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

		,	ics in accordant	e with the instruc	tions to the rolling.	. 10-00				
Part I	Annual Report lo	dentification Inforn	nation							
For calend	ar plan year 2013 or fisc	al plan year beginning	01/01/2013		and ending	12/31/	2013			
A This re	turn/report is for:	X a single-employer pla	ın am	nultiple-employer pla	an (not multiemployer)	a one-partici	pant plan		
B This re	turn/report is:	the first return/report	the	final return/report						
		an amended return/re	eport a sh	ort plan year return	/report (less than 12	nonths)			
C Check	box if filing under:	X Form 5558	aut	omatic extension			DFVC progra	am		
	- C	special extension (en	ter description)				_			
Part II	Basic Plan Infor	mation—enter all requ	ested information	1						
1a Name						1b	Three-digit			
	MERRICK MEDICAL, P	PC 401(K) PLAN					plan number			
							(PN) •	001		
						1c	Effective date o	•		
22 Plan s	noncor's name and addr	ress; include room or suit	to number (emple	over if for a single	omployer plan)	2h		/2005		
	MERRICK MEDICAL, F		te number (empi	byer, ir for a sirigle-t	employer plan)	20	Employer Identi (EIN) 11-36	12508		
						2c	Sponsor's telep	hone number		
2016 NEWE	BRIDGE ROAD						516-409-8800			
BELLMORE						2d	Business code ((see instructions)		
							62111	11		
3a Plan a	idministrator's name and	address XSame as Pla	an Sponsor Name	Same as Plan	Sponsor Address	3b	Administrator's	EIN		
						3с	Administrator's	telephone number		
								·		
4										
		plan sponsor has change ber from the last return/re		eturn/report filed fo	r this plan, enter the	4b	EIN			
	sor's name	ber nom the last returning	ероп.			4c	PN			
		t the beginning of the pla	an year			_		25		
	• •					- Ou				
b Total	number of participants a	t the end of the plan year	r			5b				
C Numb	per of participants with ac	ccount balances as of the	e end of the plan	year (defined bene	fit plans do not	5.0		26		
C Numb	per of participants with action lete this item)	ccount balances as of the	e end of the plan	year (defined bene	fit plans do not	5c		26		
C Numb	per of participants with aclete this item)eall of the plan's assets of	ccount balances as of the	e end of the plan sted in eligible as	year (defined bene ssets? (See instruct	ions.)	5c		26		
c Numb	per of participants with activate this item)e all of the plan's assets ou claiming a waiver of t	ccount balances as of the	e end of the plan sted in eligible as	year (defined bene-	fit plans do notions.)d public accountant (I	5c		26		
c Numb comp 6a Were b Are younder	per of participants with activate this item)e all of the plan's assets ou claiming a waiver of to 29 CFR 2520.104-46?	during the plan year inve	e end of the plan sted in eligible as and report of an ir ver eligibility and	year (defined bene	fit plans do not ions.) d public accountant (I	5c		26 21 X Yes No		
c Numb comp 6a Were b Are younder If you	per of participants with addlete this item)e all of the plan's assets ou claiming a waiver of to 29 CFR 2520.104-46?	during the plan year inve he annual examination a (See instructions on waiv	e end of the plan sted in eligible as and report of an ir ver eligibility and the plan cannot u	year (defined bene- ssets? (See instruct adependent qualifier conditions.)se Form 5500-SF	ions.)d public accountant (I	5c QPA)	n 5500.	26 21 X Yes No		
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C Numb comp 6a Were b Are younder If you C If the Caution: A	per of participants with ad lete this item)e all of the plan's assets of ou claiming a waiver of the 29 CFR 2520.104-46? I answered "No" to eith plan is a defined benefit	during the plan year invente annual examination a (See instructions on waiwner line 6a or line 6b, the plan, is it covered under incomplete filing of the	e end of the plan sted in eligible as ind report of an ir ver eligibility and the plan cannot u the PBGC insura is return/report	year (defined bene- ssets? (See instruct dependent qualifier conditions.)se Form 5500-SF a ance program (see	int plans do not ions.)d public accountant (land must instead us ERISA section 4021)	5c QPA) e Form ause is	n 5500. Yes No sestablished.	26 21 X Yes No X Yes No Not determined		
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Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information									
7	Assets and Liabilities (a) Beginning of			ear (b) End					ear	
a	Total plan assets	070					(0) =		390522)
	Total plan liabilities									
	Net plan assets (subtract line 7b from line 7a)	5					390522			
8	plan assets (subtract line 7b from line 7a)						(b)	Total		
	Contributions received or receivable from:		(a) runount				(3)	Total		
	(1) Employers	4750								
	(2) Participants	Participants								
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b	4884	5						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						•	26223	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	190	6						
e	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f	705	0						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							8956	6
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							117267	7
j	Transfers to (from) the plan (see instructions)	8j								
Pa	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instru	uctions	3:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instruc	tions:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Λm	ount	
	Was there a failure to transmit to the plan any participant contribution	tions within	the time period described in					AIII	Juni	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	ıciary Corr	ection Program)	10a		Х				
N	on line 10a.)	•	•	10b		X				
	Was the plan covered by a fidelity bond?			10c	X					27500
<u> </u>				100						21300
U	or dishonesty?			10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth									
	insurance service, or other organization that provides some or all		. ,	10e		X				
f	instructions.)					X				
				10f		X				
9		bid the plan have any participant loans? (If "Yes," enter amount as of year end.)				^				
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	1-3		10i						
Part	<u> </u>							_		
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	X No
<u>11a</u>	11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39									
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?								X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,									
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver										
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.			-				
h	Enter the minimum required contribution for this plan year					12b				

