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 accor	rdance witl	n the instructions to the Form 550	0-SF.	Ins	pection	
Pa	art I Annual Report Identif					•		
For	calendar plan year 2011 or fiscal plan		11	and ending	12/31/20	011		
Α	This return/report is for:	ngle-employer plan	a multiple	-employer plan (not multiemployer)		a one-particip	ant plan	
В	This return/report is:	first return/report	the final re	eturn/report	_	_		
		amended return/report	a short pla	n year return/report (less than 12 m	onths)			
_	片	m 5558	1	extension	Γ	DFVC progra	m	
C		cial extension (enter descripti	1	Octoriolori	L			
			,					
	rt II Basic Plan Informatio	n —enter all requested inform	nation		4h ·	There is all out		
	Name of plan SIDE MEDICAL & CARDIOVASCULA	AP ASSOCIATES DC 401(K)	DI ANI			Three-digit plan number		
LAG	SIDE MEDICAL & CARDIO VASCOLI	AIT A3300IATE3 TO 40T(IT)	LAN			(PN) ▶	002	
					1c	Effective date of	f plan	
						01/01	/2006	
	Plan sponsor's name and address; inc		employer, if	for a single-employer plan)	2b [Employer Identif		er
EAS	T SIDE MEDICAL & CARDIOVASCUL	AR ASSOCIATES PC			((EIN) 13-34	56322	
					2c 3	Sponsor's telep		
	AST 70TH STREET					212-737		
NEW	YORK, NY 10021				2d E	Business code (าร)
20	Dia a dusinistratorio assessa and address	/:f	"C	22\	2h	62111		
	Plan administrator's name and address SIDE MEDICAL & CARDIOVASCULA				30 /	Administrator's I 13-34	=11N 56322	
ASSC	OCIATES PC	NEW YORK	, NY 10021		3c /	Administrator's t	elephone nun	nber
						212-737	7-2270	
4	If the name and/or EIN of the plan spo		last return/i	report filed for this plan, enter the	4b	EIN		
а	name, EIN, and the plan number from Sponsor's name	n the last return/report.			4c	DNI		
	Total number of participants at the be	aginning of the plan year				FIN		1
					5a			14
b	Total number of participants at the en	• •			5b			10
С	Number of participants with account to complete this item)			·	5c			1
6a	Were all of the plan's assets during t						X Yes	No
b	Are you claiming a waiver of the annu			· ·		•••••		
	under 29 CFR 2520.104-46? (See in:						X Yes	No
_	If you answered "No" to either 6a o	or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 55	00.			
Pa –	rt III Financial Information							
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End		
а	Total plan assets			609917			708070	
b	Total plan liabilities			0			700070	
С	Net plan assets (subtract line 7b from	ı line 7a)	7с	609917			708070)
8	Income, Expenses, and Transfers for			(a) Amount		(b) T	otal	
а	Contributions received or receivable f (1) Employers		8a(1)	37837				
				71991				
	(2) Participants		` '	0				
h	(3) Others (including rollovers)		` '	-11675				
D	Other income (loss)			-11073			98153	
۲ C	Total income (add lines 8a(1), 8a(2),		8c				90100	•
d	Benefits paid (including direct rollove to provide benefits)		8d	0				
е	Certain deemed and/or corrective dis			0				
f	Administrative service providers (sala	,		0				
g	Other expenses	,		0				
h	Total expenses (add lines 8d, 8e, 8f,						C)
i	Net income (loss) (subtract line 8h fro						98153	3
•	Transfers to (from) the plan (see instr	,		0				
			- wi					

Form	5500-SF 2011	
	2200-25 /011	

Page 2 -	1	
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Part IV	Plan	Characte	aristics
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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 2A 2E 2F 2G 2J 3D
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

