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).

1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

	Complete all entries in accord	dance with	1 the instructions to the Form 55	00-5F.	
	art I Annual Report Identification Information				
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2011	1	and ending	12/31/20	011
A	This return/report is for:	a 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	ın year return/report (less than 12	months)	
C	Check box if filing under:	automatic	extension		DFVC program
	special extension (enter descriptio	n)		_	_
Pa	Int II Basic Plan Information—enter all requested information	•			
	Name of plan	20011		1b	Three-digit
	RY DIFABRIZIO, MD, PC PROFIT SHARING PLAN				plan number
					(PN) ▶ 001
				1c	Effective date of plan
20	Diam or arrange reason and address in shirts reason as with according		for a simple complete plan	ah i	01/01/2002
LARI	Plan sponsor's name and address; include room or suite number (er RY DIFABRIZIO, MD, PC	mpioyer, ir	for a single-employer plan)		Employer Identification Number (EIN) 20-2608535
					Sponsor's telephone number
444 6	ACT OOTH CTDEFT			20 \	212-517-8488
	EAST 80TH STREET YORK, NY 10021			2d [Business code (see instructions)
					621111
	Plan administrator's name and address (if same as plan sponsor, er			3b /	Administrator's EIN
LARF	LY DIFABRIZIO, MD, PC 111 EAST 80' NEW YORK, I		:1	3c /	20-2608535 Administrator's telephone number
				00 /	212-517-8488
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/i	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				6
				- Ou	
b	Total number of participants at the end of the plan year			<u>5b</u>	6
С	Number of participants with account balances as of the end of the p complete this item)		•	. 5c	6
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				V v □ N.
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a		•		Yes No
Da	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information	orm 5500-	SF and must instead use Form 5	500.	
7	Plan Assets and Liabilities		(a) Baginning of Voor		(b) End of Voca
· _	Total plan assets	7-	(a) Beginning of Year 285061		(b) End of Year 274740
a h	·	7a	0		0
b C	Total plan liabilities	7b	285061		274740
8	Net plan assets (subtract line 7b from line 7a)	7c			
а	Contributions received or receivable from:		(a) Amount		(b) Total
u	(1) Employers	8a(1)	0		
	(2) Participants	8a(2)	2675		
	(3) Others (including rollovers)	8a(3)	0		
b	Other income (loss)	8b	-12996		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-10321
d	Benefits paid (including direct rollovers and insurance premiums				
	to provide benefits)	8d	0		
e	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			0
į	Net income (loss) (subtract line 8h from line 8c)	8i			-10321
i	Transfers to (from) the plan (see instructions)	8j	0		

Form	5500	SF	201

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Part IV	Plan Characteristics
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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:

During the plan year:		Yes	No		Amo	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			
Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X			
Was the plan covered by a fidelity bond?	10c	Χ				50
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			
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			
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		Х			
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					
VI Pension Funding Compliance						
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))						V V
						Yes X
						Yes X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	e or se	ction 3	302 of E	RISA?	[Yes X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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	e or sections,	ction 3	302 of E	RISA?	[Yes X
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belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	10/15/2012	LARRY DIFABRIZIO
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	10/15/2012	LARRY DIFABRIZIO
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form **555** (Rev. June 2011) Department of the Treasury Internal Revenue Service

Signature ▶

Application for Extension of Time To File Certain Employee Plan Returns

File With IRS Only

► For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **5558** (Rev. 6-2011)

