## 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

2013

This Form is Open to Public Inspection

			Complete all entries in accor	dance with the instruc	cions to the Form 330	<del>ло-ог.</del>						
Pa	art I	Annual Report I	Identification Information									
For	calenda	ar plan year 2013 or fis	cal plan year beginning 01/01/201	13	and ending	12/31/	2013					
Α .	This retu	urn/report is for:	X a single-employer plan	a multiple-employer pl	an (not multiemployer)	yer) a one-participant plan						
В .	This retu	urn/report is:										
			n/report (less than 12 m	nonths	)							
C	Check b	oox if filing under:	Form 5558	automatic extension			DFVC progra	ım				
			special extension (enter description	on)			_					
Pa	rt II	Basic Plan Info	rmation—enter all requested inform	nation								
1a	Name o	of plan	·			1b	Three-digit					
TOMA	AO, MA	RINO & MCNELIS 401	(K) PROFIT SHARING PLAN				plan number					
						4.5	(PN) •	003				
						1C	Effective date of plan 01/01/1997					
			dress; include room or suite number (e MARINO, M.D. & BRIAN MCNELIS, I		employer plan)	2b	Employer Identii (EIN) 11-23					
2001	MARCI	US AVE, SUITE S-265	i			2c	Sponsor's telep					
LAKE	SUCC	ESS, NY 11042				2d	d Business code (see instructions) 621111					
3a	Plan ac	dministrator's name an	d address XSame as Plan Sponsor N	Name Same as Plan	Sponsor Address	3b	Administrator's I	EIN				
						3с	Administrator's t	telephone number				
4	If the n	ama and/or FINI of the	plan anappar has shanged since the	last ratura/rapart filed fo	ar this plan, optor the	415	- FINI					
4			plan sponsor has changed since the nber from the last return/report.	last return/report filed fo	or this plan, enter the	4b EIN						
а		or's name	·			4c PN						
5a	Total n	number of participants	at the beginning of the plan year			- 5a		25				
b	Total n	number of participants	at the end of the plan year			5b		23				
С			account balances as of the end of the	. , ,	•	. 5c		23				
6a	Were	all of the plan's assets	during the plan year invested in eligib	ole assets? (See instruc	tions.)			X Yes No				
b	,	•	the annual examination and report of		,	IQPA)						
			Y (See instructions on waiver eligibility ther line 6a or line 6b, the plan canr					X Yes   No				
_								1				
С	if the p	olan is a defined benefi	t plan, is it covered under the PBGC ir	nsurance program (see	ERISA section 4021)?		Yes No	Not determined				
Cau	tion: A	penalty for the late of	or incomplete filing of this return/re	port will be assessed	unless reasonable ca	use is	established.					
SB	or Sche		ner penalties set forth in the instruction nd signed by an enrolled actuary, as w plete.									
SIG		Filed with authorized/\	valid electronic signature.									
HEF	₹E	Signature of plan ac	dministrator	Date	Enter name of individ	dual sig	gning as plan adn	ninistrator				
SIG	N											
HEF		Signature of employ	nature of employer/plan sponsor Date Enter name		Enter name of individ	dual sid	nning as employe	r or plan sponsor				
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)								number (optional)				
							•	•				

