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).

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2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in acc	ordance with the instr	uctions to the Form 550	0-SF.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Part I	Annual Report	Identification Information							
For calenda		scal plan year beginning 01/01/2	012	and ending 1	2/31/2	2012			
	⚠ This return/report is for: ☐ a single-employer plan ☐ a multiple-employer plan (not multiemployer) ☐ a one-participant plan								
B This ret	turn/report is:	the first return/report	the final return/repo						
		onths)	_						
C Check I	box if filing under:	Form 5558	automatic extension	1		DFVC program			
		special extension (enter descrip	otion)						
Part II	Basic Plan Info	rmation—enter all requested info	rmation						
1a Name					1b	Three-digit			
		NE, P.C PROFIT SHARING PLAN				plan number			
						(PN) ▶	001		
						Effective date o			
						01/01	/2005		
	ponsor's name and ad ST SIDE PAIN MEDIC	dress; include room or suite number	(employer, if for a sing	e-employer plan)	2b	Employer Identi			
OI I LIK LAC	ST OIDE TAIN MEDIO					(=114)	77485		
					2c	Sponsor's telep			
1540 YORK	AVENUE (, NY 10028-5962				24	212-28			
NEW TOTAL	,, 111 10020 0002				Zu	Business code (see instructions) 621111			
3a Dian a	dministrator's name o	nd address Same as Plan Sponso	r Nama Doma as D	an Sponsor Address	2h	Administrator's			
		–		an Sponsor Address	30		577485		
IPPER EAST	SIDE PAIN MEDICIN		, NY 10028-5962		3c Administrator's telephone number				
						212-288			
		e plan sponsor has changed since th	e last return/report filed	for this plan, enter the	4b	EIN			
		mber from the last return/report.			40	DNI			
	or's name				4c	PN T	9		
_		at the beginning of the plan year			5a	а			
b Total i	number of participants	at the end of the plan year			5b		9		
		account balances as of the end of th	. , ,	•	5c		9		
		s during the plan year invested in eli					X Yes No		
		f the annual examination and report? (See instructions on waiver eligibili					X Yes No		
		ither line 6a or line 6b, the plan ca							
		or incomplete filing of this return/							
		her penalties set forth in the instruct					able, a Schedule		
SB or Sche	edule MB completed a	nd signed by an enrolled actuary, as							
belief, it is	true, correct, and com	plete.							
SIGN	Filed with authorized	valid electronic signature.	06/07/2013	JOEL KREITZER					
HERE									
	Signature of plan a	dministrator	Date	Enter name of individ	ual sig	ıning as plan adr	ninistrator		
SIGN									
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individ	ual sig	ning as employe	er or plan sponsor		
Preparer's	name (including firm r	name, if applicable) and address; inc	lude room or suite num	per (optional)	Prep	arer's telephone	number (optional)		

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Pai	t III Financial Information										
7	Plan Assets and Liabilities				(b) End of Year						
a	Total plan assets	(1)							77668	2	
	plan liabilities										
	Net plan assets (subtract line 7b from line 7a)	76577	' 5			776682					
	Income, Expenses, and Transfers for this Plan Year			-		(h)		7 000			
	Contributions received or receivable from:		(a) Amount				(b)	Total			
u	(1) Employers	8a(1)	16146	9							
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	Others (including rollovers)									
b	Other income (loss)	8b									
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-	257103	}	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	24619	6							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
q	Other expenses	8g									
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							24619	a a	
	Net income (loss) (subtract line 8h from line 8c)	8i							1090		
	Transfers to (from) the plan (see instructions)	8j							1000		
Par	t IV Plan Characteristics	o j									
	Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:										
b	2A 2E 2F 2G 3D If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Coc	des in t	he instru	ctions:			
Part	V Compliance Questions										
	•				V	N ₁	I				
10	During the plan year:	41 a.a.a itla 1:			Yes	No		Am	ount		
	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)			10a		X					
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
C	Was the plan covered by a fidelity bond?			10c	X					900	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	100		X					
	instructions.) Has the plan failed to provide any benefit when due under the plan			10e		X					
f	has the plan falled to provide any benefit when due under the plan	11?		10f							
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X					
h	2520.101-3.)	•		10h		X					
i	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							
Part	VI Pension Funding Compliance										
11											
11a											
12								No			
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)										
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		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	e MB (For	m 5500), and skip to line 13.				Ī				
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)	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 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):	3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

Form 5500-SF

Department of the Transury Internal Revenue Service

Lispanment of Labor Employee Benefits Security Administration Pension Benefit Quaranty 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).