				1			
	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)	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				2
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			
9	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		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					
rt '	VI Pension Funding Compliance						
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))				•		Yes X
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						
	, ,		CHOH	302 of E	:KISA!		Yes X
	(If "Yes." complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	0.00	Clion a	802 of E	:KISA?	∟	Yes 🔨
ì	(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	ctions,	and e	nter the	e date o	f the le	tter ruling
1	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc	ctions,	and e	nter the	e date o	f the le	tter ruling
у	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions the waiver	ctions,	and e	nter the	e date o	f the le	tter ruling
f y	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver. You completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	ctions, nth	and e	nter the Day _	e date o	f the le	tter ruling
і у (If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	ctions,	and e	nter the Day _	e date o	f the le	tter ruling
у) ;	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	ctions,	and e	nter the Day _ 12b 12c 12d	e date o	f the le	tter ruling
i fy c	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. Enter the minimum required contribution for this plan year. 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 a minus sign to the left negative amount)	ctions,	and e	nter the Day _ 12b 12c 12d	e date o	f the le	tter ruling
y 1	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	ctions,	and e	12b 12c 12d	Yes	f the le	tter ruling
' y) ; !	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. Enter the minimum required contribution for this plan year. 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 a minus sign to the left negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets	of a	and e	12b 12c 12d	Yes	f the le Yea	tter ruling
у t '	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	of a	and e	nter the Day _	Yes	f the le Yea	tter ruling
: y	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Monou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. 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 a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? 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. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought	of a	and e	12b 12c 12d Yourntrol	Yes	f the le Yea	tter ruling
fy chia	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	of a	and e	12b 12c 12d Yourntrol	Yes X	f the le Yea	tter ruling
fy och d	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	of a	and e	12b 12c 12d Yourntrol	Yes X	f the le Yea	tter ruling

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	08/14/2012	RONALD W. GALLUCCIO, M.D.
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	08/14/2012	RONALD W. GALLUCCIO, M.D.
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form **5558**(Rev. June 2011) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File Certain Employee Plan Returns

OMB No. 1545-0212

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

File With IRS Only

	identification			
A	Name of filer, plan administrator, or plan sponsor (see instructions)	B Filer's identi	ifying number (see instructi	ions)
	East Side Medical & Cardiovascular Associates PC	Employer ide	entification number (EIN)	·
	Number, street, and room or suite no. (If a P.O. box, see instructions)	13-3456322	• •	
	184 East 70th Street	Social securi	ty number (SSN) (see instruc	tions)
	City or town, state, and ZIP code			
	New York NY 10021			
С	Plan name	Plan	Plan year end	ling
		number	MM DD	YYYY
	1 East Side Medical & Cardiovascular Associates PC 401(k) Plan	0 0 2	12 31	2011
	2			
	3			
Par	t II Extension of Time To File Form 5500 Series, and/or Form 8955	SSA		
1				
•	I request an extension of time until 10 / 15 / 2012 to file Form Note. A signature IS NOT required if you are requesting an extension to file Form 5500		tructions).	
2	I request an extension of time until/ /to file Form	8955-SSA (see instri	uctions).	
	Note. A signature IS required if you are requesting an extension to file Form 8955-SSA		20.00.00,0	
	The application is automatically approved to the date shown on line 1 and/or line 2 (at the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extens and/or line 2 (above) is not later than the 15th day of the third month after the normal d	ion is requested, and	n 5558 is filed on or before I (b) the date on line 1	Э
Part	Extension of Time To File Form 5330 (see instructions)			
3	I request an extension of time until / / to file Form You may be approved for up to a 6 month extension to file Form 5330, after the normal		330.	
а	Enter the Code section(s) imposing the tax	► <u>a</u>		
b	Enter the payment amount attached		. ▶ <u>b</u>	
с 4	For excise taxes under section 4980 or 4980F of the Code, enter the revision/amendme State in detail why you need the extension:	nt date • • •	. > c	
	Client information is not yet complete.			

for all and	penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on t	hie form are true, corre	ot and complete, and that La	m authorized

