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 DANIELE J. KENNY MD PC 401K PROFIT SHARING PLAN (PN) ▶ 002 1c Effective date of plan 04/01/2002 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number DANIELE J. KENNY MD PO 11-2990292 (EIN) 2c Sponsor's telephone number 631-698-7292 1312 MIDDLE COUNTRY ROAD SELDEN, NY 11784 2d Business code (see instructions) 621111 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN 1312 MIDDLE COUNTRY ROAD DANIELE J. KENNY MD PC SELDEN, NY 11784 3c Administrator's telephone number 631-698-7292 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 **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 197448 186267 Total plan assets..... 7a n 7b Total plan liabilities..... 197448 186267 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: 0 (1) Employers 8a(1) 0 (2) Participants 8a(2) 0 (3) Others (including rollovers)..... 8a(3) -3205 **b** Other income (loss)..... 8b -3205 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8с Benefits paid (including direct rollovers and insurance premiums 7976 to provide benefits)..... 8d 0 Certain deemed and/or corrective distributions (see instructions) ... 8e 0 Administrative service providers (salaries, fees, commissions)....... 8f 0 Other expenses..... 8g 7976 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h -11181 Net income (loss) (subtract line 8h from line 8c)..... 8i 0 Transfers to (from) the plan (see instructions)

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Form	5500	-S-	2011	

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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		Am	ount	
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		7		
Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Χ				
Was the plan covered by a fidelity bond?	10c	X					2000
Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Χ				
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				
Has the plan failed to provide any benefit when due under the plan?	10f		X				
Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
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						
t VI Pension Funding Compliance							
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))						Yes	X N
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code							
, , , , , , , , , , , , , , , , , , , ,	or se	ction 3	02 of I	ERISA?		Yes	X N
(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 th	e date d	of the le	tter ruli	ng
(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 th	e date d	of the le	tter ruli	ng
(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. Montyou 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.	ctions, th	and e	nter th Day _.	e date d	of the le	tter ruli	ng
(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 instructing the waiver. Mon 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. Enter the amount contributed by the employer to the plan for this plan year.	ctions, th of a	and e	nter th Day	e date d	of the le	tter ruli	ng
(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 th Day 12b 12c 12d	e date d	of the le	tter ruli	ng
(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. Mon 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. 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 th Day 12b 12c 12d	e date d	of the le	tter ruli	ng
(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	nter th Day 12b 12c 12d	e date o	of the le	tter ruli	ng
(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	nter th Day 12b 12c 12d	e date o	of the le	tter ruli	ng
(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	e date o	The lead of the le	tter ruli	ng N//
(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. Mon 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. 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? Will 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 plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the plan assets distributed to participants or beneficiaries.	of a	and e	12b 12c 12d	e date o	The lead of the le	tter ruli r	ng N//
(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	Yes X	of the le Yea	tter ruli r	ng
(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	nter th Day 12b 12c 12d	Yes X	of the le Yea	No Yes	ng N/

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	10/03/2012	DANIELE J KENNY MD
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	10/03/2012	DANIELE J KENNY MD
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).

