same") EDUARDO SAPONARA, MD, PC       77 PONDFIELD ROAD BRONXVILLE, NY 10708       3b         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.       a       Sponsor's name         4       FN       5a       5a       5a							
2a       Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2b       Employer Identification Number (EIN)         2b       Employer Identification Number (EIN)       13-2666541         2c       Sponsor's telephone number 914-793-1500         2d       Business code (see instruction 621111         3a       Plan administrator's name and address (if same as plan sponsor, enter "Same")         EDUARDO SAPONARA, MD, PC       77 PONDFIELD ROAD BRONXVILLE, NY 10708         3b       Administrator's EIN 13-2666541         3c       Administrator's telephone num 914-793-1500         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.         a       Sponsor's name         4c       PN         5a       Total number of participants at the beginning of the plan year							
EDUARDO SAPONARA, MD, PC     (EIN)     13-2666541       77 PONDFIELD ROAD BRONXVILLE, NY 10708     2c     Sponsor's telephone number 914-793-1500       2d     Business code (see instruction 621111       3a     Plan administrator's name and address (if same as plan sponsor, enter "Same") EDUARDO SAPONARA, MD, PC     77 PONDFIELD ROAD BRONXVILLE, NY 10708       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.     4b       a     Sponsor's name     4c       5a     Total number of participants at the beginning of the plan year     5a							
77 PONDFIELD ROAD BRONXVILLE, NY 10708       914-793-1500         2d       Business code (see instruction 621111         3a Plan administrator's name and address (if same as plan sponsor, enter "Same") EDUARDO SAPONARA, MD, PC       77 PONDFIELD ROAD 8RONXVILLE, NY 10708         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.       4b         a Sponsor's name       4c       PN         5a       Total number of participants at the beginning of the plan year	r						
BRONXVILLE, NY 10708       2d Business code (see instruction 621111         3a Plan administrator's name and address (if same as plan sponsor, enter "Same")       3b Administrator's EIN         EDUARDO SAPONARA, MD, PC       77 PONDFIELD ROAD         BRONXVILLE, NY 10708       3c Administrator's telephone num 914-793-1500         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.       4b EIN         a Sponsor's name       4c PN         5a Total number of participants at the beginning of the plan year							
EDUARDO SAPONARA, MD, PC       77 PONDFIELD ROAD BRONXVILLE, NY 10708       13-2666541         3c       Administrator's telephone num 914-793-1500         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.       4b       EIN         a       Sponsor's name       4c       PN         5a       Total number of participants at the beginning of the plan year       5a	s)						
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.       4b       EIN         a       Sponsor's name       4c       PN         5a       5a       5a							
a Sponsor's name     4c PN       5a Total number of participants at the beginning of the plan year	ber						
a Sponsor's name       4c PN         5a Total number of participants at the beginning of the plan year       5a							
<b>b</b> . Total number of participants at the end of the plan year	4						
b Total number of participants at the end of the plan year	4						
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	4						
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	No						
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) 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.							
Part III Financial Information							
7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year							
a Total plan assets         7a         1623956         1698808							
b         Total plan liabilities							
8     Income, Expenses, and Transfers for this Plan Year     (a) Amount     (b) Total       a     Contributions received or receivable from:     (b) Total							
(1) Employers							
(2) Participants							
(3) Others (including rollovers)							
b Other income (loss)							
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)							
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)							
Certain deemed and/or corrective distributions (see instructions) 8e							
f Administrative service providers (salaries, fees, commissions)							
g Other expenses							
h Total expenses (add lines 8d, 8e, 8f, and 8g)							
i Net income (loss) (subtract line 8h from line 8c)							
j Transfers to (from) the plan (see instructions)							

Page 2 - 1

## 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: 2A 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	During the plan year:		Yes	No		Amo	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)	10a		X				
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					150000
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				
e								
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.)	10g		Х				
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)							
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								
Part	Part VI Pension Funding Compliance							
11       Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))         Yes       X								
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.)								
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								
If 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			12c				
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?								
Part VII Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted in any plan year?			١	res X	No		
	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 under the control of the PBGC?								
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)								
1	3c(1) Name of plan(s):		130	c <b>(2)</b> El	N(s)		13c(3)	PN(s)
Caut	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e cau	ise is	establ	ished.			
Under penalties of periury 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.	10/01/2012	EDUARDO SAPONARA					
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN	Filed with authorized/valid electronic signature.	10/01/2012	EDUARDO SAPONARA					
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor					

