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

Pension Be	enetit Guaranty Corporation	 Complete all entries in accorda 	nce with the instruc	tions to the Form 5500	0-SF.		•				
Part I		dentification Information									
For calend	ar plan year 2013 or fisc	cal plan year beginning 01/01/2013		and ending 1	2/31/2	013					
A This ret	turn/report is for:	an (not multiemployer)	a one-participant plan								
B This ret	B This return/report is: ☐ the first return/report ☐ the final return/report										
		n/report (less than 12 mo	onths)								
C Check	box if filing under:	片	utomatic extension			DFVC progra	am				
		special extension (enter description)									
Part II	Basic Plan Infor	mation—enter all requested informati	on								
1a Name	•					Three-digit					
HILLSIDE N	EUROLOGY CARE PR	OFIT SHARING PENSION PLAN				plan number (PN) ▶	001				
						Effective date of					
						01/01/					
	ponsor's name and add EUROLOGY CARE	lress; include room or suite number (em	oloyer, if for a single-	employer plan)			fication Number 64339				
195-03 HILL	SIDE AVE				2c	Sponsor's telep					
HOLLIS, NY					2d	Business code ((see instructions)				
3a Plan a	dministrator's name and	d address X Same as Plan Sponsor Nar	ne Same as Plan	Sponsor Address	3b /	Administrator's I					
					3c /	Administrator's t	telephone number				
4 If the r	name and/or EIN of the	plan sponsor has changed since the las	t return/report filed fo	or this plan, enter the	4b	FIN					
name	, EIN, and the plan num	plan sponsor has changed since the las ber from the last return/report.	t return/report filed fo	or this plan, enter the	4b						
name a Spons	, EIN, and the plan num or's name	ber from the last return/report.		·	4c						
name a Spons 5a Total	, EIN, and the plan num or's name number of participants a	at the beginning of the plan year			4c 5a		9				
name a Spons 5a Total i b Total i	, EIN, and the plan num or's name number of participants a number of participants a	at the beginning of the plan year			4c		9				
name a Spons 5a Total i b Total i c Numb	, EIN, and the plan num or's name number of participants a number of participants a er of participants with a	at the beginning of the plan year	n year (defined bene	fit plans do not	4c 5a						
name a Spons 5a Total i b Total i C Numb compl	, EIN, and the plan num or's name number of participants a number of participants a ter of participants with a lete this item)	at the beginning of the plan year	n year (defined bene	fit plans do not	4c 5a 5b 5c	PN	9				
name a Spons 5a Total i b Total i C Numb compl 6a Were b Are yo	, EIN, and the plan num or's name number of participants a number of participants a ter of participants with a lete this item)	at the beginning of the plan year	n year (defined bene assets? (See instruc independent qualifie	fit plans do not tions.)d public accountant (IQI	4c 5a 5b 5c	PN	9				
name a Spons 5a Total I b Total I c Numb compl 6a Were b Are younder	, EIN, and the plan numor's name number of participants and participants and participants with a lete this item)	at the beginning of the plan year	n year (defined bene assets? (See instruc independent qualifie d conditions.)	fit plans do not tions.)d public accountant (IQI	4c 5a 5b 5c	PN	9 8 X Yes No				
name a Spons 5a Total I b Total I c Numb compl 6a Were b Are younder If your	, EIN, and the plan num or's name number of participants a number of participants a ter of participants with a lete this item)	at the beginning of the plan year	n year (defined bene assets? (See instruc independent qualifie d conditions.)use Form 5500-SF	fit plans do not tions.)d public accountant (IQI	4c 5a 5b 5c PA)	PN	9 8 X Yes No				
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name a Spons 5a Total I b Total I c Numb compl 6a Were b Are you under If you c If the p Caution: A	, EIN, and the plan num or's name number of participants a number of participants a ter of participants with a lete this item)	at the beginning of the plan year	n year (defined bene assets? (See instruc independent qualifie d conditions.)use Form 5500-SF urance program (see rt will be assessed it	fit plans do not tions.) d public accountant (IQI and must instead use ERISA section 4021)? unless reasonable cau examined this return/rep	4c 5a 5b 5c	PN 5500. Yes No established. Cluding, if applica	9 8 Yes No Yes No Not determined able, a Schedule				
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Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information								
7					(b) End of Year				
_ <u>'</u> _a	Total plan assets	7a	(a) Beginning of Yea				(b) End of Year 521785		
<u>a</u>	Total plan liabilities	7a 7b	12200	_			021700		
	Net plan assets (subtract line 7b from line 7a)	70 7c	42268	2		521785			
8	, ,	70		_					
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total		
и	(1) Employers	8a(1)	7796	9					
	(2) Participants	8a(2)		0					
	(3) Others (including rollovers)	8a(3)		0					
b	Other income (loss)	8b	3655	2					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					114521		
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	1541	8					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					15418		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i					99103		
<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	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instructions:		
	2E		and from the Link of Diag. Observ	-4! -4	:- 0	! . 4	h - !44!		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the list of Plan Charac	cterist	ic Cod	es in t	ne instructions:		
Par	Part V Compliance Questions								
10	During the plan year:				Yes	No	Amount		
а	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			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X			
	Was the plan covered by a fidelity bond?			10c	Χ		25000		
	Did the plan have a loss, whether or not reimbursed by the plan's			100			20000		
<u> </u>	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						X			
				10f		X			
9			•	10g		^			
h	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	VI Pension Funding Compliance								
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 3	302 of	ERISA? Yes X No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,								
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	ne date of the letter ruling Year		
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule								
	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	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)			
Part	VIII Trust Information (optional)						
14a Name of trust				14b Trust's EIN			

