## 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).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

Pension I	Benefit Guaranty Corporation	▶ Complete all entries in acco	ordance with the instruc	tions to the Form 5500	O-SF.	1110	peonon
Part I	Annual Report I	dentification Information				•	
For calend	dar plan year 2013 or fis		14	and ending 12	2/31/20	014	
A This re	eturn/report is for:	a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-partici	oant plan
<b>B</b> This re	eturn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year return	report (less than 12 mo	onths)		
C Check	box if filing under:	Form 5558	automatic extension		Ī	DFVC progra	ım
	ŭ	special extension (enter descript	ion)		_		
Part II	Racio Blan Infor	rmation—enter all requested inform	<u>, , , , , , , , , , , , , , , , , , , </u>				
		mation—enter all requested inform	nauon		1h	Throo digit	
1a Name	•	(K) PROFIT SHARING PLAN				Three-digit plan number	
TOMAO, IVI	AKINO & WCNELIS 401	(K) FROFTI SHAKING FLAN				(PN) ▶	003
						Effective date o	f plan
						01/01	•
2a Plan	sponsor's name and add	dress; include room or suite number	(employer, if for a single-	employer plan)	2b 1	Employer Identi	fication Number
FRANK A.TOMAO, M.D., JOHN S. MARINO, M.D. & BRIAN MCNELIS, M.D.,						(EIN) 11-23	
					2c :	Sponsor's telep	hone number
2001 MAR	CUS AVE, SUITE S-265					516-88	
LAKE SUC	CESS, NY 11042				2d	Business code (	see instructions)
						62111	
3a Plan	administrator's name and	d address XSame as Plan Sponsor	Name Same as Plan	Sponsor Address	3b /	Administrator's	EIN
		ь .		·			
					3c /	Administrator's	telephone number
		plan sponsor has changed since the	e last return/report filed fo	r this plan, enter the	4b	EIN	
	e, Ein, and the pian num sor's name	nber from the last return/report.			4c	DNI	
		at the beginning of the plan year				T I	05
_				-	5a		25
		at the end of the plan year		-	5b		0
	· ·	account balances as of the end of the	• •	·	5c		0
<b>6a</b> Wer	e all of the plan's assets	during the plan year invested in elig	ible assets? (See instruct	tions.)			X Yes No
<b>b</b> Are y	ou claiming a waiver of	the annual examination and report o	f an independent qualifie	d public accountant (IQF	PA)		
		(See instructions on waiver eligibility					X Yes No
-		ther line 6a or line 6b, the plan can					-
<b>C</b> If the	plan is a defined benefit	t plan, is it covered under the PBGC	insurance program (see	ERISA section 4021)?		Yes No	Not determined
Caution:	A penalty for the late of	or incomplete filing of this return/re	eport will be assessed u	ınless reasonable cau	se is e	established.	
		ner penalties set forth in the instruction					able a Schedule
		d signed by an enrolled actuary, as v					
belief, it is	true, correct, and comp	lete.					
SIGN	Filed with authorized/v	valid electronic signature.					
HERE	Signature of plan of	dministrator	Data	Enter name of individu	ıol oiar	aing as plan adn	niniatratar
	Signature of plan ac	ammistrator	Date	Enter name of individu	ıaı sıyı	iing as pian aur	IIIIIStrator
SIGN HERE							
Signature of employer/plan sponsor Date Enter name of individu							
Preparer's	s name (including firm na	ame, if applicable) and address; inclu	ıde room or suite number	(optional)	Prepa	arer's telephone	number (optional)

Form 5500-SF 2013 Page **2** 

Pai	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End	of Vo	ar .		_
	Total plan assets	7a	268116				(b) End of Year			_	
b	Total plan liabilities	7b		0	)				0		_
	Net plan assets (subtract line 7b from line 7a)	7c	268116	1					0		_
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal			_
	Contributions received or receivable from:		(a) Amount				(5) !	<u>Jui</u>			Ī
	(1) Employers	8a(1)		0							
	(2) Participants	8a(2)	5040	9							
	(3) Others (including rollovers)	8a(3)	2451	7							
<u>b</u>	Other income (loss)	8b	20710	4							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						28	32030		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	295052	4							
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		0							
f	Administrative service providers (salaries, fees, commissions)	8f	1266	7							
g	Other expenses	8g		0							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						29	63191		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-268	31161		
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 to 2A 2E 2F 2H 2J 2K 3D	feature co	des from the List of Plan Chara	acteris	tic Co	des in	the instruc	tions:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cteristi	c Coc	les in t	he instructi	ons:			
Par	V Compliance Questions										_
10	During the plan year:				Yes	No		Amo	unt		_
а				10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported	10b		X					_
C				10c	Χ					500000	_
d						X			•	300000	,
	or dishonesty?			10d		^					_
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all organizations.	of the ben	efits under the plan? (See	100	X					1101	1
f	instructions.)			10e		X				110	_
				10f	X						_
<u>g</u>			· ·	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 2520.101	•		10i							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirement	•					•		Yes	X No	_ o
11a	5500) and line 11a below)										
12	Is this a defined contribution plan subject to the minimum funding						ERISA?	П	Yes	X No	_ o
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	-		J. 50		01		<u> </u>		<u> </u>	_
а	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	ng amortize	ed in this plan year, see instruc		and e	enter th	ne date of t	ne let Year		ing	_
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					Luy		. Jui			_
	Enter the minimum required contribution for this plan year	•				12b					

