Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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 Be	enefit Guaranty Corporation	▶ Complete all entries in acco	ordance with the instru	ctions to the Form 550	0-SF.	Ins	spection		
Part I	Annual Report	Identification Information			 	1			
	•	scal plan year beginning 01/01/20	013	and ending 1	2/31/2	2013			
A This ret	urn/report is for:	a single-employer plan	a multiple-employer	olan (not multiemployer)		a one-partici	pant plan		
B This ret	urn/report is:	the first return/report	the final return/report	İ.					
		an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)	1			
C Check I	oox if filing under:	X Form 5558	automatic extension		DFVC program				
	J	special extension (enter descrip	ution)						
Part II	Basic Plan Info	rmation—enter all requested infor	,						
1a Name		enter an requested into	mation		1b	Three-digit			
	PLUS MEDICAL 401K	PLAN				plan number			
						(PN) •	001		
					1c	Effective date of	f plan		
						01/01			
	consor's name and ad PLUS MEDICAL	dress; include room or suite number	(employer, if for a single	e-employer plan)	2b	Employer Identi (EIN) 26-20	fication Number 25954		
					2c	Sponsor's telep			
256 WEST E BROOKLYN					24	718-93			
	,				Zu	62111	(see instructions)		
3a Plan a	dministrator's name ar	nd address XSame as Plan Sponsor	r Name Same as Pla	ın Sponsor Address	3b	Administrator's	EIN		
					3c	Administrator's	telephone number		
		e plan sponsor has changed since the	e last return/report filed	for this plan, enter the	4b	EIN			
a Spons	•	mber from the last return/report.			4c	PN			
		at the beginning of the plan year			5a	T	3		
_		at the end of the plan year			5b		1		
c Numb	er of participants with	account balances as of the end of the	e plan year (defined ber	efit plans do not	5c		 1		
	,	s during the plan year invested in elig			30		X Yes □ No		
_	·	f the annual examination and report of	,	•	PA)				
under	29 CFR 2520.104-46	? (See instructions on waiver eligibilit	y and conditions.)				X Yes No		
If you	answered "No" to e	ither line 6a or line 6b, the plan car	nnot use Form 5500-SI	and must instead use	Form	5500.	_		
C If the p	olan is a defined benef	it plan, is it covered under the PBGC	insurance program (se	e ERISA section 4021)? .	📗	Yes X No	Not determined		
Caution: A	penalty for the late	or incomplete filing of this return/r	eport will be assessed	l unless reasonable cau	ıse is	established.			
		her penalties set forth in the instruction					able, a Schedule		
SB or Sche		nd signed by an enrolled actuary, as							
SIGN	Filed with authorized/	valid electronic signature.							
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual sig	ıning as plan adr	ministrator		
SIGN									
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individ	ual sig	ning as employe	er or plan sponsor		
Preparer's	•	name, if applicable) and address; incl					number (optional)		

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Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End	of Ye	ear	
a	Total plan assets	7a	122758				(10) = 111		74508	3
	Total plan liabilities	7b		0		0)	
С	Net plan assets (subtract line 7b from line 7a)	7c	122758	1				15	74508	}
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) 1	otal		
а	Contributions received or receivable from:		, ,							
	(1) Employers	8a(1)	780							
	(2) Participants	8a(2)	2208							
	(3) Others (including rollovers)	8a(3)	25370							
<u>b</u>	Other income (loss)	. 8b	12979	7						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						4	13394	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	6646	7						
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							66467	7
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						3	346927	7
j_	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 2A 2E 2F 2J 2R 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instruc	tions	:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan Chara	cterist	ic Cod	les in t	he instruct	ions:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Amo	ount	
	Was there a failure to transmit to the plan any participant contribute 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		X		7		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		X				
	,					X				
C	, ,			10c						
	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				
	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instru	uctions and 29 CFR	10h		X				
i	If 10h was answered "Yes," check the box if you either provided the	ne required	d notice or one of the							
_	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i						
Part	u i							1		
11	Is this a defined benefit plan subject to minimum funding requirem 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	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No							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	he le Yea		ing
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.							
h	Enter the minimum required contribution for this plan year					12b				

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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)							
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A			
Part	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			
C 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	Part VIII Trust Information (optional)						
14a Name of trust				14b Trust's EIN			

Form **5558** (Rev. August 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File Certain Employee Plan Returns