Form 5500-SF

Department of the Treasury Internal Revenue Service

Oppartment 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 section 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

,	Pension Benefit Guaranty Corporation	► Complete all entries in acco	rdance with the instr	uctions to the Form 550	0-\$F.	*1	шраши		
Partil Annual Report Identification Information									
Fo	r calendar plan year 2013 or fi	12/31/2013							
A	This return/report is for:	plan (not multiemployer)] a one-partici	pant plan				
В	This return/report is:	t							
		um/report (less than 12 π	ignths)						
C	Check box if filing under.		☐ DFVC program						
_	ariani and the time of	special extension (enter description	automatic extension		_	J			
*	art II Basic Plan Info	ormation — enter all requested info			····	······································			
مالنيبو	Name of plan	ATTIALIDIT — effet all tedriested into	rmanon		1b ·	Three-digit			
-	·				1	olan number			
	Hillside Neurology	Care Profit Sharing Pens	ion Plan			PN) 🛌	001		
					1c Effective date of plan 01/01/1999				
28	Plan aponsor's name and a	dress; include room or suite number (employer, if for a single	e-employer plan)	 		ification Number		
	Hillside Neurology	Care			1	EIN) 11-35			
					2¢ 5	Sponsor's telep	hone number		
	195-03 Hillside Av	æ				(917) 923-			
							(seė instructions)		
A	Hollis	NY 11423				521111			
Jä	Plan administrators name a	nd address X Same as Plan Sponso	or Name Same as	Plan Sponsor Address	30 /	Administrator's	EIN		
					3C /	Administrator's	telephone number		
						•			
4		e plan sponsor has changed since the	last return/report filed	or this plan, enter the	4b EIN				
	name, EIN, and the plan nu	mber from the last return/report.							
_2	Sponsor's name				4c F	N			
5a		at the beginning of the plan year			5a		9		
þ		at the end of the plan year			5b		9		
_		account balances as of the end of the p			5c		ė		
6a		during the plan year invested in eligible					X Yes ☐ No		
b	Are you claiming a waiver of	the annual examination and report of	an independent qualific	ed public accountant (IQF	PA)				
		(See instructions on waiver eligibility a	, ,,	eri k ë ne mae në kur k e fu s në et nye kafu me a kanu erm			XYes No		
		ther line 6a or fine 6b, the plan cann							
<u>c</u>	If the plan is a delined benel	it plan, is it covered under the PBGC in	isurance program (see	ERISA section 4021)?	است	YesNo	Not determined		
C	ution: A penalty for the late	or incomplete filing of this return/re	port will be assessed	l uniess reasonable cau	ıse is e	stablished.			
		ther penalties set forth in the instruction							
	s or schedule wib completed a lief, it is true, correct, and com	ind signed by an enrolled actuary, as wiplete.	veil as the electrothic Af	italou ot tuis tetritutiébou	(, ano to	the best of my	knowledge and		
			10-15-14	Rajpaul Singh					
1000	Signature of plan adm	a lection of the state of the s	Date	Enter name of individua	al rinnin	- as sian admir	riotentor		
嫐			10115.140	Rajpaul Singh	elfilin	y sa pian sum	lisaatoi		
	ESE Signature of employe	Mar marear	Date	Enter name of Individua	.I .c(zz.)a.	# 20 2 Keninter	ernlen ananar		
-		name, if applicable) and address; include					number (optional)		
' '	4/	partia, it applicables and addressed, it could	aw to oth or busine theirse	en fections perl	Topal	er a reneprioria	nomes (opening)		
	/			•					
	•								
							AUDICAL TO THE PARTY OF THE PAR		

