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	enerit Guaranty Corporation	▶ Complete all entries in ac	cordance with the instru	ctions to the Form 550	0-SF.	1,000				
Part I		Identification Information								
For calenda	ar plan year 2012 or fi	scal plan year beginning 01/01/	2013	and ending 0)2/28/2	2013				
	turn/report is for:	X a single-employer plan ∴ the first return from set		lan (not multiemployer)		a one-participant plan				
B This ret	urn/report is:	the first return/report	the final return/report							
an amended return/report a short plan year return/report (less than 12 m					<u> </u>					
C Check b	oox if filing under:	Form 5558	automatic extension			DFVC program				
		special extension (enter descr	iption)							
Part II	Basic Plan Info	rmation—enter all requested inf	ormation							
1a Name					1b	Three-digit				
WYCKOFF N	NEONATAL SERVICE	S, PC 401(K) PLAN				plan number (PN) 001				
					1c	Effective date of plan				
						01/01/1998				
2a Plan sp WYCKOFF I	ponsor's name and ad NEONATAL SERVICE	dress; include room or suite numbers, PC	er (employer, if for a single	-employer plan)	2b	b Employer Identification Number (EIN) 11-3401138				
074 07000	LIOLM OTDEET				2c	2c Sponsor's telephone number 718-963-6551				
BROOKLYN	HOLM STREET I, NY 11237				2d	2d Business code (see instructions) 621399				
3a Plan a	dministrator's name ar	nd address XSame as Plan Spons	or Name Same as Plai	n Sponsor Address	3b	Administrator's EIN				
					30	Administrator's telephone number	_			
					00	Administrator 3 telephone number				
		e plan sponsor has changed since	the last return/report filed for	or this plan, enter the	4b EIN					
name, a Sponso		mber from the last return/report.			4c	DNI				
		at the beginning of the plan year			5a		3			
		at the end of the plan year								
		account balances as of the end of t			5b		0			
			• • •	•	5c					
6a Were	all of the plan's assets	s during the plan year invested in e	ligible assets? (See instruc	ctions.)		X Yes No	0			
b Are yo	ou claiming a waiver of	f the annual examination and repor	t of an independent qualific	ed public accountant (IQ	PA)					
		? (See instructions on waiver eligible)			
		ther line 6a or line 6b, the plan c								
		or incomplete filing of this return	•				_			
SB or Sche	, , ,	her penalties set forth in the instruc nd signed by an enrolled actuary, a plete.	•			9, 11				
SIGN	Filed with authorized	valid electronic signature.	06/03/2013	FRANK VUTRANO						
HERE	Signature of plan a	dministrator	Date	Enter name of individu	ual siç	gning as plan administrator				
SIGN	Filed with authorized	valid electronic signature.	06/03/2013	FRANK VUTRANO						
HERE	Signature of emplo		Date		vidual signing as employer or plan sponsor					
Preparer's	name (including firm r	ame, if applicable) and address; in	clude room or suite number	er (optional)	Prep	parer's telephone number (optional)				
				ŀ						

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Dor	t III Financial Information		<u> </u>							
Par 7	Plan Assets and Liabilities		(a) Paginning of Var				(b) End of Your			
	Total plan assets	7a	(a) Beginning of Yea			(b) End of Year				
	Total plan liabilities	7a 7b	00108	0	-		0			
C Net plan assets (subtract line 7b from line 7a)			86109				0			
				, <u> </u>			(b) Total			
	Contributions received or receivable from:		(a) Amount				(b) Total			
	(1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	-2466	64						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					-24664			
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	82788	6						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e								
f	dministrative service providers (salaries, fees, commissions) 8f			2						
g	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					836428			
<u>_i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					-861092			
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E $_2$ F $_2$ G $_2$ J $_2$ K $_3$ D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Coc	les in t	he instructions:			
Part	V Compliance Questions									
10						No	Amount			
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X	7			
b		? (Do not	include transactions reported	10b		X				
c	Was the plan covered by a fidelity bond?			10c	Χ		50000			
d				100			50000			
	or dishonesty?			10d		X				
е	insurance service or other organization that provides some or all of instructions.)	of the bene	efits under the plan? (See	10e		X				
f	Has the plan failed to provide any benefit when due under the plan			10f		Χ				
g	Did the plan have any participant loans? (If "Yes," enter amount a				Χ					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instru	uctions and 29 CFR	10g 10h		X	0			
i	If 10h was answered "Yes," check the box if you either provided the	ne require	d notice or one of the							
Dowt	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i						
Part 11	Is this a defined benefit plan subject to minimum funding requirem									
11a	5500) and line 11a below) Enter the amount from Schedule SB line 39					11a	165 7 140			
12	Is this a defined contribution plan subject to the minimum funding					302 of	ERISA? Yes X No			
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,									
а	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			
If	you completed line 12a, complete lines 3, 9, and 10 of Schedulo									
b	Enter the minimum required contribution for this plan year					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)						
Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A		
VII Plan Terminations and Transfers of Assets						
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					
Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the confidence of the PBGC?	ontrol		X Yes	No		
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		_			
3c(1) Name of plan(s):	3 c(2) El	N(s)	13c(3) F	PN(s)		
VIII Trust Information (optional)			<u> </u>			
	Nill the minimum funding amount reported on line 12d be met by the funding deadline?	Enter the amount contributed by the employer to the plan for this plan year	Enter the amount contributed by the employer to the plan for this plan year	Enter the amount contributed by the employer to the plan for this plan year		

