For	m 5500-SF	Short Form Annual R	eturn/Report Benefit Plan	of Small Employ	yee		OMB Nos. 1210-0110 1210-0089	
	tment of the Treasury nal Revenue Service	This form is required to be file	е	2012				
	partment of Labor enefits Security Administration	Retirement Income Security Act of the Interna	ections 6057(b) and 6058 Code).	(a) of	This Form is	This Form is Open to Public		
Pension Be	nefit Guaranty Corporation	Complete all entries in accord	dance with the instru	ctions to the Form 550	0-SF.	ins	pection	
Part I		entification Information						
For calenda	ar plan year 2012 or fisca		2	and ending 1	2/31/2	2012		
A This ret	urn/report is for:	a single-employer plan	a multiple-employer p	olan (not multiemployer)		a one-particip	ant plan	
B This ret	urn/report is:	the first return/report	the final return/report					
	[an amended return/report	a short plan year retui	m/report (less than 12 mo	onths)		
C Check b	box if filing under:	Form 5558	automatic extension			DFVC progra	m	
	Ŭ Ī	special extension (enter description	on)					
Part II	Basic Plan Inform	nation—enter all requested inform	ation					
1a Name		·			1b	Three-digit		
FAMILY EAR	R, NOSE & THROAT SEI	RVICES, PLLC PROFIT SHARING F	PLAN			plan number	001	
						(PN) ►	001	
					1c	Effective date of 06/01/	•	
	oonsor's name and addre R, NOSE & THROAT SE	ess; include room or suite number (e RVICES, PLLC	mployer, if for a single	-employer plan)	2b	Employer Identif (EIN) 14-18		
5010 STATE	ROUTE 30, SUITE 204				2c	Sponsor's telep 518-842		
	M, NY 12010				2d	Business code (62111	,	
3a Plan ad	dministrator's name and	address 🗙 Same as Plan Sponsor N	lame Same as Pla	n Sponsor Address	3b	Administrator's	EIN	
					3с	Administrator's t	elephone number	
		lan sponsor has changed since the l	ast return/report filed f	or this plan, enter the	4b	EIN		
name, a Sponso		er from the last return/report.			4c	PN		
		the beginning of the plan year			5a		9	
b Total r	number of participants at	the end of the plan year			5b		9	
		count balances as of the end of the			00		•	
					5c		9	
		uring the plan year invested in eligib	•	,			X Yes No	
		e annual examination and report of					X Yes 🗌 No	
	,	See instructions on waiver eligibility er line 6a or line 6b, the plan cann	,					
		incomplete filing of this return/rep						
		r penalties set forth in the instruction					able, a Schedule	
SB or Sche		signed by an enrolled actuary, as we						
SIGN	Filed with authorized/va	lid electronic signature.	10/07/2013	KAREN TAN MD				
HERE	Signature of plan adm	ninistrator	Date	Enter name of individu	ual sig	gning as plan adn	ninistrator	
SIGN	Filed with authorized/va	lid electronic signature.	10/07/2013	KAREN TAN MD				
HERE	Signature of employe		Date	Enter name of individu	ual sig	gning as employe	r or plan sponsor	
Preparer's	name (including firm nan	ne, if applicable) and address; includ	le room or suite numbe	er (optional)	Prep	parer's telephone	number (optional)	

7	t III Financial Information						
1	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year
a	Total plan assets	7a	1212	9			13663
b	Total plan liabilities	7b		0			0
С	Net plan assets (subtract line 7b from line 7a)	7c	1212	9			13663
8	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from:			_			
	(1) Employers	8a(1)		0			
	(2) Participants	8a(2)		0	_		
	(3) Others (including rollovers)	8a(3)		0	_		
	Other income (loss)	8b	153	4	_		
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_		1534
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0			
	Certain deemed and/or corrective distributions (see instructions)	8e		0			
	Administrative service providers (salaries, fees, commissions)	8f		0			
	Other expenses	8g		0			
<u> </u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					0
	Net income (loss) (subtract line 8h from line 8c)	8i					1534
	Transfers to (from) the plan (see instructions)	8j		0			1001
Par		၀၂		0			
b	2E 3B 3D If the plan provides welfare benefits, enter the applicable welfare fe	eature codes	from the List of Plan Charac	cterist	ic Cod	les in tl	ne instructions:
Part					Y.	N	
10	During the plan year: Was there a failure to transmit to the plan any participant contribu	tiono within th	as time period departihed in		Yes	No	Amount
а	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Х	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х	
С	Was the plan covered by a fidelity bond?			10c	Х		100000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			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 or instructions.)	of the benefits	s under the plan? (See	10e		x	
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year end	.)	10g		Х	
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instructi	ons and 29 CFR	10g		Х	
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne required n	otice or one of the	10i			
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
11a	Enter the amount from Schedule SB line 39					11a	
	Is this a defined contribution plan subject to the minimum funding					302 of	ERISA? 🗌 Yes 🗙 No
						. .	
12	(If "Yes," complete line 12a or lines 12b, 12c. 12d. and 12e below.	as applicabl	e.)				
12	(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 bein granting the waiver.	ng amortized	in this plan year, see instruc		, and e	enter th Day	e date of the letter ruling Year
12 а	If a waiver of the minimum funding standard for a prior year is beir	ng amortized	in this plan year, see instruc		, and e		

С	Enter	the amount contributed by the employer to the plan for this plan year	12c		
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d		
е		he 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	a resolution to terminate the plan been adopted in any plan year?	, ,	Yes X No	
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a		
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the pBGC?	control		Yes X No
С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) n assets or liabilities were transferred. (See instructions.)	to	_	
1	3c(1)	Name of plan(s): 1	3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII	Trust Information (optional)			

14a Name of trust	14b Trust's EIN

Form 5500-SF	Department of the Treasury Benefit Plan						
Internal Revenue Service	ee	2012					
Department of Labor Employee Benefits Security Administration	8(a) of	This Form is Open to Public					
Pension Benefit Guaranty Corporation	Complete all entries in according to the second	ordance with the instr	uctions to the Form 560	N.SE	l i	nspection	
Part Annual Report Id	Intification Information						
For calendar plan year 2012 or fisca		01/01/2012	and ending	12	/31/2012		
A This return/report is for:	x a single-employer plan	a multiple-employer	plan (not multiemployer)	Г	a one-partici	nant olan	
B This return/report is:	the first return/report	the final return/repoi		٩.	3 paran	the second second	
	an amended return/report	a short plan year ret	um/report (less than 12 n	nonths)			
C Check box if filing under:	Form 5558	automatic extension	•	Г	DFVC progra	am	
T	special extension (enter descript	-4		L	3		
Part II Basic Plan Inform		-					
1a Name of plan	mation — enter all requested inf			16	Three-diait	T	
•	· · · · · · · · · · · · · · · · · · ·			5	olan number		
Family Kar, Nose 5 T	hroat Services, PLLC Pr	cofit Sharing Pl	an		PN) ►	001	
					Effective date ()6/01/2001		
2a Plan sponsor's name and addr	ress; include room or suite oumber	(employer, if for a sing	le-employer plan)			incation Number	
Family Ear, Nose & T	hroat Services, PLLC	••••			EIN) 14-18		
				20 5	Sponsor's telep	hone number	
5010 State Route 30,	Suite 204				(518) 842-		
						(see instructions)	
US Amsterdam	NY 12010			<u>[</u>	521111		
3a Plan administrator's name and	address (X) Same as Plan Spons	sor Name [_] Same as	Plan Sponsor Address	30/	dministrator's	EW	
				L			
				36 /	dministrator's	telephone number	
4 If the name and/or Fill of the p	kan sponsor has changed since the	hali tananan da taal a	for this also anter the	4b s	383		
name, EIN, and the plan numb		o 1801 1010118702011 1800	ion and part, critci lite		314		
a Sponsor's name				4c F	'n		
5a Total number of participants at	the beginning of the plan year	******	*****	5a		9	
	the end of the plan year			5b	1	9	
C Number of participants with acc	count balances as of the end of the	a plan year (defined bei	refit plans do not		l l	*	
6a Were all of the plan's assets du	ving the olar year invested in allo			<u>5c</u>	[9	
b Are you claiming a waiver of the	· · · •	-	***************************************		******	XYes No	
	See instructions on waiver eligibility		en brond sorrourset (ev	rAj		XYes No	
If you answered "No" to eithe	er line 6a or line 6b, the plan can	not use Form 5500-Sf	and must instead use	Form 5	500.		
Caution: A penalty for the late or						······································	
Under penalties of perjury and other	r penalties set forth in the instruction	ons, I declare that I hav	e examined this return/m	eoort. inc	duding, if applie	cable, a Schedule	
SB or Schedule MB completed and	signed by an enrolled actuary, as	well as the electronic v	ersion of this return/repor	t, and to	the best of m	knowledge and	
belief, it is true, correct, and comple	<u>ne.</u>			****	*****		
819M	mangely-	197/13	Karen Tan, MD				
Himai Signature of plan admini	istrator	Date 1 /	Enter name of individua	al signin	y as plan admir	nistrator	
simpland	and the	10/1/13	Karen Tan, MD				
HELFE Signature of employer/pl		Date	Enter name of individua	al signin() as employer (or plan sponsor	
Preparer's name (including firm nan	ne, if applicable) and address; incl	ude room or suite num!	oer (optional)	Prepar	er's telephone	number (optional)	
	/						
					1. 10 July 10	and a star fight and the star and the star	
For Paperwork Reduction Act Not	tice and OMB Control Numbers,	see the instructions f	or Form 5500-SF.		Fo	rm 6500-SF (2012)	

v.120126

Form 5500-SF 2012

Page 2

	Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year	ŕ	1		(b) End of Year
a	otal plan assets			29	1		13,663
b	Total plan liabilities	75	76		I		Û
C	Net plan assets (subtract line 7b from line 7a)	7c	12,1	29	Τ		13,663
8	Income, Expenses, and Transfers for this Plan Year	and a second	(a) Amount		T		(b) Total
а	Contributions received or receivable from:	0-141		0	276937940 69	و فيه وريد من من هو.	
	 Employers Participants 	8a(1) 8a(2)		- <u>-</u>	RACARCOL	di d	
*******	(2) Participants	88(3)		0			
b	Other income (ioss)	8b	1,53				
Č	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	86				i kana sa	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	84		0			1,534
8	Certain deemed and/or corrective distributions (see instructions)	8e		8	Eretter		
Ť	Administrative service providers (salaries, lees, commissions)	81		Û			
9	Other expenses	89		0		ang li Nata akadada	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	Sh			3		0
1	Net income (loss) (subtract line 8h from line 8c)	81					1,534
j	Transfers to (from) the plan (see instructions)	8		0			Contemporate and a
S.C.	R N Plan Characteristics						
	If the plan provides pension benefits, enter the applicable pension fe 2E 3B 3D If the plan provides welfare benefits, enter the applicable welfare fea					-	
	Compliance Questions				,	,	
10	During the plan year:	(*	<1 <1 < 5 < 4 + 4	,	Yes	No	Amount
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	iary Corre	ction Program)	10a		x	
	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	(Do not i	nclude transactions reported	106	f	x	
	Was the plan covered by a fidelity bond?	*****	******	100	X	<u> </u>	100,000
d	or dishonesty?		****	10d		x	
•	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.)			10a		x	
Ē	Has the plan failed to provide any benefit when due under the plan		******	101		x	
g	Did the plan have any participant loans? (If "Yes," enter amount at	s of year e	nd.)	10g		x	
h	If this is an individual account plan, was there a blackout period? (ctions and 29 CFR				
	2520.101-3.)	****	-	10h		x	A STATE OF STATES
i	2520.101-3.) If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101	e required	notice or one of the	10h 10i		x	
i Pai	If 10h was answered "Yes," check the box if you either provided th	e required	notice or one of the			X	
i Pa 11	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520,101 Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements	e required -3	notice or one of the	10i	Sched		B (Form
11	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101 Pension Funding Compliance	e required -3 ents? (If "	notice or one of the Yes," see instructions and comp	10i			
11	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101 Pension Funcing Compliance Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below) Enter the amount from Schedule SB line 39 Is this a defined contribution plan subject to the minimum funding reading re	e required -3 ents? (If " requireme:	notice or one of the Yes," see instructions and comp nts of section 412 of the Code o	10i Diete		lule S 11a [
11 11 12	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101 Pension Functing Compliance Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below) Enter the amount from Schedule SB line 39 Is this a defined contribution plan subject to the minimum funding requirements (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	e required -3 ents? (If " requirement as applica	notice or one of the Yes," see instructions and comp Ints of section 412 of the Code of the.)	10i Diete Xr sec	[tion 3	luie S 11a 02 of	ERISA? Yes X No
11 11 12 a	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101 Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) a Enter the amount from Schedule SB line 39 Is this a defined contribution plan subject to the minimum funding requirem (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	e required -3 ents? (If " requirement as applica g amortize	notice or one of the fes," see instructions and comp nts of section 412 of the Code of the code of the code of	10i olete x sec	tion 3	lute S 11a [02 of 11er ti	ERISA? Yes X No
11 11 12 a	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101 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 re (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 bein	e required -3 ents? (If " requirement as applica g amortize	notice or one of the fes," see instructions and comp nts of section 412 of the Code of the code of the code of	10i olete x sec	tion 3	lute S 11a [02 of 11er ti	ERISA? Yes X No

Form 5500-SF 2012	Page 3-	

C	Enter the amount contributed by the employer to the plan for this plan year	12c			
đ	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?	Yes			
Pan	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?	. 🗆 Yes 🕅	No 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?	control	Yes X No		
Ċ	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			
•	13c(1) Name of plan(s): 1	3c(2) EIN(s)	13c(3) PN(s)		
	•				
Past	VIII Trust Information (optional)				
14a	Name of trust	14b Trust's	14b Trust's EIN		