	intill Financial Information		······································	************	*********	***********				
7	Plan Assets and Liebilities	•	(b) End of Year							
a	Total plan assets	7a	422,6		521,765			5		
b	Total plan liabilities	7b	,		T					
C	Net plan assets (subtract line 7b from line 7a)	7c	422,6	422,682				521,785		
8	Income, Expenses, and Transfers for this Plan Year	問論語学。	(a) Amount			(b) Total				
а	Contributions received or rocelvable from: (1) Employers	8a(1)	77,9	59						
	(2) Participants	8a(2)		0	*******					
	(3) Others (including rollovers)	8a(3)		0	272.7	7 PK X				
b	Other Income (loss)	d8	36,5	52	93454F	e el sion en u L			White State	
¢	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		編編	S.			114,521	1	
ď	Benefits paid (Including direct reliovers and insurance premiums to provide benefits)	8d		0						
ē	Certain deemed and/or corrective distributions (see instructions)	äе		Ò	¥	學的觀				
f	Administrative service providers (sataries, fees, commissions)	8f		Ö	***	VIII.		非异艾瑟斯群	Miles.	
g	Other expenses	8g -	15,41	LÜ	期間				開網	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	HA					15,418	3	
<u>i</u>	Net Income (loss) (subtract line 8h from line 8c)	81			§†.			99,103		
į,	Transfers to (from) the plan (see instructions)	8j		0	NO.		法公共的關係			
P.	rtava 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 instructio	16;		
	2E									
b	If the plan provides welfare benefits, enter the applicable welfare feat	ture codes	from the List of Plan Character	istic (Codes	in the	instruction	3;		
No.	mW Compliance Questions									
10								Amount		
a		one within	the time period described in	Ī	Yes	No	′	anount		
,	29 CFR 2510.3-1027 (See Instructions and DOL's Voluntary Fiduci Were there any nonexempt transactions with any party-in-interest?	iary Correc	tion Program)	10a		х		-		
	on line 10a.)		**************************************	10b		х				
C				10c	Х			25,	000	
d	Did the plan have a loss, whether or not reimbursed by the plan's fi or dishonesty?			10d	,	x	_			
е										
	insurance service, or other organization that provides some or all o			10e		х				
	Has the plan failed to provide any benefit when due under the plan		······································	10f		x				
1	· · · · · · · · · · · · · · · · · · ·			_			<u> </u>			
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year er	id.)	10g		Х	namenan idak	e ribitanteman	स्टब्स्य स	
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 2520.101-			10i						
Fa	RAIN Pension Funding Compliance						U . Jame	ANNA ST.	XIIIIX	
11	ls this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)			ete S	chedu	le SB	(Form	Yes X	1 No	
11	Enter the unpaid minimum regulred contribution for current year fro					11a	· · · · · · · · · · · · · · · · · · ·			
12	· · · · · · · · · · · · · · · · · · ·			sect			RISA?	Yes X	No	
	(If "Yes," complete line 12s or lines 12b, 12c, 12d, and 12e below,									
а		g amortize	d in this plan year, see instructi				date of the	e letter ruling Year		
ĮF	you completed line 12a, complete lines 3, 8, and 10 of Schedule					<u></u>				
b			······································		1	12b				
	muses the transmining todation contribution for fills bidit Aggl. ***********************************		Company impersory pages of a page to a statement to the track of a state to the state of the sta	n=1111		120				

Form 5500-8F 2013	Page 3-					
Enter the amount contributed by the employer to the plan for this plan year		********	12c		VIII.	_
Subtract the amount in line 12c from the amount in line 12b. Enter the resul	L (enter a minus sign to the left of a		12d			
				Yes [□ No □ N/A	
VII Plan Terminations and Transfers of Assets						
Has a resolution to terminate the plan been adopted in any plan year?	or one of the transfer of the laboratory and the laboratory of the		☐ Y	es 🗓 I	Na	
If "Yes," enter the amount of any plan assets that reverted to the employer t	this year		13a			
Were all the plan assets distributed to participants or beneficiaries, transfer of the PBGC7	red to another plan, or brought tudes	the er	notrol		∐Yes X No	
13c(1) Name of plan(s);		130	(2) EIN	s)	13c(3) PN(s)	
VIII Trust Information (optional)						
14a Name of frust			14b Tojete Elbi			
TARTIN OF HOME			1 ,		-	
	Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result negative amount). Will the minimum funding amount reported on line 12d be met by the funding Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer where all the plan assets distributed to narticipants or beneficiaries, transfer of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan which assets or liabilities were transferred. (See instructions.) Trust Information (optional)	Enter the amount contributed by the employer to the plan for this plan year 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). Will the minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year Were all the plan assets distributed to naticipants or beneficiaries, transferred to another plan, or brought under of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s):	Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12a from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the coffitne PBGC7. 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): 13c Trust Information (optional)	Enter the amount contributed by the employer to the plan for this plan year 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). Will the minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year Were all the plan assets distributed to narticipants or beneficiaries, transferred to another plan, or brought under the specific of the PBSC7 memory and 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): Trust Information (optional)	Enter the amount contributed by the employer to the plan for this plan year 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) Will the minimum funding amount reported on line 12d be met by the funding deadline? Will the minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PEGC? 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): Trust Information (optional)	Enter the amount contributed by the employer to the plan for this plan year

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