## 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).

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

		Complete all entries in accor	dance with the instruc	tions to the Form 550	10-5F.		
Part I	Annual Report	Identification Information					
For calend	ar plan year 2013 or fis	scal plan year beginning 01/01/201	13	and ending	12/31/2	2013	
A This ref	turn/report is for:	X a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-particip	oant plan
<b>B</b> This ref	turn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year returi	n/report (less than 12 m	onths)	)	
C Check	box if filing under:	X Form 5558	automatic extension			DFVC progra	am
		special extension (enter descripti	on)			<u> </u>	
Part II	Basic Plan Info	rmation—enter all requested inform	nation				
1a Name		·			1b	Three-digit	
MEDHAT F.	SAMI, M.D., P.C. PRO	FIT SHARING PLAN				plan number	000
					10	(PN)	002
					10	Effective date of 01/01/	
	<b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) EDHAT F. SAMI, M.D., P.C.						fication Number 39086
					20	(EIN) 11-24 Sponsor's telep	
35 FOXHUN	IT CRESCENT				20	516-922	
SYOSSET,	NY 11791				2d	Business code (	(see instructions)
						62111	
3a Plan a	dministrator's name an	nd address XSame as Plan Sponsor I	Name Same as Plar	Sponsor Address	3b	Administrator's I	EIN
					3с	Administrator's t	telephone number
4 If the r	name and/or FIN of the	e plan sponsor has changed since the	last return/report filed for	or this plan, enter the	4h	EIN	
		mber from the last return/report.	last retain/report mea it	in the plan, enter the	70	LIIN	
<b>a</b> Spons	or's name				4c	PN	
5a Total	number of participants	at the beginning of the plan year			5a		4
<b>b</b> Total	number of participants	at the end of the plan year			5b		2
		account balances as of the end of the			5c		2
<b>6a</b> Were	all of the plan's assets	during the plan year invested in eligib	ole assets? (See instruc	tions.)			X Yes No
,	O	the annual examination and report of			,		V vos □ No
		? (See instructions on waiver eligibility ther line 6a or line 6b, the plan can					X Yes   No
		it plan, is it covered under the PBGC i					Not determined
C ii tile j		it plan, is it covered under the PBGC I	nsurance program (see	ERISA Section 4021)?		res Lino	Not determined
Caution: A	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 wolete.					
SIGN	Filed with authorized/v	valid electronic signature.	08/19/2014	VIVIANE SAMI			
HERE	Signature of plan ac	dministrator	Date	Enter name of individ	lual sig	ning as plan adn	ninistrator
SIGN							
HERE	Signature of employ	ver/nian snonsor	Date	Enter name of individ	lual sin	ning as employe	er or plan sponsor
Preparer's		ame, if applicable) and address; include					number (optional)
	, 0	, , ,		,		•	,

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Pai	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır.			(b) End	of V	nar.		
	Total plan assets	7a	(a) Beginning of Yea				(b) End		391680	)	
<u>a</u>	Total plan liabilities	7a 7b		0	+				(		
	Net plan assets (subtract line 7b from line 7a)	7c	1220647					3	91680	)	
	Income, Expenses, and Transfers for this Plan Year	70	(a) Amount				(b) 1				
	Contributions received or receivable from:		(a) Amount				(10)	Otai			
	(1) Employers	8a(1)		0							
	(2) Participants	8a(2)		0							
	(3) Others (including rollovers)	8a(3)		0							
b	Other income (loss)	8b	411963	0							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						41	19630	l	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1588838	7							
е	Certain deemed and/or corrective distributions (see instructions)	8e		0							
f	Administrative service providers (salaries, fees, commissions)	8f	4604	1							
g	Other expenses	8g		0							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						159	34428	3	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-118	314798	3	
j	Transfers to (from) the plan (see instructions)	8j		0							
Par	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension to 2E 3D	feature co	des from the List of Plan Chara	acteris	tic Co	des in	the instruc	tions	:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cteristi	c Coc	les in t	he instruct	ons:			
Par	V Compliance Questions										
10	During the plan year:				Yes	No		Amo	ount		
а	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X					
b	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	Χ					5000	000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-	-	10d		Χ					
е	Were any fees or commissions paid to any brokers, agents, or oth										
	insurance service, or other organization that provides some or all	of the ben	efits under the plan? (See			X					
	instructions.)			10e		X					
f	, , , , , , , , , , , , , , , , , , ,			10f							
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	10g		X					
h	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 2520.101			10i							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirements 500) and line 11a below)	•					•		Yes		No
11a	Enter the unpaid minimum required contribution for current year from					11a					
12											
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,										
а	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	ng amortize	ed in this plan year, see instruc		and e	enter th	ne date of	he le Yea		ing	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule										_
	Enter the minimum required contribution for this plan year	•				12b					

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			1		
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?	X	es No	)	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0
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	13c(1) Name of plan(s):	13c(2) EI	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)			•	
14a	Name of trust	14b ⊺	rust's EIN		

## Form 5500-SF

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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).

▶ 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 I	Annual Report	Identification Information								
For calenda		scal plan year beginning	01/01	/2013	and ending	1	2/31/2013	3		
A This ret	urn/report is for:	X a single-employer plan	a mu	Itiple-employer pla	an (not multiemployer)	a one-participant plan				
B This ret	urn/report is:	the first return/report	the fi	nal return/report						
		an amended return/report	a sho	rt plan year return	report (less than 12 mo	onths)				
C Check b	oox if filing under:	X Form 5558	autor	matic extension			DFVC progra	ım		
	J	special extension (enter descr	ription)							
Part II	Basic Plan Info	ormation—enter all requested info	ormation							
1a Name	of plan						Three-digit			
MEDHAT	F. SAMI, M.D	O., P.C. PROFIT SHARIN	IG PLAI	4			olan number	002		
							Effective date or	f plan		
							1/01/1991			
	2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)  Medhat F. Sami, M.D., P.C.						Employer Identi EIN) 11-243	fication Number		
11001100	11 23	.,				·	Sponsor's telep			
35 Foxl	nunt Crescent					į.	516-922-4			
						2d I	Business code (	(see instructions)		
Syosset		NY 11791					621111			
3a Plan ad	dministrator's name a	nd address XSame as Plan Spons	sor Name	XSame as Plan	Sponsor Address	3b /	Administrator's	EIN		
						3c /	Administrator's	telephone number		
4 If the r	name and/or EIN of th	e plan sponsor has changed since t	the last re	turn/report filed fo	r this plan, enter the	4b	EIN			
name,	EIN, and the plan nu	imber from the last return/report.				4.				
a Sponso						4c	PN			
		at the beginning of the plan year				5a		4		
		at the end of the plan year				5b		2		
compl	ete this item)	account balances as of the end of t	<u> </u>			5c				
		ts during the plan year invested in e						X Yes No		
<b>b</b> Are yo	ou claiming a waiver o 29 CFR 2520 104-46	of the annual examination and repor i? (See instructions on waiver eligible	t of an ind	ependent qualifie	d public accountant (IQ	PA)		X Yes No		
		either line 6a or line 6b, the plan c								
C If the p	olan is a defined bene	fit plan, is it covered under the PBG	GC insurar	nce program (see	ERISA section 4021)?		Yes No	Not determined		
Caution: A	nenalty for the late	or incomplete filing of this return	n/report w	vill be assessed i	ınless reasonable cau	use is e	established.			
Under pena	alties of periury and o	ther penalties set forth in the instruc	ctions, I de	eclare that I have	examined this return/rep	port, in	cluding, if applic	cable, a Schedule		
SB or Sche	dule MB completed a	and signed by an enrolled actuary, a	as well as	the electronic vers	sion of this return/report	t, and to	o the best of my	knowledge and		
belief, it is t	rue, correct, and com	pplete								
SIGN	Viklans	J'em.		٠, .	VIVIANE SAMI					
HERE	Signature of plan			Date 8 14 14	Enter name of individ	lual sigi	ning as plan adı	ministrator		
SIGN										
HERE	Signature of empl	over/plan sponsor		Date	Enter name of individ	lual sig	ning as employe	er or plan sponsor		
Preparer's		name, if applicable) and address; in						number (optional)		

Pa	rt III Financial Information			-					
7	Plan Assets and Liabilities		(a) Beginning of Ye	ar			(b) End	d of Year	
а	Total plan assets	. 7a		0647	78		(2) 2110		391680
b	Total plan liabilities	. 7b			0				C
С	Net plan assets (subtract line 7b from line 7a)	7c	122	0647	78				391680
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total	
a	Contributions received or receivable from:				0		(2)	1000	
	(1) Employers	. 8a(1)			0				
	(2) Participants	8a(2)			0				
- h	(3) Others (including rollovers)	8a(3)			0				
	Other income (loss)		41	1963	30				
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_			4	119630
u	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	158	8838	37				
е	Certain deemed and/or corrective distributions (see instructions)	8e			0				
f	Administrative service providers (salaries, fees, commissions)	. 8f		4604	1				
g	Other expenses	8g			0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			+			15	934428
i	Net income (loss) (subtract line 8h from line 8c)	8i			$\neg$				814798
j	Transfers to (from) the plan (see instructions)	8i			0				014/90
Pai	t IV Plan Characteristics	0]							
_	If the plan provides pension benefits, enter the applicable pension	feature codes	from the List of Plan Char	actorio	tio Co	doc in	the instru	otiona	
*	2E 3D		Trons the Elector Chair Onai	aotono	illo OU	ues III	ine monu	Juons.	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature codes	from the List of Plan Chara	cteristi	ic Cod	es in th	ne instruct	tions:	
Pari									
10	During the plan year:				Yes	No		Amount	
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Correcti	ion Program)	10a		Х			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not incl	ude transactions reported	10b		Х			
С	Was the plan covered by a fidelity bond?			10c	X			Ę	500000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bond,	that was caused by fraud	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 of the provides are considered to the constant of the cons	er persons by	an insurance carrier						
	instructions.)	***************************************		10e		Х			
f	Has the plan failed to provide any benefit when due under the plan	1?		10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year end.	)	10g		Х			
h	If this is an individual account plan, was there a blackout period? ( 2520.101-3.)	See instructio	ons and 29 CFR	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	e required no	tice or one of the	10i					
Part									
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)	ents? (If "Yes,	," see instructions and com	plete S	Sched	ule SB	(Form	☐ Yes	П №
11a	Enter the unpaid minimum required contribution for current year from					11a		1 1	
12	Is this a defined contribution plan subject to the minimum funding						-RISA2	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			J. 300	Jaiott U	JE OIL		103	A NO
a	If a waiver of the minimum funding standard for a prior year is being granting the waiver.	g amortized in	n this plan year, see instruc	tions,	and e	nter the	e date of t	he letter rul Year	ing
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (Form 5	500), and skip to line 13.					7 001	
	Enter the minimum required contribution for this plan year					12b			

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Enter the amount contributed by the employer to the plan for this plan year	12c		
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		
		Yes	No N/A
VII Plan Terminations and Transfers of Assets		-	
Has a resolution to terminate the plan been adopted in any plan year?	Х Y	es No	
If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		
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
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		
3c(1) Name of plan(s):	13c(2) El	N(s)	<b>13c(3)</b> PN(s)
VIII Trust Information (optional)			1
Name of trust	14b Trust's EIN		
	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).  Will the minimum funding amount reported on line 12d be met by the funding deadline?  VII Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted in any plan year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year.  Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?  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.)	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a mīnus sign to the left of a negative amount)  Will the minimum funding amount reported on line 12d be met by the funding deadline?  VII Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted in any plan year?	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).  Will the minimum funding amount reported on line 12d be met by the funding deadline?