## 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).

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in ac	cordance with the instru	ctions to the Form 550	0-SF.					
Part I		<b>Identification Information</b>								
For calenda	ar plan year 2012 or fi	scal plan year beginning 01/01/2	2012	and ending 1	2/31/2	2012				
A This return/report is for:    a single-employer plan   a multiple-employer plan (not multiemployer)   This return/report is:   the first return/report   the final return/report						a one-participant plan				
<b>b</b> This ret	turn/report is:	the first return/report	the final return/report							
_		an amended return/report	H	rn/report (less than 12 mo	onths)					
C Check I	box if filing under:	Form 5558	automatic extension			DFVC program				
		special extension (enter descr	iption)							
Part II	Basic Plan Info	rmation—enter all requested info	ormation							
1a Name					1b	Three-digit				
SANJAY SIK	(AND, M.D., P.C. PRC	FIT SHARING PLAN				plan number (PN) 001				
					10	Effective date of plan				
					.0	01/01/2004				
<b>2a</b> Plan sı SANJAY SIR	ponsor's name and ad KAND, M.D., P.C.	ldress; include room or suite numbe	er (employer, if for a single	-employer plan)	2b	Employer Identification Number (EIN) 06-1608206				
					2c	Sponsor's telephone number				
	MAIN STREET ON, NY 11743				24	631-427-3625  Business code (see instructions)				
	,				Zu	621111				
3a Plan a	dministrator's name ar	nd address XSame as Plan Spons	or Name Same as Pla	n Sponsor Address	3b	Administrator's EIN				
					3с	Administrator's telephone number				
4										
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the					4b EIN					
name, EIN, and the plan number from the last return/report. <b>a</b> Sponsor's name					4c	PN				
•		at the beginning of the plan year			5a					
		at the end of the plan year			5b	3				
		account balances as of the end of t			35					
			, , ,	•	5c	3				
6a Were	all of the plan's assets	s during the plan year invested in el	ligible assets? (See instru	ctions.)		X Yes No				
•	•	f the annual examination and report			,	X Yes □ No				
		? (See instructions on waiver eligibi ither line 6a or line 6b, the plan c				Ц				
	•	or incomplete filing of this return her penalties set forth in the instruc	•							
	, , ,	nd signed by an enrolled actuary, a	•		,	O, 11				
belief, it is t	true, correct, and com	plete.								
SIGN	Filed with authorized/	/valid electronic signature.	05/29/2013	SANJAY SIKAND						
HERE	Signature of plan a	dministrator	Date	Enter name of individu	ame of individual signing as plan administra					
SIGN		/valid electronic signature.	05/29/2013	SANJAY SIKAND	rrada. e.gg de pran danimentate.					
HERE	HERE TO THE STATE OF THE STATE				ual sic	gning as employer or plan sponsor				
Preparer's		name, if applicable) and address; in				parer's telephone number (optional)				
				}						