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	► Complete all entries in accord	ance with	the instructions to the Form 5500-	3F.				
Part Annual Report Identification Information									
For the calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011									
			a multiple-e	mployer plan (not multiemployer)	Г	a one-participant plan			
			the final ret		_				
8	This return/report is:		-	•	· ~ \				
		year return/report (less than 12 month							
C	Check box if filing under:	x Form 5558	automatic e	xtension	L	DFVC program			
		special extension (enter description)		<u></u>					
Pa	ırt II Basic Plan Infor	mation enter all requested inform	nation.						
	Name of plan					hree-digit			
	·	PC 401K PROFIT SHARING PLAN	J.			olan number PN) ► 002			
	DANIELE J. KENNI MD 1	PC 401K PROFIL SHAKING PLAN		<u> </u>		Effective date of plan			
						04/01/2002			
2a	Plan sponsor's name and addr	ess; include room or suite number (emp	oloyer, if for	single-employer plan)	2b E	Employer Identification Number			
	DANIELE J. KENNY MD		-	_	(EIN) 11-2990292			
					2c F	Plan sponsor's telephone number			
	1312 MIDDLE COUNTRY 1	AAA				(631) 698-7292			
	1312 MIDDLE COUNTRY	NOAD .		Ì		Business code (see instructions)			
US	SELDEN	NY 11784				521111			
3a	Plan administrator's name and	address (If same as plan sponsor, ente	er "Same")		3b ∌	Administrator's EIN			
	Same								
					3c Administrator's telephone number				
4	16 th a second and CIN of the se	plan sponsor has changed since the las	t return/rend	ort filed for this plan, enter the	4b [=IN			
4	name, EIN, and the plan numb	per from the last return/report.	i returnirept	, time and the time plant and					
	Sponsor's Name				4c F	<u> </u>			
5a		the beginning of the plan year		· • · · · · · ·	<u>5a</u>	3 2			
b	Total number of participants at	the end of the plan year			5b_				
С		count balances as of the end of the pla			5c	2			
6a		uring the plan year invested in eligible a				XYes No			
		ne annual examination and report of an				<u> </u>			
~	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and	conditions.	.)		<u>x</u> Yes ∐No			
	If you answered "No" to eith	er 6a or 6b, the plan cannot use Forn	1 5500-SF a	nd must instead use Form 5500.	_				
Pε	rt III Financial Inform	nation	Edu - Frank						
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year			
а	Total plan assets		. 7a	197,448	<u> </u>	186,267			
b	Total plan liabilities		. 7b	0		0			
C	Net plan assets (subtract line	7b from line 7a)	. 7c	197,448	<u> </u>	186,267			
8	Income, Expenses, and Trans			(a) Amount	50,1743.1	(b) Total			
а	Contributions received or rece		89/41	0					
	(1) Employers		. 8a(1)	0	A A Service				
	(2) Participants		8a(2)	0	- Als	The same was transfer of the same was			
L .	``	3)	. 8a(3)	(3,205)	- 新60名 研究	14. Page 11.			
b	Other income (loss)		. 8b —	(3,200)	1.65%	(2.205)			
Ç	•	8a(2), 8a(3), and 8b) rollovers and insurance premiums	. 8c		1000	(3,205)			
d	to provide benefits)	-	. 8d	7,976					
e		tive distributions (see instructions)	. 8e	0					
f		rs (salaries, fees, commissions)	. 8f	0					
g			. 8g	0		e man i man Lawar saman e			
9 h	•	8e, 8f, and 8g)	. 8h	A SECTION OF THE SEC		7,976			
i	- · · · · · · · · · · · · · · · · · · ·	e 8h from line 8c).	. 8i			(11,181)			
ì		ee instructions)	8j	O					
- 1	Transiers to finding the high (s	55 HISH GOLD IN 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	·, ·,	<u> </u>	P 9977,845	The state of the s			

	Form 5500-SF 2011 Page 2-			_				
0 7	Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan 2E 2F 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan If the plan provides welfare benefits are the applicable welfare feature codes from the List of Plan If the plan provides welfare benefits are the applicable welfare feature codes from the List of Plan If the plan provides welfare benefits are the applicable welfare feature codes from the List of Plan If the plan provides welfare benefits are the applicable welfare feature codes from the List of Plan If the plan provides welfare benefits are the plan provides welfare feature codes from the List of Plan If the plan provides the plan provides the list of Plan If the plan provides the plan provides the list of Plan If the plan provides the plan provides the list of Plan If the plan plan provides the plan plan plan plan plan If the plan plan plan plan plan plan plan plan							
: P	Compliance Questions							,
10	During the plan year:		_	Yes	No		Amount	
	Was there a fallure to transmit to the plan any participant contributions within the time period descr 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduciary Correction Program). Were there any nonexempt transactions with any party-in-interest? (Do not include transactions re		10a		х			<u></u>
ī	on line 10a.)		10b		Х			
e	As and Walter AM		10c	x				20,000
d	and the second s	fraud	10d		х			
ė	Were any fees or commisions paid to any brokers, agents, or other persons by an insurance came insurance services or other organization that provides some or all of the benefits under the plan? (Instructions.)	er, See	10e		x			
f	The second secon		106		x			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		10g		х			
ĥ	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		10h		x			
Ē	exceptions to providing the notice applied under 29 CFR 2520.f01-3		101	<u> </u>				
	Pension Funding Compliance				00.4			
11	is this a defined benefit plan subject to minimum funding requirements? (If 'Yes,' see instructions 5500))	and compl	ete S¢	neau)	e Su (I	-arm	Yes	X No
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the (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, segranting the waiver	he Code or se instructio Mor	sections.	on 302 nd ent	of ER	date of the	letter ruling	X No
K	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to li			Г	12b	·	***	
b					12c			
q,		the left of	a		12d	,		
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?					Yes	□No	□N/A
410	Plan Terminations and Transfers of Assets							
(3a	Has a resolution to terminate the plan been adopted in any plan year?			٠ ـ:			Yes	X No
	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 to of the PBGC?				rol		. []Yes	X No
	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), id which assets or liabilities were transferred. (See instructions.)	denlify the p	plan(s)					
	13c(1) Name of plan(s):		-	13	c(2) E	IN(s)	13c(3)	PN(s)
				•••				
	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reas							
Bo	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined the Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this , it is true, correct, and complete,	his return/r return/repo	eport, ort, an	Includ d to th	ling, if e best	applicable, of my kno	, a Schedule wledge and	
100		GLE J. I	CENNY	г, м	,	,,		

Dale 10/3/12

Date

Enter name of individual signing as employer or plan sponsor

Enter name of individual signing as plan administrator

M