Form 5500-SF		Short Form Annual R	C	OMB Nos. 1210-0110 1210-0089							
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employe			e	2013					
		 Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(the Internal Revenue Code (the Code). Complete all entries in accordance with the instructions to the Form 5500 				This Form is Open to Public Inspection					
Part I	Annual Report Id	Ientification Information									
For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013											
	 A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan B This return/report is: the first return/report the final return/report the final return/report an amended return/report a short plan year return/report (less than 12 months) 										
	k box if filing under:	Form 5558	automatic extension n)		DFVC program						
Part II	Basic Plan Inform	mation—enter all requested informa	ation		1						
1a Name of plan DR. MIRACLE'S 401(K) RETIREMENT SAVINGS PLAN						Three-digit plan number (PN) ▶	001				
					1c	Effective date of plan 01/01/2009					
2a Plan DR. MIRAC		ess; include room or suite number (er	mployer, if for a single	e-employer plan)	2b	Employer Identification Number (EIN) 26-2074519					
	SON AVENUE SUITE 406				2c		Sponsor's telephone number 718-767-1901				
NEW YORK, NY 10016					2d	Business code (see instructions) 339900					
3a Plan	administrator's name and	address XSame as Plan Sponsor N	ame Same as Pla	an Sponsor Address	3b	Administrator's EIN					
					30	Administrator's te	lephone number				
4 If the name and/or EIN of the plan sponsor has changed si name, EIN, and the plan number from the last return/report						b EIN					
	isor's name				4c PN						
5a Tota	I number of participants at	t the beginning of the plan year			5a		18				
b Tota	I number of participants at	t the end of the plan year			5b		15				
	· ·	count balances as of the end of the p		•	5c		12				
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) X Yes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes No under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) X Yes No If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. X Yes No											
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined											
Caution:	A penalty for the late or	incomplete filing of this return/rep	ort will be assessed	l unless reasonable cau	ise is	established.					
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.											
SIGN	Filed with authorized/valid electronic signature. 06/05/2014 RICH LOMBARDI										
HERE	Signature of plan adm	ninistrator	Date	Enter name of individ	Enter name of individual signing as plan administrator						
SIGN	L										
HERE	Signature of employe		Date	Enter name of individ							
Preparer's	s name (including firm nan	me, if applicable) and address; include	e room or suite numb	er (optional)	Prep	arer's telephone r	number (optional)				

a Contributions received or receivable from: 8a(1) 6376 (1) Employers 8a(2) 13427 (3) Others (including rollovers) 8a(3) 0 b Other income (loss) 8b 24958 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 6 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 51940 e Certain deemed and/or corrective distributions (see instructions) 8e 11894 f Administrative service providers (salaries, fees, commissions) 8f 944 g Other expenses 8g 6 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 6 j Transfers to (from) the plan (see instructions) 8j 0 Part IV Plan Characteristics 8j 0 gat If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instruction 2E 2F 2G 2J 2K 3D 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction 2E 2F 2G 2J 2K 3D 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in	(b) End of Year							
• Net plan assets (subtract line 7b from line 7a) 7c 150263 • Net plan assets (subtract line 7b from line 7a) 7c (a) Amount (b) Tot • Contributions received or receivable from: 8a(1) 6376 (c) Tot • Contributions received or receivable from: 8a(2) 13427 (c) (a) Other (including rollovers) 8a(3) 0 0 0 0 Other income (ass) 8b 24953 0 0 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 0 0 0 0 Other income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 11894 0 0 C Antionicitative service providers (salaries, fees, commissions) 8d 11894 0 0 1 Total expenses 6d 944 9 0 0 0 Pert IV PIan Characteristics 8g 0 0 0 0 9a If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction 2E 2F 2G 2J	130246							
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12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	Yes N							
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	Yes N							
granting the waiver								
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	Yes 🗙 N							

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?	Ye	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 c of the PBGC?	ontrol		Yes X No					
С	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): 1			l(s)	13c(3) PN(s)					
Part	VIII Trust Information (optional)		1						
14a Name of trust			14b Trust's EIN						