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

			Complete all entries in ac	cordance with the instru	ctions to the Form 55	ио-ог.				
	art I		Identification Information							
For	calenda	ar plan year 2012 or fis	cal plan year beginning 01/01/	2012 	and ending	12/31/2	2012 			
Α	This ret	urn/report is for:	a single-employer plan	님 ' ' '	lan (not multiemployer)		a one-particip	oant plan		
В	This ret	urn/report is:	the first return/report	the final return/report						
			an amended return/report	a short plan year retur	n/report (less than 12 n	nonths))			
С	Check b	oox if filing under:	X Form 5558	automatic extension			DFVC progra	m		
			special extension (enter descr	iption)			_			
Pa	art II	Basic Plan Info	rmation—enter all requested info	ormation						
1a	Name	of plan				1b	Three-digit			
STE\	/EN S. I	MOALEMI, M.D., P.C.	PROFIT SHARING PLAN				plan number	001		
						10	(PN) Figure (PN) Figure (PN)			
						'	01/01/	•		
2a	Plan sr	oonsor's name and add	dress; include room or suite numbe	er (employer, if for a single-	emplover plan)	2b	Employer Identif			
		MOALEMI, M.D., P.C.		· (-···p·-) -·, ·· · · · · · · · · · · · · ·			(EIN) 11-35			
						2c	Sponsor's telep	hone number		
551 I	FIFTH A	VENUE, STE. 525					212-867			
NEW	/ YORK,	, NY 10176				2d	Business code (see instructions)		
							62111			
3a	Plan ad	dministrator's name an	d address XSame as Plan Spons	or Name Same as Plar	n Sponsor Address	3b	Administrator's I	ΞIN		
						30	Administrator's t	elephone number		
						30	Administrators	elepriorie riumbei		
4			plan sponsor has changed since t	he last return/report filed for	or this plan, enter the	4b	EIN			
а		EIN, and the plan nun or's name	nber from the last return/report.			4c	PN			
			at the beginning of the plan year			-		10		
b			at the end of the plan year			5b		9		
C			account balances as of the end of t			35				
		• •			•	. 5c		8		
6a			during the plan year invested in el					X Yes No		
b			the annual examination and report					X Yes □ No		
			' (See instructions on waiver eligibi					X Yes No		
Cai										
			or incomplete filing of this return ner penalties set forth in the instruc	•				able a Schedule		
		, , ,	nd signed by an enrolled actuary, a	•			O, 11	,		
beli	ef, it is t	rue, correct, and comp	olete.					-		
SIG	2NI	Filed with authorized/\	valid electronic signature.	10/15/2013	AIDA SANCHEZ					
HE		Signature of plan ac		Date		er name of individual signing as plan administr				
010		Signature or plan at	diffiliation .	Date	Litter flame of flidivid	Juai Sig	grillig as plan aun	iiiistratoi		
SIG										
		Signature of employ	yer/plan sponsor ame, if applicable) and address; in	Date	Enter name of individual			r or plan sponsor number (optional)		
FIE	parer s	name (including inm no	arrie, ii applicable) ariu address, iri	sidde room of suite numbe	i (Optional)	Fieh	arei s telepriorie	number (optional)		

