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

Pe	ension Be	enefit Guaranty Corporation	▶ Complete all entries in acco	rdance with the instruc	tions to the Form 550	0-SF.	""	spection			
Pa	art I	Annual Report I	dentification Information								
For	calenda	ar plan year 2013 or fis	cal plan year beginning 01/01/20	13	and ending 1	2/31/2	2013				
		urn/report is for:	a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan								
В	This ret	urn/report is:	the first return/report	the final return/report							
			an amended return/report	a short plan year return	n/report (less than 12 m	onths))				
C	Check box if filing under: Special extension automatic extension DFVC program DFVC prog										
D-	£ []	Basia Dian Infan	<u> </u>	, , , , , , , , , , , , , , , , , , ,							
	rt II		rmation—enter all requested inform	nation		41-		1			
	Name	•	'ASCULAR ASSOCIATES PC 401(K)	PLAN		10	plan number	000			
						10	, ,	L.			
			ing under:								
2a EAST	Plan sp	oonsor's name and add	dress; include room or suite number (employer, if for a single-	employer plan)	2b	Employer Identi	fication Number			
						2c	Sponsor's telep	hone number			
		OTH STREET , NY 10021				2d					
	Plan a	dministrator's name and	d address XSame as Plan Sponsor	Name Same as Plan	Sponsor Address	3b					
					. оролоог гааноо						
						36	Administrators	telepriorie number			
4				last return/report filed for	or this plan, enter the	4b	EIN				
а		, EIN, and the plan num or's name	nber from the last return/report.			40	4c PN				
	•		at the heginning of the plan year				114	1.1			
b		• •	, ,			5b		14			
	compl	ete this item)			·						
								X Yes No			
b	under	29 CFR 2520.104-46?	(See instructions on waiver eligibility	and conditions.)				X Yes No			
	-		•			_		-			
С	If the p	plan is a defined benefit	t plan, is it covered under the PBGC	insurance program (see	ERISA section 4021)? .		Yes No	Not determined			
Cau	tion: A	penalty for the late o	or incomplete filing of this return/re	port will be assessed u	unless reasonable cau	ıse is	established.				
SB	or Sche		ner penalties set forth in the instruction id signed by an enrolled actuary, as vollete.								
SIG		Filed with authorized/v	valid electronic signature.								
HER	₹E	Signature of plan ac	dministrator	Date	Enter name of individu	ual sig	gning as plan adr	ministrator			
SIG	N										
HER		Signature of employ	yer/plan sponsor	Date	Enter name of individe	ual sid	gning as emplove	er or plan sponsor			
Prep	parer's		ame, if applicable) and address; inclu			Preparer's telephone number (optional)					
		ETZKY, PH.D., E.A.				201-530-0666					
		CTUARIES, LLC ND AVENUE					201 00	- 3000			
		NJ 07666									

Form 5500-SF 2013 Page **2**

Do	t III Financial Information									
Pal	rt III Financial Information		I							
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End			
	Total plan assets	7a	78213					934566		
	Total plan liabilities	7b		0					0	
C	Net plan assets (subtract line 7b from line 7a)	7c	78213	6			934566			
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				otal			
а	Contributions received or receivable from: (1) Employers	8a(1)	3065	4						
	(2) Participants	8a(2)	8600							
	(3) Others (including rollovers)	8a(3)		0						
	Other income (loss)	8b	3577							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	33.1					15	2430	
	Benefits paid (including direct rollovers and insurance premiums	00						10	12430	
	to provide benefits)	8d		0						
е	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f		0						
g	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							0	
i	Net income (loss) (subtract line 8h from line 8c)	8i						15	52430	
j	Transfers to (from) the plan (see instructions)	8j		0						
Pai	t IV Plan Characteristics	, <u>, , , , , , , , , , , , , , , , , , </u>	l							
9a	If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Plan Char	acteris	stic Co	des in	the instruc	tions:		
b	2A 2E 2F 2G 2J 3D If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Cod	es in t	he instructi	ons:		
	2 1 1 2 1 2 2 2 2 2									
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Amo	unt	
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			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					25000
d	Did the plan have a loss, whether or not reimbursed by the plan's	-		10d		X				
е	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth			100						
·	insurance service, or other organization that provides some or all					X				
	instructions.)			10e						
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X				
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	ne require	d notice or one of 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 requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) Yes X No									
_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 3	302 of	ERISA?		Yes	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 beir granting the waiver.	-	the state of the s		, and e	enter th Day	ne date of the	ne lett Year		ng
If	you completed line 12a, complete lines 3, 9, and 10 of Schedulo	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 tire Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Perusion 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 5058(a) of the Internal Revenue Code (the Code). 1210-0089

