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 ROBERT M. DEAN, MD 401K PROFIT SHARING PLAN (PN) ▶ 001 1c Effective date of plan 01/01/1997 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number ROBERT M. DEAN, MD, PC 11-3243960 (EIN) 2c Sponsor's telephone number 516-227-3333 700 STEWART AVENUE GARDEN CITY, NY 11530 2d Business code (see instructions) 621111 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN 11-3243960 700 STEWART AVENUE ROBERT M. DEAN, MD. PC **GARDEN CITY, NY 11530** 3c Administrator's telephone number 516-227-3333 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..... 12 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 274553 197956 Total plan assets..... 7a 7b Total plan liabilities..... 274553 197956 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) 10400 (2) Participants 8a(2) 0 (3) Others (including rollovers)..... 8a(3) -6307 **b** Other income (loss)..... 8b 4093 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8с Benefits paid (including direct rollovers and insurance premiums 80645 to provide benefits)..... 8d 0 Certain deemed and/or corrective distributions (see instructions) ... 8e 45 Administrative service providers (salaries, fees, commissions)....... 8f 0 Other expenses..... 8g 80690 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h -76597 Net income (loss) (subtract line 8h from line 8c)..... 8i Transfers to (from) the plan (see instructions)

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Part IV	Plan	Cnara	cteristics

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2J 2K 2F 2G 3D 3B 2T
 - If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

0	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		X					
С	Was the plan covered by a fidelity bond?	10c	X					2650	100
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				2000	
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					3	84
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.)	10q		Χ					
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		I							
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor 5500))						Yes	П	No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod						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	nth							-
_	Enter the minimum required contribution for this plan year			12b					
			····	12c					
c d	Enter the amount contributed by the employer to the plan for this plan year	of a		12d					
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	П	lo	N	/A
art							<u>.</u>		
_	Has a resolution to terminate the plan been adopted in any plan year?			Y	'es X	No			
за			-		<u> </u>				
3a	If "Yes," enter the amount of any plan assets that reverted to the employer this year								— No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	under	the co			Г	Yes	X	
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	under	the co				Yes	X	
b c	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	under	the co		N(s)		Yes 13c(3)		3)
b c	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	under	the co		N(s)				s)

SIGN	Filed with authorized/valid electronic signature.	10/11/2012	ROBERT DEAN
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

OMB Nos. 1210-0110 1210-0089

Form 5500-SF

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Department of Labor oyee Benefits Security Adminis

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

Paging Baneft Gracemby Composition		e Code (the Code).		Inspection
Part I Annual Report Identification Information	ordance w	th the instructions to the Form 550	10-SF,	
For calendar plan year 2011 or fiscal plan year beginning	01/01,	/2011		20 (24 (222
A This return/report is for:				12/31/2011
	=	le-employer plan (not multiemployer)		a one-participant plan
B This return/report is:	the final	return/report		
an amended return/report	a short p	lan year return/report (less than 12 m	onths))
C Check box if filing under: X Form 5558	automat	ic extension		DFVC program
special extension (enter descrip	tion)			
Part II Basic Plan Information enter all requested information				
1a Name of plan	mauom		46	
Robert M. Dean, MD 401k Profit Sharing Pl	an		ID	Three-digit plan number
, =				(PN) > 001
			1c	Effective date of plan
				01/01/1997
2a Plan sponsor's name and address; include room or suite number ((employer, i	f for a single employer plan)	2b	Employer identification Number
Robert M. Dean, MD, PC				(EIN) 11-3243960
700 Charach 3			2c	Sponsor's telephone number
700 Stewart Avenue			ı	516-227-3333
Coult on				Business code (see instructions)
Garden City NY 11530			1	621111
3a Plan administrator's name and address (if same as plan sponsor, Robert M. Dean, MD, PC	enter 'Sami	9")	3b	Administrator's EIN
				11-3243960
700 Stewart Avenue Garden City NY 11530			3с	Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the	last mineral	inner filed for this star and star		516-227-3333
name, EIN, and the plan number from the last return/report.	HASI FERUTTY	report filed for this plen, enter the	4b	EIN
a Sponsor's name			4c	PN
5a Total number of participants at the beginning of the plan year			5a	12
b Total number of participants at the end of the plan year				
C Number of participants with account balances as of the end of the	olon mer (<u>5b</u>	12
complete this item)	bian Acai (defined benefit plans go not	5c	6
6a Were all of the plan's assets during the plan year invested in eligit	hle accete?	(San instructions)		
D Are you claiming a waiver of the annual examination and report of	an indeper	ident gualified outlic accountant (IOP	ıΔı	
under 29 CFR 2520,104-46? (See instructions on waiver eligibility	and conditi	ons.)		
If you answered "No" to either 6a or 6b, the plan cannot use F	Form 5500-	SF and must instead use Form 550	0.	
Part III Financial Information				
7 Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
a Total plan assets		27455	3	197956
b Total plan liabilities	. 7b			
C Net plan assets (subtract line 7b from line 7a)	7c	27455	3	197956
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	†	(b) Total
Contributions received or receivable from:		(a) remount	\vdash	(b) Total
(1) Employers	. 8a(1)		ᅨ	
(2) Participants	8a(2)	10400	3	
(3) Others (including rollovers)	. 8a(3)		3	'.
b Other income (loss)		-6307	,	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)			 	4093
d Benefits paid (including direct rollovers and insurance premiums	1 "		+	4033
to provide benefits)		80645	Ì	
e Certain deemed and/or corrective distributions (see instructions)	. 8e		k	•
f Administrative service providers (salaries, fees, commissions)	. 81	45	1	
g Other expenses		C	1	
h Total expenses (add lines 8d, 8e, 8f, and 8g)			<u> </u>	80690
Net income (loss) (subtract line 8h from line 8c)			 	······································
j Transfers to (from) the plan (see instructions)			 	-76597
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for	1 9			Form \$508.9E (2011)

