## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

## 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

Р	ension Benefit Guaranty Corporation	▶ Complete all entries in accord	dance witl	n the instructions to the Form 550	0-SF.	Ins	pection	
Pa	art I Annual Report Id	entification Information				•		
For	calendar plan year 2011 or fisca		1	and ending	2/31/20	011		
Α .	This return/report is for:	a single-employer plan	a multiple	-employer plan (not multiemployer)		a one-particip	ant plan	
В	This return/report is:	the first return/report	the final re	eturn/report	_	_		
	[	an amended return/report	a short pla	n year return/report (less than 12 m	onths)			
C	Check box if filing under:	Form 5558		extension	ĺ	X DFVC progra	m	
		special extension (enter descriptio		OMONOR	L		•••	
Do	rt II Basic Plan Inform		,					
		nation—enter all requested informa	ation		1h -	Three-digit		
	Name of plan & ASSOCIATES, P.C. 401(K) P	PLAN				plan number		
						(PN) <b>•</b>	001	
					1c	Effective date of	plan	
						01/01		
2a RIAC	Plan sponsor's name and addre	ess; include room or suite number (er	mployer, if	for a single-employer plan)		Employer Identif		er
IXIAL	7 & A00001A120,10					(EIN) 13-39		
					2C 3	Sponsor's telep 212-822		
	THEODORE FREMD AVE. 2ND NY 10508	FL.			2d i	Business code (		ne)
,	111 10000					54111		13)
3a	Plan administrator's name and a	address (if same as plan sponsor, er	nter "Same	.")	3b /	Administrator's I	ΞIN	
	& ASSOCIATES, PC		RE FREM	IĎ AVE. 2ND FL.			82254	
		KTE, NT 103	00		3c /	Administrator's t	elephone num	nber
4	If the name and/or FIN of the n	an sponsor has changed since the la	ast return/i	report filed for this plan, enter the	4b		-3200	
•	name, EIN, and the plan number		astrotami	report med for the plan, enter the	70	LIIN		
а	Sponsor's name				4c	PN		
5a	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			
С		count balances as of the end of the p	,	•	5c			
60	,						X Yes	No
b	·	uring the plan year invested in eligible e annual examination and report of a		· ·		••••••	A 163	140
		See instructions on waiver eligibility a					X Yes	No
		er 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 55	00.			
Pa	rt III   Financial Informa	ition			1			
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	01 1 0ui	
а	Total plan assets		. 7a	24003			21741	
b	Total plan liabilities		. 7b					
С	Net plan assets (subtract line 7	b from line 7a)	7c	24003			21741	
8	Income, Expenses, and Transfe			(a) Amount		(b) T	otal	
а	Contributions received or received	vable from:	8a(1)					
			8a(2)					
	, ,		8a(3)					
b	,		8b	-1987				
C		Ba(2), 8a(3), and 8b)	8c				-1987	,
d		ollovers and insurance premiums	- 60					
_			8d					
е	Certain deemed and/or correcti	ve distributions (see instructions)	8e					
f	Administrative service providers	s (salaries, fees, commissions)	. 8f					
g	Other expenses		. 8g	275				
h	Total expenses (add lines 8d, 8	Be, 8f, and 8g)	8h				275	,
i	Net income (loss) (subtract line	8h from line 8c)	8i				-2262	2
j	Transfers to (from) the plan (se	e instructions)	8j					

Form	5500.	SF.	201

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Part IV	Plan Characteristics

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2J 2G 2F 3D
- 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		An	nount	
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		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		Х				
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 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		<u> </u>					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))						Yes	No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					_	<u> </u>	
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction 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 of negative amount)			12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	s	No	N/A
art	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?			XY	es	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year							C
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?	ınder	the co	ntrol			Yes	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	3c(1) Name of plan(s):		130	c(2) Ell	N(s)		13c(3)	PN(s)
	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable							
	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return to Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/r							

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	01/24/2014	MAGED RIAD					
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

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).

