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).

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1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation Complete all entries in accord	dance wit	h the instructions to the Form 5500	0-SF.		p-0-11-11
Pa	art I Annual Report Identification Information					
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending 1	2/31/2	011	
Α	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-particip	oant plan
	This return/report is:	the final r	eturn/report		_	
_			an year return/report (less than 12 mo	onths)		
_	片_ ' 片	•	• • •	511ti115) [DEVC progra	m
C			extension	L	DFVC progra	1111
_	special extension (enter description)	,				
	art II Basic Plan Information—enter all requested information	ation				
	Name of plan		LA TRUCT		Three-digit	
NEVV	YORK PODIATRIC MEDICINE & SURGERY 401(K) PROFIT SHAF	RING PLAI	N& IRUSI		plan number (PN)	001
					Effective date of	
				.0	01/01/	
2a	Plan sponsor's name and address; include room or suite number (er	mplover, if	for a single-employer plan)	2b	Employer Identif	fication Number
	YORK PODIATRIC MEDICINE & SURGERY PC	,	The area of the same of the sa			26389
				2c	Sponsor's telep	hone number
50 F	AST 42ND STREET				212-867	
ROO	M 513			2d	Business code (see instructions)
NEW	YORK, NY 10017				62111	1
	Plan administrator's name and address (if same as plan sponsor, er			3b	Administrator's I	
NEW	YORK PODIATRIC MEDICINE & SURGERY PC 50 EAST 42N ROOM 513	ID STREE	Т			26389
	NEW YORK,	NY 10017		3C	Administrator's t 212-867	elephone number
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/	report filed for this plan, enter the	4b		2000
•	name, EIN, and the plan number from the last return/report.	ast return	report med for this plant, effect the	70	LIIN	
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 p					
	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	an indeper	ndent qualified public accountant (IQF	PA)		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a					X Yes No
Do	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information	orm 5500-	SF and must instead use Form 550	00.		
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	169359
а	Total plan assets	. 7a				
b	Total plan liabilities		0			0
С	Net plan assets (subtract line 7b from line 7a)	7c	172606			169359
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal
а	Contributions received or receivable from:	90(1)	0			
	(1) Employers	8a(1)	0			
	(2) Participants	8a(2)	0			
	(3) Others (including rollovers)	8a(3)				
b	Other income (loss)	8b	-3247			2047
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				-3247
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			
	·		0			
t ~	Administrative service providers (salaries, fees, commissions)	8f	0			
g	Other expenses (add lines add 02 of and 02)	. 8g	J			0
n :	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				-3247
!	Net income (loss) (subtract line 8h from line 8c)					-3241
J	Transfers to (from) the plan (see instructions)	Rί	0			

Form	5500	SF	201

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Part IV	Plan	Charac	eteristics

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

Part	V Compliance Questions							
10	During the plan year:		Yes	No		Amo	unt	
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		X				
С	Was the plan covered by a fidelity bond?	10c	Χ				5	500000
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 2520.101-3.)	10h		X				
İ	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		X				
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))					П	Yes	No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						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 instruct granting the waiver							
lf y	ou 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 negative amount)			12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	0	N/A
art	VII Plan Terminations and Transfers of Assets							
13a	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 u of the PBGC?		the co	ntrol		П	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.)	e plar	n(s) to			ш		
1	3c(1) Name of plan(s):		130	(2) Ell	۷(s)	1	3c(3)	PN(s)
Cauti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	ם רפוי	eo ie	ostabli	ehad			
	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return					able a	Coho	dulc
	periaties of perjury and utility periaties set fortil in the inistructions, i deciare that i have examined this return.							

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	10/02/2012	DR.JAMES MILIDANTRI
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 Banefils Security Administration

Penalon Benefil Guaranty Corporation

Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filled 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.

