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

rension be	enefit Guaranty Corporation	▶ Complete all entries in accord	dance with the instruc	ctions to the Form 5500	0-SF.		
Part I	Annual Report I	dentification Information					
For calenda	ar plan year 2013 or fise	cal plan year beginning 01/01/2013	3	and ending 1	2/31/201	13	
A This ret	urn/report is for:	a single-employer plan	a multiple-employer p	lan (not multiemployer)		a one-particip	pant plan
B This ret	urn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year returi	n/report (less than 12 mo	onths)		
C Check b	box if filing under:	Form 5558	automatic extension			DFVC progra	am
		special extension (enter description	n)				
Part II	Basic Plan Infor	rmation—enter all requested informa	ation				
1a Name	of plan				1b ⊺	hree-digit	
NORTH SHO	ORE CARDIO PULMON	NARY ASSOCIATES, P.C. PROFIT SH	HARING PLAN AND T	RUST		lan number	
						PN) 🕨	001
					1c E	ffective date or	f plan
						01/01	/1988
		dress; include room or suite number (en NARY ASSOCIATES, P.C.	mployer, if for a single-	employer plan)			fication Number 94057
o ODEENIEU					2c S	ponsor's telep	
8 GREENFIE SYOSSET, I					2d Bt	usiness code ((see instructions)
						62111	
3a Plan a	dministrator's name and	d address XSame as Plan Sponsor N	ame Same as Plar	Sponsor Address	3b Ad	dministrator's I	EIN
					3c Ad	dministrator's t	telephone number
		plan sponsor has changed since the la	ast return/report filed fo	or this plan, enter the	4b E	IN	
name,	, EIN, and the plan num	plan sponsor has changed since the labor from the last return/report.	ast return/report filed fo	or this plan, enter the			
name, a Sponse	, EIN, and the plan num or's name		· 	·	4c P		7
name, a Sponse 5a Total r	, EIN, and the plan num or's name number of participants a	nber from the last return/report.					7 7
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Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End	of V	oar		
	Total plan assets	7a	(a) Beginning of Tea				(b) Ella	<u> </u>	18640)	
	Total plan liabilities	7b		0)	
	Net plan assets (subtract line 7b from line 7a)	70 7c	1839						18640)	
	Income, Expenses, and Transfers for this Plan Year	70					(b) T			_	
	Contributions received or receivable from:		(a) Amount				(b) T	mai			
	(1) Employers	8a(1)									
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	24	5							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							245	;	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d									
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	. 8f									
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h)	
i	Net income (loss) (subtract line 8h from line 8c)	8i							24	5	
j	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics										
9a		feature co	des from the List of Plan Char	acteris	tic Co	des in	the instruc	ions	s:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cteristi	c Cod	les in t	he instruction	ons:			
Par	V Compliance Questions										
				1	Yes	No		<u> </u>	1		
10 a	During the plan year: Was there a failure to transmit to the plan any participant contribute.	tione withi	n the time period described in		162	NO		Amo	ount		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	ıciary Corı	rection Program)	10a		X					
N	on line 10a.)			10b		X					
				10-		Χ					
				10c							
d	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	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end)	10g		Χ					
h		(See instru	uctions and 29 CFR	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	ne require	d notice or one of the	10ii							
Part		1-0		101							
11	Is this a defined benefit plan subject to minimum funding requirem								l vas		No
	5500) and line 11a below)								Yes	Ц	No
	Enter the unpaid minimum required contribution for current year fr		,		-	11a			1 1/		
12	Is this a defined contribution plan subject to the minimum funding			or se	ction (302 of	ERISA?	上	Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			_4:			a deta cu			E.e.	
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		and e	enter th Day	ne date of th	ne le Yea		ııng	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•					1				
b	Enter the minimum required contribution for this plan year					12b	Ī				

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		

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Department of the Treasury Internal Revenue Service

