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).

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

 Complete all entries in accordance with the instructions to the Form 5500-SF **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 LOUIS W. JACOBS, D.P.M., P.C PROFIT SHARING PLAN (PN) ▶ 004 1c Effective date of plan 01/01/1990 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number LOUIS W. JACOBS, D.P.M., P.C. 11-2315780 (EIN) 2c Sponsor's telephone number 516-932-1239 42 EAST VIEW CT JERICHO, NY 11753-1125 2d Business code (see instructions) 621111 3b Administrator's EIN 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 11-2315780 LOUIS W. JACOBS, D.P.M., P.C. 42 FAST VIEW CT JERICHO, NY 11753-1125 **3c** Administrator's telephone number 516-932-1239 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 1030100 1007300 Total plan assets..... 7a n 7b Total plan liabilities..... 1030100 1007300 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 8a(1) (1) Employers 0 (2) Participants 8a(2) 0 (3) Others (including rollovers)..... 8a(3) -22800 **b** Other income (loss)..... 8b -22800 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8с Benefits paid (including direct rollovers and insurance premiums 0 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 0 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h -22800 Net income (loss) (subtract line 8h from line 8c)..... 8i 0 Transfers to (from) the plan (see instructions)

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Page 2 -	1	1	
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Part IV	Plan	Characte	aristics
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- 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:

	V 0								
art					1				
0	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?	X				1	20000		
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					
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							
art	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 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.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Mor	ıth							
	rou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	126	1				
	Enter the minimum required contribution for this plan year			12b					
	Enter the amount contributed by the employer to the plan for this plan year			12c					
a	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)		L	12d					
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	lo	N/A	
art	VII Plan Terminations and Transfers of Assets								
I3a	Has a resolution to terminate the plan been adopted in any plan year?				Yes 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 of the PBGC?	under	the co	ontrol		П	Yes	X No	
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t which assets or liabilities were transferred. (See instructions.)	he plaı	n(s) to)			•		
1	3c(1) Name of plan(s):		13	c(2) E	EIN(s)	1	13c(3) PN(s)		
Caut	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	se is	estab	olished.				
Jnde	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return.	urn/rep	ort, ir	ncludii	ng, if appli				
ماند	this time assumed and assumed					•	3		

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	10/09/2012	LOIS JACOBS DPM
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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2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	F Complete all entries in accord	iance witi	i the mstruc	ions to the Form 550	U-3F.				
	art I Annual Report Identification Information								
For		01/01/2	2011	and ending		12/31/2011			
Α	This return/report is for: X a single-employer plan	a multiple	-employer pla	in (not multiemployer)		a one-participant plan			
В	This return/report is: the first return/report	the final re	eturn/report						
	an amended return/report	a short pla	n year return	report (less than 12 m	onths)				
С	Check box if filing under:	automatic	extension			DFVC program			
	special extension (enter descriptio	n)			<u> </u>				
Pa	art II Basic Plan Information—enter all requested informa	ation							
	Name of plan	20011			1b -	Three-digit			
	uis W. Jacobs, D.P.M., P.C Profit Sharing	g Plan				olan number			
						(PN) ▶ 004			
						Effective date of plan 1/01/1990			
22	Plan sponsor's name and address; include room or suite number (er	mployer if	for a single o	mployor plan)					
	uis W. Jacobs, D.P.M., P.C.	iipioyei, ii	ioi a sirigie-e	inployer plan)		Employer Identification Number EIN) 11-2315780			
						Sponsor's telephone number			
42	East View Ct					516-932-1239			
					2d E	Business code (see instructions)			
	richo NY 11753-1125					521111			
3a Lo	Plan administrator's name and address (if same as plan sponsor, eruis W. Jacobs, D.P.M., P.C.	nter "Same	")			Administrator's EIN L1-2315780			
	East View Ct					Administrator's telephone number			
	richo NY 11753-1125				516-932-1239				
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/i	eport filed for	this plan, enter the	4b EIN				
а	name, EIN, and the plan number from the last return/report. Sponsor's name				4c PN				
	Total number of participants at the beginning of the plan year				5a	l N			
b					5b				
C	Number of participants with account balances as of the end of the p				ac				
	complete this item)			•	5c				
6a	Were all of the plan's assets during the plan year invested in eligibl	e assets?	(See instructi	ons.)		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 a lf you answered "No" to either 6a or 6b, the plan cannot use Fo		,			X Yes No			
Pa	rt III Financial Information	JIIII 3300-	or and must	ilisteau use Foriii 53	00.				
7	Plan Assets and Liabilities		(a) B	eginning of Year		(b) End of Year			
a	Total plan assets	7a	(a) L	10301	0.0	100730			
b	Total plan liabilities	7b			0	200.50			
C	Net plan assets (subtract line 7b from line 7a)	7c		103010	0.0	100730			
8	Income, Expenses, and Transfers for this Plan Year			(a) Amount		(b) Total			
а	Contributions received or receivable from:			(a) / iiiio aiic		(3) 10141			
	(1) Employers	8a(1)			0				
	(2) Participants	8a(2)			0				
	(3) Others (including rollovers)	8a(3)			0				
b	Other income (loss)	8b		-2280	0.0				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				-2280			
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			0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							
i	Net income (loss) (subtract line 8h from line 8c)	8i				-2280			

