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.

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Part I		t Identification Information								
For calenda	For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013									
A This ret	turn/report is for:	X a single-employer plan	a multiple-employer p	lan (not multiemployer)	yer) a one-participant plan					
B This ret	turn/report is:	the first return/report	the final return/report							
		an amended return/report	a short plan year retur	n/report (less than 12 m	onths)				
C Check I	box if filing under:	Form 5558	automatic extension		DFVC program					
	Ü	special extension (enter descript	ion)							
Part II	Basic Plan Inf	ormation—enter all requested infor	mation							
1a Name		•			1b	Three-digit				
LARRY DIFA	ABRIZIO, MD, PC PR	ROFIT SHARING PLAN				plan number				
					10	(PN)	001			
		10	Effective date o	•						
2a Plan si	ponsor's name and a	address; include room or suite number	emplover, if for a single-	emplover plan)	2b	Employer Identi				
	ABRIZIO, MD, PC		(- 1 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7	- F - 7 - F - 7			08535			
					2c	Sponsor's telep	hone number			
	OTH STREET					212-51	7-8488			
NEW YORK	, NY 10021				2d	Business code (,			
0:			🗖		21-	62111				
3a Plan a	dministrator's name	and address XSame as Plan Sponsor	Name Same as Plar	n Sponsor Address	30	Administrator's	EIN			
					3c	Administrator's	telephone number			
							·			
4 If the r	name and/or FIN of t	he plan sponsor has changed since the	last return/report filed fo	or this plan, enter the	4h	EIN				
		umber from the last return/report.	, last return report filed it	or this plan, enter the	40	4b EIN				
a Spons	or's name				4c	4c PN				
5a Total r	number of participant	ts at the beginning of the plan year			5a					
b Total r	number of participant	ts at the end of the plan year			5b					
		n account balances as of the end of the		-	F					
	,				5c		0 			
		ets during the plan year invested in elig of the annual examination and report o					X Yes No			
		6? (See instructions on waiver eligibility					X Yes No			
		either line 6a or line 6b, the plan car								
C If the p	olan is a defined ben	efit plan, is it covered under the PBGC	insurance program (see	ERISA section 4021)?	[Yes No	Not determined			
Caution: A	nenalty for the late	e or incomplete filing of this return/re	enort will be assessed	unless reasonable car	ıse is	established				
		other penalties set forth in the instruction	•				able, a Schedule			
		and signed by an enrolled actuary, as	well as the electronic ver	sion of this return/report	t, and	to the best of my	knowledge and			
beller, it is i	true, correct, and cor	прієте.								
SIGN	Filed with authorize	d/valid electronic signature.								
HERE	Signature of plan	administrator	Date	Enter name of individ	ual si	gning as plan adr	ninistrator			
SIGN										
HERE	Signature of emp	loyer/plan sponsor	Date	Enter name of individ	ual sid	anina as emplove	er or plan sponsor			
	name (including firm	name, if applicable) and address; inclu					number (optional)			
	IETZKY, PH.D., E.A.					201-530	0-0666			
584 RUTLA	ACTUARIES, LLC IND AVENUE									
TEANECK,	NJ 07666									

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Paginning of Var				(b) End of Year	
_ <u>'</u> _a	Total plan assets	7a	(a) Beginning of Yea				(b) End of Year	
<u>a</u>	Total plan liabilities	7a 7b		0			0	
	Net plan assets (subtract line 7b from line 7a)	76 7c	6710			0		
8	, ,	76	(a) Amount				(b) Total	
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount			(b) Total		
	(1) Employers	0						
	(2) Participants	8a(2)		0				
	(3) Others (including rollovers)	8a(3)		0				
b	Other income (loss)							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					1123	
d	Benefits paid (including direct rollovers and insurance premiums	8d	6820	7				
е	to provide benefits) Certain deemed and/or corrective distributions (see instructions)	8e		0				
-	Administrative service providers (salaries, fees, commissions)		2					
		8f		0				
<u>g</u>	Other expenses (add lines 2d, 2e, 2f, and 2e)	. 8g		0			68232	
-:-	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					-67109	
÷	Net income (loss) (subtract line 8h from line 8c)	. 8i					-07109	
	, , , , , ,	8j						
9a	t IV Plan Characteristics	footure co	doe from the Liet of Plan Char	antorio	atio Co	doe in	the instructions:	
эа	If the plan provides pension benefits, enter the applicable pension 2E 2J 3D	reature co	ides from the List of Flan Chan	acteris	suc Co	iues III	the instructions.	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instructions:	
Par	Part V Compliance Questions							
10	During the plan year:				Yes	No	Amount	
a		tions withi	n the time period described in				Amount	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corr	rection Program)	10a		X		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X		
					X		50000	
C				10c			50000	
a	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-	•	10d		X		
е	Were any fees or commissions paid to any brokers, agents, or oth							
	insurance service, or other organization that provides some or all instructions.)			10e		X		
f				10f		X		
g				10g		X		
— h				iog		X		
	2520.101-3.)			10h		^		
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i				
Part								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							
11a	Enter the unpaid minimum required contribution for current year fr					11a		
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection :	302 of	ERISA? Yes X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applic	able.)					
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		, and e	enter th Day	ne date of the letter ruling Year	
lf	you completed line 12a, complete lines 3, 9, and 10 of Scheduk							
h	Enter the minimum required contribution for this plan year					12b		