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	t III Financial Information									
	Plan Assets and Liabilities	_	(a) Beginning of Yea		(b) End of Year					
	Total plan assets	7a 	9040		-	118718				
	Total plan liabilities	7b _	00.46	0	+				0	
	Net plan assets (subtract line 7b from line 7a)	7c	9040)/				11871	8	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Tota	ıl		
а	Contributions received or receivable from: (1) Employers	8a(1)	883	7						
	(2) Participants	8a(2)	1977							
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b	79)4						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						29408	3	_
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0				2010		
е	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f	109	7						
g	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						109	7	
i	Net income (loss) (subtract line 8h from line 8c)	8i						2831	1	
j	Transfers to (from) the plan (see instructions)	8i		0						
Par	t IV Plan Characteristics		1							_
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2K 3D	feature co	odes from the List of Plan Char	acteris	stic Co	odes in	the instruction	าร:		
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 instructions	3:		_
Par	1 V O and l'ann Our d'ann									
10	<u> </u>				Yes	No	Δ.			
a	During the plan year: Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period described in	I	162	NO	Ar	nount		
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Cor	rection Program)	10a		X				
b	on line 10a.)	,	•	10b		X				
c	Was the plan covered by a fidelity bond?			10c		Χ				
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud			X				
	or dishonesty?			10d			 			_
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of									
	instructions.)			10e	X				30)2
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		Χ				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		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 2520.10	ne require	d notice or one of the	10i						Ī
Part	1						<u> </u>			
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form									
110								_		
	Enter the amount from Schedule SB line 39							ic		
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						J			
a	(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.	ng amortiz	ed in this plan year, see instru		, and e	_			ling	
	granting the waiveryou completed lines 3, 9, and 10 of Schedule					Day	Y6	ear		
	Enter the minimum required contribution for this plan year	•				12b				
	Enter the minimum required contribution for this plan year									

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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?	control		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):	1 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 Tressury Internal Revenue Service

Department of Labor
Employee Senerits 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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos, 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

		t Identification Information							
For	calendar plan year 2012 or f	Iscal plan year beginning	01/01/2012	and ending	12	/31/2012			
A	This return/report is for:	🔀 a single-employer plan	a multipfe-employer p	lan (not multiemployer)	a one-participant plan				
8	This return/report is:	the first return/report	the final return/report						
		an amended return/report	a short plan year retu	m/report (less than 12 m	onths)				
C	Check box if filing under:	x Form 5558	automatic extension		[DFVC progra	ım		
		special extension (enter descrip	tion)						
P	Basic Plan Inf	ormation — enter all requested in	formation			1 44.50			
_	Name of plan					Three-digit	"		
	Steven S Moslemi.	M.D., P.C. Profit Sharin	no Plan			plan number (PN) ►	001		
	,				1c	Effective date o			
Za	Plan sponsor's name and a	address; Include room or suite number	r (employer, if for a single	employer plan)			lfication Number		
Art.	Steven S. Moalemi,	M.D., P.C.				(EIN) 11-35			
					2c	Sponsor's telep			
	551 Fifth Avenue,	Ste. 525			L.	(212) 867-			
	**					Business code 621111	(see instructions)		
	New York	NY 10176 and address X Same as Plan Spon	San Nama Di Gassa and	Dian Chartes Addrona		Administrators	EINI		
39	Pien administrators name	and address [X] Same as Plan Spor	isor Name Same as	Light Shouson Vocass	0.0	MUTINITION GRALD	<i>;</i> (▼		
					30	Administrator's	(elephone number		
		·			30	William arol a	feehiote trunct		
			•						
4	If the name and/or EIN of the name, EIN, and the plan no	he plan sponsor has changed since thumber from the last return/report.	ne last return/report filed t	for this plan, enter the	4b	EİN			
a	Sponsor's name				4c	PN			
5a		s at the beginning of the plan year			5a		10		
þ		is at the end of the plan year			5b	<u> </u>	9		
C		n account balances as of the end of th			5c		8		
6a		ts during the plan year invested in elig				,	XYes No		
b		of the annual examination and report (
		8? (See instructions on waiver eligibili					X Yes No		
_		oither line 6g or line 6b, the plan ca							
		te or incomplete filing of this return					anhin a Sabadida		
SE	ar Schedule MB completed	other penalties set forth in the Instruct and signed by an enrolled actuary, as	tions, I declare that I have s well as the electronic vo	e examined this return/repor	rt, end	to the best of m	y knowledge and		
	lief, it is true, correct, and co	mplete.		-					
	IGN STAGE MA	de	10-14-13	Steven Moslemi					
	ERE Signature of plan ad	Iministrator	Date	Enter name of individua	al signi	ng as plan adm	inistrato <u>r</u>		
1	IGN - Total Art	ot	10-14-13			·			
Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor									
Pf	eparer's name (including firm	n name, if applicable) and address; Inc	clude room or suite numb	er (optional)	Prepa	arer's telephone	number (optional)		
			•						
						•	·		
1					2.1.130	overno de acominació di Costigno del Para lasta. Tostigno de acominació			
	•					6-96-20 20 30 30 30 30 30 30 30 30 30 30 30 30 30			

