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).

OMB Nos. 1210-0110

1210-0089

2011

This Form is Open to Public Inspection ▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

Pa	art I Annual Report Identification Information					
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2011		and ending 1	2/31/2	2011	
Α .	This return/report is for:	a multiple	-employer plan (not multiemployer)		a one-participant plan	
		the final r	eturn/report		ш , , , ,	
_			in year return/report (less than 12 mc	onths)		
_	H		extension	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DFVC program	
C			EXTENSION		Drvc program	
	special extension (enter description					_
	rt II Basic Plan Information—enter all requested information	ition		41.		_
	Name of plan MATAN UROLOGY, PC PROFIT-SHARING PLAN			16	Three-digit plan number	
GRAI	WATAN UROLOGY, PC PROFIT-SHARING PLAN				(PN) ▶ 003	
				1c	Effective date of plan	_
					01/01/2007	
	Plan sponsor's name and address; include room or suite number (en	nployer, if	for a single-employer plan)	2b	Employer Identification Number	
GRA	MATAÑ UROLOGY, PC				(EIN) 13-2958300	
				2c	Sponsor's telephone number	
	ONDFIELD ROAD WEST				914-793-1200	
BRO	NXVILLE, NY 10708			2d	Business code (see instructions)	
20	Discontinuity of the state of t	1 "0	""	2 h	621111	
	Plan administrator's name and address (if same as plan sponsor, en MATAN UROLOGY, PC 26 PONDFIEL			30	Administrator's EIN 13-2958300	
	BRONXVILLE			3с	Administrator's telephone number	_
					914-793-1200	
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	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		3
b	Total number of participants at the end of the plan year		i			2
		+	5b	+	_	
С	Number of participants with account balances as of the end of the pi complete this item)		•	5с		2
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)		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		•		X Yes No)
Do	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information	rm 5500-	SF and must instead use Form 550	00.		_
						_
7	Plan Assets and Liabilities	_	(a) Beginning of Year 3654831		(b) End of Year 2951527	_
	Total plan assets	7a 	3034031		2331321	
b	Total plan liabilities	7b _	3654831		2951527	
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	7c				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total	
а	Contributions received or receivable from: (1) Employers	8a(1)	0			
	(2) Participants	8a(2)				
	(3) Others (including rollovers)	8a(3)				
b	Other income (loss)	8b	72748			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			72748	_
d	Benefits paid (including direct rollovers and insurance premiums					
	to provide benefits)	8d	776052			
е	Certain deemed and/or corrective distributions (see instructions)	8e				
f	Administrative service providers (salaries, fees, commissions)	8f				
g	Other expenses	8g				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			776052	
i	Net income (loss) (subtract line 8h from line 8c)	8i			-703304	_
i	Transfers to (from) the plan (see instructions)	0:				

Form	5500-	SF	201

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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:

Part	V Compliance Questions								
10	During the plan year:		Yes	No	,	Amc	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		X					
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		Χ					
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		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	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))						Yes	X	No
lf y	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code of (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 instruct granting the waiver. Montrou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	tions, h	and e	nter the	e date of th		tter ruli	ng	No
	Enter the minimum required contribution for this plan year.			12b 12c					
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?			<u>_</u>	Yes	$\overline{1}$	lo	N/	Α
art									
	Has a resolution to terminate the plan been adopted in any plan year?			Y	es X No)			
	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 up of the PBGC?		the co	ntrol		П	Yes	1 X	۷o
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			_			
1	3c(1) Name of plan(s):		130	(2) Ell	۱(s)	Ŀ	13c(3)	PN(s	s)
Cauti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e cau	se is	establi	shed.				
	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/re								

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	10/11/2012	JOSEPH PUTIGNANO
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	10/11/2012	JOSEPH PUTIGNANO
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form 5500-SF

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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).