Page	3 -	. 1	
raye	J		

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 country of the PBGC?	control		X 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) to which assets or liabilities were transferred. (See instructions.)	:0			
1	3c(1) Name of plan(s):	3 <b>c(2)</b> EI	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust	<b>14b</b> Tr	ust's EIN	•	

## 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 section 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

33000		4	Complete all entries in acco	ordance with the instruc	tions to the Form 5500	U-3F.			
(22,22	'art l	<del>'</del>	dentification Information	01/01/2014	and ending	12/31/2014			
_		dar plan year 2013 or fisc		01/01/2014			to and alone		
_		·	x a single-employer plan	a multiple-employer pl	an (not multiemployer)	a one-partio	cipant plan		
В	This re	eturn/report is:	the first return/report	x the final return/report					
			an amended return/report	a short plan year retur	n/report (less than 12 m	ionths)			
С	Check	box if filing under:	Form 5558	automatic extension		DFVC program			
			special extension (enter descrip	tion)					
P	art II	Basic Plan Info	rmation enter all requested in	formation					
		e of plan				1b Three-digit			
	Tom	ao, Marino & McN	elis 401(k) Profit Shar:	ing Plan		plan number (PN) ►	003		
		,		_		1c Effective date 01/01/199	•		
2a	Plan Fra	sponsor's name and ad nk A.Tomao, M.D.	dress; include room or suite numbe , John S. Marino, M.D.	r (employer, if for a single & Brian McNelis,	-employer plan) M.D.,	2b Employer Idea (EIN) 11-2			
		•	•			2c Sponsor's tele	_		
						(516) 883	-		
	200	1 Marcus Ave, Su	ite S-265			2d Business cod	e (see instructions)		
US	Lak	e Success	NY 11042			621111			
3a	Plan	administrator's name ar	nd address 🗓 Same as Plan Spor	isor Name 🔲 Same as F	Plan Sponsor Address	<b>3b</b> Administrator	s EIN		
1									
,						3c Administrator's telephone number			
•									
		ra Port Markova (1997) (r. 1997) (r. 1997) 1908 - Santo Roman, Romania 1818 - Port Maria	e free free free free free state free state free free free free free free free fr			100000000000000000000000000000000000000	# 11 11 14 14 14 14 14 14 14 14 14 14 14		
4	If the	name and/or FIN of the	plan sponsor has changed since the	ne last return/report filed f	or this plan, enter the	4b EIN			
	nam	e, EIN, and the plan num	ber from the last return/report.	·- ·- ·					
a	Spor	nsor's name				4c PN			
5a			at the beginning of the plan year			5a	25		
b			at the end of the plan year			5b	0		
			account balances as of the end of the			5c	<u> </u>		
6a			during the plan year invested in elig			********************	x Yes No		
b	Are y	you claiming a waiver of	the annual examination and report	of an independent qualifie			X Yes No		
			(See instructions on waiver eligibili her line 6a or line 6b, the plan ca		and must instead use	· ·	<u> </u>		
_			it plan, is it covered under the PBG				No Not determined		
<u>с</u>									
C	aution	: A penalty for the late	or incomplete filing of this return	report will be assessed	uniess reasonable ca	use is established.	nligable a Schedule		
SI	B or Sc	enalties of perjury and of chedule MB completed a is true, correct, and con	her penalties set forth in the instruc nd signed by an enrolled actuary, a plete.	s well as the electronic ve	ersion of this return/repo	rt, and to the best of	my knowledge and		
		Lunn	toudton		Lunn Sta	rudter_			
1602100	SIGN		·www	Date 1.5 15	Enter name of individu	<del></del>	ministrator		
	IERE	Signature of plan adm		Date 1010	Litter harrie of individu	ar signing as plan da			
22553275	IGN		The state of the s	The second second	Enter name of individu	ol cigning so employ	er or plan enonsor		
	IERE	Signature of employer	r/plan sponsor name, if applicable) and address; in	Date		<del>, </del>	ne number (optional)		
Pi	reparer	's name (including tirm i	name, if applicable) and address, in	Citige (OOM OF Suite Humb	er (optional)	Troparor 5 totoprior	(-)		
			•						

