	Form 5500-SF Short Form Annual Return/Report of Small Employee OMB Nos. 1210-0									
	Department of the Treasury Internal Revenue Service	_			<u>_</u>	2	2011			
Internal Revenue Service         This form is required to be filed under sections 104 and 4065 of the Employee           Department of Labor         Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058           Employee Benefits Security Administration         the Internal Revenue Code (the Code).										
P	ension Benefit Guaranty Corporation		dance with	the instructions to the Form 5500	)-SF.	1115	pection			
		entification Information	4	and and in a	0/04/0	2011				
	calendar plan year 2011 or fisca	al plan year beginning 01/01/201			2/31/2					
	This return/report is for:		•	-employer plan (not multiemployer)		a one-particip	bant plan			
В	This return/report is:	the first return/report		eturn/report						
-				in year return/report (less than 12 mc	onths)	_				
C	Check box if filing under:	Form 5558		extension		DFVC progra	IM			
D		special extension (enter descriptio	,							
		nation—enter all requested information	ation		1h	Three digit				
	Name of plan ANUSALI MD PC PROFIT SHA	ARING PLAN & TRUST			ID.	Three-digit plan number				
						(PN) 🕨	001			
_					1c	Effective date of 12/07	•			
	Plan sponsor's name and addre HANUSALI, MD, PC	ess; include room or suite number (er	mployer, if	for a single-employer plan)	2b	Employer Identit (EIN) 14-17	fication Number 46247			
45 DI					2c	Sponsor's telep 845-342				
	JNNING ROAD DLETOWN, NY 10940				2d	Business code ( 62111	see instructions)			
	Plan administrator's name and IANUSALI, MD, PC	address (if same as plan sponsor, er 15 DUNNING	ROAD		3b	Administrator's I 14-17	EIN /46247			
		MIDDLETOW	'N, NY 109	40	3c	Administrator's 1 845-342	elephone number 2-1553			
4		lan sponsor has changed since the la	ast return/i	report filed for this plan, enter the	4b	EIN				
а	name, EIN, and the plan numb Sponsor's name		4c	PN						
		the beginning of the plan year		5a		7				
b	Total number of participants at	the end of the plan year			5b		7			
С		count balances as of the end of the p	• •	-	5c		7			
6a	1 /	uring the plan year invested in eligibl					X Yes No			
b	Are you claiming a waiver of th	e annual examination and report of a	an indepen	dent qualified public accountant (IQF	PA)					
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.										
Pa	rt III Financial Informa		5111 5500-	SF and must mistead use Form 550						
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year			
а	Total plan assets		7a	756918			737043			
b	Total plan liabilities		7b	0			0			
С	Net plan assets (subtract line 7	b from line 7a)	7c	756918			737043			
8	Income, Expenses, and Transf	ers for this Plan Year		(a) Amount		(b) 1	otal			
а	Contributions received or recei	vable from:	80(1)	0						
			8a(1) 8a(2)	0	-					
		)	8a(3)	0	-					
b			8b	-19715						
C	( )	8a(2), 8a(3), and 8b)	8c				-19715			
d	Benefits paid (including direct i	rollovers and insurance premiums	8d	0						
е	• •	ive distributions (see instructions)	8e	0						
f		s (salaries, fees, commissions)	8f	160						
g	Other expenses		8g	0						
h	Total expenses (add lines 8d, 8	Be, 8f, and 8g)	8h				160			
i	Net income (loss) (subtract line	e 8h from line 8c)	8i				-19875			
j	Transfers to (from) the plan (se	ee instructions)	8j	0						

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Page 2 - 1

## Part IV Plan Characteristics

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2R 3D
- **b** 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		Am	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)			X					
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)								
С	Was the plan covered by a fidelity bond?	10c	Х					2500	000
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		Х					
e	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		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	Х					386	699
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							
Part	VI Pension Funding Compliance								
11       Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))								No	
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?									
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)									
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter rulin granting the waiver									_
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_						
b	Enter the minimum required contribution for this plan year			12b					
С	Enter the amount contributed by the employer to the plan for this plan year			12c					
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left c negative amount)			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	a Has a resolution to terminate the plan been adopted in any plan year?					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 under the control of the PBGC?								No	
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)									
<b>13c(1)</b> Name of plan(s): <b>13c(2)</b> EIN(s)							13c(3	<b>B)</b> PN(	s)
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.									
	panalties of parium and other panalties set forth in the instructions. I declare that I have examined this retu					cable	a Sc	hedula	<u>`</u>