Part III Financial Information									
_	lan Assets and Liabilities		(a) Beginning of Year			(b) End of Year			
	otal plan assets	7a	90,40	7	118,718				
	otal plan liabilities	7b		0					
	et plan assets (subtract line 7b from line 7a)	7c	90,40)7	118,71				
	come, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total				
	ontributions received or receivable from:	0-41	8,83	27					
) Employers	8a(1) 8a(2)	19,7						
	2) Participants	8a(3)	2377	0					
	3) Others (including rollovers)	8b	79	94					
	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			S SOUTH SERVICE	- Second Comment	-	29,408	
	enefits paid (including direct rollovers and insurance premiums			*					
	provide benefits)	8d		0					
	ertain deemed and/or corrective distributions (see instructions)		1 0	0					
	dministrative service providers (salaries, fees, commissions)	8f	1,09	0					
	Other expenses	8g						1,097	
	otal expenses (add lines 8d, 8e, 8f, and 8g)	8h						28,311	
	let income (loss) (subtract line 8h from line 8c)	8i o:		0				20,022	
DEL SEPONES ARRESTS	ransfers to (from) the plan (see instructions)	8j			5000000				
4,000,000	Plan Characteristics		ing from the List of Plan Charge	toricti	o Code	ae in f	ha instructio	ne•	
9a n	the plan provides pension benefits, enter the applicable pension for 2A 2E 2G 2J 2K 3D	eature cou	es nom the list of right Charac	(C) IS(I	C Cou	55 III U	ne mshach	115.	
-			- from the Lint of Dian Characte	riatio	Codo	in th	o instruction	n:	
b t	f the plan provides welfare benefits, enter the applicable welfare fe	ature code	s from the List of Plan Characte	ensuc	Codes	s in th	e mstruction	S.	
	G								
	2an V Compliance Questions Yes No Amount								
10 a	During the plan year: Was there a failure to transmit to the plan any participant contribu	itions withi	n the time period described in		Yes	No		mount	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Corre	ection 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		х	ļ		
d 	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	**********	***************************************	10d		х			
е	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all								
	instructions.)			10e	х			302	
f	Has the plan failed to provide any benefit when due under the pla	n?	***************************************	10f		х			
-	Did the plan have any participant loans? (If "Yes," enter amount a			10g		х		· · · · · · · · · · · · · · · · · · ·	
<u>g</u>	If this is an individual account plan, was there a blackout period?			1.09		<u></u> -			
h	2520.101-3.)			10h		х			
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i					
Par	t VI Pension Funding Compliance								
11									
118	Enter the amount from Schedule SB line 39	******	***************************************	*******		11a			
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	or se	ction 3	02 of	ERISA?	Yes X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	v, as applic	cable.)						
а	If a waiver of the minimum funding standard for a prior year is bei	ing amortiz	zed in this plan year, see instruc	tions	, and e		he date of th	ne letter ruling Year	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedul								
	b Enter the minimum required contribution for this plan year								
D	Enter the minimum required contained and real year with	,	***************************************						

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		40-			
C	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?	□ Y	es 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?				
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) twhich assets or liabilities were transferred. (See instructions.)	0			
	13c(1) Name of plan(s):	c(2) EIN	(s)	13c(3) PN(s)	
			<u></u>		
Pan	VIII. Trust Information (optional)	.,			
14a	Name of trust	14b Trust's EIN			
			<u></u>		