Page	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	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 coof the PBGC?	ontrol		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) to which assets or liabilities were transferred. (See instructions.))			
1	3c(1) Name of plan(s):	c(2) Ell	V(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 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 filled 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).

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

	efft Guaranty Corporation	▶ Complete all entries in accor	dance with the instruc	tions to the Form 5500	-SF.				
Part I		entification Information	21 /01 /2072	and an din-		20/22/202	1.3		
	r plan year 2013 or fisca	1	01/01/2013	and ending	r	12/31/20			
	ım/report is for:		a multiple-employer pla	an (not multiemployer)	l	a one-particip	oant plan		
B This retu	ım/report is:	the first return/report	the final return/report	4					
		an amended return/report	a short plan year return	report (less than 12 mg	onths)	_			
C Check b	ox if filing under:	Form 5558	automatic extension		Į	DFVC progre	ım		
		special extension (enter descripti	on)			Ø			
Part II	Basic Plan Inform	nation—enter all requested inform	ation		,		,		
1a Name o	of plan			12		Three-digit plan number			
Bellm	ore Merrick Me	dical, PC 401(k) Plan	1	\$		(PN) ▶	001		
	**				~	Effective date of			
						03/01/200			
	onsor's name and addre ore Merrick Me	ess; include room or sulte number (edical, PC	amployer, if for a single-	employer plan)		2b Employer Identification Number (EIN) 11-3612508			
					2c Sponsor's telephone number (516) 409-8800				
2016	NEWBRIDGE ROAD)			2d	Business cade	(see instructions)		
BELLM				11710		621111			
3a Plan ed	lministrator's name and	address XSame as Plan Sponsor	Name Same as Plan	Sponsor Address		Administrator's			
					3с	Administrator's	telephone number		
		lan sponsor has changed since the ser from the last return/report.	(ast return/report filed fo	or this plan, enter the	4b	EIN			
a Sponso					4c	PN			
5a Total n	umber 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		26		
		count balances as of the end of the			5c		21		
6a Were	all of the plan's assets d	luring the plan year invested in eligi	ble assets? (See instruc	lians.)		.,,,,,,,,,	X Yes No		
under If you	29 CFR 2520.104-46? (answered "No" to eith	ne annual examination and report of See Instructions on waiver eligibility or line 6a or line 6b, the plan can plan, is it covered under the PBGC	and conditions.) not use Form 5500-SF	and must instead use	Form	5500.	X Yes No		
- I me p	olan is a defined benefit p	pran, is it covered under the PBGC	insurance program (see	ENISA SECTION 4021)7.	П	Tes Ido			
		incomplete filing of this return/re							
SB or Sche	alties of perjury and othe dule MB completed and rue, correct, and comple	r penalties set forth in the instruction signed by an enrolled actuary, as vote.	ns, I declare that I have well as the electronic ver	examined this return/re sion of this return/repor	port, in t, and I	icluding, if applicate the best of my	able, a Schedule y knowledge and		
SIGN		XIL/W/I		LEWIS JASSI	ΞY	548			
HERE	Signature of plan adr	ninistrator	Date el 8/17	Enter name of Individ	lual sid	ming as olan ad	ministrator		
SIGN	Signature of pian ad	WAX	Date Strill	Enter Hame of Individ	dai dig	TIII (g as pish do	THE REAL PROPERTY OF THE PERTY		
HERE	Signature of employe	atalan ananasi	Date	Foler name of individ	lue) sic	nino as employ	er or olan sponsor		
Preparer's	name (including firm nar	me, if applicable) and address; inclu			ridual signing as employer or plan sponsor Preparer's telephone number (optional)				
	Portron Sent Sept College Coll	tatorio est e il 100 milio di latario di esta sulti ele tra protesione e il 1900 successo. Più s							
	A Section of the sect								
For Paperw	ork Reduction Act Notice	and OMB Control Numbers, see the In	structions for Form 5500-	SF.		0.000	Form 5500-SF (2013) v, 130118		