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).

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in ac	cordance with the instru	uctions to the Form 550	0-SF.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Part I	Annual Report	Identification Information						
For calend	ar plan year 2012 or fi	scal plan year beginning 01/01/	2012	and ending 1	2/31/2	2012		
	turn/report is for:	a single-employer plan		plan (not multiemployer)		a one-particip	oant plan	
B This ref	turn/report is:	the first return/report	the final return/report					
		an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)	_		
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	ım	
		special extension (enter descr	iption)					
Part II	Basic Plan Info	rmation—enter all requested inf	ormation					
1a Name	of plan				1b	Three-digit		
WYCKOFF I	NEONATAL SERVICE	S, PC 401(K) PLAN				plan number	004	
					4.	(PN) •	001	
					1C	Effective date o	•	
2a Blon o	noncor's name and ad	Idroos: includo room or quito numbo	or (ampleyor if for a single	o omployer plan)	2h			
WYCKOFF	NEONATAL SERVICE	ldress; include room or suite numbe ES, PC	er (employer, ii for a single	e-employer plan)	20	Employer Identification (EIN) 11-34	01138	
					20	Sponsor's telep		
374 STOCK	HOLM STREET				20	718-96		
BROOKLYN					2d	Business code (code (see instructions)	
						62139	` ,	
3a Plan a	dministrator's name ar	nd address XSame as Plan Spons	or Name Same as Pla	an Sponsor Address	3b	Administrator's	EIN	
		_	_					
					3c	Administrator's	telephone number	
4 If the r	name and/or FIN of the	e plan sponsor has changed since t	the last return/report filed	for this plan, enter the	4h	EIN		
		mber from the last return/report.	and last rotally roport mod	for the plan, offer the	70	LIIV		
a Spons	or's name				4c	PN		
5a Total	number of participants	at the beginning of the plan year			5a		3	
b Total	number of participants	at the end of the plan year			5b		3	
C Numb	er of participants with	account balances as of the end of t	he plan year (defined ber	nefit plans do not				
comp	lete this item)				5c		3	
6a Were	all of the plan's assets	s during the plan year invested in e	ligible assets? (See instru	ıctions.)			X Yes No	
		f the annual examination and repor					V voo □ No	
		? (See instructions on waiver eligible ither line 6a or line 6b, the plan c					X Yes No	
		or incomplete filing of this return her penalties set forth in the instruc	•				able a Cabadula	
		nd signed by an enrolled actuary, a						
	true, correct, and com				,	,	3 3 3 3	
	Filed with authorized	/valid electronic signature.	06/03/2013	EDANIZ VIJEDANO				
SIGN HERE	riled with authorized/	valid electronic signature.	00/03/2013	FRANK VUTRANO				
TILICE	Signature of plan a	dministrator	Date	Enter name of individ	ual sig	ning as plan adn	ninistrator	
SIGN	Filed with authorized	/valid electronic signature.	06/03/2013	FRANK VUTRANO				
HERE	Signature of emplo		Date	Enter name of individ	ual sig	ıning as employe	r or plan sponsor	
Preparer's	name (including firm r	name, if applicable) and address; in	clude room or suite numb	er (optional)	Prep	arer's telephone	number (optional)	

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Pai	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	(a) Beginning of Year (b) End of Year							
a	Total plan assets							86109	2		
	Total plan liabilities	7b	-								
С	Net plan assets (subtract line 7b from line 7a)	7c	44611	8		86109			36109	2	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total			
	Contributions received or receivable from:		(a) runount				(2)	Total			
	(1) Employers	8a(1)									
	(2) Participants	8a(2)	3360	00							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	39176	1							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						4	12536	1	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d									
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f	1038	7							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1038	7	
	Net income (loss) (subtract line 8h from line 8c)	8i							41497	4	
	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics	<u> </u>	l								
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instr	uctions	S:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Cod	des in t	he instru	ctions:			
Dor	V Compliance Questions										
Part	•				Vac	Na	I				
10 a	During the plan year: Was there a failure to transmit to the plan any participant contribu	tiono withi	n the time period described in		Yes	No		Am	ount		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	iciary Cor	rection Program)	10a		X					
	on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c	X					500	000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-		10d		X					
е	insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See			X					
	instructions.)			10e							
f	Has the plan failed to provide any benefit when due under the plan	n'?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	10g	X						828
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X					
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 VI Pension Funding Compliance											
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)											
11a											
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?										
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)										
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 o	f the le		ling	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.											
b	b Enter the minimum required contribution for this plan year										