Pai	till Financial Information			·					
1-12-12-12-1	Plan Assets and Liabilities		(a) Beginning of Year		<u> </u>		(b) End of Y	ear	
	Total plan assets	7a	2,681,16	1				0	
	Total plan liabilities	7b		0		0			
	Net plan assets (subtract line 7b from line 7a)	7c	2,681,16	1		0			
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount		1"	(b) Total			
	Contributions received or receivable from:			_		, ,			
	1) Employers	8a(1)		0	11461				
	2) Participants	8a(2)	50,40 24,51						
(	3) Others (including rollovers)	( TOHOVERS)							
	Other income (loss)	8b	207,10	4					ili jälyttää ja
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						282,	030
	Benefits paid (including direct rollovers and insurance premiums o provide benefits)	. 8d	2,950,52	4					
	Certain deemed and/or corrective distributions (see instructions)	-		0					
	Administrative service providers (salaries, fees, commissions)	8f	12,66	7				elli te	tellandi
		8g		0					
	Other expenses						2	,963,	191
	Total expenses (add lines 8d, 8e, 8f, and 8g)						(2,	681,1	61)
	Net income (loss) (subtract line 8h from line 8c)	<del> </del>		0			na de a se		
Brack (Chronic	Transfers to (from) the plan (see instructions)	<u>.                                    </u>			F-100000				
	t IV Plan Characteristics		les from the List of Dian Charge	toricti	c Code	ae in t	he instruction		
9a	f the plan provides pension benefits, enter the applicable pension f	eature coo	les from the List of Plan Charact	ensu	t Cour	55 III L	tie ilistraction	J.	
	2A 2E 2F 2H 2J 2K 3D								
b ı	f the plan provides welfare benefits, enter the applicable welfare fe	ature code	s from the List of Plan Characte	ristic	Codes	s in th	e instructions:		
			·						
Pai	TV Compliance Questions				_				<u></u>
10	During the plan year:				Yes	No	Am	ount	
a	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Corre	ection Program)	10a		х			
b	Were there any nonexempt transactions with any party-in-interes on line 10a.)	t? (Do not	include transactions reported	10b		х			
C				10c	х	<u> </u>		5	00,000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	nd, that was caused by fraud	10d		x			
е	Were any fees or commissions paid to any brokers, agents, or of insurance service, or other organization that provides some or all	her persor	ns by an insurance carrier,						
	instructions.)	*****************	10e	X		<u> </u>		1,101	
f	Has the plan failed to provide any benefit when due under the pla	in?		10f		x	·		
	Did the plan have any participant loans? (If "Yes," enter amount			10g	x				0
	If this is an individual account plan, was there a blackout period?			Ť					
h	2520.101-3.)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		10h		x			
i	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10	the require	d notice or one of the	10i					
Par	t VI Pension Funding Compliance								
11	1. O (15 19/c all and instructions and complete Schoolule SR /Form								
118	Enter the unpaid minimum required contribution for current year	from Sche	dule SB (Form 5500) line 39		******	11a	<u> </u>		
12	Is this a defined contribution plan subject to the minimum funding	g requirem	ents of section 412 of the Code	or se	ction 3	302 of	ERISA?	∐_ Ye	s X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	w, as appli	cable.)				11 al-1 * * 1	lott	nulina
а	If a waiver of the minimum funding standard for a prior year is be granting the waiver	ing amorti	zed in this plan year, see instruc	nth .	, and (	enter i D	the date of the ay	Year .	
if	you completed line 12a, complete lines 3, 9, and 10 of Schedu	le MB (Fo	rm 5500), and skip to line 13.				1		
— <u>:</u>				******		12b	<u> </u>		
	Enter the manifest requires construction for the pass 3 cm.								

	Form 5500-SF 2013	Pa	ge 3					
	Enter the amount contributed by the employer to the plan for this	s plan year	***************	*********	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Entinegative amount)	ter the result (enter a mir	nus sign to the	left of a	12d			
е	Will the minimum funding amount reported on line 12d be met b	y the funding deadline?.	************	***************************************		Yes	No 🗆	N/A
Part	VII Plan Terminations and Transfers of Asset	S						
13a	Has a resolution to terminate the plan been adopted in any plan	year?	***********		X Y	es 🔲 N	0	
	If "Yes," enter the amount of any plan assets that reverted to the	e employer this year		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	13a			0
b	Were all the plan assets distributed to participants or beneficiari of the PBGC?					[	X Yes	No
С	If during this plan year, any assets or liabilities were transferred which assets or liabilities were transferred. (See instructions.)	from this plan to another	r plan(s), ident	ify the plan(s) to	)			
	13c(1) Name of plan(s):			130	(2) EIN(	s)	13c(3) PI	N(s)
Part	VIII Trust Information (optional)			<del></del> .l			·	
14a Name of trust					14b Trust's EIN			