Page	3 -	. 1	
raye	J		

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 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?	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 under the country of the PBGC?	control		X Yes	No		
С	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.)	:0					
1	3c(1) Name of plan(s):	3 c(2) EI	N(s)	13c(3)	PN(s)		
Part	VIII Trust Information (optional)						
14a Name of trust				14b Trust's EIN			

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).

2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	ension Benefit Guaranty Corporation	► Complete all entries in a		ictions to the Form 550	0-SF.				
		Identification Information					N. P. S. P.		
For	calendar plan year 2013 or fis	cal plan year beginning	01/01/2013	and ending	12/	31/2013			
A ·	This return/report is for:	x a single-employer plan	a multiple-employer	olan (not multiemployer)		a one-particip	oant plan		
В.	This return/report is:	the first return/report	x the final return/report						
		an amended return/report	a short plan year retu	ırn/report (less than 12 m	onths)				
C	Check box if filing under:	Form 5558	automatic extension		DFVC program				
		special extension (enter desc	cription)						
Pa	irt II Basic Plan Info	rmation enter all requested	Linformation						
	Name of plan	onto an rogadoto	momadon		1b Th	hree-digit			
	Larry DiFabrizio, M	MD, PC Profit Sharing I	21 an		pla	an number	001		
		D, 10 from blanding i	+411			PN) ► ffective date o	I		
	· · · · · · · · · · · · · · · · · · ·		1c Effective date of plan 01/01/2002						
2a	Plan sponsor's name and ad Larry DiFabrizio, M		mployer Identi	fication Number					
						ponsor's telep			
	111 East 80th Stree	et .				212) 517-			
US	New York	NY 10021				usiness code (21111	(see instructions)		
3a	Plan administrator's name a	nd address 🗓 Same as Plan Sp	onsor Name 🔲 Same as	Plan Sponsor Address	3b Ad	dministrator's	EIN		
					3c Ad	dministrator's	telephone number		
						•	•		
	JEAN TO THE SEASON	i atau an an an tao atau atau atau atau			41		<u> </u>		
4		e plan sponsor has changed since mber from the last return/report.	e the last return/report filed	for this plan, enter the	4b EIN				
а	Sponsor's name	÷			4c Pi	N			
<u></u> 5а	Total number of participants	at the beginning of the plan year	***************************************		5a		3		
b		at the end of the plan year			5b		. 0		
C	Number of participants with	account balances as of the end of	f the plan year (defined ber	efit plans do not			0		
		during the plan year invested in e			5c				
		the annual examination and repo	- ·			**********	X Yes No		
_		? (See instructions on waiver eligit	ailibe and annditions \	ed public accountant (i&	•		X Yes ☐No		
		ther line 6a or line 6b, the plan							
C	If the plan is a defined benef	fit plan, is it covered under the PB	GC insurance program (se	e ERISA section 4021)?]Yes 🔲 No	Not determined		
Ca	ution: A penalty for the late	or incomplete filing of this retu	rn/report will be assesse	d unless reasonable ca	use is es				
		ther penalties set forth in the instr					cable, a Schedule		
SB	or Schedule MB completed a ief, it is true, correct, and com	and signed by an enrolled actuary.	, as well as the electronic v	ersion of this return/repo	rt, and to	the best of m	y knowledge and		
	GN X Lang Di	Februin O	x 4/4/14	LARRY DI FABRIZ	ю. м.	D.			
(A)/(C)/(C)	ERE Signature of plan adm		Date	Enter name of individua	(-)		inistrator		
	geste etc	imstrator	Date	LARRY DI FABRIZ		·	mistrator		
34774522	GN ERE Signature of employe	white energy	Data						
30.00		name, if applicable) and address;	Date	Enter name of individua	,		number (optional)		
l''`			include room or saile fluid	bei (optional)		-			
	LEE KAMINETZKY, PI PENSION ACTUARIES	·	-		(20	1) 530-06	000		
	584 RUTLAND AVENUE								
	US TEANECK	NJ 07666				8-2			

