## 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).

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2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	➤ Complete all entries in ac	cordance with the instruc	ctions to the Form 5500	)-SF.		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Part I	Annual Report	Identification Information					
For calend	ar plan year 2013 or fis	scal plan year beginning 01/01/2	2013	and ending 12	2/31/20	013	
A This ref	turn/report is for:	a single-employer plan	a multiple-employer p	lan (not multiemployer)		a one-partici	oant plan
<b>B</b> This ref	turn/report is:	the first return/report	the final return/report				
_		an amended return/report	H	n/report (less than 12 mo	onths)	_	
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	am
D ( !!	5 . 5	special extension (enter descr	· · ·				
Part II		rmation—enter all requested info	ormation		41.		T
1a Name	•	A(IZ) DI ANI				Three-digit plan number	
DAVID J. SA	NDS, D.P.M., P.C. 40 <sup>-</sup>	I(K) PLAN				(PN)	001
						Effective date o	f plan
						01/01	
	ponsor's name and add ANDS, D.P.M., P.C.	dress; include room or suite numbe	er (employer, if for a single-	employer plan)			fication Number 71484
560 NORTH	IEN BLVD., 200 LAKE\	/III E RO			2c	Sponsor's telep	
	CK, NY 11021	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			2d	Business code (	(see instructions)
3a Plan a	dministrator's name an	d address XSame as Plan Spons	or Name Same as Plar	Sponsor Address	3b /	Administrator's	
				-	3c	Administrator's	telephone number
		plan sponsor has changed since to the room the last return/report.	he last return/report filed fo	or this plan, enter the	4b	EIN	
<b>a</b> Spons	or's name				4c	PN	
<b>5a</b> Total	number of participants	at the beginning of the plan year			5a		2
<b>b</b> Total	number of participants	at the end of the plan year			5b		2
		account balances as of the end of t	. , ,	'	5c		2
<b>6a</b> Were	all of the plan's assets	during the plan year invested in el	ligible assets? (See instruc	tions.)			X Yes No
		the annual examination and report					Vaa □ Na
		? (See instructions on waiver eligibi ther line 6a or line 6b, the plan c	•				X Yes   No
•		•			_		Not determined
C ii tile j	pian is a defined benen	it plan, is it covered under the PBG	C insurance program (see	ERISA SECTION 4021)?	Ц	Yes No	Not determined
Caution: A	A penalty for the late of	or incomplete filing of this return	/report will be assessed	unless reasonable caus	se is e	established.	
SB or Sche		ner penalties set forth in the instruc nd signed by an enrolled actuary, a plete.					
SIGN	Filed with authorized/v	valid electronic signature.					
HERE	Signature of plan a	dministrator	Date	Enter name of individu	ıal sigr	ning as plan adn	ninistrator
SIGN							
HERE	Signature of employ	yer/plan sponsor	Date	Enter name of individu	ıal sigr	ning as employe	er or plan sponsor
Preparer's		ame, if applicable) and address; inc	clude room or suite numbe				number (optional)
				Ļ			