Department of Labor Employee Berrelits Security Administration

Short Form Annual Return/Report of Small Employee Benefit Plan

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2013

This Form is Open to Public

OMB Nos 1210-0110 1210-0089

Part I Annual Report Identification Information For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013 A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployor) a one-participant plan B This return/report is the first return/report the final return/report an amended return/report and requested information 1	
A This return/report is for:	
B This return/report is.	
B This return/report is.	
C Check box if filing under: Special extension (entor description) Part II Basic Plan Information—enter all requested information 1a Name of plan NORTH SHORE CARDIO PULMONARY ASSOCIATES, P.C. PROFIT SHARING PLAN AND 1c Elfoctive date of plan ol/01/1988 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) NORTH SHORE CARDIO PULMONARY ASSOCIATES, P.C. 8 GREENPIELD ROAD 3c Sponsor's telephone number (Single-employer) SYOSSET NY 11791 3d Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address 4 If the name and/or ElN of the plan sponsor has changed since the last return/report filed for this plan, enter the	
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filled for this plan, onter the	short
	inei
name, EIN, and the plan number from the last return/report	
a Sponsor's name 4c PN	
5a Total number of participants at the beginning of the plan your5a	7
b Total number of participants at the end of the plan year5b	7
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	-
The second secon	7
Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yea Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)	No
under 29 CFR 2520 104-46? (See instructions on waiver eligibility and conditions.)	No
If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	,
C If the plan is a dofined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? 🗍 Yes 🗍 No 🗍 Not determine	red
Courtiers A populty for the late or incomplete filling of this setup to provide the acceptabilities of the late or incomplete filling of this setup to provide the acceptabilities of the late of the	
Caution: A ponalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions. I declare that I have examined this return/report, including, if applicable, a School	
SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge a	ule) Id
bolicf, it is true. correct, and complete.	
SIGN STEPHEN BERNSTEIN, M.D.	
HERE	
Signature of plan administrator Date Enter name of individual signing as plan administrator	
SIGN	
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan spon	
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)	SOL
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For Paperwork Reduction Act Notice and QMB Control Numbers, see the instructions for Form \$500-SF.	sor nal)

Pa	rt III Financial Information								
7	Plan Assots and Liabilities		(a) Boginning of Ye	ar		(b) E	nd of	Year	
_a	Total plan assets	7a	11011111	1839	5				18640
b	Total plan liabilities	7b			0				(
C	Net plan assots (subtract line 7b from line 7a)	7c		1839	5				18640
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			11	o) Tota	al	
a	Contributions received or receivable from: (1) Employers	8a(1)	- Indani				7		
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b		2.4	5				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							245
d	Benefits paid (including direct rollovers and insurance premiums								
_	to provide benefits)	Bd							
	Certain deemed and/or corrective distributions (see instructions)	80			_				
	Administrative service providers (salaries, fees, commissions)	8f							
1	Other expenses	8g			_				
	Total expenses (add lines 8d, 8o, 8f. and 8g)	8h				52 5920			(
	Net income (loss) (subtract line 8h from line 8c)	. 8i		-					245
1	Transfers to (from) the plan (see Instructions)	- 8j							
Par	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 3D	foeture codes	from the List of Plan Char	acterist	ic Code	s in the inst	ruction	18:	
b	If the plan provides welfare benefits, enter the applicable wolfare for	eature codes	from the List of Plan Chara	cteristic	Codes	in the instr	uctions		
Pan	: V Compliance Questions								
10	During the plan year:		- California de la		Yos I	No	An	nount	anwoo-
a 	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	uciary Correct	ion Program)	10a		х			
b	Were there any nonoxompt transactions with any party-in-interest on line 10a.)	? (Do not Incl	udu transactions reported	10b		х			
C	Was the plan covered by a fidelity bond?			10c		х			
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				100	_	-	_	_	
	insurance service, or other organization that provides some or all instructions.)	of the benefits	s under the plan? (See	10o		х			
f	Has the plan falled to provide any benefit when due under the plan	n?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10f		х			
ģ	Did the plan have any participant loans? (If "Yes," onter amount a	s of vear end)		_	х	-		
	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instruction	ons and 29 CFR	10g 10h		x			
1	If 10h was enswered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	re required no	otice or one of the	10ii	T	\top			
Part		170		101					
11				- 0070	-				
	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11s below)			**********		: SB (Form		Yes	No
	Enter the unpaid minimum required contribution for current year fr		The state of the s						
12	Is this a defined contribution plan subject to the minimum funding	requirements	of section 412 of the Code	Dr SQC	lion 302	of ERISA?	٧,	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,					155111			
	If a waiver of the minimum funding standard for a prior year is being renting the waiver.		Mon	tions, a		er the date o Day	of the I Yo		ng
lf	you completed line 12a, complete lines 3, 9, and 10 of Scheduk	MB (Form 5	5500), and skip to line 13.						
b	Enter the minimum required contribution for this plan year	2005			12	b			

C	Enter the amount contributed by the employer to the plan for this plan year	12c	1	
α .	Subtract the amount in line 12c from the amount in line 12b. Enter the result (onter a minus sign to the left of a negative amount).	12d		
	Will the minimum funding amount reported on line 12d be mot by the funding deadline?		Yes [No ∏ N/A
Part V				
13a	Has a resolution to terminate the plan been adopted in any plan year?	X.	Yes No	
	If "Yes." enter the amount of any plan assets that reverted to the employer this year	13a	T	
b 1	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		∏ Yes ⊠ N
Ç	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identity the plan(e) which assets or liabilities were transferred. (See instructions.)	ta		
	o(1) Name of planta):	3¢(2) Ei	IN(s)	13c(3) PN(s)
	(******			
	The state of the s			

14a Namo of trust

14b Trust's EIN