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			1					
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 negative amount)			12d				
е	Will the minimum funding amount reported on line 12d be met by the funding	ng 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	Yes	No)	
	If "Yes," enter the amount of any plan assets that reverted to the employer	this year		13a				
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 pl which assets or liabilities were transferred. (See instructions.)	lan to another plan(s), identify the p	lan(s) t	0				
1	3c(1) Name of plan(s):		13	3c(2) l	EIN(s))	13c(3) PN(s)
Part	VIII Trust Information (optional)	_						
14a 1	14a Name of trust				Trust'	s EIN		

Form 5500-SF		Short Form Annua	Short Form Annual Return/Report of Small Employee Benefit Plan							
		This form is required to I	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) o the Internal Revenue Code (the Code).					58(a) of	a) of This Form Is Open to Public Inspection				
D41	I AI.D	► Complete all entries in a	ccordance with the ins	structions to the Form 55	00-SF.	•	Ispection			
Part I		rt Identification Information iscal plan year beginning			10/	24 / 224 2				
			01/01/2012			31/2012				
	eturn/report is for:	x a single-employer plan	a multiple-employe	er plan (not multiemployer)		a one-partici	pant plan			
B This re	eturn/report is:	the first return/report	the final return/rep							
_		an amended return/report	8	eturn/report (less than 12 r						
C Check	box if filing under:	Form 5558	automatic extension	on	☐ DFVC program					
		special extension (enter descr								
Part II	Basic Plan Int	formation enter all requested	information							
1a Nam	e of plan					ree-digit an number				
Wyc	koff Neonatal	Services, PC 401(k) Plan	ı			N) ►	001			
						ective date o				
2a Plan	snonsor's name and a	ddress; include room or suite numbe	r (omployer if for a since	do omployer plan)		/01/1998				
Wyc	koff Neonatal	Services, PC	r (employer, ir for a sing	lie-employer plan)	(EI	N) 11-34				
· - · · · · · · · · · · · · · · · · · ·						onsor's telep '18) 963-	hone number			
374	Stockholm Str	eet					(see instructions)			
US Bro	oklyn	NY 11237			62	1399	(see instructions)			
3a Plan	administrator's name	and address X Same as Plan Spo	nsor Name Same a	as Plan Sponsor Address	3b Ad	ministrator's	EIN			
4 If the	name and/or EIN of th	ne plan sponsor has changed since the	ne last return/report filed	for this plan, enter the	4b EIN	1				
	s, Env, and the plan hu sor's name	mber from the last return/report.			40.00					
		s at the beginning of the plan year			4c PN 5a		3			
		s at the end of the plan year			5b		3			
C Numl	per of participants with	account balances as of the end of th	e plan year (defined be	nefit plans do not						
comp	lete this item)	***************************************			5c	· · · · · · · · · · · · · · · · · · ·	3			
		s during the plan year invested in elig		***************************************	•••••	••••••	X Yes No			
unde	29 CFR 2520.104-46	f the annual examination and report ? (See instructions on waiver eligibili	ty and conditions.)	***************************************			XYes No			
		ither line 6a or line 6b, the plan ca								
		or incomplete filing of this return					******			
SB or Sch	names of perjury and conedule MB completed as strue, corresp, and con	other penalties set forth in the instruc and signed by an enrolled actuary, a pplete.	s well as the electronic v	/e examined this return/report rersion of this return/report	oort, includi , and to the	ng, if applical best of my k	ble, a Schedule nowledge and			
SIGN	MAINAN		5/2/12	Frank Vutrano						
The second second	Signature of plan adr	ninistrator	Date	Enter name of individua	al signing a	e plan admin	intrator			
SIGN					a signing a	o piuri aumin	iou atti			
Secretary and the second	Signature of employe	er/plan sponsor	Date	Enter name of individua	al cianina o	a ampleuse a				
	Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)									
	, C	, , , , , , , , , , , , , , , , , , , ,		oci (cp.iona)	Troparon	3 telephone i	iamber (optional)			

