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).

2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension B	enefit Guaranty Corporation	▶ Complete all entries in accorda	nce with the instruc	tions to the Form 550	0-SF.		peonon
Part I	Annual Report I	dentification Information				•	
For calend	lar plan year 2013 or fisc			and ending 1	2/31/2	2013	
A This re	turn/report is for:	a single-employer plan	multiple-employer pla	an (not multiemployer)		a one-particip	oant plan
B This re	turn/report is:	the first return/report the	ne final return/report				
		an amended return/report as	short plan year returr	n/report (less than 12 mo	onths))	
C Check	box if filing under:	Form 5558 a	utomatic extension			DFVC progra	ım
		special extension (enter description)					
Part II	Basic Plan Infor	mation—enter all requested information	on				
1a Name FAMILY EA	of plan	ERVICES, PLLC PROFIT SHARING PLA			1b	Three-digit plan number (PN)	001
					1c	Effective date o	f plan
	sponsor's name and add R, NOSE & THROAT S	ress; include room or suite number (emp ERVICES, PLLC	oloyer, if for a single-	employer plan)	2b	Employer Identi (EIN) 14-18	fication Number 30175
	E ROUTE 30, SUITE 20	14			2c	Sponsor's telep	
AMSTERDA	AM, NY 12010				2d	Business code (
3a Plan a	administrator's name and	d address XSame as Plan Sponsor Nar	me Same as Plan	Sponsor Address	3b	Administrator's	EIN
					3с	Administrator's	telephone number
name	e, EIN, and the plan num	plan sponsor has changed since the las aber from the last return/report.	t return/report filed fo	r this plan, enter the		EIN	
	sor's name				1	PN	
_		at the beginning of the plan year			5a		9
	·	at the end of the plan year			5b		9
		ccount balances as of the end of the pla	• •	•	5c		9
6a Were	all of the plan's assets	during the plan year invested in eligible	assets? (See instruct	tions.)			X Yes No
unde	r 29 CFR 2520.104-46?	the annual examination and report of an (See instructions on waiver eligibility and her line 6a or line 6b, the plan cannot	d conditions.)				X Yes No
-		plan, is it covered under the PBGC insu					Not determined
Caution: /	A penalty for the late o	r incomplete filing of this return/repor	rt will be assessed u	unless reasonable cau	ıse is	established.	
SB or Sch		er penalties set forth in the instructions, d signed by an enrolled actuary, as well lete.					
SIGN	Filed with authorized/v	ralid electronic signature.					
HERE	Signature of plan ad	lministrator	Date	Enter name of individu	ual sig	gning as plan adr	ninistrator
SIGN HERE							
	Signature of employ		Date	Enter name of individu			
Preparer's	name (including tirm na	ame, if applicable) and address; include i	room or suite numbei	r (optional)	Prep	parer's telephone	number (optional)

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Paginning of Var				(b) End of Voor
_ <u>'</u> _a		7a	(a) Beginning of Yea				(b) End of Year 15889
<u>a</u>	Total plan assets Total plan liabilities	7a 7b		0			0
	Net plan assets (subtract line 7b from line 7a)	70 7c	1366				15889
8	, ,	76					
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total
и	(1) Employers	8a(1)		0			
	(2) Participants	8a(2)		0			
	(3) Others (including rollovers)	8a(3)		0			
b	Other income (loss)	8b	222	6			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					2226
d	Benefits paid (including direct rollovers and insurance premiums			_			
	to provide benefits)	8d		0			
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		0			
<u>f</u>	Administrative service providers (salaries, fees, commissions)	. 8f		0			
g	Other expenses	. 8g		0			
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					0
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i					2226
<u>j</u>	Transfers to (from) the plan (see instructions)	8j		0			
Pai	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension 2E 3B 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	es in t	he instructions:
Par	t V Compliance Questions						T
10	During the plan year:				Yes	No	Amount
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corı	rection Program)	10a		X	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Χ	
				100	X		100000
	Did the plan have a loss, whether or not reimbursed by the plan's			10c			100000
	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 instructions.)			10e		X	
f				10f		Χ	
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Χ	
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	1011			
	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)						
11a	Enter the unpaid minimum required contribution for current year fr					11a	
12	Is this a defined contribution plan subject to the minimum funding	requireme	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,						
_ a _	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter th Day	ne date of the letter ruling Year
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedulo						
h	Enter the minimum required contribution for this plan year					12b	

Page	3	-	1	
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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

Department of the Treasury

Short Form Annual Return/Report of Small Employee Benefit Plan

OMB Nos. 1210-0110

1210-0089

Matrial Roversia Service			04 and 4065 of the Employe		2013
Department of Labor Employee Benefits Security Administrati	Month and	ict of 1974 (ERISA), a ternal Revenue Code		B(a) of This	Form is Open to Public Inspection
Pension Benefit Gustarily Cosporatio	 Complete all entries in ac 	cordance with the in	structions to the Form 550	XX-SF.	
Part I _ Annual Repo: For calendar plan year 2013 or	rt Identification Information		***		
	· · · · · · · · · · · · · · · · · · ·	01/01/201 F1		12/31/2	***************************************
A This return/report is for:	x a single-employer plan	joint.	yer plan (not multiemployer)	a one	-participant plan
3 This return/report is:	ine first return/report	the final return/re		. 2	
La companya da la com	an amended return/report	Secret:	return/report (less than 12 n	i i i i i i i i i i i i i i i i i i i	
Check box if filing under	x Form 5558	automatic extens	ion	DFVC	program
	special extension (enter descri				
Part IL Basic Plan In	formation — enter all requested i	nformation		•	
1a Name of plan	*	•		1b Three-d	***
Pamily Bar, Nose	& Throat Services, PLLC 1	rofit Sharing	Plan	(PN) S	001
				 Bit in the first of the first o	date of plan
San Person report to come to the property of		instruction of the Species Size	wana kan di termakkan merengkin bela	06/01	
2a Plan sponsor's name and Pamily Ear, Nose	address include room or suite numbe & Throat Services, PLLC	er (employer, ir for a s	ingle-employer plan)	🛊 in the later of the later is 📆 to	er Identification Number 14-1830175
				· •	's telephone number
and a second research and the second second research as the second secon	evernees - General Director La considerate				8 telepriorie number 842-8185
5010 State Route	JU, Buite 204			2d Busines	s code (see instructions)
JS Amsterdam	NY 12010			62111	
la Pian administrator's name	and address 🗓 Same as Plan Spo	nsor Name 🔲 Same	as Plan Sponsor Address	3b Adminis	ralor's EIN
#:					
				3c Adminis	irator's felephone number
	i i	¥.		-	
2 22 2				4b EIN	eprementant medicing general gradual distribution of the second state of the second state of the second sec
	the plan sponsor has changed since to number from the last return/report.	ine iasi returnyapori i	ileo tor this plan, enter the	40 EIN	
a Sponsor's name				4c PN	
andre and Kalenda distribution is a second contract of the second contract of the second contract of the second	is at the beginning of the plan year .	******************	*************	5a	
	is at the end of the plan year			5b	3
	h account balances as of the end of t	Living and the second of the s	ven van se eran ver ver een een van ver		***************************************
Annual Control of the				<u> </u>	
	its during the plan year invested in eli	10.7			図Yes □No
 A finishing of the state of the control of the contro	of the annual examination and report 6? (See instructions on waiver eligible	2 5 8 12 12 12 12 8 7 8 2 10 2 10 10 10 10 10 10 10 10 10 10 10 10 10			IZIYes []No
entrance in the second of the second of the	either line 6a or line 6b, the plan c	COST CONTRACTOR PROCESSION AND INC.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	PRINCES CONTROL OF THE CONTROL OF TH
	nefit plan, is it covered under the PBC				☐ No ☐ Not determine
46-1	te or incomplete filing of this return		**************************************	***************************************	
	other penalties set forth in the instru- i and signed by an enrofied actuary, i				
belief, it is true porrect, and or					
			Karen Tali, Mi		
HERR Signature of plan ac	Iministrator 707	ali ande anto anno assesses	Enter name of individu	al signing as pla	ın administrator
deal de	MANAIN	0/6/14	Kazen Tan, MD		
SIGN A A A A A A A A A A A A A A A A A A A	reviolan anoneor	Date		al signing as en	nployer or plan aponsor
ON PLUC BEAUTIFUL TO THE TOTAL THE T	n name, if applicable) and address; if			yaya aa ka aa aa	sphone number (optional)
			er egreen je 🧖		

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5. Tare .		
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7 Plan Assets and Liabilities a Total plan assets b Total plan liabilities	member mente commence de la commence	(a) Baginning of Yea 13, 6	********			(b) End of Year
b Total plan liabilities	. 78		************	-		15,889
C Net plan assets (subtract line 7b from line 7a) B Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:	member mente commence de la commence			1		***************************************
B Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		* * * * * * * * * * * * * * * * * * * *	· X	+		
a - Contributions received or receivable from:		13, 6 (a) Amount		***************************************	***************************************	15,389 (b) Total
			Un 71	9 3		
(1) Employers	8 a(1)		0			
(2) Paniopanis	andusaniananananasiAnn	***************************************	0	4	1	GCO PURPLE SHOW A SHOW
(3) Others (including rollovers)	andronamentandomesidam e		0	4		
b Other income (loss)		2,2	26			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)			0			2,226
Certain deemed and/or corrective distributions (see instructions)	it kirilgi kirimenenie meinisike kirimenisike (gike mei	en e	O.			
f Administrative service providers (salaries, fees, commissions)			0	-		
g Other expenses			0			
h Total expenses (add lines 8d, 8e, 8f, and 8g)				1		
i Net income (loss) (subtract line 8h from line 8c)	and in managing				لاقطام إدارة عبيد	
Transfers to (from) the plan (see instructions)			ä			
Part IV Plan Characteristics	71. i			- Tolin proces	0.00.00.000.000	
b If the plan provides welfare benefits, enter the applicable welfare for the provides welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan plan provides welfare for the plan plan provides welfare for the plan plan plan plan plan plan plan plan	sature codes f	om the List of Plan Characte	ristic	Code	s în the	B instructions:
O During the plan year			***************************************	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid	ubona within ti uclary Correcti	ne time period described in on Program)	10a		x	12
b Were there any nonexempl transactions with any party-in-interest on line 10a.)	***************	********************************	10b		*	
C Was the plan covered by a fidelity bond?	(1939) (1944) (, , , , , , , , , , , , , , , , , , ,	10¢	X		100,000
d Did the plan have a loss, whether or not reimbursed by the plant or dishonesty?	************		104	16) 111	x	
Were any fees or commissions paid to any brokers, agents, or of insurance service, or other organization that provides some or a instructions.)	l of the banefit	s under the plan? (See	10e		×	dillo IIIII
f. Has the plan falled to provide any benefit when due under the pl	an7	*****************	101		X	
Did the plan have any participant loans? (If "Yes," enter amount	as of year end) «	10g		X	
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	The state of the s	era managem ay mayer any manar	10h		×	
I If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1			101			
Part Vi Pension Funding Compliance						
11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11s below)	ments? (if "Ye	s," see instructions and com	piete	Sched	ule SI	3 (Form Yes & No.
11a Enter the unpaid minimum required contribution for current year	from Schedule	SB (Form 5500) line 39	,	*****	118	······
12 Is this a defined contribution plan subject to the minimum funding	g requirements	of section 412 of the Code	or sec	dion 3	02 of E	ERISA? 🗌 🔲 Yes 🗷 No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e belo	w, as applicabl					
If a waiver of the minkmum funding standard for a prior year is be granting the waiver	ing amonized	in this plan year, see instruc		and e	nter th	
If you completed line 12a, complete lines 3, 9, and 10 of Schedu	le M9 (Form !	i500), and skip to line 13.				
b Enter the minimum required contribution for this plan year		**************************************	(H.) (A)		12b	

1	#	/	5	b	8	1		F	Ξ	
---	---	---	---	---	---	---	--	---	---	--

	Form 5500-SF 2013 Page 3-				
<u> </u>	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)	128			***************************************
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes [J No []	N/A
Part		3 2000			13/27
13a	Has a resolution to terminate the plan been adopted in any plan year?	TIXIY	s O N	h	
	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 PBGC7.	d	·	Jyes (Z)	 I asia:
C	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.)	0	***************************************		1,000
1	The same of the sa	c(2) EIN(s)	13c(3) PA	l(x)
		Weeks and some substitute the	under Heavier and American de La Company		***********
Part	VIII Trust Information (optional)	***************************************	***************************************		***************************************
14a N	ame of trust	14b T	usťa EIN		(Percenteralisation
		' ' ' ' '	**************************************		