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Pa	rt III Financial Information										
_ Fa			(a) Denimina of Vec				(b) Fm d	- f V			
<del>_</del>	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End of Year				
<u>a</u>	Total plan assets	7a	12697				177043				
	Total plan liabilities	7b 7c		0			477042				
	C Net plan assets (subtract line 7b from line 7a)		12697	1					7704	3	
8_	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal			
а	Contributions received or receivable from:  (1) Employers	8a(1)	5000	0							
	(2) Participants										
	(3) Others (including rollovers)										
b	Other income (loss)	8b	7	<b>'</b> 2							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							50072	)	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0					000.		
е	Certain deemed and/or corrective distributions (see instructions)	8e		0							
f	Administrative service providers (salaries, fees, commissions)	8f		0							
q	Other expenses	8g		0							
<del></del>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								0	
ī	Net income (loss) (subtract line 8h from line 8c)	8i							5007		
i	Transfers to (from) the plan (see instructions)	8j		0					0001	_	
Pai		O <sub>J</sub>		0							
	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:										
b	2E 3D  If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cteristi	c Code	es in t	he instructi	ons:			
Par	Part V   Compliance Questions										
10	During the plan year:				Yes	No		Amo	ount		
	<b>a</b> 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)					Χ					
b	Were there any nonexempt transactions with any party-in-interest 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 or dishonesty?			10d		Χ					
е	Were any fees or commissions paid to any brokers, agents, or oth	er person	s by an insurance carrier,								
	insurance service or other organization that provides some or all cinstructions.)			10e		X					
f	,			10f		X					
						X					
g				10g		^					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		Χ					
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	ne required	d notice or one of the	10i							
Part				1							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	X	No
112	Enter the amount from Schedule SB line 39					11a			. 55		
12							EDIQA2		Yes	Y	No
14							140				
а	(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 greating the weight.	ng amortiz	ed in this plan year, see instru		and er	_	ne date of t			ling	
If	granting the waiver										
	Enter the minimum required contribution for this plan year	•			Τ.	12b					

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	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>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?				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	

## 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.

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

**Annual Report Identification Information** For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012 A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan B This return/report is: the first return/report the final return/report an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: Form 5558 automatic extension DFVC program special extension (enter description) Basic Plan Information --- enter all requested information Name of plan 1b Three-digit plan number Sanjay Sikand, M.D., P.C. Profit Sharing Plan (PN) ▶ 001 1c Effective date of plan 01/01/2004 Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number Sanjay Sikand, M.D., P.C. (EIN) 06-1608206 2c Sponsor's telephone number (631) 427-3625 205 East Main Street Business code (see instructions) 621111 NY 11743 US Huntington 3a Plan administrator's name and address X Same as Plan Sponsor Name Same as Plan Sponsor Address 3b Administrator's EIN 3c Administrator's telephone number 4b EIN If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name 4c 5a Total number of participants at the beginning of the plan year ...... 5a 3 Total number of participants at the end of the plan year ..... 5b 3 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) ..... 3 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) X Yes No Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) X Yes No If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 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. Sanjay Sikand SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator Sanjay Sikand SIGN HERE Signature of employer/plan sponsor Enter name of individual signing as employer or plan sponsor Date Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)