		Form 5500-SF 2011	Page 2	-											
Par	rt IV	Plan Characteristics						_						***************************************	<i></i>
9a	If th	e plan provides pension benefits, enter the applicable pension E 3D	feature codes from t	he List	t of Plau	n Charac	teristi	c Co	odes i	n the in:	structi	ons:			_
b		e plan provides welfare benefits, enter the applicable welfare t	feature codes from the	s List o	of Plan	Characte	aristic	Coc	des in	the inst	ructio	ns:			
Pari	t V	Compliance Questions													_
10	Dυ	ring the plan year:	ant mara to			* *	Ţ	Yes	No		_	moı	ınt		
a	Wa	is there a failure to transmit to the plan any participant contribu	tions within the time	period	describ	bed in			х						_
b	W	CFR 2510.3-1027 (See instructions and DOL's Voluntary Fid- tre there any nonexempt transactions with any party-in-interes line 10a.)	t? (Do not include trai	asactic	ons rec	orted	0ь		х		***************************************				
C		as the plan covered by a fidelity bond?						x					1	200	00
d	Dic	the plan have a loss, whether or not reimbursed by the plan's dishonesty?	fidelity bond, that wa	S CHUS	sed by t	fraud	04		х						
•	We	re any fees or commissions paid to any brokers, agents, or ott urance service or other organization that provides some or all tructions.)	her persons by an ins of the benefits under	urance the pla	carrie	r,	0-		х						
f		s the plan failed to provide any benefit when due under the pla					Of		х	Ì					
g	Dk	the plan have any participant loans? (If "Yes," enter amount a	ıs of year end.)			1	00		x						_
h	*- **	nis is an individual account plan, was there a blackout period?					Oh		х						
i		Oh was answered "Yes," check the box if you either provided to eptions to providing the notice applied under 29 CFR 2520.10				1	OI								
Part		Pension Funding Compliance													
11	is ti 550	nis a defined benefit plan subject to minimum funding requirem	nents? (If "Yes." see in	atructi	ions an	nd comple	ete So	bert:	ule SE	3 (Form	••••	П	Yes	П	¥o.
12		his a defined contribution plan subject to the minimum funding										Π,	Yes	図,	40
_		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applic				b		_ 4 _	_444	4_4_	-646-	1-44-			
а		waiver of the minimum funding standard for a prior year is bein hting the waiver													
lf y		completed line 12a, complete lines 3, 9, and 10 of Schedule													
b	Ent	er the minimum required contribution for this plan year		•				-	12b						
C		er the amount contributed by the employer to the plan for this p						L	12c	ļ					
	neg	tract the amount in line 12c from the amount in line 12b. Enter ative amount)							12d	 				1 N/	_
		the minimum funding amount reported on line 12d be met by t	the funding deadline?					******		Yes	Ц	No		NU	_
Part		Plan Terminations and Transfers of Assets								es X	No				
138		a resolution to terminate the plan been adopted in any plan year?								T P	INO				_
		es," enter the amount of any plan assets that reverted to the e e all the plan assets distributed to participants or beneficiaries					13a		-tl						
	of t	ne PBGC?	-									<u>П</u> ,	/es	N	ю
		ring this plan year, any assets or liabilities were transferred fr ch assets or liabilities were transferred. (See instructions.)	om this plan to anothe	r plan	(\$), ide	ntify the	plan(s	s) to							
1	3c(1	Name of plan(s):						130	(2) El	N(s)		13	c (3)	PN(s	<u>) </u>
Cauti	ion:	A penalty for the late or incomplete filing of this return/rep	wy will be seesees	unia	** ****	oneble :	COLLEG	la d	establ	lished					_
Unde SB or	r per Sch	nalties of perjury and other penalties set forth in the instructions edule MB completed and signed by an enrolled actuary, as we true, correct, and copaplete.	s, I declare that I have	exam	nined th	nis return	/repor	t, in	ctudin	g, If app					
8IG)	T	non Alla	10/4/12	Loi	s Ja	cobs	DPM								
HER		Signature of plan admir/strator	Date	Ent	ter nam	e of indi	/idual	aigr	ning a	pian a	dmink	strate	or		
SIGN	,	V													
HER	_	Signature of employer/plan sponsor	Date	Ent	ter nam	e of indiv	/idual	sigr	ning a	s emplo	yer or	plar	spo	nsor	