Form 5500-SF 2013 Page **2** 

Pa	rt III   Financial Information										
7	Plan Assets and Liabilities		(a) Reginning of Ver	(a) Beginning of Year			(b) End of Year				
	Total plan assets	0			(b) Ella o		428				
	Total plan liabilities	7a 7b									
	Net plan assets (subtract line 7b from line 7a)		0					428		_	
	Income, Expenses, and Transfers for this Plan Year	7c					(b) To				_
	Contributions received or receivable from:		(a) Amount				(b) To	tai			
	(1) Employers	8a(1)									
	(2) Participants	8a(2)	40	0							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	2	8							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						4	128		
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							428		
j	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics									_	_
	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2T 3D	feature co	des from the List of Plan Char	acteris	tic Co	des in	the instructi	ons:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cteristi	ic Coc	les in t	he instructio	ns:			
Par	t V Compliance Questions										_
10	During the plan year:				Yes	No	Ι ,	moun	.4		
a		tions withi	n the time period described in		163	140	, , , , , , , , , , , , , , , , , , ,	anoun			
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corı	rection Program)	10a		X					
N	on line 10a.)			10b		X					
	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	fidelity bo	nd, that was caused by fraud	10d		X					
	or dishonesty?			100						—	
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all					V					
	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 as	s of year e	end.)	10q		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 exceptions to providing the notice applied under 29 CFR 2520.10	•		10i							
Part										_	_
11	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form										
112	5500) and line 11a below)										
12											
12				or se	CHOII .	JUZ Uſ	LRISA!	Ц'	<b></b>	<u>, 1</u>	•0
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling								_		
	granting the waiver.		Mon			Day		ear_		_	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•					I				
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	<b>3c(1)</b> Name of plan(s):	c(2) Ell	V(s)	<b>13c(3)</b> PN(s)	
Part	VIII Trust Information (optional)				
14a	Name of trust	14b Trust's EIN			

	Form 5500-SF		Short Form Annual Re	iturn/Report - enefit Plan	of Small Employ	yee	OMB Nos. 1210-0110 1210-0089
	Department of the Treasury Internal Revenue Service		This form is required to be filed	ie	2013		
Em	Department of Labor doyee Benefits Security Administration		Retirement Income Security Act of the Interna	3(a) of	This Form is Open to Public		
*****	ension Benefit Guaranty Corporation	H 100	Complete all entries in accord			IO-SE	Inspection
	Annual Repor	l Ide	entification Information	arrow Wild and titled	actions to the Form Obs	V 01 .	
For	calendar plan year 2013 or i	scal	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 multiamployer)		a one-participant plan
B :	This return/report Is:	×	the first return/report	the final return/report	t	_	_
			an amended return/report	a short plan year reti	um/report (less than 12 m	ionths]	
C	Check box if filing under:	x	Form 5558	automatic extension		Г	DFVC program
			special extension (enter description	)		ļau.	•
	Basic Plan Int	orm	ation enter all requested inform	nation	· · · · · · · · · · · · · · · · · · ·		
1a	Name of plan						hree-digit
	David J. Sands, D.	Р.М	, P.C. 401(k) Plan				olan number PN) ► 001
							ffective date of plan
<del>7</del> a	Plan spansor's nome and a	Helen	ss; include room or suite number (en				1/01/2013
	David J. Sands, D.	P.M	., P.C.	nployer, it for a single	e-employer plan)		Employer Identification Number
							EIN) 20-5471484 Sponsor's telephone number
	560 Northen Blvd.,	20	   Lakeville Ro				(516) 482-8826
						2d E	Business code (see instructions)
<del>0</del> \$ 3a	Great Neck	ļ.,	NY 11021				21391
Ja	Plan administrator's name i	and a	ddress 🕱 Same as Plan Sponsor	Name 🔝 Same as	Plan Sponsor Address	3b A	dministrator's EIN
						3c A	dministrator's telephone number
4	if the name and/or EIN of the	e pla	n sponsor has changed since the las	st return/report filed f	or this plan, enter the	4b E	in .
	name, EIN, and the plan nu Sponsor's name	mber	from the last return/report.			_	
		n+ 11-	e beginning of the plan year			4c P	
þ	Total number of participants	at th	e end of the plan year	)	, and a s.h seness one proper person years \$ + 5 + 5 + 442 MA	5a 5b	2
Ç	Number of participants with	acco	ฟุกt balances as of the end of the pla	n vear (defined bene	afit plans do not	310	2
	complete this item)	*****	a particular de la compactica de la comp	1 4 4 4 4 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4		_5c	2
b	vvere all of the plants assets Are you cloiming a maintee of	aun:	ng the plan year invested in eligible a	assets? (See Instruct	lions.)	********	XYes ∏No
	under 29 CFR 2520,104-46	/ (Se	annual examination and report of an a instructions on waiver eligibility and	independent qualifie d conditions )		-	
			ine 6a or line 6b, the plan cannot		and muct instead use C	orn SE	XYes □No
c	If the plan is a defined bene	fit pla	n, is it covered under the PBGC inst	rance program (see	ERISA section 4021)?	P22075000	
			complete filing of this return/repo			_	
Und	er penalties of perjury and o	ither i	penalties set forth in the instructions.	I declare that they	overnioned their rate makes	and land	-11
	or Schedule MB completed : ef, it is true, correct, and con		INCIDA DA GRECILORER BRITISTA REMAI	as the electronic ve	rsion of this return/report	end to	the best of my knowledge and
	A CONTRACTOR OF THE CONTRACTOR	i Jile Le					
				10/11/11/14	Davids.	Soug	
	Signature of plan adn	inis	rator	Date	Enter name of individue	l signing	as plan administrator
	FAULDIT			V	· · · · · · · · · · · · · · · · · · ·		
Pro-	Signature of employe	r/pla	is applicable)	Date	Enter name of individual	l signing	as employer or plan sponsor
'   <del> </del>	ere a name finaranist ili.	name	, if applicable) and address; include	room or suite numbe	er (optional)	Prepare	r's telephone number (optional)
ĺ							
For	Paperwork Reduction Act	Notic	e and OMB Control Numbers, see	the instructions fo	r Form 5500-SF,		Form 6500-SF (2013)