14b Trust's EIN

14a Name of trust

Form 5500-SF Short Form Annual Return/Report of Small Employee OMB Nos. 1210-0110 **Benefit Plan** 1210-0089 This form is required to be filed under sections 104 and 4065 of the Employee 2012 Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of the Internal Revenue Code (the Code). This Form is Open to Public Inspection Complete all entries in accordance with the instructions to the Form 5500-SF **Annual Report Identification Information** For calendar plan year 2012 or fiscal plan year beginning 01/01/2013 and ending 02/28/2013 A This return/report is for: x a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan B This return/report is: the first return/report X 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 1a Name of plan 1b Three-digit Wyckoff Neonatal Services, PC 401(k) Plan plan number (PN) ▶ 001 1c Effective date of plan 01/01/1998 Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number Wyckoff Neonatal Services, PC (EIN) 11-3401138 2c Sponsor's telephone number 374 Stockholm Street (718) 963-6551 2d Business code (see instructions) US Brooklyn NY 11237 621399 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 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. 4c PN 5a Total number of participants at the beginning of the plan year 5a Total number of participants at the end of the plan year 3 5b 0 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) O 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) XYes 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. SIGN Frank Vutrano HERE Signature of plan administrator Enter name of individual signing as plan administrator HERE 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)

P	art III Financial Information										
7	an Assets and Liabilities (a) Beginning of Ye			ar	(b) End of Year						
<u>a</u>	Total plan assets	. 7a	861,	092							
<u>b</u>	Total plan liabilities										
<u>c</u>	plan assets (subtract line 7b from line 7a)						0 0				
8	come, Expenses, and Transfers for this Plan Year (a)						(b) T	otal			
а	Contributions received or receivable from: (1) Employers	2 (1)				M15	DIT SEE		S NASA		
	(2) Participants	. 8a(1)			-						
	(3) Others (including rollovers)	. 8a(2)			539						
b	Other income (loss)				133		門供給物	0.025	rat/hill		
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b	(24,66	54)	355						
d	Benefits paid (including direct rollovers and insurance premiums	8c						(24,6	64)		
	to provide benefits)	8d	827,8	86							
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e			100	NI KOM	10000				
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f	8,5	42							
g	Other expenses	8g					NEW STATE				
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		200	1		MINISTREE	836,4	42B		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	18						(861,09			
丄	Transfers to (from) the plan (see instructions)	8)						(881,03	72)		
Pa	rt IV Plan Characteristics	· · · · · · · · · · · · · · · · · · ·		····	L.		Seller of the	TIESDAM SAN			
9a	If the plan provides pension benefits, enter the applicable pension fee 2E 2F 2G 2J 2K 3D	ature codes fr	om the List of Plan Characte	eristic	Codes	in the i	nstruction	s:			
<u>_</u>											
b	If the plan provides welfare benefits, enter the applicable welfare feat	ure codes fro	m the List of Plan Character	istic (Codes	n the ins	structions:				
Pa	rt V Compliance Questions							<u>.</u>			
10	During the plan year:				V						
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia	ons within the	time period described in	10-	Yes	No X		mount			
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	(Do not include	te transactions reported	10a		x					
С	Was the plan covered by a fidelity bond?			10b	1.0	^					
d	Did the plan have a loss, whether or not reimbursed by the plan's fix or dishonesty?	delity bond th	est was sauced by freed	10c	х			5(0,000		
е	Were any fees or commisions paid to any brokers, agents, or other insurance service or other organization that provides some or all of instructions.	nersons by a	ningurance corrier	10d		X					
	instructions.)	tne benefits u	inder the plan? (See	40-							
f	Has the plan failed to provide any benefit when due under the plan?		***************************************	10e		X					
			••••••	10f		Х					
h	Did the plan have any participant loans? (If "Yes," enter amount as of If this is an individual account plan, was there a blackout period? (Secondary)	ee instruction	e and 20 CED	10g	Х				0		
i	2520.101-5.)	******************	***************************************	10h		х					
	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3	required notic	ce or one of the	101							
Par	VI Pension Funding Compliance								100		
11	Is this a defined benefit plan subject to minimum funding requiremen 5500) and line 11a below)	ts? (If "Yes,"	see instructions and comple	te Sc	hedule	SB (For	m				
11a	Enter the amount from Schedule SB line 39	***************************************	***************************************					Yes [K No		
12	Is this a defined contribution plan subject to the minimum funding req	uirements of	section 412 of the Codo or	ectic	1 n 202	1a	· ·				
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as	annlicable \		Sectio	11 302	JI EKISA	1/	Yes 2	<u>No</u>		
а	If a waiver of the minimum funding standard for a prior year is being a granting the waiver	amortized in t	his plan year, see instruction	ns, an	d ente		e of the le	tter ruling			
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule M	R (Form 550)	n) and aking to the sta	<u>n</u>		Day _		Year			
b	Enter the minimum required contribution for this plan year	2 (1 OIIII 3301	v), and skip to line 13.								
	Enter the minimum required contribution for this plan year	******************************	***************************************	•••••	12	2b					