► For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Information about Form 5558 and its instructions is at www.irs.gov/form5558

OMB No. 1545-0212

File With IRS Only

Pa	rt I Identification								
Α	Name of filer, plan administrator, or plan sponsor (see instructions)	B Filer's identifying number (see instructions)							
	Right On Plus Medical			-	ntification number	er (EIN) (9 digits	s XX-XXXXXX)		
	Number, street, and room or suite no. (If a P.O. box, see instructions)		26-20	25954	•				
	256 West End Ave.	-	Socia	l securit	ty number (SSN)	(9 digits XXX-)	(X-XXXX)		
	City or town, state, and ZIP code Brooklyn, NY 11235	ı							
С	Blooklyff, NT 11255		Plan		Plar	ı year endin	na –		
0	Plan name	r	numb		MM	DD DD	YYYY		
	Right On Plus Medical 401k Plan	0	0	1	12	31	2013		
Pa	rt II Extension of Time To File Form 5500 Series, and/or Form 89	55-S	SA						
1	Check this box if you are requesting an extension of time on line 2 to file the in Part 1, C above.	e first l	Form	5500 s	series return/r	eport for the	plan listed		
2	I request an extension of time until 10 / 15 / 2014 to file Form Note. A signature IS NOT required if you are requesting an extension to file Form				nstructions).				
3	I request an extension of time until 10 / 15 / 2014 to file Form Note. A signature IS NOT required if you are requesting an extension to file Form		,		structions).				
	The application is automatically approved to the date shown on line 2 and/or the normal due date of Form 5500 series, and/or Form 8955-SSA for which and/or line 3 (above) is not later than the 15th day of the third month after the n	this e	xtens	on is					
Par	t III Extension of Time To File Form 5330 (see instructions)								
4	I request an extension of time until/ to file Form You may be approved for up to a 6 month extension to file Form 5330, after the		nal du	e date	of Form 5330).			
a	Enter the Code section(s) imposing the tax	•	а						
k	Enter the payment amount attached				•	b			
5	For excise taxes under section 4980 or 4980F of the Code, enter the reversion/ State in detail why you need the extension:	ameno	dmen	date	•	С			

Under penalties 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 5500-SF Short Form Annual Return/Report of Small Employee OMB Nos. Benefit Plan							
Department of the Treasury Internal Revenue Service	#About doug at a particular and a partic						
Department of Lebor Employee Benefits Security Administration	Retirement Income Security Act of 197		ions 6057(b) and 6058(S Open to Public	
Penalon Benefit Guaranty Corporation	➤ Complete all entries in accordant	e with the instruct	ions to the Form 5500	-SF,		handa.	
For calendar plan year 2013 or fisc-	al plan year beginning 01/01/2013		and ending 1	2/31/20	13	The same of the last of the la	
	7 · · · · · · · · · · · · · · · · · · ·	udtiple-employer pla	n (not multiemployer)	Г	a one-particip	ent plan	
B This return/report is:] the first return/report [] the	final return/report		1	•		
	an amended return/report asl	ort plan year raturn/	report (less than 12 mc	onths)	21		
C Check box if filing under:		omatic extension			DFVC progre	m	
100 March 1981	special extension (enter description)		With the same of t			The company of the contract of	
Marie Company of the	mation—enter all requested information	1		1h 7	hree-digit		
1a Name of plan Right On Plus Medical 401k Plan				р	lan number	801	
i dijeta				The Person of Street, or other Persons	PND)		
					ffeetive date o		
2a Plan sponsor's name and addr Right On Plus Medical	ess; include room or sulte number (empl	oyer, it for a single-e	mployer plan)		imployer Identi EJN) 26-202	fiçation Number 6954	
Time (A) and Time of A second				2c §	Sponsor's telep (718) 93		
256 West End Ave.				2d E		see instructions)	
Brooklyn, NY 11285	eddens P. Come on Dier Chancon Name	d I Cama as Dhas	Snonan Address	3h 4	62111		
Sa Pian administrators name and	address Same as Plan Sponsor Nam	a Lloame as Fian	oponsor Magress	3b Administrator's EIN			
				3C A	Administrator's	telephone number	
			<u>'</u>				
4 If the name and/or EIN of the	plan sponsor has changed since the last	rejurn/renovt filed for	rible plan enter the	Ab o		THE RESERVE ASSESSMENT	
name, EIN, and the plan num	ber from the last return/report.	can a cho tileo to	i in so priori, eritor trio	4b EIN			
a Sponsor's name	S for books and a company of the story and		· · · · · · · · · · · · · · · · · · ·	4c	PN		
2.75	t the beginning of the plan year t the end of the plan year			5a		3	
	ocount balances as of the end of the plan			5b	 	l .	
complete this item)	FFFTTEET - 1.00 FFETTEET (************	5c	<u> </u>	1	
	during the plan year invested in eligible a				************	Yes No	
D Are you claiming a waiver or t under 29 CFR 2620 104-467	he annual examination and report of an I (See Instructions on waiver eligibility and	ndependent qualmet conditions.)	d public accountant (iQ	PA)	W	X Yes No	
If you answered "No" to eld	her line 6a or line 6b, the plan cannot (ise Form 5500-SF a	and must instead use	Form !	i500.	~	
c If the plan is a defined benefit	plan, is it covered under the PBGC insur	ance program (see l	ERISA section 4021)?		Yes No [Not determined	
Caution: A penalty for the late or	r incomplete filing of this return/report	:w⊪be assessed ι	inless reasonable car	ise is c	stablished.		
Under penalties of perjury and othe SB or Schedule MB completed and belief, it is true, correct, and compl	er penalties set forth in the instructions, i I signed by an enrolled actuary, as well a etc.	declare that I have our the electronic vers	examined this return/re clon of this return/report	port, inc t, and to	studing, if applications the best of my	cable, a Schedule / knowledge and	
SIGN X ELLINEC	Massers	Particular de la companya del companya del companya de la companya	Emma Masters		out Million of the Control of the Co		
Signature of plan administrator Date Enter name of indiv					ning as plan ad	ministrator	
SIGN X 6 14 Mul		Date	Enter name of Individ	ual sigr	ning as empkiy	er or plan sponsor	
Preparer's name (Including firm na	me, if applicable) and address; include r	om or suite number		Prepa	arer's telephon	number (optional)	