P	irt III Financial Information							
7	Plan Assets and Liabilities	•		•	(b) End of Ye	ar		
а	Total plan assets	7a		0				428
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c		0				428
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
а	Contributions received or receivable from:					.,,,,	55.56	
	(1) Employers	8a(1)					erski karpita e	
	(2) Participants	8a(2)	4'	00				
<u>_</u>	(3) Others (including rollovers)	8a(3)						
	Other income (loss)	8b		28				
d c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						428
	to provide benefits)	8d						10000
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f						ranaka 1697
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						428
<u>j</u>	Transfers to (from) the plan (see instructions)	8j						100
Pε	rt IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension fea	ature code	s from the List of Plan Characte	eristic	Code	s in th	e instructions:	
	2E 2G 2J 2T 3D							
b	If the plan provides welfare benefits, enter the applicable welfare feat	ture codes	from the List of Plan Character	istic (	Codes	in the	instructions:	
Pa	rt V. Compliance Questions							
10	During the plan year:				Yes	No	Amo	unf
	Was there a failure to transmit to the plan any participant contributi	ons within	the time period described in	<u> </u>	100	-110	74110	<u>ane</u>
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci	ary Correc	ction Program)	10a		х		
b 	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	(Do not in	clude transactions reported	10b		х		
C				10c		х		
d	Did the plan have a loss, whether or not reimbursed by the plan's fi or dishonesty?	delity bon	d, that was caused by fraud	10d		х		
е	Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all o			Ì			l	
	instructions.)			10e		х		
f	Has the plan failed to provide any benefit when due under the plan	?	***************************************	10f		x		
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year er	nd.)	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 2520.101-	•	notice or one of the	10i				icari, prinche Maria
Pai	V Pension Funding Compliance							
11	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)							
118	Enter the unpaid minimum required contribution for current year fro	m Schedu	le SB (Form 5500) line 39			11a		
12	Is this a defined contribution plan subject to the minimum funding re	equiremen	ts of section 412 of the Code or	sect	ion 30	2 of El	RISA?	Yes 🗶 No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
a	If a waiver of the minimum funding standard for a prior year is being granting the waiver				and en			ter ruling ear
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (Form	5500), and skip to line 13.					
b	Enter the minimum required contribution for this plan year		## ***********************************	••••		12b		

	Form 5500-SF 2013 Page <b>3</b> -					
	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 🗷 N	0		
	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	ol 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	13c(1) Name of plan(s): 13c	(2) EIN(	s)	13c(3) PN(s)		
•						
Part	VIII Trust Information (optional)					
14a I	Name of trust	14b ⊤	rust's EIN	· -		
David J. Sands, D.P.M., P.C. 401(k)				20-5471484		