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule 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	Filed with authorized/valid electronic signature.	10/15/2012	OVINDLAL BHANUSALI				
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 Short Form Annual Return/Report of Small Employee Benefit Plan								
	lateral Boundary Service								
E	Department of Labor imployee Benefits Security Administration Department of Labor the International Control		2011 This Form is Open to Public						
6	Pension Benefit Guaranty Corporation Complete all entries in account	)-SF.	Inspection						
	Part I Annual Report Identification Information								
		01/01/2			12/31/2011				
_	This return/report is for:	( ·	e-employer plan (not multiemployer)		a one-participant plan				
в	This return/report is: the first return/report	(	return/report						
-		{	an year return/report (less than 12 mo	onths					
С	Check box if filing under: X Form 5558		c extension		DFVC program				
	special extension (enter description								
	art II         Basic Plan Information—enter all requested inform           Name of plan	lation		1h	Three-digit				
	G. Bhanusali MD PC Profit Sharing Plan &	Trust			plan number				
	2			-	(PN) 001				
				10	Effective date of plan 12/07/1992				
2a	Plan sponsor's name and address; include room or suite number (e	employer, if	f for a single-employer plan)	2b	Employer Identification Number				
	G. Bhanusali, MD, PC				(EIN) 14-1746247				
				2c	Sponsor's telephone number (845) 342-1553				
	15 Dunning Road		-	2d	Business code (see instructions)				
	Middletown		NY 10940	24	621111				
3a	Plan administrator's name and address (if same as plan sponsor, e same	nter "Same	9")	3b	Administrator's EIN				
	baille		-	3c	Administrator's telephone number				
4	If the name and/or EIN of the plan sponsor has changed since the name, EIN, and the plan number from the last return/report.	last return/	report filed for this plan, enter the	4b	EIN				
а	a Sponsor's name 4c PN								
5a	Total number of participants at the beginning of the plan year		5a	7					
b	Total number of participants at the end of the plan year			5b	7				
С	Number of participants with account balances as of the end of the	, , ,		<b>F</b> .	7				
62	complete this item)								
	Are you claiming a waiver of the annual examination and report of								
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
Pa	If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year				
а	Total plan assets	. 7a	756,91	В	737,043				
b	Total plan liabilities	. 7b		0	0				
c	Net plan assets (subtract line 7b from line 7a)	. 7c	756,91	8	737,043				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total				
а	Contributions received or receivable from: (1) Employers	. 8a(1)		b					
	(2) Participants			5					
	(3) Others (including rollovers)	8a(3)		2					
b	Other income (loss)	. 8b	(19,715)	)					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		<u> </u>	(19,715)				
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		b					
е	Certain deemed and/or corrective distributions (see instructions)	8e		5					
f	Administrative service providers (salaries, fees, commissions)		16	.60					
g	Other expenses	8g		D					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)				160				
i	Net income (loss) (subtract line 8h from line 8c)				(19,875)				
j	Transfers to (from) the plan (see instructions)	- 8j		C					

Form 5500-SF 2011

	-		and the owner where the party is not
Page	2	-	

Part IV Plan Characteristics

- 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the Instructions: 2E 2F 2G 2R 3D
- b 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

r ai		Jeon phance Questions							
10		ring the plan year:		Yes	No	T -	Ато	unt	
а	Wa 20	as there a failure to transmit to the plan any participant contributions within the time period described in			x	T			
h	10/0	CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a	<u> </u>	<u>^</u>	<u> </u>			
0	0n	ere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported line 10a.)	10b		X				
c		as the plan covered by a fidelity bond?	10c	x				25	0,00
d	Did or d	t the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud dishonesty?	10d		x	1			
6	We insi	are any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, urance service or other organization that provides some or all of the benefits under the plan? (See tructions.)	10e		x	1		_	
f		s the plan failed to provide any benefit when due under the plan?	10f	_	х	<u> </u>			
g		the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	х			31	569	9
h	if th 252	his is an Individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10h	_	x				
i	lf 1(	Oh was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i				·.		
Part	VI	Pension Funding Compliance							
11	is th	nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com	piete :	Sched	ule St	3 (Form		Yes	
12		0))						Yes	
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	01 30		02 01		·		
3		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc	tione	and e	ntor ti	ne doto of	the lot	or ruli	
a		nting the waiver.							
íf y		completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
ь	Ente	er the minimum required contribution for this plan year	· • · · • · · · · ·	"" <b>–</b>	120				
¢	Ente	er the amount contributed by the employer to the plan for this plan year			12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of ative amount)			12d				
e	Witt	the minimum funding amount reported on line 12d be met by the funding deadline?			<i></i>	Yes		<u>ا</u> د	N/A
Part	<b>VII</b>	Plan Terminations and Transfers of Assets							
13a	Has	a resolution to terminate the plan been adopted in any plan year?				Yes X	No		
	if "Y	es," enter the amount of any plan assets that reverted to the employer this year	1:	3a					
b	Wer of th	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought une PBGC?	inder	the cor	ntrol			Yes	X No
C	lf du whic	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), Identify th ch assets or liabilities were transferred. (See instructions.)	e piar				····		
1		) Name of plan(s):		130	(2) E	N(s)	1	3c( <u>3)</u> (	PN(s)
_									
									,
Cauti	ion: /	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonabl	e cau	<u>se</u> is e	estab	ished.			
Unde SB or	r pen r Sch	nattles of perjury and other penalties set forth in the instructions, I declare that I have examined this return redule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/ true, correct, and complete.	irn/rep	ort, ind	cludin	g, if applic	cable, a / knowle	Sche edge (	dule and
,		10-15-2012 Govindlal 1	Bhan	usal	li				
<ul><li><ic)< li=""></ic)<></li></ul>	M			_					

SIGN	111	10-15 2012	Govindial Bhanusali
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