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

	_	Form 5500-SF 2011	Page	2							
Par											
9 a	If the 2 E	plan provides pension benefits, enter the applicable pension to 2J 2K 2F 2G 3D 3B	feature codes from	the List of Plan Char	racteri	stic Co	odes in	the instru	tions:		
Ь		plan provides welfare benefits, enter the applicable welfare fe	alure codes from t	he List of Plan Chara	cteris	ic Cod	les in 1	the instruct	ions:		
Part	٧	Compliance Questions	 -				.				
10	Dur	ng the plan year:				Yes	No		A		-
8	Was	there a failure to transmit to the plan any participant contributions	ions within the time	period described in			x		Amour	11	
ь	Wer	CFR 2510.3-1027 (See Instructions and DOL's Voluntary Fidure there any nonexempt transactions with any party-in-interest?	clary Correction Pri	ogram)	10a				_		
	on li	ne 10a.)	- (DO NOT RICIADE U	msacuons reported	10b		Х				
C		s the plan covered by a fidelity bond?			10c	X				20	6500
	OF Q	he plan have a loss, whether or not reimbursed by the plan's fi shonesty?		************	10d		х				
8	Wer	any fees or commissions paid to any brokers, agents, or other	r nareace by an in								
	111211	ance service or other organization that provides some or all of uctions.)		*********	10e	Х					38
f	Has	the plan falled to provide any benefit when due under the plan	?		101		Х			_	
g	Did t	he plan have any participent loans? (If "Yes," enter amount as	of year end.)		10g		Х				
h	lf thi: 2520	is an individual account plan, was there a blackout period? (S .101-3.)	ice instructions and	1 29 CFR	10h		х			. '	· . ·
ŀ	If 10	n was answered "Yes," check the box if you either provided the offices to providing the notice applied under 29 CFR 2520.101-	required notice or	one of the				·			
Part \	Ä	Pension Funding Compliance	-		10i	1					
11 (is this	a defined benefit plan subject to minimum funding requirement	nls? (If "Yes," see i	nstructions and com-	niete S	chadi	IA SB	/Form			
)s a defined contribution plan subject to the minimum funding re	******************						Ye	8	No
lf yo	ou co Enter	alver of the minimum funding standard for a prior year is being ng the waiver. mpleted line 12a, complete lines 3, 9, and 10 of Schedule if the minimum required contribution for this plan year.	MB (Form 5500), a	nd skip to line 13.	1	 _ []	Day_	date of the	e letter i	ulin	g — —
a s	subus	the amount contributed by the employer to the plan for this plant to the amount in line 12c from the amount in line 12b. Enter the amount)	a recult (actor a mi		,		2c 2d				
e v	Vill th	e minimum funding amount reported on line 12d be met by the	funding deadline?			·		Yes [No	П	N/A
Part V	JI 📗	Plan Terminations and Transfers of Assets					::L	1 100	140	Ш	IVA
13a ⊦	las a	resolution to terminate the plan been adopted in any plan year?	144444444444444444444444444444444444444				Ye	s X No			
I I	"Yes	," enter the amount of any plan assets that reverted to the emp	ployer this year	(****************	13			٠٠. [بي			·
b v	Vere f the	all the plan assets distributed to participants or beneficiaries, to PBGC?	ansferred to anothe	er plan, or brought ur	ider th		rol		 ∏ Ye:	, X] No
C II	aurii	ng this plan year, any assets or liabilities were transferred from assets or liabilities were transferred. (See instructions.)	this plan to anothe	r plan(s), identify the	plan(s) to				L.	,
		ame of plan(s):				13c(2	2) EIN	(s)	13c(3	1) PI	N(s)
		•				- '.	<u>, , , , , , , , , , , , , , , , , , , </u>			,	-(0)
Caution	1: A r	enalty for the late or incomplete filing of this return/report	havill be a								
Underp SB or Si	enalt Ched	es of perjury and other penalties set forth in the instructions, I ule MB completed and signed by an enrolled actuary, as well a e, corpect, and complete.	declare that I have	Average of this agreement		A 11	٠		e, a Sch owledge	edu and	ile d
SIGN		W	10-10-11.	Robert Dean				 -			
HERE	Sig	nature of plan administrator	Date	Enter name of indi	vidual	sionin		lan admini	trata-		
SIGN	L	100	10.012	Robert Dean	TIOUEI	arytii()	y as p	en kuminis	ILS (OF	•	
HERE	Sic	nature of employer/plan sponsor	Data Data								

Date