#### 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.

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

Part I	Annual Report Identification Informat	ion							
For calend	ar plan year 2012 or fiscal plan year beginning 0	1/01/2012		and ending	12/31/2	2012			
A This re	turn/report is for: X a single-employer plan	a multip	le-employer pla	an (not multiemployer	)	a one-participant plan			
<b>B</b> This re	turn/report is: the first return/report	the final	l return/report						
	an amended return/repor	rt a short p	olan year return	report (less than 12 r	months)	)			
C Check	box if filing under: X Form 5558	automat	tic extension			DFVC program			
	special extension (enter	description)							
Part II	Basic Plan Information—enter all requeste	ed information							
1a Name					1b	Three-digit			
JOSEPH W.	ROBERTS M.D., PLLC 401(K) PLAN					plan number (PN) • 001			
					1c	Effective date of plan			
						01/01/2005			
	ponsor's name and address; include room or suite n	umber (employer,	, if for a single-e	employer plan)	2b	Employer Identification Number			
JUSEPH W	ROBERTS M.D., PLLC					(EIN) 13-4563381			
					2c	Sponsor's telephone number 718-273-8111			
	MOND AVENUE LAND, NY 10312				2d	Business code (see instructions)			
						621111			
3a Plan a	dministrator's name and address XSame as Plan S	Sponsor Name	Same as Plan	Sponsor Address	3b	Administrator's EIN			
	<del>-</del>		_		20				
					30	Administrator's telephone number			
	name and/or EIN of the plan sponsor has changed s , EIN, and the plan number from the last return/repo		n/report filed fo	r this plan, enter the	4b	EIN			
	, Env, and the plan number from the last return/repo or's name	н.			4c	PN			
<b>5a</b> Total	number of participants at the beginning of the plan y	ear			. 5a	6			
<b>b</b> Total	number of participants at the end of the plan year				. 5b	6			
C Numb	er of participants with account balances as of the er	nd of the plan year	(defined benef	it plans do not		_			
	lete this item)					6			
	all of the plan's assets during the plan year invested					X Yes   No			
	ou claiming a waiver of the annual examination and 29 CFR 2520.104-46? (See instructions on waiver					X Yes No			
	answered "No" to either line 6a or line 6b, the p								
Caution: A	A penalty for the late or incomplete filing of this r	eturn/report will	be assessed u	ınless reasonable ca	ause is	established.			
	alties of perjury and other penalties set forth in the in								
	edule MB completed and signed by an enrolled actual true, correct, and complete.	ary, as well as the	e electronic vers	ion of this return/repo	ιπ, and	to the best of my knowledge and			
	Filed with sutherized/valid electronic circusture	10/1	14/2012	IOOEDIIW DODEE	TO M				
SIGN HERE	Filed with authorized/valid electronic signature.  10/14/2013  JOSEPH W. ROBERT			ΓS, MD					
	Signature of plan administrator	Date			,	dual signing as plan administrator			
SIGN Filed with authorized/valid electronic signature. 10/14/2013 JOSEPH W. ROBER HERE				ERTS, MD					
	Signature of employer/plan sponsor name (including firm name, if applicable) and addre	Date				gning as employer or plan sponsor parer's telephone number (optional)			
riepaiers	name (including initi hame, il applicable) and addre	ss, include 100M 0	אטוווטוו אווטפ וע	(υριιυπαι)	Piep	parer s rerepriorie number (optional)			
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Pai	t III Financial Information				<u> </u>				
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of	/ear	
а	Total plan assets	. 7a	9676	1				113933	
b	Total plan liabilities	7b		0		(			
С	Net plan assets (subtract line 7b from line 7a)	7c	9676	1				113933	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Tota	l	
а	Contributions received or receivable from:								
	(1) Employers	8a(1)	248						
	(2) Participants	8a(2)	507						
	(3) Others (including rollovers)	8a(3)		0					
b	Other income (loss)	8b	961	3					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						17172	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		0					
	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	
i	Net income (loss) (subtract line 8h from line 8c)	8i						17172	
j	Transfers to (from) the plan (see instructions)	8j		0					
Par	t IV Plan Characteristics				•				
	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2T 3B 3D	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instruction	is:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan Charac	cterist	ic Cod	les in t	he instructions	:	
_	V   0 11 0 11								
Part	t V   Compliance Questions								
4.0									
10	During the plan year:				Yes	No	An	nount	_
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	uciary Corr	ection Program)	10a	Yes	No	An		76
а	Was there a failure to transmit to the plan any participant contribu	uciary Corr ? (Do not i	ection Program)nclude transactions reported	10a 10b		No	An		76
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	uciary Corr ? (Do not i	ection Program)nclude transactions reported				An		
a b	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's	ciary Corr	ection Program)nclude transactions reportednd, that was caused by fraud	10b	X		An	4	
a b c	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or other plan is the	fidelity bor	nclude transactions reported  nd, that was caused by fraud s by an insurance carrier,	10b 10c	X	X	An	4	
a b c	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bor	nclude transactions reported and, that was caused by fraud so by an insurance carrier, offits under the plan? (See	10b 10c	X	X	An	1950	
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a b c c d e e f g h i 111111111111111111111111111111111	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all dinstructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10  VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  Enter the amount from Schedule SB line 39	fidelity borner persons of the benefits of year e (See instruments? (If ")	ection Program)	10b 10c 10d 10e 10f 10g 10h 10i plete	X X Scheo	X X X X A X A A A A A A A A A A A A A A	3 (Form ERISA?	1950d	598 No
a b c c d e e f g h i 111111111111111111111111111111111	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all dinstructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10  VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  Enter the amount from Schedule SB line 39	fidelity borner persons of the benefits of year experience (See instruments? (If ") requirements as applicating amortized	ection Program)	10b 10c 10d 10e 10f 10g 10h 10i plete	X X Scheo	X X X X A X A A A A A A A A A A A A A A	3 (Form ERISA?	1950d  1950d  Yes X N  Yes X N  etter ruling	598 No
a b c c d e f g h i 11a 11a 12 a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all dinstructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period? 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10  VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  Enter the amount from Schedule SB line 39.  Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below. If a waiver of the minimum funding standard for a prior year is being the standard for a prior year is being the contribution plan standard for a prior year is being the contribution plan standard for a prior year is being the contribution plan standard for a prior year is being the contribution plan standard for a prior year is being the contribution plan standard for a prior year is being the contribution plan standard for a prior year is being the contribution plan standard for a prior year is being the contribution plan standard for a prior year is being the contribution plan standard for a prior year is being the contribution plan standard for a prior year is being the contribution plan standard for a prior year is being the contribution plan standard for a prior year is being the contribution plan standard for a prior year is being the contribution plan standard for a prior year is being the	fidelity borner persons of the benefits of year experience (See instruments? (If ") requirements as applicating amortized.	ection Program)	10b 10c 10d 10e 10f 10g 10h 10i plete	X X Scheo	X  X  X  X  X  A  A  A  A  A  A  A  A  A	B (Form ERISA?	1950d  1950d  Yes X N  Yes X N  etter ruling	598 No