Pa	Financial Information							
7	Plan Assets and Liabilities	Zi Graji	(a) Beginning of Year	r			(b) End o	f Year
а	Total plan assets	7a	67,1	09				0
b	Total plan liabilities	7b	, , , , , , , , , , , , , , , , , , ,	0				0
С	Net plan assets (subtract line 7b from line 7a)	7c	67,10	09				0
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	otal
	Contributions received or receivable from: (1) Employers	90(4)		0				
	(2) Participants	8a(1) 8a(2)		0	100 M	X400 Con	70 F (6) (6)	
	(3) Others (including rollovers)	8a(3)		-				
	Other income (loss)	8b	1,1:					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					-	1,123
d	Benefits paid (including direct rollovers and insurance premiums							1,123
	to provide benefits)	8d	68,20	07				
	Certain deemed and/or corrective distributions (see instructions)	8e		0	200		5 (S) (S) (S)	Market Street
	Administrative service providers (salaries, fees, commissions)	8f		25	A STATE OF THE PARTY OF THE PAR			
	Other expenses	8g		O energiosiss	2.			
_	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		1000	Š.		***	68,232
	Net income (loss) (subtract line 8h from line 8c)	8i			E VEGETARA	07034000		(67,109)
3608658666	Transfers to (from) the plan (see instructions)	8j			28/16	KO KANDA		
	TUV Plan Characteristics							
эа	If the plan provides pension benefits, enter the applicable pension for 2E 2J 3D	eature code	es from the List of Plan Charac	teristi	c Code	es in t	he instructi	ons:
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature codes	s from the List of Plan Characte	eristic	Codes	in th	e instructio	ns:
Pa	rt V. Compliance Questions							
10								
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	ciary Corre	ction Program)	10a	10a X			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported	10b		x	J 1.34	• .
C	Was the plan covered by a fidelity bond?	***************************************	***************************************	10c	x			50,000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х		
е	Were any fees or commissions paid to any brokers, agents, or oth	_ : : :	·				· · · · · · · · · · · · · · · · · · ·	
	instructions.)			10e		x		
f	Has the plan failed to provide any benefit when due under the plan			10f		х		
<u>g</u> h	Did the plan have any participant loans? (If "Yes," enter amount as	***************************************	***************************************	10g		Х		
	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 exceptions to providing the notice applied under 29 CFR 2520.101	ne required	notice or one of the	10h 10i		х	100000000000000000000000000000000000000	A CONTRACTOR
i Par	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	ne required	notice or one of the			х		
(Larry construction	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 TOTAL Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem	ne required	notice or one of the Yes," see instructions and com	10i	Sched	ule Si	3 (Form	Page X Ma
Par 11	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 IVI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ne required	Yes," see instructions and com	10i plete	••••••	ule SI	3 (Form	Yes X No
Par 11	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 TOTAL Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem	ne required	Yes," see instructions and comule SB (Form 5500) line 39	10i		ule SI	•••••	☐ Yes ☒ No
11 11a	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the unpaid minimum required contribution for current year for its this a defined contribution plan subject to the minimum funding	ne required	Yes," see instructions and comule SB (Form 5500) line 39	10i		ule SI	•••••	· · · · · · · · · · · · · · · · · · ·
11 11a	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the unpaid minimum required contribution for current year for 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 be	ne required nents? (If " om Sched requireme nents as application	Yes," see instructions and comule SB (Form 5500) line 39 nts of section 412 of the Code able.)	10i	etion 3	iule Si 11a 02 of I	ERISA?	☐ Yes ☒ No
11 11a 12 a	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the unpaid minimum required contribution for current year from 1s 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 granting the waiver	ne required 1-3 nents? (If " om Sched requireme as application	Yes," see instructions and comule SB (Form 5500) line 39 nts of section 412 of the Code able.) ed in this plan year, see instruc	10i	etion 3	iule Si 11a 02 of I	ERISA?	Yes X No
11 11a 12 a	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the unpaid minimum required contribution for current year for 1s 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 granting the waiver you completed line 12a, complete lines 3, 9, and 10 of Schedule	ne required ents? (If " om Sched requireme as application as MB (Form	Yes," see instructions and comule SB (Form 5500) line 39	10i plete or sec	and e	iule Si 11a 02 of I	ERISA?	☐ Yes ☒ No

	Form 5500-SF 2013	Page 3-					
c d	Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter negative amount)	a minus sign to t	he left of a	12c 12d			
e	Will the minimum funding amount reported on line 12d be met by the funding dead				Yes	□ No [□ N/A
Part 13a	Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year.		**************************************	X Ye	es 🔲	No	0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to a of the PBGC?	nother plan, or b				X Yes	□ No
	If during this plan year, any assets or liabilities were transferred from this plan to at which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s):	nother plan(s), id		o (2) EIN	(s)	13c(3)	PN(s)
-T-940-7-75-5K	VIII Trust Information (optional)			145 7	······································		
14a	Name of trust			1401	'rust's E		