2012

Inspection

This Form is Open to Public

OMB Nos. 1210-0110 1210-0088

P46 4. B	Complete all entries in accord	ance with the Instru	ictions to the Form 550)0-SF,					
Part I	Annual Report Identification Information dar plan year 2012 or fiscal plan year beginning 01,	701/2012	and ending	12/3	1/2012				
			olan (not multiemployer)	yanna	ne-participant plan				
_		the final return/report			о раниорани ран				
# 1 1115 LE			rn/report (less than 12 m	nonthe)					
C Chark		CONTRACTOR STATE SENT	willow .	/C program					
O CHECK	special extension (enter description	automatic extension A		[1 21 4	o program				
Part II	Basic Plan Information—enter all requested information				* 7000				
1a Name		HVII		1b Three-	diait				
	EAST SIDE PAIN MEDICINE, P.C PROFIT S	HARING PLAN		plan nu	imber				
				(PN)					
		1c Effective date of plan 01/01/2005							
2a Plan s	sponsor's name and address; include room or suite number (err	polover, if for a single	-employer plan)	1	yer Idantification Number				
	EAST SIDE PAIN MEDICINE		, , , , , , , , , , , , , , , , , , ,		L6-1677485				
				2c Sponso	or's telephone number				
1540 Y	ORK AVENUE			212-288-2180					
NEW YO	PRK WY 10028-5962			2d Business code (see instructions)					
	administrator's name and address Same as Plan Sponsor Na	ma Donna ne Dia	n Spansor Address	6211: 3b Adminis	***				
	EAST SIDE PAIN MEDICINE	Totte da ria	II apolisor Address		677485				
a a ye maga t	therefore the first one was some source of the trapping to a first field \$60° labe. Such as \$ disks.			3c Administrator's telephone number					
1540 Y	ORK AVENUE			212-2	288-2180				
				ļ.					
NEM YO	RK NY 10028-5962								
4 If the	name and/or EIN of the plan sponsor has changed since the las	st return/report filed f	or this plan, enter the	4b EIN					
	EIN, and the plan number from the last return/report.			4	/				
	number of participants at the beginning of the plan year	7777		4c PN					
	number of participants at the end of the plan year								
	er of participants with account balances as of the end of the pla			5b	- Villa-				
	lete this item)			5c					
	all of the plan's assets during the plan year invested in eligible		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	* 1 * * * * * 1 1 1 1 1 1 1	X Yes No				
b Are yo	ou claiming a waiver of the annual examination and report of an	independent qualific	ed public accountant (IQ	(PA)	a , , ,				
If vau	29 CFR 2520.104-46? (See instructions on waiver eligibility an answered "No" to either line 6a or line 6b, the plan cannot	d conditions.)	and must hetaad use	Enem SEGO	X Yes No				
	penalty for the late or incomplete filling of this return/repo			· · · · · · · · · · · · · · · · · · ·	3-y-cos-4:				
	alties of perjury and other penalties set forth in the instructions.	TOWARD CO.	~~~~	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
SB or Sche	dule MB completed and signed by an enrolled actuary, as well true, correct, and complete.	as the electronic ver	sion of this return/report	, and to the be	st of my knowledge and				
Delibit II iz i	rue, contect, and complete,								
SIGN		6/6/13	JOEL KREITZER	ER					
HERE	Signature of plan administrator	Date	Enter name of individ	plan administrator					
SIGN					- 11				
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan spe						
Preparer's	name (including firm name, if applicable) and address; include i	room or sulte numbe	r (optional)	Preparer's te	lephone number (optional)				
				1333					

