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 accord	uance with	i the monuclions to the Form 550	U-3F.					
	art I Annual Report Identification Information								
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending	2/31/2	011				
Α	This return/report is for:	a multiple	multiple-employer plan (not multiemployer) a one-participant plan						
В	This return/report is: the first return/report	the final r	eturn/report						
	an amended return/report	a short pla	an year return/report (less than 12 m	onths)					
С	Check box if filing under: X Form 5558	automatic	extension		DFVC progra	m			
	special extension (enter description	on)							
Pa	Irt II Basic Plan Information—enter all requested information	ation							
	Name of plan				Three-digit				
JOSE	PH W. ROBERTS M.D., PLLC 401(K) PLAN				plan number	001			
					(PN) ▶ Effective date of				
				'	01/01/				
	Plan sponsor's name and address; include room or suite number (e	mployer, if	for a single-employer plan)	2b	Employer Identif	ication Numbe	r		
JOSI	EPH W. ROBERTS M.D., PLLC				(EIN) 13-450				
				2c	Sponsor's telepl	none number			
	RICHMOND AVENUE			24			-1		
SIA	'EN ISLAND, NY 10312			Zu	Business code (S)		
3a	Plan administrator's name and address (if same as plan sponsor, er	nter "Same	3")	3b	Administrator's E				
	PH W. ROBERTS M.D., PLLC 3700 RICHM STATEN ISL/	OND AVE	NÜE	13-4563381					
	STATENIOL	AND, INT	0312	3c Administrator's telephone numbe 718-273-8111					
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					
	name, EIN, and the plan number from the last return/report.								
	Sponsor's name			4c	PN T				
	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	b				
С	Number of participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances are participants.			5c					
6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)			X Yes	No		
b	Are you claiming a waiver of the annual examination and report of a			PA)		– − V vaa Π	Na		
	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	01111 3300-	or and must mstead use Form 55	00.					
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year			
a	Total plan assets	. 7a	87137		(2) 2.10	96761			
b	Total plan liabilities		0			0			
С	Net plan assets (subtract line 7b from line 7a)	. 7с	87137			96761			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal			
а	Contributions received or receivable from:	- 40	3139						
	(1) Employers		5079						
	(2) Participants	` '	0						
b	(3) Others (including rollovers)	` `	1406						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b 8c	1100			9624			
d	Benefits paid (including direct rollovers and insurance premiums	. 60							
-	to provide benefits)	. 8d	0						
е	Certain deemed and/or corrective distributions (see instructions) \dots	. 8e	0						
f	Administrative service providers (salaries, fees, commissions)	. 8f	0						
g	Other expenses		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)					00004			
į :	Net income (loss) (subtract line 8h from line 8c)					9624			
J	Transfers to (from) the plan (see instructions)	- 8j	0						

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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

2A 2E 2F 2G 2J 2T 3B 3D

If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

art	V Compliance Questions							
0	During the plan year:		Yes	No		Amoui	nt	
	Was there a failure to transmit to the plan any participant contributions within the time period described in	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				19	95000
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					524
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	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))						'es	X No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Π̈́	'es	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 instruct granting the waiver. Montloou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
				12b				
	Enter the minimum required contribution for this plan year			12c				
	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	No □ N//		N/A
art					<u> </u>			
	Has a resolution to terminate the plan been adopted in any plan year?				res X No)		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year							
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u		the co	ntrol			-	
	of the PBGC?						'es	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					
1	Rc(1) Name of plan(s):		130	(2) EI	N(s)	13	c(3) F	PN(s)
Cauti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e cau	se is	establ	lished.			
	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 W. ROBERTS, MD				
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 W. ROBERTS, MD				
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor				

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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