	Form 5500-SF 2012 Page <b>3</b> - 1			
	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 of a 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	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 brought under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	1 <b>3c(2)</b> E	IN(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	<b>14b</b> ⊤	rust's EIN	

#### 2012 Form 5500-SF Line 10a - Schedule of Delinquent Participant Contributions

Participant Contributions Transferred Late to Plan	,			
Check here if Late Participant Loan Repayments are included: □	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
	\$0.00	\$476.02	\$0.00	\$0.00

7189488110

### Form 5500-\$F

Department of the Treasury Internal Revenue Sarvice

Department of Label

# 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).

OMB Nos. 1210-0110 1210-0089

2012

	mploynn Benefits Security A			al Revenue Code (th	e Code).	This Form is Open to Public		
_		Inspection  Complete all entries in accordance with the instructions to the Form 5500-SF.						
	Annual Report Identification Information							
Fo	r calendar plan year 2	<u>012 o</u>	fscal plan year beginning	01/01/2012	and ending	12/31/2012		
A	This return/report is:	br:	x a single-employer plan	a multiple-employer	plan (not multlemployer)	a one-participant plan		
В	This return/report is:		the first return/report	the final return/repor		C a one-barnebarr brain		
	·	İ	an amended return/report	,				
^	Oho ek have te ev-	<b> </b>			urn/report (less than 12 n	<u> </u>		
С	Check box if filing un	Mer:	X Form 5558	automatic extension		DFVC program		
nati	Singuestados	<u> </u>	special extension (enter description	•				
-	amil Basic Pl	<u>an ir</u>	fix:mation enter all requested infor	mation				
16	Name of plan				<del>-</del>	1b Three-digit		
	Joseph W. Rok	erts	M.D., PLLC 401(k) Plan			plan number (PN) ► 001		
						1c Effective date of plan		
_						01/01/2005		
28	Plan sponsor's nam Joseph W. Rob	and	address; include room or suite number (e	mployer, if for a sing	e-employer plan)	2b Employer Identification Number		
	oodpir w. rox		M.D., FADO			(EIN) 13-4563301		
						2c Sponsor's telephone number		
	3700 Richmond	Ave	6r.u			(718) 273-8111		
	<b>.</b>					2d Business code (see instructions)		
38	Staten Island		NY 10312			621111		
VE	ran administrator s	name	and address X Same as Plan Sponso	r Name 💹 Same as	Plan Sponsor Address	3b Administrator's EIN		
						3C Administrator's telephone number		
4	If the name and/or f	IN of	he plan sponsor has changed since the l	act ratura/rapart filed	Car this plan antar the	4b EIN		
	name, EIN, and the	plan r	umber from the last return/report.	ast return/report meu	ior this bight effet me	4D EII4		
8	Sponsor's name					4c PN		
Sa	Total number of par	clpar	ts at the beginning of the plan year	*****************	******************************	5a 6		
b	Total number of par	joipan	ts at the end of the plan year			<b>5b</b> 6		
С	Number of participa	its wit	h account balances as of the end of the p	lan year (dofined ben	efit plans do πot			
6a	Complete this item)	ļ	As all when the state of the st		***************************************	5c 6		
.			ts during the plan year invested in eligible			X Yes No		
D	me you dalming a v under 2의 CFR 252시	HIVE!	of the annual examination and report of a 3° (See instructions on walver eligibility a	n independent qualifi nd gooditions :	ed public accountant (IQF			
			either line 6a or line 6b, the plan canno		***************************************	Yes No		
C								
<u> </u>	der panalties of nedu	V Sac	e or incomplete filing of this return/rep other penalties set forth in the instruction:	L dodos that the	uniess reasonable cat	ise is established.		
٦ij	or ocueante ivia com	ipieteg	ring signed by an entolled actuary, as we	oll as the electronic v	ersion of this return/report	மா, including, it applicable, a Schedule , and to the best of my knowledge and		
pe	ier, it is true, correct,	nd c	riplete.			, , , , , , , , , , , , , , , , , , , ,		
	GN			/ /	Joseph W. Robert	s, MD		
	ERE Signature of	an ad	ministrator	Date /0/14/13	<del></del>	i sigπing as plan administrator		