P	art III Financial Information				-				
7	Plan Assets and Liabilities	sets and Liabilities (a) Beginning of Ye			(b) End of Year				
<u>a</u>	Total plan assets	. 7a	446,1	18	861,092				
b	Total plan liabilities	. 7b							
C	Net plan assets (subtract line 7b from line 7a)	. 7c	446,1	18	-040	861,092			
8	Income, Expenses, and Transfers for this Plan Year	Note: No	(a) Amount			(b) Total			
а	Contributions received or receivable from: (1) Employers	8a(1)							
	(2) Participants	8a(2)	33.6	33,600					
	(3) Others (including rollovers)	8a(3)	3373		90				
b	Other income (loss)		391,7	61	200				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)			NOT BE	1		425,361		
d	Benefits paid (including direct rollovers and insurance premiums					CTRUE.	123,301		
	to provide benefits)	8d							
e f	Certain deemed and/or corrective distributions (see instructions)	8e	40.0		1000	59.6			
	Administrative service providers (salaries, fees, commissions)	8f	10,3	87	10001				
g h	Other expenses	8g		Lincolner	5000				
''	Matina and Alara Variation (1) and a second second	8h					10,387		
1		81		THE SE		KURKELLIS	414,974		
P	Plan Characteristics	8j							
Ju	If the plan provides pension benefits, enter the applicable pension fer 2E 2F 2G 2J 2K 3D	ature codes i	rom the List of Plan Characte	ristic	Codes	in the	instructions:		
ь						···			
	If the plan provides welfare benefits, enter the applicable welfare feat	ture codes fro	om the List of Plan Character	istic C	odes i	n the i	nstructions:		
Da	irt V Compliance Questions	"."							
10	During the plan year:				T				
iv a		one within th	o time period described in	Ι	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)								
b	in intologi;	(Do not inclu	ide transactions reported						
c	on line 10a.)			10b		Х			
d				10c	Х		50,000		
	or dishonesty?	······	mat was caused by fraud	10d		x			
е	the series of th	persons by a	an insurance carrier,				:		
	insurance service or other organization that provides some or all of instructions.)	the benefits	under the plan? (See	400		x			
f	Has the plan failed to provide any benefit when due under the plan?			10e					
				10f		Х			
<u>9</u>	Did the plan have any participant loans? (If "Yes," enter amount as			10g	x		828		
h	If this is an individual account plan, was there a blackout period? (S 2520.101-3.)	ee instructio	ns and 29 CFR	10h		x			
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-	required not							
Par	tVI Pension Funding Compliance	J		10i			and the same of th		
11		ntc2 (If "Voc	" coo instructions and accord	4. 0.					
5500) and line 11a below) Yes X No									
11a	Enter the amount from Schedule SB line 39	·····	***************************************		1	1a			
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X No								
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
а 	If a waiver of the minimum funding standard for a prior year is being granting the waiver	amortized in	this plan year, see instruction	ns, ar th	nd ente	r the c	_		
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule N			· -			1041		
	Enter the minimum required contribution for this plan year				14	2h	~		
	, pran your minimum			*******	1	2b			