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	Department of Lahar	Retirement Income Security A	ct of 19	974 (ERISA)), and socio	on enstantal Pu	gyaciaj vi	T		s Open to Pub	lic
Smoloure Renefits Bocurity Administration the Internal Revenue Code (the Code). Inspection											
	sion Benefit Guaranty Comorallon	► Complete all entries in acc	ordani	ce with the	Instruction	ns to the Form	5500-SF.				
Par	Annual Report I	dentification Information						o épi	20011		
egrageur ≓or the	calendar plan year 2011 or fis	scal plen year beginning		03/01/20		and ending			/2011		
		a single-employer plen	ап	nultiple-emp	oloyer plan (i	not mulliemploye	1)	∐а∢	one-particip	ant plan	
	is return/report is:	the first return/report	T the	final return	/report						
rs 10	is rewillinguous.	an amended return/report	Ħ.,	short olan ve	ar return/rej	port (less than 1%	months)				
	L	╡	=	tomatic exte				∏ DI	FVC progra	m	
C C	reck box if filing under:	Form 5558	t_	(Althoring over	,,,,,,,,,			-			
		special extension (enter descrip					.				
Par	Basic Plan Infor	mation — enter all requested i	nforma	<u>tlon.</u>			41		tt_	1	
	Name of plan						1 10		e-digit number		
	Joseph W. Roberts M.I	n . PLTC 401.00 Plan						(PN)		001,	
•	довери м. коректа т.	3. / Harmo and Gol Timoth					10	-	ctivo date o	f plan	
									01/2005		
22	Dish enonence name and addi	ess; înclude room or suite number	(emplo	yer, If for sir	rgie-employ	er plan)	21			ification Number	•
- 44	Joseph W. Roberts M.	D., PLLC) 13-45		
							20			lelephone numb)er
									0) 273-		.
	3700 Richmond Avenua						20			(see Instructions	5)
		NY 10312							111		
3a	Staten Island	address (If same as plan spansor	, enter '	"Same")			31	b Aon	ninistrator's	EIN	
	Same	, , , , , , , , , , , , , , , , , , ,									
							3	C Adn	ninietrator's	telephone numi	ber
								h GIN			
4	If the name and/or EIN of the	plan aponsor has changed since th	ie jaat r	eturn/report	filed for this	plan, enter the		4b ein			
	name, EIN, and the plan num	ber from the lest return/report.					4	4c PN			
<u>a</u> _	Sponsor's Name	it the beginning of the plan year .					5			6	
_	Total number of participants a	nt the end of the plan year			, , , ,		5	þ		6	
b C	A distribution of mortial profits with B	ecount habances as of the end of th	ie plan '	AGSL (DELIUG	id belletit bis	XIII IIO HOL				6	
	Annalosa this itam)		4 4				5	<u> </u>		· · · · · · · · · · · · · · · · · · ·	No
6a	Labor of the Manie subole	turing the nian year invested in elig	11010 88	Hete? (SCC I	เกลยเนตแงกร.,	,		• •		[NI] 1.00 F	
b	the control of the second of t	the annual exemination and report	of an in	idepéndeni:	qualitied by	pile acconnam (IGPA)			X)Yes	No
		/Sea instructions on Walver emploid	itΛ ⊆tilπ i	COMMUNICATION		, , , , ,					
		her 6a or 6b, the plan cannot use	Form	nana-ar di	id liidar iiro.	taria avv r - y iii -					
Pá	riii Financial Infor	mation	·i	THE REAL PROPERTY.	(n) E	eginπing of Yes	ar T		(b) En	d of Year	
7	Plan Assots and Liabilities				(a) 5	····	137			96,7	/63,
a	Total plan sasets		• • •	- 7a	-,	67,	0		-		0
b	Total plan liabilities		- 4	7b						96,7	
C	Not plan assets (subtract line	7b from line 7a)		7c			,137	_) Total	
8	Income, Expenses, and Trer	sfers for this Plan Year		150 150		(a) Amount		STALL WA		0.40 (0.00)	
а	Contributions received or rec	elvable from:		8a(1)		3,	,139				
	(1) Employers - · · ·		• • •	Ba(2)		5	,079				
	(2) Participants ·		• • •				0				
	(3) Others (Including relieve			Bn(3) . Bb		1	,406				
b							10000	ate the factoring		9.6	624
C	Total Income (add lines 8a(1), Ba(2), 8a(3), and 8b)	1	8c	THE PERSON NAMED IN	MANAGEMENT OF THE SAME	Company (Company)				
d	Benefits paid (including direct	et rollovers and insurance premium	,	84			0				
	to provide benefits)	e a a a a a a a a a a a a a a a a a a a	۱.	- Se			0				
e	Certain deemed and/or com	ective distributions (see instructions	., · ·	Of 10			0				
f		iers (salaries, fees, commissions)		89			٥				
g	Other expenses										0_
h			• • •	8h						9,	624
j	Net income (loss) (aubtract			- 81	ueser Priville		0	1888			
	Transfers to (from) the plan	(see instructions)		. 6)			-	progetteeds	A CONTRACTOR OF SEC.	Form 5500-SF	= /2014