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	Part I Annual Report Identification In	ormation			
For	the calendar plan year 2011 or fiscal plan year beginn	ng 01/0	1/2011 and ending	12/31/	2011
Α	This return/report is for:	plan a multiple	e-employer plan (not multiemploy	rer) 🗌 a on	e-participant plan
В	This return/report is:		eturn/report		F F
_	· H	片	•	(2 mantha)	
_	☐ an amended return		an year return/report (less than 1	·	
C	Check box if filing under:	∐ automati	extension	∐ DFV	C program
	special extension (enter description)			
Pa	art II Basic Plan Information enter a	Il requested information.			•
1a	Name of plan			1b Three-	
	East Side Medical & Cardiovascular	Associates PC 401	(k) Plan	plan nu (PN) ▶	
			,	- ` ` 	/e date of plan
				I	L/2006
2a	Plan sponsor's name and address; include room or s	uite number (employer, if t	or single-employer plan)	2b Employ	yer Identification Number
	East Side Medical & Cardiovascular	Associates PC		1 .	13-3456322
				2c Plan sp	onsor's telephone number
	184 East 70th Street				737-2270
					ss code (see instructions)
	New York NY 10021			62111	
3a	Plan administrator's name and address (If same as p	lan sponsor, enter "Same')	3b Admini	strator's EIN
	Same				
				3c Admini	strator's telephone number
4	If the name and/or EIN of the plan sponsor has chan	ged since the last return/re	port filed for this plan, enter the	4b EIN	
-	name, EIN, and the plan number from the last return		port mod for time prairi, oritor time	4c PN	
	Sponsor's Name				
-	Total number of participants at the beginning of the p			5a 5b	16 14
b	Total number of participants at the end of the plan ye Number of participants with account balances as of the plan year.			30	7.3
Ŭ	complete this item)			5c	10
6 a	Were all of the plan's assets during the plan year inv				Yes No
b		and report of an independ	ent qualified public accountant (IC	אמע	
	Are you claiming a waiver of the annual examination		site quantica pablic accountant (is	ar <i>n</i> y	
	under 29 CFR 2520.104-46? (See instructions on wa	iver eligibility and condition	s.)	• • • • • •	Yes No
Section 2	under 29 CFR 2520.104-46? (See instructions on walf you answered "No" to either 6a or 6b, the plan of	iver eligibility and condition	s.)	• • • • • •	Yes No
	under 29 CFR 2520.104-46? (See instructions on wa If you answered "No" to either 6a or 6b, the plan of art. III Financial Information	iver eligibility and condition	s.)	500.	
7	under 29 CFR 2520.104-46? (See instructions on walf you answered "No" to either 6a or 6b, the plan cartill. Financial Information Plan Assets and Liabilities	iver eligibility and condition cannot use Form 5500-SF	and must instead use Form 55	500.	(b) End of Year
7 a	under 29 CFR 2520.104-46? (See instructions on wallf you answered "No" to either 6a or 6b, the plan of art. III Financial Information Plan Assets and Liabilities Total plan assets	iver eligibility and condition cannot use Form 5500-SF	s.)	7 P17	(b) End of Year 708,070
7	under 29 CFR 2520.104-46? (See instructions on walf you answered "No" to either 6a or 6b, the plan of artill. Financial Information Plan Assets and Liabilities Total plan assets	eannot use Form 5500-SF	and must instead use Form 55 (a) Beginning of Year	500. r 917 0	(b) End of Year 708,070
7 a b c	under 29 CFR 2520.104-46? (See instructions on walf you answered "No" to either 6a or 6b, the plan of artill. Financial Information Plan Assets and Liabilities Total plan assets	iver eligibility and condition cannot use Form 5500-SF	(a) Beginning of Year	500. r 917 0	(b) End of Year 708,070 0 708,070
7 a b c 8	under 29 CFR 2520.104-46? (See instructions on walf you answered "No" to either 6a or 6b, the plan of artill. Financial Information Plan Assets and Liabilities Total plan assets	eannot use Form 5500-SF	and must instead use Form 55 (a) Beginning of Year	500. r 917 0	(b) End of Year 708,070