2011

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

72 F	art I Annual Report Identification Information				
For		01/01/2	011 and ending		12/31/2011
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 re	turn/report		
	an amended return/report	a short plar	year return/report (less than 12 mo	nths)	
C	Check box if filing under: Form 5558	automatic	extension	ĺ	X DFVC program
•	special extension (enter description				D av va bragarin
D.	art II Basic Plan Information—enter all requested inform				
	Name of plan	auon		1h	Three-digit
	AD & ASSOCIATES, P.C. 401(K) PLAN				plan number
					(PN) ▶ 001
					Effective date of plan
20					01/01/1998
	Plan sponsor's name and address; include room or suite number (e AD & ASSOCIATES, PC	mployer, if i	or a single-employer plan)	20	Employer Identification Number (EIN) 13-3982254
	*		Acceptance	20	Sponsor's telephone number
35	O THEODORE FREMD AVE. 2ND FL.		The state of the s	20	212-822-3200
			and the second	2d	Business code (see instructions)
RY	E NY 10508		Annual Control of the		541110
3a	Plan administrator's name and address (if same as plan sponsor, each $ASSOCIATES$ , $PC$	nter "Same"	)	3b	Administrator's EIN
			na constitución de la constituci	2-	13-3982254
35 RY	O THEODORE FREMD AVE. 2ND FL. E NY 10508			3C	Administrator's telephone number 212-822-3200
4	If the name and/or EIN of the plan sponsor has changed since the I	ast return/re	eport filed for this plan, enter the	4b	
	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	2
b	Total number of participants at the end of the plan year			5b	
С	Number of participants with account balances as of the end of the p complete this item)			5c	2
62	Were all of the plan's assets during the plan year invested in eligib				X Yes No
	Are you claiming a waiver of the annual examination and report of	,	· ·		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility				X Yes No
-	If you answered "No" to either 6a or 6b, the plan cannot use F	orm 5500-S	F and must instead use Form 550	0.	
	rt III Financial Information			<del></del>	
7	Plan Assets and Liabilities		(a) Beginning of Year	_	(b) End of Year
a	Total plan assets	1	2400	3	21741
b	Total plan liabilities	-		1	
_	Net plan assets (subtract line 7b from line 7a)		0.400	_	0000
	Inner Commence and Transfer ( ) 11 DV V	7c	2400	3	21741
8	Income, Expenses, and Transfers for this Plan Year	7c	2400 (a) Amount	3	21741 (b) Total
8 a	Contributions received or receivable from:			3	
	Contributions received or receivable from: (1) Employers	8a(1)		3	
	Contributions received or receivable from: (1) Employers (2) Participants	8a(1) 8a(2)		3	
	Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers)	8a(1) 8a(2) 8a(3)	(a) Amount		
a	Contributions received or receivable from: (1) Employers (2) Participants	8a(1) 8a(2) 8a(3)			
a b	Contributions received or receivable from:  (1) Employers	8a(1) 8a(2) 8a(3) 8b	(a) Amount		(b) Total
a b c	Contributions received or receivable from:  (1) Employers  (2) Participants  (3) Others (including rollovers)  Other income (loss)  Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8a(1) 8a(2) 8a(3) 8b 8c	(a) Amount		(b) Total
a b c	Contributions received or receivable from:  (1) Employers	8a(1) 8a(2) 8a(3) 8b 8c	(a) Amount		(b) Total
a b c d	Contributions received or receivable from:  (1) Employers  (2) Participants  (3) Others (including rollovers)  Other income (loss)  Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8a(1) 8a(2) 8a(3) 8b 8c	(a) Amount -198	7	(b) Total
a b c d	Contributions received or receivable from:  (1) Employers  (2) Participants  (3) Others (including rollovers)  Other income (loss)  Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums to provide benefits)  Certain deemed and/or corrective distributions (see instructions)	8a(1) 8a(2) 8a(3) 8b 8c 8d	(a) Amount	7	(b) Total
a b c d e f	Contributions received or receivable from:  (1) Employers  (2) Participants  (3) Others (including rollovers)  Other income (loss)  Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums to provide benefits)  Certain deemed and/or corrective distributions (see instructions)  Administrative service providers (salaries, fees, commissions)	8a(1) 8a(2) 8a(3) 8b 8c 8c	(a) Amount -198	7	(b) Total
a b c d e f g	Contributions received or receivable from:  (1) Employers  (2) Participants  (3) Others (including rollovers)  Other income (loss)  Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums to provide benefits)  Certain deemed and/or corrective distributions (see instructions)  Administrative service providers (salaries, fees, commissions)	8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h	(a) Amount -198	7	(b) Total  -1987

	Form 5500-SF 2011 Page <b>2</b> -						
Par	IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char. 2E 2J 2G 2F 3D	acteri	stic Co	des in	the instructi	ons:	***************************************
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics.	cterist	ic Cod	les in t	he instructio	ns:	
Par	V Compliance Questions		***************************************	·			
10	During the plan year:		Yes	No	,	mount	
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		Х			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 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 fraud or dishonesty?	10d		Х			***************************************
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		Х			
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			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х			
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			100		
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					☐ Yes	П №
	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 you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	ctions	, and e	enter th	e date of th	Yese letter ru	ıling
b	Enter the minimum required contribution for this plan year			12b			
c d	Enter the amount contributed by the employer to the plan for this plan year	of a		12c 12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
Part		***************************************					
13a	Has a resolution to terminate the plan been adopted in any plan year?			X	es No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a				0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?			ontrol		Yes	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.)	he pla	n(s) to	•			
	3c(1) Name of plan(s):		13	c(2) El	N(s)	13c(3	) PN(s)
**************************************							
Cau	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	use is	establ	ished.		
SBc	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return r Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/ f, it is true, correct, and complete.						
SIG	1/17/14 MAGED RIAD					***************************************	***************************************
	ERE Signature of plan administrator Date Enter name of individual signing as plan administrator						

Date

Enter name of individual signing as employer or plan sponsor

SIGN HERE

Signature of employer/plan sponsor