Pa	art III Financial Information	S== 7/12 ===				***	21.001129-0	1)(653)	
7	Plan Assets and Liabilities		(a) Beginning of Ye	ar			(b) End	of Year	
a	Total plan assets	7a	The state of the s	657	75		-	776	5 6 8
b	0.000	76		in Con-				***	
_ c	Net plan assets (subtract line 7b from line 7a)	7c	7	657	75			776	568
8	Income, Expenses, and Transfers for this Plan Year	S	(a) Amount			(b) Total			
a	Contributions received or receivable from: (1) Employers	8a(1)	1	614	69				
	(2) Participants	8a(2)				WIJ-78			
	(3) Others (including rollovers)	8a(3)		956	34				
b	Other income (loss)	8b							
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						257	10
d			7	461	مد		10.77		
- 0	to provide benefits) Certain deemed and/or corrective distributions (see instructions)	8d	2			_	-		
f		8e		_	-	700			_
	Administrative service providers (salaries, fees, commissions)	8f			-				
_ 9	Other expenses	8g	P. T. A.	E 4	-				_
	Total expenses (add lines 6d, 8e, 8f, and 8g)	8h		<u>, a.</u>	-			246	_
-	Net income (loss) (subtract line Bh from line 8c)	8î		7/				10	90
	The property of the second sec	8)							U-I-
Pa 9a	rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension			//					
b Par	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	s from the List of Plan Chara	oteris	ic Cot	les in I	the instruction	ons:	
10	During the plan year:				Yes	No	T	Amount	
a	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ions within clary Corre	the time period described in ction Program)	10a		Х			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		х			
C	Was the plan covered by a fidelity bond?		** ** *********************************	10c	X			90	00
d		fidelity bong	d, that was caused by fraud	10d		Х			
e	Were any fees or commissions paid to any brokers, agents, or oth- insurance service or other organization that provides some or all o instructions.)	er persons f the benefi	by an insurance carrier, its under the plan? (See	100		X			
f	Has the plan falled to provide any benefit when due under the plan	17	11 51 568 4331 12 61 BAGA 1 AAAA AATA AATA	10f		X			
9	Did the plan have any participant loans? (If "Yes," enter amount as	of year en	d.), ,,,,,,,,	10g		X			
h	If this is an individual account plan, was there a blackout period? (12520.101-3.)	See instruc	tions and 29 CFR	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	e required i	notice or one of the	10i					
art	VI Pension Funding Compliance	20 - 00				-			
11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)	ints? (If "Ye	s," see instructions and com	plete	Sched	ule \$E	(Form	☐ Yes ☐	No
11a	Enter the amount from Schedule SB line 39	MT-12418866 4ee cee	. (x)+(e=5]]1842]334]224	74	7111	11a			
12	is this a defined contribution plan subject to the minimum funding a						ERISA? T	☐ Yes 🎗	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applicab	le.)		- 0.0				
	If a waiver of the minimum funding standard for a prior year is being granting the waiver.	amortized	in this plan year, see instruc	tions,	and e	nter th Day		e letter ruling Year	
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule	The second secon							-
b	Enter the minimum required contribution for this plan year	* -1 ** 54 * 75 12 21 22 2	1.1·+>+>+1+2+q<1.7-5#*44/45#1+ 4>+v4>+v4	141 [199]		125			

7. 78	Form 5500-SF 2012 Page 3 -					
c	Enter the amount contributed by the employer to the plan for this plan year	12c	1	-		
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				
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?	,	7 Yes	П	No	□ N/
Part	VII Plan Terminations and Transfers of Assets					3-1100
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes X	No		TW.
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a	1	4		
b Were all the plan assets distributed to participants or beneficiarles, transferred to another plan, or brought under the of the PBGC?					☐ Ye	s X r
C	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):	3c(2) E	IN(s)	-	13c(3) PN(s
Part	VIII Trust Information (optional)					1744
		14b T	rust's Ell	V.		