P	Part III Financial Information											
7	Plan Assets and Liabilities	114	(a) Beginning of Year			(b) End of Year						
a	Total plan assets	7a	126,9	71	177,043							
b	Total plan liabilities	7b		0	0							
С	Net plan assets (subtract line 7b from line 7a)	7c	126,9	71			177,043					
8	Income, Expenses, and Transfers for this Plan Year					(b) Total						
а	Contributions received or receivable from: (1) Employers	8a(1)	50.0	50,000			· 中国的 1000 1000 1000 1000 1000 1000 1000 10					
	(2) Participants	8a(2)	50,70	0								
7	(3) Others (including rollovers)	0		- 1	THE STATE FAME							
b	Other income (loss)	8a(3) 8b		72	THE WAY MERCAL							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	Committee of the second	**			50,072					
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0	4.20		4 11 11 11					
е	Certain deemed and/or corrective distributions (see instructions)	8e		0	智等		LA CARRENT CONTRACTOR					
f	Administrative service providers (salaries, fees, commissions)	8f		0		产为常	<b>企业,从金融工作</b>					
g	Other expenses	8g		0		主体性	(F) (F) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	200 全元 XXX 经有				0					
i	Net income (loss) (subtract line 8h from line 8c)	8i	THE PERSON RESIDENCE	3			50,072					
<u>i</u> _	Transfers to (from) the plan (see instructions)	8j		0	1		<b>其合於有限的動物</b>					
Pa	art IV Plan Characteristics											
9a	If the plan provides pension benefits, enter the applicable pension fe	ature cod	es from the List of Plan Charac	teristi	c Cod	es in t	he instructions:					
	2E 3D											
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture code	s from the List of Plan Characte	ristic	Code	s in th	e instructions:					
Pa	art V Compliance Questions											
10	During the plan year:				Yes	No	Amount					
a	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)						*					
	Were there any nonexempt transactions with any party-in-interest' on line 10a.)	? (Do not i	nclude transactions reported	10b		x						
C	Was the plan covered by a fidelity bond?			10c		x						
C	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х						
е	Were any fees or commisions paid to any brokers, agents, or othe	r persons	by an insurance carrier,									
	insurance service or other organization that provides some or all o instructions.)	f the bene	fits under the plan? (See	10e								
f	f Has the plan failed to provide any benefit when due under the plan?					X						
	the me plan land to provide any serious when add and the plan	1?		10f		x						
g												
<u>g</u> h	Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (	s of year e See instru	nd.)ctions and 29 CFR	10f		x						
_	Did the plan have any participant loans? (If "Yes," enter amount as 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	s of year e See instru	ctions and 29 CFR	10f 10g 10h		х						
h	Did the plan have any participant loans? (If "Yes," enter amount as 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 2520.101	s of year e See instru	ctions and 29 CFR	10f 10g		x						
h	Did the plan have any participant loans? (If "Yes," enter amount as 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 2520.101  If VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirements.	s of year e See instru e required -3	ctions and 29 CFR  I notice or one of the  Yes," see instructions and comp	10f 10g 10h 10i		x x						
h Pa	Did the plan have any participant loans? (If "Yes," enter amount as 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 2520.101  If VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	s of year e See instru e required -3	nd.)	10f 10g 10h 10i		x x ule SE						
h i Pa 11	Did the plan have any participant loans? (If "Yes," enter amount as 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 2520.101  If 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	s of year e See instru e required -3	nd.)	10f 10g 10h 10i		x x ule SE	Yes X No					
h Pa	Did the plan have any participant loans? (If "Yes," enter amount as 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 2520.101  If 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	s of year e See instru e requirec -3 ents? (If "	ctions and 29 CFR  I notice or one of the  Yes," see instructions and companies of section 412 of the Code of	10f 10g 10h 10i		x x ule SE	Yes X No					
h i Pa 11	Did the plan have any participant loans? (If "Yes," enter amount as 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 2520.101  If 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	s of year e See instru e requirec -3 ents? (If " requirements as applications application	retions and 29 CFR  I notice or one of the  Yes," see instructions and companies of section 412 of the Code of the	10f 10g 10h 10i	etion 30	x x x ule SE	Yes X No  ERISA? Yes X No  ne date of the letter ruling					
11 11 12 a	Did the plan have any participant loans? (If "Yes," enter amount as 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 2520.101  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101  If 10h was answered "Yes," check the box if you either provided the exceptions to provide	s of year e See instru e required -3 ents? (If "\" requirement as applica g amortize	rd.)  ctions and 29 CFR  I notice or one of the  Yes," see instructions and comp  nts of section 412 of the Code o	10f 10g 10h 10i	etion 30	x x x ule SE	Yes X No  ERISA? Yes X No					
11 11 12 a	Did the plan have any participant loans? (If "Yes," enter amount as 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 2520.101  If 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 of (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	s of year e See instru e requirec -3 ents? (If " requirement as applica g amortize	rotions and 29 CFR  I notice or one of the  Yes," see instructions and companies of section 412 of the Code of the	10f 10g 10h 10i blete s	and e	x x x ule SE	Yes X No  ERISA? Yes X No  ne date of the letter ruling					

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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 le negative amount)		12d					
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes [	□ No □ I	N/A		
Part	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?	•••••	□ Ye	es X	No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a					
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the coof the PBGC?								
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)							
13c(1) Name of plan(s): 13c(2				(s)	13c(3) PN	(s)		
Part	VIII Trust Information (optional)							
14a Name of trust					14b Trust's EIN			