OMB No. 1545-0212

rt i		В	Filer's identi	fying number (s	ee instructions	7
	me of filer, plan administrator, or plan sponsor (see instructions)	٦		ntification numbe		
	Carry DiFabrizio, MD, PC		20-2608535		•	
Nu	mber, street, and room or suite no. (If a P.O. box, see instructions)	<u> </u>		ty number (SSN)	(see instruction	s)
	111 East 80th Street		Social securi	ty flatfiber (OCIV)	(000 11.011 11.011	-,
Cit	ty or town, state, and ZIP code				-	
1	New York NY 10021		Plan	Plar	ı year endin	g
	Plan name		number	MM	DD	YYYY
			1 1	- 		
			0 1	12	31	2011
1	Larry DiFabrizio, MD, PC Profit Sharing Plan		1 1			
			1 1		1	
2						
] 1 			
3					<u> </u>	
rt	Extension of Time To File Form 5500 Series, and/or Form	8955-SS <i>P</i>	L			
	I request an extension of time until 10 / 15 / 2012 to file Note. A signature IS NOT required if you are requesting an extension to file Form	Form 5500 1 5500 seri	es.	structions).		
	I request an extension of time until to file			tructions).		
	Note. A signature IS required if you are requesting an extension to file Form 895					
	Mote: A signature to required it) as a set of					
	The application is automatically approved to the date shown on line 1 and/or if the normal due date of Form 5500 series, and/or Form 8955-SSA for which this and/or line 2 (above) is not later than the 15th day of the third month after the normal date.	ne 2 (above extension is	, ,cqaoc.s=, =	orm 5558 is filed and (b) the date	on or before on line 1	
art	the manual due date of Form 6500 series and/or Form 8900-00A (VI WHICH HIS	ne 2 (above extension is	, ,cqaoc.s=, =	orm 5558 is filed nd (b) the date	I on or before on line 1	
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	the normal due date of Form 5500 series, and/or Form 8955-SSA for Which this and/or line 2 (above) is not later than the 15th day of the third month after the normal Extension of Time To File Form 5330 (see instructions)	ne 2 (above extension is rmal due d	ate.		I on or before on line 1	
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Date ► 07/16/2012

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).

► 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

P	artil Annual Report Identification Information					
For	the calendar plan year 2011 or fiscal plan year beginning	01/01	/2011	and ending	12/	/31/2011
Α	This return/report is for: x a single-employer plan	a multiple-	employer plan	(not multiemployer)		a one-participant plan
В	This return/report is:	the final re	urn/report			
	an amended return/report	a short pla	n year return/re	eport (less than 12 mo	nths)	
С	Check box if filing under: x Form 5558	automatic	extension		ÍГ	DFVC program
•	special extension (enter description)				L.	1 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -
in.	art II Basic Plan Information enter all requested inform					
	Name of plan	nation.			1h ⊤	hree-digit
ıa						lan number
	Larry DiFabrizio, MD, PC Profit Sharing Plan					PN) ▶ 001
					T .	ffective date of plan 1/01/2002
 2a	Plan sponsor's name and address; include room or suite number (emp	olover, if for	single-employ	rer plan)		imployer Identification Number
	Larry DiFabrizio, MD, PC	• •	• , ,	. ,		≣IN) 20-2608535
					2c P	lan sponsor's telephone number
	111 East 80th Street				(212) 517-8488
						lusiness code (see instructions)
US	New York NY 10021					21111
3a	Plan administrator's name and address (If same as plan sponsor, ente Same	r "Same")			3D A	dministrator's EIN
	, and a second s					• · · · · · · · · · · · · · · · · · · ·
					3c A	dministrator's telephone number
4	If the name and/or EIN of the plan sponsor has changed since the last	return/rep	ort filed for this	plan, enter the	4b ∈	IN
а	name, EIN, and the plan number from the last return/report. Sponsor's Name				4c P	'n
	Total number of participants at the beginning of the plan year				5a	6
b	Total number of participants at the end of the plan year				5b	6
C	Number of participants with account balances as of the end of the plan	n year (defi	ned benefit pla	ns do not	.	_
62	complete this item)				<u> 5c</u>	6 X Yes No
b	Are you claiming a waiver of the annual examination and report of an i	-				, <u>E</u> 100 <u>I</u> 100
~	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and					XYes No
	If you answered "No" to either 6a or 6b, the plan cannot use Form	5500-SF a	nd must inste	ead use Form 5500.		
Pέ	irt III Financial Information	I neverous exposability indicate	μ			
7	Plan Assets and Liabilities		(a) Be	eginning of Year		(b) End of Year
а	Total plan assets	7a		285,061		274,740
þ	Total plan liabilities	7b		0	_	0
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	7c		285,061		274,740
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)		2,675		
	(3) Others (including rollovers)	8a(3)		0		
b	Other income (loss)	8b		(12,996)		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				(10,321)
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	1000	
f	Administrative service providers (salaries, fees, commissions)	8f		0		
g	Other expenses	8g		O		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		Control of the Contro		0
i	Net income (loss) (subtract line 8h from line 8c)	8i		10.5		(10,321)
i	Transfers to (from) the plan (see instructions)	8j		0		