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

	Part I Annual Report Identification Information		1010	<u> </u>		_		
		01/01/	2011 and ending		12/31/2011			
Ą	This return/report is for:] в տոյու	de-employer plan (not multiemployer)	<u> </u>				
В	This return/report is: The first return/report		l teturi/report		a one-participant p	lan		
	an amended rolurry/report	=	· · · · · · · · · · · · · · · · · · ·					
C			olan year return/report (leas than 12 mo	ontha)			
·	Check box If filing under:		ilo extension		DFVC program			
_	apacial extension (enter description	ion)						
_	art II Basic Plan Information—enter all requested Inform	nation						
7;	a wame or plan	-		1h	Three-digit			
	NEW YORK PODIATRIC MEDICINE &				plan number			
	SURGERY 401 (K) PROFIT SHARING PLAN & TRE	ሽፍጥ			(PN) Þ	001		
				1c	Effective date of plan			
28	Pen sponsor's name and address: include room or public and a		***		01/01/2006			
	Plan sponsor's name and address; include room or sulte number (of NEW YORK PODIATRIC MEDICINE &	amployer,	if for a single-employer plan)	2b	Employer Identification	3 Number		
	SURGERY PC		i		(EIN) 20-3426389)		
				2c	Sponsor's telephone	number		
	50 EAST 42ND STREET	Į.		(212) B67-250	Q:			
	ROOM 513 NEW YORK			2 d	Business code (see in	structions)		
3a	Plan administrator's name and address (if same as plen sponsor, e	-4 NO -	NY 10017		621111			
	SAME	HILD TOUR	ie ⁻ j	3b	Administrator's EIN			
				30	Admini to the second			
_		36	Administrator's telepho (212) 867-250	one number				
4	If the name and/or EIN of the plan sponsor has changed since the name. EIN, and the plan number from the lace migration	4b EIN						
я	name. EIN, and the plan number from the last return/report. Sponsor's name		,		Litt			
5a				4c	PN			
_	the plant year	***************************************		5a		2		
D	Fotal number of participants at the end of the plan year					2		
C	NUMBER of participants with account balances so of the and of the		4 t t	5b	 			
6a	CONTRACTOR OF THE PROPERTY OF	res417.4 00		5c		2		
	Average on or true higher stateds could the bigu year invested in eligib	le assats?	(See Instructions)		X	Yes No		
_								
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the plan cannot use Found t	and coudi	OF and much be at the second	· · · · · · · · · · · · · · · · · · ·	·········· 🕱	Yee 📗 No		
Ρá	rt fil Financial Information	orm page	SF Mile Inust Instead USG Form 550	0.				
7	Plan Assels and Liabilities	1	112	т				
а	Total plan assets		(a) Beginning of Year	 	(b) End of Yes			
b	Total plan liabilities		172,606	<u>1</u>		169,359		
	Net plan assets (subtract line 7b from line 7s)	7 <u>b</u>	C	<u> </u>		Ō		
8		7¢	172,606	<u> </u>		169,359		
a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount	1	(b) Total			
-	(1) Employers	g ₀ (4)						
	(2) Participants	Ba(1)		3	•			
	(3) Others (including rollovers)	88(2)		1	1			
h	Other Income (loss)	8a(3)		1				
C	Other Income (loss)	8h	(3,247)		·	_		
d	Total Income (add fines 8a(1), 8a(2), 8e(3), and 8b)	Bc				(3,247)		
_	Benefits paid (including direct relievers and insurance premiums to provide benefits)	D-A	-					
e	Certain deemed and/or corrective distributions (see instructions),,,	Bd .						
	Administrative service providers (selacies, fees, commissions)	8e	0	Ī				
		8f	0		•			
h	Other expenses (Add Boss 84, 85, as and 8.)	<u>Bg</u>	0		<u> </u>			
.,	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				0		
i	Net income (loss) (subtract line 8h from line 8c)	81	<u>.</u>			(3,247)		
) 	Transfers to (from) the plan (see instructions)	8 <u>J</u>	o					
or M	perwork Reduction Act Notice and OMB Control Numbers, see the instructions for Fo	ovm 5500-5			Form 5	500-9F (2011)		