Form 5500-SF 2013 Page **2** 

Day	t III Financial Information							
	Assets and Liabilities (a) Beginning of Year I plan assets				-		(b) End of Year 2681161	
	Total plan assets	245976	0					
	Total plan liabilities	. 7b _	245976		-	0004404		
	Net plan assets (subtract line 7b from line 7a)	- 7c		0	-		2681161	
	come, Expenses, and Transfers for this Plan Year (a) Amount						(b) Total	
а	Contributions received or receivable from: (1) Employers	8a(1)	5493	9				
	(2) Participants	8a(2)	16716	5				
	(3) Others (including rollovers)	. 8a(3)		0				
b	Other income (loss)	8b	20218	0				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					424284	
	Benefits paid (including direct rollovers and insurance premiums							
	to provide benefits)	. 8d	18877					
е	Certain deemed and/or corrective distributions (see instructions)	. 8e		0				
f	Administrative service providers (salaries, fees, commissions)	. 8f	1412	0				
g	Other expenses	. 8g		0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					202891	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i					221393	
j	Transfers to (from) the plan (see instructions)	8j		0				
Par	t IV Plan Characteristics							
	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2H 2J 2K 3D							
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	During the plan year:				Yes	No	Amount	
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	uciary Cor	rection Program)	10a		X		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)		•	10b		Χ		
С	Was the plan covered by a fidelity bond?			10c	X		500000	
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 instructions.)			10e	Χ		860	
f	,					Χ	000	
				10f	Χ			
<u>g</u>			,	10g	^		9499	
	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	X			
Part	VI Pension Funding Compliance							
11	1 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)							
11a	Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39							
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	or se	ection	302 of	ERISA? Yes X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applic	able.)					
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		, and e	enter th Day		
If	you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (Fo	rm 5500), and skip to line 13.		1		1	
b	Enter the minimum required contribution for this plan year					12b		

Page 3	3 -	1
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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 result (enter a minus sign to the left of a negative amount)	12d								
е			Yes	No	N/A					
Part	rt VII Plan Terminations and Transfers of Assets									
13a	Has a resolution to terminate the plan been adopted in any plan year?		es X N	ס						
	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					
C 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.)										
	13c(1) Name of plan(s):	<b>13c(2)</b> EIN(s) <b>13c(3)</b> PI			PN(s)					
Part	VIII Trust Information (optional)									
	Name of trust IAO, MARINO & MCNELIS 401(K) PROF	<b>14b</b> Trust's EIN 113413535								

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

## 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

2013

This Form is Open to Public Inspection

Part		Identification Information								
For calenda	er plan year 2013 or fi	scal plan year beginning	01/01/2013	and ending	12/31/2013					
A This retu	urn/report is for:	🕱 a single-employer plan	a multiple-employer	plan (not multiemployer)	multiemployer) a one-participant plan					
<b>B</b> This retu	urn/report is:	the first return/report	e first return/report the final return/report							
		an amended return/report	a short plan year ret	urn/report (less than 12 n	nonths)					
C Check b	oox if filing under:	Form 5558	automatic extension		DFVC program					
		special extension (enter descrip	otion)		<b>-</b>					
Part II	Basic Plan Info	ormation enter all requested in	formation	<u> </u>						
1a Name	of plan				1b Three-digit plan number					
Tomao, Marino & McNelis 401(k) Profit Sharing Plan						003				
			- <del>-</del>		(PN) ►  1c Effective dat 01/01/19					
2a Plan s	ponsor's name and a	ddress; include room or suite numbe	r (employer, if for a sing	le-employer plan)		entification Number				
Frank	k A.Tomao, M.D	., John S. Marino, M.D.	& Brian McNelis,	M.D.,	(EIN) 11-					
4, *** <sub>5</sub> · 7		Y .			2c Sponsor's te	lephone number				
	Marcus Ave, S	uite S-265			(516) 88					
US Lake		NT 11040	•		2d Business co- 621111	de (see instructions)				
		NY 11042  nd address X Same as Plan Spor	sor Name Same as	Plan Sponsor Address	3b Administrato	r's FIN				
F /					·					
)					3c Administrator's telephone number					
						, o (o.op.io)				
	walin was in the pro-	et una distribuit di si si se sentratari di si	Section 1. Section 4. Company	Service Prop	Escaption a filtereto	muonen ni(myelay)				
A 1641-	The state of the state of the				**					
If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.						4b Ein				
a Sponsor's name										
		at the beginning of the plan year			5a	25				
		at the end of the plan year			5b	23				
Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)						23				
		during the plan year invested in elig			5c	X Yes No				
<b>b</b> Are you	ı claiming a waiver of	the annual examination and report	of an independent qualifi	* *************************************	PA)					
		' (See instructions on waiver eligibilit	*******	********************************	**************************					
		ther line 6a or line 6b, the plan ca								
C II the pi	an is a defined benef	it plan, is it covered under the PBG0	insurance program (se	E ERISA section 4021)?	······ Yes	No Not determined				
		or incomplete filing of this return								
Under pena SB or Sche	alties of perjury and of eduleAMB completed a	ther penalties set forth in the instruct and signed by an enrolled actuary, as	ions, I declare that I hav well as the electronic w	e examined this return/re	port, including, if ap	pplicable, a Schedule				
belief, it is t	rue correct and com	ipletę.	went as the electronic vi	craion or this returniepor	it, and to the best of	my knowledge and				
SIGN Z	Kima Day	Notes	02/03/2014	Lunn Sti	audter					
1/	gnature of plan adm	inistrator	Date	Enter name of individua	al signing as plan ad	Iministrator				
SIGN	gradina i distributa di Salah Sa Salah Salah Sa									
	gnature of employer	/plan sponsor	Date	Enter name of individua	al signing as employ	er or plan sponsor				
Preparer's r	name (including firm i	name, if applicable) and address; inc	lude room or suite numb			ne number (optional)				
:					* 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4	Andrew State				