	Form 6500-9i	2011		Page 2-					
	Plan Ch	aracteristics ·					-		
9a		pension benefits, enter the applicable pension fe	sture endos form the	List of Plan Chame	a rietia	Casa, in			
	AD 411 3	East State of the							
	The plant provides	wolfare benefits, enter the applicable welfare fea	mie codes now lue f	let of Plan Characte	ristic C	odes in 1	he instructio	ens:	
	Complian	ce Questions			·				
10	Ourling the plan ye	91.		· · · · · · · · · · · · · · · · · · ·		Yes N	0	Amount	
8	Was there a failur	e to transmit to the plan any perficipant contribution	ons within the time p	eriod described in				Amount	··· · · · · · · · · · · · · · · · · ·
	79 OLV YOIN'S-11	D2? (See instructions and DOL's Voluntary Fiducionexempt Iransactions with any party-in-interest?	OR! CHINASIAN DIAMA		10a		×		<u> </u>
	on line 10s.) .	* * * * * * * * * * * * * * * * * * *	footiot niciona relie	всиола геропоп	106		ĸ		•
C	Was the plan covi	ered by a fidelity bond?			10c	x			50,000
đ	Did the plan have	a loss, whether or not reimbursed by the plan's fi	delity bond, that was	caused by fraud			 		20,000
	or overiorizability				104	;	۲		
8	Insurance services	commisions paid to any brokers, agents, or other or other organization that provides some or all o	persons by an insura	nce carter,					
_	***************				10a	_ : :	τ		
f	Has the plan failed	to provide any benefit when due under the plan	7		101	3			· · · · · · · · · · · · · · · · · · ·
9	Did the plan have	any participant loans? (if "Yes," enter amount as	of year end,)		10a	,	:		
h	if this is an individi	ial account plan, was there a blacknut period? (9	iaa instructions and a	9 CFR					
į.	If 10h was provide	ed "Yes," check the box if you either provided the		• • • • • •	10h			ر التوليدي	
Indian trans	executions to blow	oing the notice applied under 29 CFR 2520, 101.	required notice or or	e of the	101			Constituting (
E.	Pension F	unding Compliance				<u>-</u>	100000000000000000000000000000000000000	1. 194 . 254 . S	Allegan Donald
11	is this a defined be	nefit plan subject to minimum funding requireme	nte? (if "Yes," see ins	tructions and compl	ele Sci	redule S	3 (Form		
12		ntribution plan subject to the minimum funding re							X No
	(if "Yes," complete	12e or 12b, 12c, 12d, and 12e below, as applica	нұиявиненця от веспо: ble.)	1 412 of the Code of	30010	n 302 of	ERISA? .	[]Yes	X No
a	If a waiver of the n	inimum funding standard for a nelor year is being	amortisad in this also	a veer see instruction	ine en	d antar N	na data atti	a latter culina	_
	A				th	(ay	Year	
b.	Enter the misies with	12a, complete lines 3, 9, and 10 of Schedule N	IB (Form 5500), and	skip to line 13.			<u> </u>		
c	Shine the america	required contribution for this plan year ,	• • • • • • •	• • • • • •	• •	. 12		•	
ď	Subtract the amount	ontributed by the employer to the plan for this pla It in line 12c from the amount in line 12b. Enter ti	in year		• •	12	2		
	negative amount)	* * * * * * * * * * * * * * * * * * *	• ३ • १ ३ • १ १८ १८ इस्तार (क्षाध्या स्र प्राप्ता	us sign to the left of	8. 	120	•		
e	Will the minimum (inding amount reported on line 12d be met by the	funding deadline?				Yes	No	□N/A
in A	Plan Ter	ninations and Transfers of Assets							
13a	Has a resolution to	terminate the plan been adopted in any plan year	n	the second the second		a> - a > a		Yes	X No
	n ita talian dia a	mount of may bigh assets that revented to the em	ployer this year .			. 13:			
b.	Were all the plan at	sets distributed to participants or beneficiaries, to	rensiemed to enother	plan, or brought unc	er the	control	* - 1		· · · · · · · · · · · · · · · · · · ·
	41 (14) 14 14 14 14 14 14 14 14 14 14 14 14 14	per, any exsets or liabilities were transferred from						· Yes	X No
	which assets or liab	illies were transferred. (See Instructions.)	aus bisu to Stonet t	nanta), identity the p	ilan(s) 1	(0			
	c(1) Name of plant				 	130(2)	EIN(s)	13c(3)	DNA
							(0)	100(0)	110(0)
Cautio	: A possity for the	ista or incomplete titles of this setumber	100 2	···					
Jndor p	enellies of periury	into or incomplete filling of this return/report	WHI DO 85999590 UNI	ses reasonable ca	uzo is	estabile:	ned.		
	chedule MB comple is true, correct, and	ind other penalties set forth in the instructions, I detected and signed by an enrolled actuary, as well as a complete.	leciare that I have exit the electronic versio	amined this returning n of this returninepoi	iport, ir it, and i	icluding, lo tha be	if applicable at of my kno), a Schedula wiedge and	ł
1000	1	O Golme ms							
MEK MS/	Signature of pin			LARRY DI PAR					
		2. Tulini M.	Date	Enter name of Indi				nistrator	-
	-		X 10/15/11	LARRY DI PAB					
	कि कामिशवाताम का क्षेत्र	ployer/plan spensor	Date	Enter name of Indi	viduel s	ligning a	employer (or plan spons	OF