7 a b c	under 29 CFR 2520.104-46? (See instructions on walf you answered "No" to either 6a or 6b, the plan of artill. Financial Information Plan Assets and Liabilities Total plan assets	iver eligibility and condition cannot use Form 5500-SF	(a) Beginning of Year	500. r 917 0	(b) End of Year 708,070 0 708,070
7 a b c 8	under 29 CFR 2520.104-46? (See instructions on walf you answered "No" to either 6a or 6b, the plan of arcill Financial Information Plan Assets and Liabilities Total plan assets	iver eligibility and condition cannot use Form 5500-SF	(a) Beginning of Year 609, 9	500. r 917 0 917	(b) End of Year 708,070 0 708,070
7 a b c 8	under 29 CFR 2520.104-46? (See instructions on walf you answered "No" to either 6a or 6b, the plan of artill. Financial Information Plan Assets and Liabilities Total plan assets	iver eligibility and condition cannot use Form 5500-SF	(a) Beginning of Year 609,9 (a) Amount	500. r 917 0 917	(b) End of Year 708,070 0 708,070
7 a b c 8	under 29 CFR 2520.104-46? (See instructions on walf you answered "No" to either 6a or 6b, the plan of artill. Financial Information Plan Assets and Liabilities Total plan assets	iver eligibility and condition cannot use Form 5500-SF	(a) Beginning of Year 609,9 (a) Amount	500. r 917 0 917 337 991 0	(b) End of Year 708,070 0 708,070
7 a b c 8 a	under 29 CFR 2520.104-46? (See instructions on walf you answered "No" to either 6a or 6b, the plan of artill. Financial Information Plan Assets and Liabilities Total plan assets	iver eligibility and condition cannot use Form 5500-SF	(a) Beginning of Year 609,9 (a) Amount	500. r 917 0 917 337 991 0	(b) End of Year 708,070 0 708,070 (b) Total
7 a b c 8 a	under 29 CFR 2520.104-46? (See instructions on walf you answered "No" to either 6a or 6b, the plan of artill. Financial Information Plan Assets and Liabilities Total plan assets	iver eligibility and condition cannot use Form 5500-SF 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	(a) Beginning of Year 609,9 (a) Amount	500. r 917 0 917 337 991 0	(b) End of Year 708,070 0 708,070
7 a b c 8 a b	under 29 CFR 2520.104-46? (See instructions on walf you answered "No" to either 6a or 6b, the plan of artill. Financial Information Plan Assets and Liabilities Total plan assets	iver eligibility and condition cannot use Form 5500-SF 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	(a) Beginning of Year 609,9 (a) Amount	500. r 917 0 917 337 991 0	(b) End of Year 708,070 0 708,070 (b) Total
7 a b c 8 a b	under 29 CFR 2520.104-46? (See instructions on walf you answered "No" to either 6a or 6b, the plan of artill. Financial Information Plan Assets and Liabilities Total plan assets		(a) Beginning of Year 609,9 (a) Amount	500. r 917 0 917 0 917 0 917 0 75)	(b) End of Year 708,070 0 708,070 (b) Total
7 a b c 8 a b c d	under 29 CFR 2520.104-46? (See instructions on walf you answered "No" to either 6a or 6b, the plan of artill. Financial Information Plan Assets and Liabilities Total plan assets		(a) Beginning of Year 609,9 (a) Amount	500. 7 917 0 917 0 917 0 917 0 75)	(b) End of Year 708,070 0 708,070 (b) Total
7 a b c 8 a b c d e	under 29 CFR 2520.104-46? (See instructions on walf you answered "No" to either 6a or 6b, the plan of arcill. Financial Information Plan Assets and Liabilities Total plan assets		(a) Beginning of Year 609,9 (a) Amount	500. 7 917 0 917 0 917 0 75)	(b) End of Year 708,070 0 708,070 (b) Total
7 abc 8 a bcd ef	under 29 CFR 2520.104-46? (See instructions on walf you answered "No" to either 6a or 6b, the plan of artill. Financial Information Plan Assets and Liabilities Total plan assets		(a) Beginning of Year 609,9 (a) Amount	500. r 917 0 917 0 917 0 975) 0 0 0 0	(b) End of Year 708,070 0 708,070 (b) Total
7 abc 8 a bcd efg	under 29 CFR 2520.104-46? (See instructions on walf you answered "No" to either 6a or 6b, the plan of artill. Financial Information Plan Assets and Liabilities Total plan assets		(a) Beginning of Year 609,9 (a) Amount	500. r 917 0 917 0 917 0 975) 0 0 0 0	(b) End of Year 708,070 0 708,070 (b) Total