Pa	Part III Financial Information									
7	Plan Assets and Liabilities		(b) End of Year							
а	Total plan assets	7a	8	2,681,161						
b	Total plan liabilities	7b		0						
C	Net plan assets (subtract line 7b from line 7a)	7c	2,459,76	58		2,681,161				
8	Income, Expenses, and Transfers for this Plan Year	4-16-69-5	(a) Amount			(b) Total				
-	Contributions received or receivable from:		8a(1) 54,933							
	(1) Employers	8a(1)								
	(2) Participants	8a(2)	167,16	0						
	(3) Others (including rollovers)	8a(3)	000 10							
	Other income (loss)	8b	202,18	30		404 004	4			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						424,284		
	to provide benefits)	8d	188,77	71						
	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f	14,12	20						
-	Other expenses	8g		0		di d				
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						202,891		
-	Net income (loss) (subtract line 8h from line 8c)	8i						221,393	-	
	Transfers to (from) the plan (see instructions)	8j		0						
010000000	rt IV Plan Characteristics									
C473743326767	If the plan provides pension benefits, enter the applicable pension fe	asture cod	es from the List of Plan Charac	feristi	c Code	es in t	he instructio	ons.	_	
<b>J</b>	2A 2E 2F 2H 2J 2K 3D	saturo dou	os nom tro Elot or rian ondrao		0 000		110 111011 4011	,,,,,,,		
-			· Course the Aliet of Diese Observator		Ol -	. ! 41	_ ! 4 4!		—	
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature code	s from the List of Plan Characte	eristic	Codes	s in the	e instruction	is.		
Pa	rt V Compliance Questions		•							
10										
	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)					х				
b		? (Do not i	include transactions reported	10b		х				
				10c	x			500,000	_ )	
d									_	
	or dishonesty?	************	***************************************	10d		х			_	
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all	ner person of the ben	s by an insurance carrier, efits under the plan? (See							
1	instructions.)			10e	x			860	)	
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		х				
	Did the plan have any participant loans? (If "Yes," enter amount a		<del></del>	10g	x			9,499	 9	
<u>g</u>	······································	-		rog						
h	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 2520.101	ne required	d notice or one of the	10i	x					
Pai	t VI Pension Funding Compliance								_	
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Yes X No	<b>o</b>	
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	lule SB (Form 5500) line 39			11a			_	
12	Is this a defined contribution plan subject to the minimum funding			or sec	ction 3	02 of	ERISA?	Yes X No	<u>.</u>	
	(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 being ranting the waiver	ng amortiz	ed in this plan year, see instruc	tions, 1th	and e	nter th Da	ne date of th	ne letter ruling Year	_	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule								_	
b						12b			_	
	<u> </u>									

	Form 5500-SF 2013 Page 3	3	<del></del>					
	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 s	sign to the	left of a	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 🗵 N	10		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a				
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the coff the PBGC?								
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan which assets or liabilities were transferred. (See instructions.)	n(s), ident	ify the plan(s) to	0				
1	13c(1) Name of plan(s):		130	(2) EIN	(s)	13c(3) PN(s)		
Part	VIII Trust Information (optional)							
Works to the reason and a proposed of the control o				14b T	rust's EIN	I		
Tomao, Marino & McNelis 401(k) Prof				11-3413535				