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File Certain Employee Plan Returns

► For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

File With IRS Only

OMB No. 1545-0212

ŧ.		В	Fil	er's identif	ying number (s	ee instruction	is)
	ame of filer, plan administrator, or plan sponsor (see instructions)				ntification number		
	Larry DiFabrizio, MD, PC			•		o. (,	
N	umber, street, and room or suite no. (If a P.O. box, see instructions)	ļ		2608535		(coo instructio	20)
	111 East 80th Street		Şo	cial securit	y number (SSN)	(see msuucuo	110)
C	ity or town, state, and ZIP code					-	
	New York NY 10021				Dia	n year endii	20-
	Plan name		Pl	an nber		DD	YYY
	T Ign name		nun	iber	MM	1 00	- '-
			1	!			2011
1	Larry DiFabrizio, MD, PC Profit Sharing Plan	0	0	1	12	31	2013
		İ	1	1		1	
2				!		_	
				1			
3	3				<u></u>	1	
		8955-SSA					
U	Extension of Time To File Form 5500 Series, and/or Form						
-							
	Lireguest an extension of time until 10 / 15 / 2012 to file	Form 5500 :	serie	es (see ins	structions).		
	I ICQUOSE UIT OMOTION TO THE TENT			•			
	Note. A signature IS NOT required if you are requesting an extension to file Form	1 0000 00110					
	I request an extension of time until / / to file	Form 8955-	SSA	(see inst	ructions).		
	i leducat dir exteriorar or time trim			•	·		
	Note. A signature IS required if you are requesting an extension to file Form 895	0-00A.					
		a (abaya)	\ if. /	a) the For	m 5558 is filer	d on or before	
	The application is automatically approved to the date shown on line 1 and/or li	ne 2 (above)) if: (a) the For	m 5558 is filed	d on or before on line 1	ŧ
	the normal due date of Form 5500 series, and/or Form 8955-SSA for which this	extension is	requ	a) the For lested, an	m 5558 is filed d (b) the date	d on or before on line 1	•
	The application is automatically approved to the date shown on line 1 and/or line normal due date of Form 5500 series, and/or Form 8955-SSA for which this and/or line 2 (above) is not later than the 15th day of the third month after the no	extension is	requ	a) the For Jested, an	m 5558 is filed id (b) the date	d on or before on line 1	1
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