Page 2-	

	Form 5500-SF 2011	age &-[
)ar	TIV Plan Characteristics							
a	If the plan provides pension benefits, enter the applicable pension feature codes from the Lis	st of Plan Characteris	stic C	odes	in the it	structions:		
	2A 2E 2F 2G 2J 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List							
D	If the plan provides wehate benefits, effect the applicable vehicle restart restarts							
Pai	rt V Compliance Questions							
0	During the plan year:	ſ		Yes	No	Am	ount	
а	Was there a failure to transmit to the plan any participant contributions within the time peri 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program	od described in	10a		x			
b	 Were there any nonexempt transactions with any party-in-interest? (Do not include transactions) 	ctions reported			x			
	on line 10a.)	• • • • • •	10b					25 000
С	Was the plan covered by a fidelity bond?		10c	X				25,000
d	or dishonesty?		10d		х			
е	insurance services or other organization that provides some or all of the benefits under the	ice carrier, e plan? (See	10e		x			
f	instructions.)		10f		x			
	City and I among the INA of the amount on of year and		10g		х			
g h	If this is an individual account plan, was there a blackout period? (See instructions and 29				x			
•	2520.101-3.)		10h		<u> </u>		79"	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one exceptions to providing the notice applied under 29 CFR 2520.101-3	e of the	10i					
Pa	rt VI Pension Funding Compliance		4. 0		o CD /			
11	5500)\	<u> </u>				<u> </u>		X No
12		412 of the Code or	secti	on 30:	2 of ER	ISA?	Yes	x No
a	a univer of the minimum funding standard for a prior year is being amortized in this plan	n year, see instructio	ns, a	nd en	ter the	date of the le	tter ruling	
ti	granting the waiver	Mon	ith		Day	' Y	ear	
k	b Enter the minimum required contribution for this plan year				12b 12c			<u> </u>
(Enter the amount contributed by the employer to the plan for this plan year			•	120			
(Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a min negative amount) • • • • • • • • • • • • • • • • • • •	us sign to the left of		. [12d			□ N/A
•	e Will the minimum funding amount reported on line 12d be met by the funding deadline?		•	• •	• •	∐Yes	No	□N/A
Pa	rt VII Plan Terminations and Transfers of Assets						TVos	X No
13	a Has a resolution to terminate the plan been adopted in any plan year?		•	٠.	42-	· · · ·	☐ 1 e3	<u></u>
	If "Yes," enter the amount of any plan assets that reverted to the employer this year .			<u>· · · · · · · · · · · · · · · · · · · </u>	13a			
	 Were all the plan assets distributed to participants or beneficiaries, transferred to another of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another 		•		• • •		∐Yes	x No
	which assets or liabilities were transferred. (See instructions.)		1		.			
	13c(1) Name of plan(s):		-	1	3c(2) E	IN(s)	13c(3) PN(s)
							ļ <u>.</u>	
Cau	ution: A penalty for the late or incomplete filing of this return/report will be assessed u	nless reasonable c	ause	is es	tablish	ed.		<u> </u>
Und	der penalties of perjury and other penalties set forth in the instructions, I declare that I have e s or Schedule MB completed and signed by an enrolled actuary, as well as the electronic vers lief, it is true, correct, and complete.	xamined this return/	repor	t, incl	uding, i	f applicable, a	Schedul ledge and	e i
		RONALD W. G.	ALL	JCCI	о, м.	D.		
42,000	HERE Signature of plan administrator Date	Enter name of in					strator	
3333	V (//)	RONALD W. G.	ALLI	JCCI	o, M.	D		
1750.00	SIGN Date Date	Enter name of in	divid	ual sig	ning as	employer or	plan spo	nsor
-5586	The second secon							

Form 5558 (Rev. June 2011) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File Certain Employee Plan Returns

OMB No. 1545-0212

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

File With IRS Only

art I	Identification					
Na	me of filer, plan administrator, or plan sponsor (see instructions)	В		itifying number (s)
F	Rast Side Medical & Cardiovascular Associates PC		Employer id	lentification numb	er (EIN)	
Nu	mber, street, and room or suite no. (If a P.O. box, see instructions)		13-345632			
	184 East 70th Street	1	Social secu	rity number (SSN) (see instruction	15)
	y or town, state, and ZIP code					
	New York NY 10021	<u>L</u>				
	Plan name		Plan		n year endin	
	Flatt flatte	1	number	MM	DD	YYYY
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1	East Side Medical & Cardiovascular Associates PC 401(k) Plan	0	0 2	12	31	2011
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	Extension of Time To File Form 5500 Series, and/or Form 8955-	SSA				
art l	Extension of time for he commission control				··	
١ ١	request an extension of time until 10 / 15 / 2012 to file Form	5500 s	eries (see i	nstructions).		
	Note. A signature IS NOT required if you are requesting an extension to file Form 5500	series	3 .			
2 1	I request an extension of time until to file Form 8	8955-	SSA (see in	structions).		
	Note. A signature IS required if you are requesting an extension to file Form 8955-SSA.					
	The application is automatically approved to the date shown on line 1 and/or line 2 (a the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extensi and/or line 2 (above) is not later than the 15th day of the third month after the normal discount of the contractions.	ion is i	requestea, a	orm 5558 is file and (b) the date	d on or before on line 1	
	the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension and/or line 2 (above) is not later than the 15th day of the third month after the normal distance of time To File Form 5330 (see instructions)	on is i	requestea, a	orm 5558 is file and (b) the date	d on or before on line 1	
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