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Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	of Y	ear	
a	Total plan assets	7a	122758				(2) 2.10		57450	 8
	Total plan liabilities	7b		0						0
	Net plan assets (subtract line 7b from line 7a)	7c	122758	1	15745			7450	 8	
8	Income, Expenses, and Transfers for this Plan Year	-,-	(a) Amount		(b) Total					
	Contributions received or receivable from:		(a) Amount				(6) 1	Otai		
	(1) Employers	8a(1)	2208	9						
	(2) Participants	8a(2)	780	0						
	(3) Others (including rollovers)	8a(3)	25370	8						
b	Other income (loss)	8b	12979	7						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						4	13394	1
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	6646	7						
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							6646	7
i	Net income (loss) (subtract line 8h from line 8c)	8i						;	34692	7
j	Transfers to (from) the plan (see instructions)	8j		0						
Pai	rt IV Plan Characteristics	o _j		-						
	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2J 2R 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instruc	tions	3:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cteristi	ic Coc	les in t	he instructi	ons:		
D	(V. Osmalianas Omatiana									
Par	•					NI -	I	_		
10	During the plan year:			-	Yes	No		Am	ount	
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	iciary Corr	ection Program)	10a		Х				
	Were there any nonexempt transactions with any party-in-interest on line 10a.)	`	•	10b		Х				
С	Was the plan covered by a fidelity bond?			10c		Χ				
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			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 ben	efits under the plan? (See			_				
	instructions.)			10e		Х				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g		Х				
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			10i						
Part							ı			
11	Is this a defined benefit plan subject to minimum funding requirem] Yes	X No
110	5500) and line 11a below)								. 03	V 140
11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39							- Nie			
12	Is this a defined contribution plan subject to the minimum funding			e or se	ction	302 of	ERISA?		Yes	χ No
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is being			ctions,	and e	enter th	l ne date of t	he le	etter ru	ıling
	granting the waiver.			ith		Day		Yea	ar	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•	•			401	I			
la la	Enter the minimum required contribution for this plan year				- 1	12b	i .			

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С	Enter the amount contributed by the employer to the plan for this plan year	12c						
d	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)							
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A				
Part	Part VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?	Yes 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 X No				
С	C 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.)							
•	13c(1) Name of plan(s):	3c(2) El	N(s)	13c(3) PN(s)				
Part	VIII Trust Information (optional)							
14a	Name of trust	14b Trust's EIN						