	Form 5500-SF	Short Form Annual R	OMB Nos. 1210-01 1210-00						
	Internal Revenue Service	This form is required to be file	ee	2011					
	Department of Labor nployee Benefits Security Administration	Retirement Income Security Act the Intern	B(a) of	This Form is Open to Public Inspection					
112200	► Complete all entries in accordance with the instructions to the Form 5500-SF.								
260302023	the calendar plan year 2011 or fis	dentification Information	01 /0	1 (0011		/21 /0011			
_	F			1/2011 and ending	12 Г	2/31/2011			
_	This return/report is for:		•	-employer plan (not multiemployer)	l	a one-participant plan			
в	This return/report is:	the first return/report		eturn/report					
		an amended return/report	a short pla	an year return/report (less than 12 mo	nths)	_			
С	Check box if filing under:	G Form 5558	automatic	extension	L	DFVC program			
special extension (enter description)									
	Part II Basic Plan Information enter all requested information.								
1a	Name of plan					Three-digit plan number			
	EDUARDO SAPONARA, MD,	PC PROFIT-SHARING PLAN				(PN) ► 002			
					1c	Effective date of plan			
22	Dian changer's name and addre					10/01/1980			
٤a	EDUARDO SAPONARA, MD,	ss; include room or suite number (em PC	ipioyer, if to	r single-employer plan)		Employer Identification Number (EIN) 13-2666541			
	77 PONDFIELD ROAD				2c	Plan sponsor's telephone number (914) 793-1500			
						Business code (see instructions)			
$\frac{\text{US}}{3a}$	BRONXVILLE Plan administrator's name and a	NY 10708 address (If same as plan sponsor, ent	or "Como")			621111			
ou	Same	iduless (il same as plan sponsor, ent	er Same)		งม	Administrator's EIN			
			0_						
		<b>3c</b> Administrator's telephone number							
				in the second					
4	If the name and/or EIN of the pla name, EIN, and the plan numbe	an sponsor has changed since the las r from the last return/report.	t return/rep	ort filed for this plan, enter the	4b	EIN			
	Sponsor's Name				4c	PN			
5a		he beginning of the plan year			5a	4			
b C	Total number of participants at the	he end of the plan year	••••		<u>5b</u>	4			
	complete this item)		n year (den		5c	4			
6a	Were all of the plan's assets dur	ing the plan year invested in eligible a	assets? (Se	e instructions.)					
b	<b>b</b> Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)								
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
Pa	Int III Financial Information		10000-01	and must instead use form 5500.	nan in the second				
7	Plan Assets and Liabilities			(a) Beginning of Year	ľ	(b) End of Year			
а	Total plan assets		. 7a	1,623,956	1	1,698,808			
b	Total plan liabilities	• • • • • • • • • • • •	. 7b						
C	Net plan assets (subtract line 7b	from line 7a)	. 7c	1,623,956		1,698,808			
8	Income, Expenses, and Transfer			(a) Amount		(b) Total			
а	Contributions received or received (1) Employers		. 8a(1)	55,283					
	(2) Participants		. 8a(2)		-				
	(3) Others (including rollovers).		8a(3)		-				
b	Other income (loss)		8b	25,230	-				
С	Total income (add lines 8a(1), 8a	a(2), 8a(3), and 8b)	Sec. 80.000	an ann an		80,513			
d	Benefits paid (including direct rol to provide benefits)	lovers and insurance premiums	8d	5,661					
е		e distributions (see instructions)	8e						
f	Administrative service providers	(salaries, fees, commissions)	8f						
g		•••••••	8g						
h		, 8f, and 8g) • • • • • • • •	8h			5,661			
i	Net income (loss) (subtract line 8	th from line 8c).	8i			74,852			
j		instructions)							

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

Form 5500-SF (2011) v.012611

## **Plan Characteristics** Part IV

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 3D

Page **2-**

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Pa	rt V Compliance Questions						
10	During the plan year:		Yes	No	1	Amount	
a b	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			
0	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	x				150,00
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		x			
е	Were any fees or commisions paid to any brokers, agents, or other persons by an insurance carrier, insurance services 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?			x			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)						
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			x 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						
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complet	ete Scl	hedule	e SB (F	Form		
12       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?       Yes 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 instructio granting the waiver	th		er the o Day	late of the	letter ruling Year	g 
b	Enter the minimum required contribution for this plan year	• •	• _	12b			
c d	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 of a negative amount)			12c 12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	
Part	VII Plan Terminations and Transfers of Assets	•••	•••	•			N/A
13a	Has a resolution to terminate the plan been adopted in any plan year?	• •	•	•••		. 🗌 Yes	XNo
b	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a			
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought und of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)			) • •	• • •	• 🗌 Yes	XNo
1	3c(1) Name of plan(s):		130	(2) Ell		12-(2)	
			130	(2) []	<u>v(S)</u>	130(3	PN(s)
		9					
Cautio	n: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cau						
Under   SB or S	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/re Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/reagen	nort ir	aaludir	a if a	nnliaahla	a Schedule	)
			to the	Dest C	n my know	viedge and	
SIGN	V/26//2 EDUARDO SAPON	IARA					

SIGN	1/26/12	EDUARDO SAPONARA
HERE Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN A MARANA	9/1/11	EDUARDO SAPONARA
HERE Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor