	rm 5500-SF	Short Form Annual Re	turn/Report o enefit Plan	f Small Employ	yee		OMB Nos. 1210-0110 1210-0089
	rtment of the Treasury rnal Revenue Service	This form is required to be filed u	under sections 104 ar	nd 4065 of the Employe	е		.013
	epartment of Labor enefits Security Administration	Retirement Income Security Act of 19	974 (ERISA), and sec Revenue Code (the C	tions 6057(b) and 6058	(a) of	This Form is	s Open to Public
Pension Be	enefit Guaranty Corporation	Complete all entries in accordate	nce with the instruc	tions to the Form 550	0-SF.	Ins	pection
Part I		lentification Information				•	
For calenda	ar plan year 2013 or fisca			and ending 1	2/31/2	2013	
A This ret	turn/report is for:	X a single-employer plan	multiple-employer pla	an (not multiemployer)		a one-particip	pant plan
B This ret	turn/report is:	the first return/report the	ne final return/report				
	ļ	an amended return/report	short plan year return	/report (less than 12 mo	onths		
C Check I	box if filing under:	Form 5558	utomatic extension			DFVC progra	m
		special extension (enter description)					
Part II		mation—enter all requested information	on				
1a Name	of plan IDE MD PC PROFIT SHA				10	Three-digit plan number	
	DE MD FC FROFT SH					(PN) ►	002
					1c	Effective date of	f plan
						01/01/	
2a Plan s BARRY M Z		ess; include room or suite number (emp	ployer, if for a single-	employer plan)	2b	Employer Identif (EIN) 13-31	
420 EAST 5	5TH STREET SUITE 1D)			2c	Sponsor's telep	
	, NY 10022-5140				2d	Business code (62111	,
3a Plan a	dministrator's name and	address Same as Plan Sponsor Nar	me Same as Plan	Sponsor Address	3b	Administrator's	
					0		elephone number
		plan sponsor has changed since the las	t return/report filed fo	r this plan, enter the	4b	EIN	
a Spons	or's name				4c	PN	
5a Total r	number of participants at	t the beginning of the plan year			5a		3
b Total r	number of participants at	t the end of the plan year			5b		3
		count balances as of the end of the pla			5c		3
-		during the plan year invested in eligible					X Yes No
b Are you under	ou claiming a waiver of th 29 CFR 2520.104-46? (\$	he annual examination and report of an See instructions on waiver eligibility and	independent qualified d conditions.)	d public accountant (IQI	PA)		X Yes No
-		her line 6a or line 6b, the plan cannot					1
C If the p	blan is a defined benefit p	plan, is it covered under the PBGC insu	Irance program (see	ERISA section 4021)? .		Yes No	Not determined
Caution: A	penalty for the late or	incomplete filing of this return/report	rt will be assessed u	unless reasonable cau	ise is	established.	
SB or Sche		er penalties set forth in the instructions, signed by an enrolled actuary, as well ete.					
SIGN	Filed with authorized/va	ilid electronic signature.	10/13/2014	BARRY ZIDE			
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	ual sig	ning as plan adn	ninistrator
SIGN							
HERE	Signature of employe	er/plan sponsor	Date	Enter name of individu	ual sid	ning as employe	r or plan sponsor
Preparer's		me, if applicable) and address; include i					number (optional)

Pai	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	of Y	ear		
а	Total plan assets	7a	40026	9				5	520032		
b	Total plan liabilities	7b									
С	Net plan assets (subtract line 7b from line 7a)	7c	40026	9				5	20032		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) 1	otal			
а	Contributions received or receivable from:			_							
	(1) Employers	8a(1)		0							
	(2) Participants	8a(2)		0							
	(3) Others (including rollovers)	8a(3)		0							
	Other income (loss)	8b	11976	3	_						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1	19763		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d									
	Certain deemed and/or corrective distributions (see instructions)	8e									
	Administrative service providers (salaries, fees, commissions)	8f									
	Other expenses	8g									
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							0		
	Net income (loss) (subtract line 8h from line 8c)	8i						-	19763		
	Transfers to (from) the plan (see instructions)				_				10100		
		8j									
9a	t IVPlan CharacteristicsIf the plan provides pension benefits, enter the applicable pension 2A2E3D	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instruc	ctions	:		
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 instruct	ions:			
Part	V Compliance Questions										-
10	During the plan year:				Yes	No		Amo	unt		
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X		7 4115	<u>, and</u>		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10a		Х					
с				10c	Х					800	00
d						х					
	or dishonesty?			10d		~					
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		x					
f	Has the plan failed to provide any benefit when due under the pla			10f		Х					
				-		Х					
b		-		10g		~					
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		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 2520.10	ne required	d notice or one of the	10i							
Part		1-0		101							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes		No
11a	Enter the unpaid minimum required contribution for current year fr					11a					
12	Is this a defined contribution plan subject to the minimum funding		, ,				FRISA?	ГГ	Yes	XI	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			. 01 30	.50011	502 01					
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instruc		, and e	enter th Day	ne date of	he le Yea		ing	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedul										
b	Enter the minimum required contribution for this plan year					12b					

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 of the PBGC?	control		Yes 🗙 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	3c(1) Name of plan(s): 1	3c(2) EIN	l(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b Tru	ust's EIN	

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Form 5500-SF	Short Form Annual		of Small Emplo	yee	OMB Nos. 1210-01 1210-00
Department of the Tressury Internal Revenue Service		Benefit Plan	and door at the Empion	••	2013
Department of Labor	This form is required to be find the Retirement Income Security Act	of 1974 (ERISA), and a	ections 6057(b) and 605	8(a) of	This Form is Open to Publi
Employee Benefits Society Administration	the Inter	nai Revenue Code (the	Code).		Inspection
Pension Benefit Guaranty Corporation	Complete all entries in according	ordance with the Instri	actions to the Form 55	<u>00-SF. </u>	
Part I Annual Report For calendar plan year 2013 or fi	Identification Information	01/01/2013	and ending		2/31/2013
e	X a single-employer plan		plan (not multiemployer)		a one-participant plan
A This return/report is for:	the first return/report	the final return/repor		ν μ i	
B This return/report is:	an amended return/report	اسما	` m√report (less than 12 n	nonths)	
Check box if filing under:	X Form 5558	autometic extension		, M	DFVC program
CHECK DOX II IIBAY UNDER	special extension (enter descrip	₩ ₩		لبها ا	
Part II Basic Plan Info	mation-onter all requested infor		<u>,,,,,</u>		
a Name of plan				1ь т	hr ce- digit .
	PROFIT SHARING PLAN			1 7	N) ▶ 002
					ffective date of plan 1/01/1990
a Plan sponsor's name and ad	dress; include room or suite number	(employer, if for a single	-omployer plan)	2b 6	mployer Identification Number
BARRY M ZIDE MD PC	•	·		(E	IN) 13-3178290
20 EAST 55TH STREE	י געזדייב ז'ה י				ponsor's telephone number 12-421-2424
IZV EMBT SSTR SIKES.	I SVIIE ID				usiness code (see instructions
IEW YORK	NY 10022-5140			1 7	21111
a Plan administrator's name ar	nd address XSame as Plan Sponsor	Name XSame as Ple	in Sponsor Address	36 A	ministrator's EIN
	2	-			dministrator's telephone numb
if the name and/or EIN of the	plan sponsor has changed since the	b last return/report filed t	or this plan, onter the	4b E	N .
name, EIN, and the plan nur	nber from the last return/report.			4c PI	
a Sponsor's name	at the beginning of the plan year				
	et the end of the plan year				
	account belances as of the end of the			- 20	·/
				5c	
-	during the plan year invested in elig	•		1	🛛 Yes 🗍 I
	the annual examination and report o (See instructions on waiver aligibility				X Yes [] I
	ther line 6a or line 6b, the plan can				
C If the plan is a defined benefi	t plan, is it covered under the PBGC	insurance program (see	ERISA section 4021)?		es 📋 No 📋 Not determined
ution: A nenality for the late of	r incomplete filing of this return/re	beseese of life troop	unieus masonable car	use is est	ablished.
nder penalties of perjury and oth	er penalties set forth in the instructio d signed by an enrolled actuary, as y	ns, I declare that I have	exercined this return/re	port, Inclu	ding, if applicable, a Schedule
	nziden	Inter tour	Daule Rid-		·····
		10/13/14	Barry Zide		
Signature of fian ac	Iministrator	Dáto	Enter name of Individ	uai signin	g as plan administrator
ON THE SERVICE AT A MILES				<u> </u>	
ness Signation of employ	rer/plan sponsor une, if applicable) and address; inclu	Date			g as employer or plan sponso
sharet 2 tistus fitteinditið utti tis	nuo, is application and anoroso, inclu			riopaic	r's telephone number (optiona
					·
Paperwork Reduction Act Notice	and OMB Control Numbers, see the in	structions for Form \$500.	SF.		Form 5500-SF (201
					2001 (20) 2200 Cor (20)
			•		

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Form 5500-SF 2013		Pege 2	1						
Part III Financial Information			<u> </u>	-					
Plan Assets and Liabilities	建設19 12	(a) Banir	ning of Ye		<u> </u>		(b) End	of Year	
a Total pien assets ,	-			002	69	1			2003
b Total plan llabilities		· · · · · · · · · · · · · · · · · · ·	1			1			<u></u>
C Not plan assets (subtract line 7b from line 7a)			1 4	002	69	i		. 52	2003
incomo. Exponses, and Transfers for this Plan Year		(a) (mount			1	(b) ⁻	Total	
a Contributions received or receivable from:		, 	I		0.1	121	in a fairte an fairte		,
(1) Employers			1		¥_			<u></u> ,	
(2) Participanta			<u> </u>		0		逾	4 ₁₂ -	
(3) Others (Including rollovers)				197	<u> </u>	<u></u> [∔. : `_	1280Q.	::	
b Other Income (loss)				+ > / ·		 			976
 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Eenefits paid (including direct rollovers and insurance premiums 	<u> </u>	- charles - 2018	1	:-	-	λ. •		11	.970
to provide benefits)	. 8d				· . ·	58 <u>1</u> 2	-		
e Certain deemed and/or corrective distributions (see instructions)	. 80					Ť			
f Administrative service providers (selaries, fees, commissions)								<u>.</u>	
g Other expenses	. 8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h	MDX UN		- ※控	ý.				
Not income (loss) (subtract line 8h from line 8c)		Note: Alline	1	цų	p <				976
Transfers to (from) the plan (see instructions)	- 81				.sp		ы)(^{р.} т	·	
2A 2E 3D b If the plan provides welfare benefits, enter the applicable welfare		des from the List o							
					ic Coc	jes in t			
b If the plan provides welfare benefits, enter the applicable welfare art V Compliance Questions D During the plan year:	feature cod	es from the List of	Plan Chara		ic Coc	ies in t			
 b If the plan provides welfare benefits, enter the applicable welfare art V Compliance Questions During the plan year: Wes there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-1027 (See Instructions and DOL's Voluntary Fid 	feature cod utions within uclary Com	es from the List of n the time period de ection Program)	Plan Chara		ic Coc	je's in t		ions:	
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Form 5500-SF 2013 Pa	ge 3 - []	
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 negative amount)	r a minus sign to the left of a 12d	
e Will the minimum funding amount reported on line 12d be met by the funding dear	5jine?	NoN
art VII Plan Terminations and Transfers of Assets 33 Has a resolution to terminate the plan been adopted in any plan year?	Yos X	No
If "Yes," enter the amount of any plan assets that reverted to the employer this ye	· · · · · · · · · · · · · · · · · · ·	
b Were all the plan assets distributed to participants or beneficiaries, transferred to	another plan, or brought under the control	n a
of the PBGC? C If during this plan year, any essets or liabilities were transferred from this plan to a		Yes X
which assets or liabilities were transferred. (See Instructions.)		
13c(1) Name of plan(s);	<u>13c(2) EIN(\$)</u>	13c(3) PN(
art VIII Trust Information (optional)		
a Name of trust	14b Trust's EIN	!
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