		7		34.07.07.07.00				
	RE Signature of o		Aristan e dancer	David III. 3	Joseph W. Robert			
Pr	parer's name (includ	ng Gri	ยา(pian sponsor เายme, if applicable) and address; include	Date () (4 13	Enter name of individual	signing as employer or plan sponsor		
1	-h-wist a mattra /monagi	25 11 11	· marter ii siphilosinis) and addiese; ificilidi	FIVORE OF SUITE NUMB	er (obtrousi)	Preparer's telephone number (optional)		
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Page 2 Form 5500-SIF 20112 Financial Information (b) End of Year (a) Beginning of Year Plan Assets and Liabilities 7a <u>113,933</u> Total plan assets ... 96,761 7b Total plan liabilities Net plan assets (aubtractiline 7b from line 7a) ...... 7c 96,761 113,933 (b) Total Income, Expenses and Transfers for this Plan Year (a) Amount Contributions received or receivable from: 2,480 8a(1) (1) Employers 5,079 8a(2) (2) Participants .... (3) Others (including rollovers) ..... 8a(3) 9,613 Other income (loss) 8b Total income (add nes 8a(1), 8a(2), 8a(3), and 8b) ..... 8¢ 17,172 Benefits paid (inclusting direct rollovers and insurance premlums to provide benefits) Вď 0 8e Certain deemed and/or cor ective distributions (see instructions) ... ٥ 89 Administrative service providers (salaries, fees, commissions) Ô 8g Other expenses 8h Total expenses (adil lines (id, 8e, 8f, and 8g) ..... 17,172 Net income (loss) (subtract line 8h from line 8c) ...... 81 į8 Transfers to (from) he pier (see instructions) and W 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: 26 2J 2T If the plan provided welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: ant W Compliance Questions Amount Yes Νø During the plan war: Was there a failule to hansmit to the plan any participant contributions within the time period described in X 476 29 CFR 2510.3-1027 (See Instructions and DOL's Voluntary Fiduciary Correction Program) ...... 10a Were there any monex must transactions with any party-in-interest? (Do not include transactions reported x 10b on line 10a.) ..... 10¢ 195,000 Ж Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud X 10d or dishonesty? . Were any fees of complisions 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 598 х 10<sub>0</sub> instructions.) ... Has the plan falled to provide any benefit when due under the plan? ..... 101 x Did the plan have any participant leane? (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 10h X 2520.101-3.) .... 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 Part VI Pension Funding Compliance Is this a defined heneff plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form Yes X No from Schedule SB line 39 ..... **11a** Enter the amoun Yes X No Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?... (If "Yea," complete lind 12a or lines 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 instructions, and enter the date of the letter ruling Month \_\_\_\_\_ granting the waiter If you completed line 12s, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. b Enter the minimum reduced contribution for this plan year .....

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		Fore	n 5500-S	<u>r 20</u>	2. 1 age 0 1	<del></del>			
_		Enterth	a amount	contr	buted by the employer to the plan for this plan year		120		
_	q	Subtrac	t the amo	unt in	the 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of	<b>a</b>	12d	- Indiana	
	ę i	Will the	minimum	fundi	g amount reported on line 12d be met by the funding deadline?	*********	Y	es 🗌 N	o N/A
					attions and Transfers of Assets		<del></del>		
1	3a	Has a r	esolution	to terr	ninate the plan been adopted in any plan year?			Ж No	
					int of any plan assets that reverted to the employer this year		13a		
1		of the F	PBGC2	ll	s distributed to participants or beneficiaries, transferred to another plan, or brought un	***********			/08 X No
	C	If during which a	g this plar assets or f	year. abilitit	any assets or liabilities were transferred from this plan to another plan(s), identify the swere transferred, (See instructions.)	parito) to			
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