▶ 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

Pa	art I Annual Report Identification Information						
For	he calendar plan year 2011 or fiscal plan year beginning	01/01/	/2011	and ending	12/	31/2011	
Α -	This return/report is for: $\overline{\mathbf{x}}$ a single-employer plan	a multiple-e	mployer plan (r	not multiemployer)		a one-participa	ant plan
		he final retu	urn/report				
_			·	oort (less than 12 mor	iths)		
_	H H	·		on (1000 than 12 mor		DEVC program	n
C	Check box if filing under: x Form 5558	automatic e	xtension		L	DFVC prograr	11
	special extension (enter description)				4-10-1	iko H	
Pa	art II Basic Plan Information enter all requested inform	nation.					
	Name of plan					hree-digit	
	GRAMATAN UROLOGY, PC PROFIT-SHARING PLAN				•	lan number PN) ▶	003
	GRAPHIAN OROBOGI, PC PROPII SHANING THEN					ffective date of	plan
						1/01/2007	
2a	Plan sponsor's name and address; include room or suite number (emp	loyer, if for	single-employe	er plan)	2 b ∈	mployer Identif	ication Number
	GRAMATAN UROLOGY, PC				(1	EIN) 13-295	8300
					2c F	lan sponsor's te	elephone number
	26 PONDFIELD ROAD WEST				(914) 793-1	200
	ZO LONDETHID NOTE HAD I						see instructions)
US	BRONXVILLE NY 10708					21111	
3a	Plan administrator's name and address (If same as plan sponsor, enter	r "Same")			3b △	dministrator's E	EIN
	Same			,			<u></u>
					3c A	dministrator's to	elephone number
	TO THE CONTRACT OF THE CONTRAC	roture/	ut filed for this	plan, enter the	4b E	IN	
4	If the name and/or EIN of the plan sponsor has changed since the last name, EIN, and the plan number from the last return/report.	return/repo	or med for trils	piaii, eillei lile			
	Sponsor's Name				4c F	N	
5a	Total number of participants at the beginning of the plan year				<u>5a</u>		3
b	Total number of participants at the end of the plan year				5b		2
C	Number of participants with account balances as of the end of the plan				5c		2
62	complete this item)						X Yes No
b	Are you claiming a waiver of the annual examination and report of an in						
N	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and	conditions.)		· · ·		X Yes No
_	If you answered "No" to either 6a or 6b, the plan cannot use Form			ad use Form 5500.			
Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Be	ginning of Year		(b) End	of Year
а	Total plan assets	7a		3,654,831			2,951,527
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c		3,654,831			2,951,527
8	Income, Expenses, and Transfers for this Plan Year		(8	a) Amount		(b) ⁻	Total
a	Contributions received or receivable from:		a en	0			
	(1) Employers	8a(1)		Ú.	_		
	(2) Participants	8a(2)			_		
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b		72,748			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	5 Total Co				72,748
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		776,052			
^	Certain deemed and/or corrective distributions (see instructions)	8e		,			
e		8f					
f	Administrative service providers (salaries, fees, commissions)			A STATE OF THE PROPERTY OF THE			
9	Other expenses	8g					776,052
n	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					(703,304)
	Net income (loss) (subtract line 8h from line 8c)	8i					(103,304)
ĺ	Transfers to (from) the plan (see instructions)	. 8j	la constant and the		366		

	Form 5500-SF 2011 Page 2-		***********					
Par	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan 2A 2E 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan							
Par	t V Compliance Questions							
10	During the plan year:	CALLED THE RECOGNISH OF THE PARTY OF THE PAR		Yes	No	An	nount	
a	Was there a failure to transmit to the plan any participant contributions within the time period descripant corrections are contributions within the time period descripance. • • • • • • • • • • • • • • • • • • •		10a		х			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions report in 10a.)		10b		х			-
С	Was the plan covered by a fidelity bond?	[10c		Х			***************************************
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by or dishonesty?		10d		х			
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? (§ instructions.)	See	10e		x			
f	Has the plan failed to provide any benefit when due under the plan?		10f		х		i .	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	·	10g		х			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	Ī	10g 10h		х		1000	
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				9.7	
Par	t VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions a 5500))						Yes	X No
12	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.)	ne Code or s	ectio	n 302	of ER	ISA?	Yes	X No
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see granting the waiver	Month						
b	Enter the minimum required contribution for this plan year			Г	12b			
				. –	12c		Antilian di Anna mangangan ang ang ang ang	
d	Enter the amount contributed by the employer to the plan for this plan year				12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?					Yes [□No [N/A
Part	VII Plan Terminations and Transfers of Assets							-
13a	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			[13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or b of the PBGC?	orought unde	er the				Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identified which assets or liabilities were transferred. (See instructions.)			to				
	13c(1) Name of plan(s):			13	c(2) El	N(s)	13c(3) F	PN(s)

-								
Cauti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reas	sonable cau	ıse is	s esta	blishe	d.		
	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined the							

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

JOSEPH PUTIGNANO

SIGN My hyllnes		JOSEPH PUTIGNANO
HERE Signature of plan administrator	Date 10 (1)	Enter name of individual signing as plan administrator
SIGN		JOSEPH PUTIGNANO
HERE Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor