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).

2042

OMB Nos. 1210-0110

1210-0089

2012

This Form is Open to Public Inspection

			Complete all entries in accord	iance with the instruc	ctions to the Form 550	ии-ог.		
	Part I		Identification Information					
Fo	r calenda	ar plan year 2012 or fis	scal plan year beginning 01/01/2012	2	and ending	12/31/2	2012	
Α	This retu	urn/report is for:	x a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-particip	oant plan
В	This retu	urn/report is:	the first return/report	the final return/report				
			an amended return/report	a short plan year returr	n/report (less than 12 m	nonths))	
С	Check b	oox if filing under:	X Form 5558	automatic extension			DFVC progra	ım
			special extension (enter description	n)				
Р	art II	Basic Plan Info	rmation—enter all requested informa	ation				
1a	Name o	of plan	·			1b	Three-digit	
NOF	RTH SHC	RE CARDIO PULMOI	NARY ASSOCIATES, P.C. PROFIT SH	HARING PLAN AND TR	RUST		plan number	
							(PN) •	001
						1c	Effective date o	•
22	l Plan er	onsor's name and add	dress; include room or suite number (er	mnlover if for a single-	employer plan)	2h	Employer Identi	
NOI	RTH SHO	ORE CARDIO PULMO	NARY ASSOCIATES, P.C.	inployer, ir for a single-	employer plans	20		94057
						2c	Sponsor's telep	hone number
8 GI	REENFIE	ELD ROAD					516-490	
SYC	DSSET, N	NY 11791				2d	Business code (see instructions)
							62111	1
3a	Plan ac	dministrator's name an	nd address XSame as Plan Sponsor N	ame Same as Plar	Sponsor Address	3b	Administrator's	EIN
						3c	Administrator's	telephone number
							, tarriin notrator o	
4	If the n	name and/or EIN of the	e plan sponsor has changed since the la	ast return/report filed fo	or this plan, enter the	4b	EIN	
	name,	EIN, and the plan nun	mber from the last return/report.					
		or's name				4c	PN	
5a			at the beginning of the plan year					23
b			at the end of the plan year			5b		7
С			account balances as of the end of the p	• '		. 5c		7
6a		,	s during the plan year invested in eligibl					X Yes No
b		•	the annual examination and report of a	,	•			
			? (See instructions on waiver eligibility a					X Yes No
	If you	answered "No" to ei	ther line 6a or line 6b, the plan canno	ot use Form 5500-SF	and must instead use	Form	5500.	
Ca	ution: A	penalty for the late of	or incomplete filing of this return/rep	ort will be assessed	unless reasonable ca	use is	established.	
		, , ,	ner penalties set forth in the instructions	,			O, 11	,
		dule MB completed ar rue, correct, and comp	nd signed by an enrolled actuary, as we	ell as the electronic ver	sion of this return/repoi	rt, and	to the best of my	knowledge and
-		rao, corroot, and comp		1	1			
	GN	Filed with authorized/v	valid electronic signature.	10/08/2013	STEPHEN BERNSTE	EIN, M.	D.	
HE	RE	Signature of plan ac	dministrator	Date	Enter name of individ	dual sig	gning as plan adn	ninistrator
SIC	GN							
HE	RE	Signature of employ	yer/plan sponsor	Date	Enter name of individ	dual sic	ning as employe	r or plan sponsor
Pre	eparer's i		ame, if applicable) and address; include			-		number (optional)
						1		

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Pai	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) Er	nd of Y	ear		_
a	Total plan assets	7a	84413				(-, -		1839	5	
	Total plan liabilities	7b									_
	Net plan assets (subtract line 7b from line 7a)	7c	84413	33					1839	5	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(h) Total			_
	Contributions received or receivable from:		(a) runount					, rota.			
	(1) Employers	8a(1)									
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	1449	7							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							14497	7	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	83892	25							
е	Certain deemed and/or corrective distributions (see instructions)	8e	131	0							
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							84023	5	
	Net income (loss) (subtract line 8h from line 8c)	8i							82573		
	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics	, oj									
	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 3D	feature co	des from the List of Plan Char	acteris	tic Code	es in	the inst	ruction	3:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cteristi	c Code	s in t	he instru	ctions:			
Part	•			1	T						
10	During the plan year:				Yes	No		Am	ount		
a	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	ıciary Corı	rection Program)	10a		X					
	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		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	n?		10f							
g	Did the plan have any participant loans? (If "Yes," enter amount a		<u> </u>	10g		X					
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 requirem 5500) and line 11a below)							Г	Yes	Пи	lo
11a						1a					
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction 30)2 of	ERISA?	📗	Yes	X N	lo
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applic	able.)								
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-				ter th Day	e date d	of 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.								
b	Enter the minimum required contribution for this plan year				1	2b					

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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 resunegative 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	Were all the plan assets distributed to participants or beneficiaries, transfer of the PBGC?	rred to another plan, or brought unde	er the c	ontro	I		Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this p which assets or liabilities were transferred. (See instructions.)	plan to another plan(s), identify the p	lan(s) t	0			_	
1	3c(1) Name of plan(s):		13	3c(2)	EIN(s	s)	13c(3) PN(s)
Part	VIII Trust Information (optional)						•	
14a 1	Name of trust			14b	Trust	's EIN		

Form 5500-SF

Department of the Treasury Internal Revenue Service

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

OMB Nos, 1210-0110 1210-0089

2012

Department of Labor Employee Benefits Security Administration	Retirement Income Security Active Inte	t of 1974 (ERISA), and se smal Revenue Code (the C		B(a) of This	Form la Open to Public
Pension Sensit Guaranty Corporation	Complete all entries in ac	cordance with the instru	ctions to the Form 550	0-SF.	Inspection
Part I Annual Report Id	dentification Information				
For calendar plan year 2012 or fisc.		01/01/2012	and ending	12/31	/2012
_ restricted and rest	X a single-employer plan	H	lan (not multlemployer)	a on	e-participant plan
B This return/report is:	the first return/report	lhe final return/report			
_ l	an amended return/report	a short plan year retur	n/report (less than 12 m	onths)	
C Check box if filing under:	X Form 5558	automatic extension		DEV	C program
Part II Basic Plan Inform	special extension (enter descri- mation—enter all requested info				110
1a Name of plan	mation—enter all requested info	ormation		46 -	
NORTH SHORE CARDIO PU	ULMONARY ASSOCIATES,	P.C. PROFIT SH	ARING PLAN AND	1b Three-c plan nu (PN)	mber 0.01
				1¢ Effectiv	e date of plan
2a Plan sponsor's name and addre	sees heels also man as suite as make	- () If f		-	/1988
NORTH SHORE CARDIO PU	ULMONARY ASSOCIATES,	P, C.	employer plan)		er Identification Number 1-2694057
8 GREENFIELD ROAD					r's telephone number 196-7900
				2d Busines	s code (see Instructions)
SYOSSET	NY 11791			62111	
3a Plan administrator's name and	address (XSame as Plan Sponso	or Name X Same as Plan	Sponsor Address	3b Adminis	Irator's EIN
4 If the name and/or EIN of the p	plan sponsor has changed since the	he last return/report filed fo	or this plan, enter the	4b EIN	
a Sponsor's name	per nom the last returnieport.			4c PN	
5a Total number of participants at	t the beginning of the plan year		***************************************	5a	23
b Total number of participants at	t the end of the plan year	*****		5b	7
C Number of participants with accomplete this item)	count balances as of the end of the	ne plan year (defined bene	ifit plans do not	5c	7
6a Were all of the plan's assets d					X Yes No
	he annual examination and report (See instructions on waiver eligibli her line 6a or line 6b, the plan ca	ity and conditions.)			
Caution: A penalty for the late or					had .
Under penalties of perjury and other SB or Schedule MB completed and belief, it is true, correct, and complete	r penalties set forth in the instruct signed by an extrolled actuary, as	ions, I declare that I have	examined this return/rep	ort. including.	if applicable, a Schedule
BIGN Stat	But in	ar o	STEPHEN BERNST	rein, M.D	
Signature of plan adn		Date 10 /8/13	Enter name of individu	ual signing as l	olan administrator
	The second second				The state of the state of
Signature of employe		Date		ual signing as e	employer or plan sponsor
Preparer's name (including firm name	ne, if applicable) and address; inc	dude room or suite numbe	r (optional)	Preparer's tel	ephone number (optional)
For Paperwork Reduction Act Notice a	and OMB Control Dumbara are the	Instructions for Form 5500	en en		
TOTA SUPERIOR REGISTRES A	and Onto Control Numbers, 544 the	mendodolle for Porm 85005	ar.		Form 6500-SF (2012) v. 120126

7	Plan Assets and Liabilities	n Missi	(a) Beginning of Yea	ır			(b) End of Year
a	Total plan assets	7a	B.	4413	33		18395
þ	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	8-	4413	33		18395
8	Income, Expenses, and Transfers for this Plan Year	September	(a) Amount	772			(b) Total
a	Contributions received or receivable from: (1) Employers	8a(1)			12		
	(2) Participants	8a(2)			裁		A STANK THE
	(3) Others (including rollovers)	8a(3)					
b	Other Income (loss)	8b		1449	97 🏙		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	And the state of	li) it			14497
d	Benefits paid (including direct rollovers and insurance premiums		R	3892	5		
_	to provide benefits)	8d		131	3633	PERSON A	
	Administrative service providers (salaries, fees, commissions)	80		131	.0		
27	The state of the s	Bf .			160		
9	Other expenses		RISTORIUS IN CONTROL I	CE SEE	1525 Mil.	STORE	A STATE OF THE PARTY OF T
1	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					840235
÷	Net income (loss) (subtract line 8h from line 8c)	81	DOZUGRANIST STATES	S COLD	FF2	5.572.93	-825738
11126	t.IV. Plan Characteristics	- 8j		_	13%	23.4	20年75年,2017年
9a b	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare for						
Par	Compliance Questions						
10	During the plan year:				Yes	No	Amount
	Was there a failure to transmit to the plan any participant contribution of CFR 2510.3-1027 (See instructions and DOL's Voluntary Fidure).	ciary Corr	ection Program)	10a		х	
ь	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		х	
C	Was the plan covered by a fidelity bond?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		10¢		Х	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х	
0	Were any fees or commissions paid to any brokers, agents, or other organization that provides some or all clustructions.)	ner persons of the bene	s by an insurance carrier, ofits under the plan? (See	10e		х	
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 e	nd.)	10g		х	
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		х	
1	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	I notice or one of the	101			
Part							100000000000000000000000000000000000000
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	
12	Is this a defined contribution plan subject to the minimum funding	V		OF SE	ction	302 of	ERISA? Yes X No
	(If "Yes," complete line 12s or lines 12b, 12c, 12d, and 12e below,	as sonlice	able.)				
		on opping					
a	If a walver of the minimum funding standard for a prior year is being granting the walver.	ng amortize			, and e	enter th Day	ne date of the letter ruling Year
	If a waiver of the minimum funding standard for a prior year is being	ng amortize			, and e	_	•

ear	nus sign to the le	eft of a 12	Yes		Yes X No
esult (enter a minimum) ding deadline? er this yeer ferred to another	nus sign to the le	eft of a 12	Yes	□ No	Yes X No
er this year	r plan, or brough	13 ht under the cont	Yes	□ No	Yes X No
er this year ferred to another	r plan, or brough	13 ht under the cont y the plan(s) to	rol		Yes X No
er this year ferred to another	r plan, or brough	ht under the cont y the plan(s) to	rol		
er this year ferred to another	r plan, or brough	ht under the cont y the plan(s) to	rol		
ferred to another	r plan, or brough	ht under the cont y the plan(s) to	* I		
s plan to another	r plan(s), identify	y the plan(s) to			
10.00		13c(2) EIN(s)) 1	9-/9\ Ob/-\
					3c(3) PN(s)
		141	Trust's	s EIN	- T
		7110	14b	14b Trust's	CAB Tauris FIN