Form	SSOC	J-6 E	700.4	

Page 2 -

	nt IV					<u>~</u>		······			
9a	If th	e plan provides pension benefits, enter the applicable pension RE 2G 2J 2K 3D	feature codes from	the List of Plan Char	acteri	etic Co	viee is	n Dan James			•
b											
Par		Compliance Questions									
10	Dur	ing the plan year:						т			
a	₩a	s there a fallure to transmit in the olan any carticloant contribut	emit edt nid tlw anol	Derind described to		Yes	No	╄	Amou	<u>ınt</u>	
		A TO TO TO THE TOTAL TOT	CIOD/ Correction Dec		10a		Х				
_	. 440	re there any nonexempt transactions with any party-in-interest?	1/0	_		-		 			
C	Wa	e the plan covered by a fidelity bond?	FP9\$9 -PP131 6 18436166- 176(1 704	#24#}\$-#4 bookingspp14	10Ь		_X				
d	Dld	the plan have a loss, whather or not reimburged bushs also to	Satarra I I		10c	_X				500	,00
					10d		x				
e	insu	e any lees or commissions paid to any brokers, agents, or other rance service or other organization that provides some or all of uctions.)	or persons by an ins	urance carrier,			x	 			
·f	Has	the plan falled to provide any benefit when due under the plan	7	******************************	10a			 			
Я	Dia	the plan have any participant loans? (if "Yes," enter amount ৰঙ		*************************	10f		X				
h	II Oni	১ is an individual account plan, was there a history period? /ও	San Inchristian	100.000	16g		×	↓			
		71 O - O - O O O O O O O			10h		x	ĺ			
J	II 10	h was answered "Yes," check the box if you either provided the prions to providing the notice applied under 29 CFR 2520.101	a roquimad mailes	[3/				
Part	VI.	Pension Funding Compliance	O	rp	101		X	Ц			
11	ls thi	s a defined benefit plan subject to minimum funding requirement	n)e7 /16 "Vog " goo -								
		V	<u> </u>	<u> </u>					П	Yes 🗍	No
12	19 11	is a detrined contribution bigu enplact to the willimity thidqing t	ises to einemetlupe	ion 412 of the Code	of sec	tion 3	02 of	ERISA?	- ,	Yes X	_
	lf a w grant	es, complete 12a or 12b, 12c, 12d, and 12a below, as applicately of the minimum funding standard for a prior year is being ing the waiver.	bie,) ; amoriized in (his p	lan year, see instruct					- .		,
b	Enler	ompleted line 12a, complete lines 3, 9, and 10 of Schedule	MB (Form 5500), <u>a</u>	nd akip to line 13.		_					
C	Enter	the minimum required contribution for this plan year	······	61971]d	******	· -	12b				
u	gudil	acting amount in line 12c from the amount in line 12b. Enter H	he requif (enter a m	leuro ofen en skri 4-44 a	4 -	_	12c				
	,,,,		descents 4			. '	12d				,
<u>e</u>	Will d	no minimum funding amount reported on line 12d be met by the	a funding deadline?	<u> </u>	********			Yes	No	П	N/A
art	Aff'	Plan Terminations and Transfers of Assets									
13a	Has s	resolution to terminate the plan been adopted in any plan year?			111/->		TY	ee X N	in		_
	1) 'YE	 enter the amount of any plan assets that reverted to the em 	ployer this year		19						
Ų	were	all the plan assets distributed to participants or hopeforeries in	canalacted to spett.		-	-	troi				_
	which	PBGC?ng this plan year, any assets or liabilities were transferred from assets or liabilities were transferred. (See instructions.)	this plan to anothe	er plan(s), identify the	plan(s) to	·		ПΑ	∕ө₅ 🛭	Nα
13	(1) (Name of plan(s);				13c	(2) E()	V(B)	130	¢(3) PN	l(s)
						_			 		797
Cautle	<u>т: А</u>	panalty for the late or incomplete filing of this return/report	t will be assessed	Uniner range achie							
SB ar	Sched	ties of pertury and other penalties set forth in the instructions, if the MB completed and signed by an enrolled actuary, as well a correct and complete.							ible, a S Knowled	ichedul Igo and	le í
SIGN		XVV	9/21/12	DB TRACE :		37,645-				_	
HERE		gridlere of plan administrator	Date	DR JAMES MI	_	_					
8IGN				Enter name of Indi	ividua.	ingla	ng Ba	<u>plan admi</u>	ujenato	<u>r</u>	
HERE	9 F	gnature of employer/plan sponsor	Data	 							
		TES -III-LIAN AMAIRIN Obesita Al	Date	Enter name of Indi	<u>vidue</u> i	signl	1 g a a	<u>епріоуег</u>	or plan	<u>врсп50</u>	ı <u>r</u>