OMB Nos, 1210-0110

2013

This Form is Open to Public Inspection

	snsion Benefit Gussanly Corporation		cordance with the instructions to the Form 5500)-SF.	MODOVATTY
		dentification Information			
For	calendar plan yest 2013 or fis	al plan year beginning	01/01/2013 and ending	12/31/	2013
A 1	This return/report is for:	x a single-employer plan	a multiple-employer plan (not multiemployer)	a or	ne-perticipant plan
8 1	This return/report is:	the first return/report	the final return/report		
		an amended return/report	e short plan year return/report (less than 12 m	ontha)	
Ċ.	Check box if filing under:	😾 Form 5558	automatic extension	∏ pF	VC program
	and and the mind and and	special extension (enter descri	intion)		. •
	Basic Plan Info	rmation enfer all requested i			
	Name of plan	I REALDIT SILLER BILL COURSESO	(INSTRUCT)	15 Three	digit
	•	Cardiovascular Associa		n nsiq	umber
	ESEC STUG MEGICAL 4	CATGIOVASCUIAL N880074	ties ic antic) when	(PN) 1	ive date of plan
					1/2006
28	Plan sponsor's name and ad Rast Side Medical &	dress; include room or suite numb Cardiovascular Associ	er (employer, if for a single-employer plan)	2b Emplo	over Identification Number
		•••			13-3456322
					so/s telephone number 2) 737–2270
	184 East 70th Stree	it			ess code (see instructions)
ŢS.	New York	NY 10021		6211	.11
		nd address 🕱 Same as Plan Sp	oneor Name Same as Plan Sponsor Address	3b Admii	nistrator's EIN
				3c Admi	nistrator's telephone number
	**************************************		the last return/report filed for this plan, enter the	4b EIN	
4		e plan sponsor has changed since mber from the last return/report.	to last terminadour men for this plant, enter the	AU EIN	,,
a		•		4c PN	,
5a		at the beginning of the plan year		5a	14
b				5b	14
C			the plan year (defined benefit plans do not		. 14
			Malle assate 7 (Car Individual)	5c	Elvas Cikla
6a		s during the plan year invested in e	n of an independent qualified public accountant (IC		XYes No
b	under 29 CFR 2520.104-46	? (See instructions on walver eligit	tt of an incapational qualified public accountant (to		XYes No
			cannot use Form 5500-SF and must instead use		
Ċ	if the plan is a defined bene	fit plan, is it covered under the PB	GC insurance program (see ERISA section 4021)?	Y□Y	as No Not datermined
c	sution: A penalty for the late	or incomplete filing of this retu	mivreport will be assessed unless reasonable c	etae ei eaus	blished.
U	nder cenalijes of periury and o	other penalties set forth in the instr	uctions. I declare that I have examined this return/	report. Includ	ling, if applicable, a Schedule
S	B or Schedule MB.completed	and signed by an entolled actuary	, as well as the electronic version of this return/repo	ort, and to the	a best of my knowledge and
be teas	allef, it is true, correct, and con	riplete.	alzku	••••	
	May cros	<u> </u>	X9/19/2019 ROMALD W. GALLI	UCCIO, M.	D.
	Signature of plan au	ninistrator	Date Enter name of individe	uai şigning a	a plan administrator
	SEN V		X9/16 WIN RONALD W. GALL	OCCIO, M.	,D ,
1777	Signature of employ		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ual signing e	s employer or plan sponsor
F	reparer's name (including firm	name, if applicable) and address:	include room of suite number (optional)	Preparer's	e telephona numbar (optional)
1	LEE KAMINETZKY, I	PH.D., E.A.		(201)	530-0666
1	PENSION ACTUARIES	•		1	
	584 RUTLAND AVEN	JE,			
		N- 05444			Å.
L	US TEANECK	NJ 07666			
F	or Paparwork Reduction Ac	t Notice and OMB Control Numb	pars, see the instructions for Form \$500-SF.		Form 5500-SF (2013)

v.130118

	Financial Information	S (10 944)	(a) Reginning of Year	<u>-</u> -		(b) End of Ye	ar	
7_	Plan Assets and Liabilities	-	782,136	_		•		934.5	56
a	Total plan assets	7 a	0 0 0				,	<u> </u>	0
b	Total plan liebilities	7b	782,136		****			934,8	66
C	Net plan essets (subtract line 7b from line 7s)	7¢	(a) Amount	-			(b) Total		***
8	Income, Expenses, and Transfers for this Plan Year		(a) Millouite			97 GTTST			
а	Contributions received or receivable from: (1) Employers	8a(1)	30,654						
	(2) Participants	8 <u>a(2)</u>	86,003	 i					
	(3) Others (including rollovers)	Ba(3) C			inat.	Bara s		43.5k.i.	
Ъ	Other income (loss)	8b	35,773		<u> </u>	.ac.A			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	80						152.4	30
d		8d	()	V.,	: 40 <u>- 24</u>			
9	4 47 425 the man to a standard and	8e		0					
Í	Administrative service providers (salaries, fees, commissions)	8f		0					
g		<u>8g</u>							0
ħ	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		//				180	
î	Net income (loss) (subtract line 8h from line 8c)	8i			2326		4027 - 720 - 720 - 72	152,	
j	Transfere to (from) the plan (see instructions)	<u> </u>		0	Est				
gr.	Plan Characteristics								
9:	a If the plan provides pension benefits, enter the applicable pension fe	eature co	des from the List of Plan Charact	eristic	Code	s in th	e instruction	a :	
_	2A 2E 2F 2G 2J 3D								
-	b If the plan provides welfare benefits, enter the applicable welfare fea	ature cod	es from the List of Plan Characte	ristic	Code	in the	instructions	;	
	Rana Compliance Questions								
****	During the plan year.				Yes	No	An	ount	
_	Was there a failure to transmit to the plan any participant contribution of the plan and DOL's Voluntary Fidure.	utions with iciary Cor	nin the time period described in rection Program)	10a		x			
_	h were there any nonexempt transactions with any party-in-interest	t? (Do no	l Include transactions reported	10b		x			
_	оп line 108.)			10c	×			·································	25,000
_	C Was the plan covered by a fidelity bond?	- 45 of a line of S	and that was annual by fraud	100	**	 			
	d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	******	Macabet Bediabalacha and Primeric is bry set to 1900s (400s (400s)	10d	<u> </u>	K			
	Were any fees or commissions paid to any brokers, agents, or of insurance service, or other organization that provides some or all instructions.)	i of the be	suellis auget me bigg, focc	10e		х			,/4 <u>.</u>
-	f Has the plan failed to provide any benefit when due under the pla			101		x			1. 14.
				100		x			
	g Did the plan have any participant loans? (if "Yes," enter amount	as of yes	[СПО.) ••••••••••••••••••••••••••••••••••••	100	-	1	0.000	ŽŽ.	
	h If this is an Individual account plan, was there a blackout period? 2620.101-3.)	***************************************		101		×			SAN S
•	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10	the requi	red notice or one of the	101					
	RateW Pension Funding Compliance								
	11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)		U-10-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	********	*******	1	B (Form	□ Y	on 🖾 se
-	11a Enter the unpaid minimum required contribution for current year	r from Sci	redule SB (Form 5500) line 39 .			112			
•	12 is this a defined contribution plan subject to the minimum funding	ng require	ments of section 412 of the Code	of S	ection	302 of	ERISA?	Y	es 基 No
-	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e belo	ow, as ap	plicable.)						
•	If a waiver of the minimum funding standard for a prior year is b granting the waiver	eing amt	ntized in this plan year, see instit 	OIIII)	3, and	enter D	the date of i	he letter . Year	ruing
	If you completed line 12s, complete lines 3, 9, and 10 of Sched	ule MB (1	orm 5500), and skip to line 13.			· · · · · · · · · · · · · · · · · · ·			
	b Enter the minimum required contribution for this plan year				*****	12b			

	Form 5500-SF 2013	Page 3-				
	Enter the amount contributed by the employer to the plan for this plan ye	at ————————————————————————————————————	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the renegative amount)	suit (enter a minus sign to the left of a	124	··		· ·
e C	Will the minimum funding amount reported on line 12d be met by the fun	ding deadline?		Yes	No No	I.N/A
Ran	Plan Terminations and Transfers of Assets			- III		
13a	Has a resolution to terminate the plan been adopted in any plan year? _	**************************************	<u> </u>	s X	No	
	If "Yes," enter the amount of any plan assets that reverted to the employ	er this year	112		Wester	,
b	Were all the plan assets distributed to participants or beneficiaries, trans	rierred to another plan, or brought under the	HT-VIII/III		☐ Yes	X No
C	a 11 t 1916 - Language and the same thin	s plan to another plan(s), identify the plan(s) to			
	13c(1) Name of plan(s):		3c(2) EIN	(s)	130	3) PN(e)
						
2.1	Trust Information (optional)		40110		l	
	I Name of trust	•	14b 7	rust's E	in	

(Rev. August 2012)

Application for Extension of Time To File Certain Employee Plan Returns

File With IR8 Only

OMB No. 1645-0212

Department of the Treasury Internal Revenue Service

> For Privacy Act and Paperwork Reduction Act Notice, see instructions. ► Information about Form 5558 and its instructions is at www.irs.gov/form5558

Part i Identification Name of filer, plan administrator, or plan sponsor (see instructions) Filer's identifying number (see instructions) East Side Madical & Cardiovascular Associates PC Number, street, and room or suite no. (If a P.O. box, see instructions) 13-9456922 184 East 70th Street Social security number (SSN) (9 digits XXX-XXXXX) City or town, state, and ZIP code New York NY 10021 č Plan year ending Plan Plan name number MM ΫΥΥΥ DD East Side Medical & Cardiovascular Associates SC 401(k) Plan 0 2 12 31 2013 Part II Extension of Time To File Form 5500 Series, and/or Form 8955-SSA Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part 1, C above. I request an extension of time until 10 / 15 / 2014 to file Form 5500 series (see instructions). Note. A signature IS NOT required if you are requesting an extension to file Form 5500 series. I request an extension of time until to file Form 8955-SSA (see instructions). Note. A signature IS NOT required if you are requesting an extension to file Form 8955-SSA. The application is automatically approved to the date shown on line 2 and/or line 3 (above) if: (a) the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested, and (b) the date on line 2 and/or line 3 (above) is not later than the 15th day of the third month after the normal due date. Part III Extension of Time To File Form 5330 (see instructions) I request an extension of time until to file Form 5330. You may be approved for up to a 6 month extension to file Form 5330, after the normal due date of Form 5330. a Enter the Code section(s) imposing the tax . Enter the payment amount attached b c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date . . . State in detail why you need the extension: Client information is not yet complete. Under penaltiles of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Form 5558 (Rev. 8-2012)

Signature ►

Date >