	Form 5900-SF 2011	Pa	je 2-					
100								
	f the plan provides pension benefits, enter the applicable pension features. A 2E 2F 2G 2J 2E 3B 3D File plan provides welfare benefits, enter the applicable welfare feature.						Acceptable to the second	_
Q	тив ріап рголісев меняте велелів, стиот тає аррисалів чожаго налич		The state of the s					
Par	V Compliance Questions							
10	During the plan year:			<u>Ye</u>	s No	A	mount	
a	Was there a fallure to transmit to the plan any participant contribution 29 CFR 2510,3-102? (See instructions and DOL's Voluntary Fiduciary Were there any nonexempt transactions with any party-in-interest? (E	/ Correction Program)	<u>``</u> اء ، ، ه .)a	×			
D	on line 10a.)		10)b	_ ×		·	
c	Was the plan covered by a fidelity bond?)c 3	<u> </u>		1	95,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty?	ility bond, that was cau	ised by fraud	ìd	ж			National Assessment
е	Were any fees or commisions paid to any brokers, agents, or other p insurance services or other organization that provides some or all of instructions.)	the benefils under the	pian? (See) a Z	ĸ			524
f	Has the plan falled to provide any benefit when due under the plan?			Df	ж			
g	Did the plan have any participent loans? (If "Yes," enter amount as o		1	0g	х			
h	If this is an individual account plan, was there a blackout period? (Se 2520.101-3.)	e instructions and 29 (OFR I	0h	х		10 July 20 Jul	
i	If 10h was answered "Yea," check the box if you either provided the rexceptions to providing the notice applied under 29 CFR 2520.101-3	equired notice or one	of the	01				
	VI Pension Funding Compliance					****		
11	Is this a defined benefit plan subject to minimum funding requiremen	ts? (If "Yes," see instru	ictions and complete	Sche	idule SB	(Form	Yes	X No
12	is this a defined contribution plan subject to the minimum funding rec (if "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicab	quirements of section 4 de.)						X No
a	If a waiver of the minimum funding standard for a prior year is being granting the waiver		Montn	, and	enter the	e date of the l	etter ruling Yoar	
	you completed tine 1221, complete lines 3, 9, titid 10 bi 3651eddie Mi Enter the minimum required contribution for this plan year				12b			
ib C	Enter the amount contributed by the employer to the plan for this plan				12¢	1		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	e result (enter a minus			12d			
е		funding deadline? .	* A A • A • A	<u></u>		Уев	∐No I	□N/A
Par	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year			•	·		Yes	<u>JX INO</u>
	if "Yes," enter the amount of any plan assets that reverted to the em				- 13a			
t o	Were all the plan assaels distributed to participants or beneficiaries, to of the PBGC? If during this plan year, any assets or liabilities were transferred from						. TYes	ХNо
	which assets or liabilities were transferred. (See Instructions.)			*********				
	13c(1) Name of plan(s):				130(2)	EIN(9)	13æ(3)	PN(s)
	ion: A penalty for the late or incomplete filing of this return/report							
SB (er penalties of perjury and offier penalties set forth in the instructions, i ir Schedulo MB completed and signed by an enrolled actuary, as well a f, it is true, correct, and opmplete.	declare that I have exe s the electronic version	amined this return/report n of this return/report	ort, ir , and	ncluding, to the be	if applicable, at of my knov	e Schedule Vledge and	}
	RNI BATUS, COTTECT, ATM CONTINUES.	16/10/12	Joseph W. Rok	erts	s, MD			
	RE Signature of plan strainguator	Date	Enter name of Indiv			s plan admin	istrator	
10000	9505 h	10/10/12	Joseph W. Rob					
	Res Signature of employer/blan sponsor	Date	Enter name of Indiv			ıs employer o	r plan spon	sor
Lacust	arrange - Allen and - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -							