For	m 5500-SF	Short Form Annual Re		of Small Employ	yee		OMB Nos. 1210-0110 1210-0089
	ment of the Treasury al Revenue Service	Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee			2013		
De	partment of Labor nefits Security Administration	Retirement Income Security Act of 1		ctions 6057(b) and 6058			
Pension Be	nefit Guaranty Corporation	Complete all entries in accorda	,	,	0-SF.	Ins	spection
Part I		entification Information				1	
For calenda	r plan year 2013 or fisca			and ending 1	2/31/2	2013	
A This retu	urn/report is for:			lan (not multiemployer)		a one-partici	pant plan
B This retu	urn/report is:		he final return/report				
_				n/report (less than 12 mo	onths)	_	
C Check b	ox if filing under:		automatic extension			X DFVC progra	am
		special extension (enter description	,				
Part II		nation—enter all requested informat	ion		16	These addression	
1a Name of DAVID SEINI	et plan FELD, MD, PLLC 401K I	PLAN			1D	Three-digit plan number (PN) ►	001
					1c	Effective date o	
						01/01	/2008
	onsor's name and addre FELD, MD, PLLC	ess; include room or suite number (em	ployer, if for a single-	employer plan)	2b	Employer Identi (EIN) 20-36	fication Number 97260
20 FAST 681	TH STREET - SUITE 21	4			2c	Sponsor's telep 212-28	
	NY 10065-5841				2d	Business code (62111	(see instructions)
3a Plan ad	Iministrator's name and	address XSame as Plan Sponsor Na	me Same as Plar	Sponsor Address	3b	Administrator's	EIN
	EIN, and the plan numb	lan sponsor has changed since the last return/report.	st return/report filed fo	or this plan, enter the	4b 4c	EIN	
· · ·		the beginning of the plan year			5a		4
b Total n	umber of participants at	the end of the plan year			5b		4
		count balances as of the end of the pla			5c		4
6a Were	all of the plan's assets d	uring the plan year invested in eligible	assets? (See instruc	tions.)			X Yes No
under	29 CFR 2520.104-46? (e annual examination and report of ar See instructions on waiver eligibility ar er line 6a or line 6b, the plan canno	nd conditions.)		·····		🗙 Yes 🗌 No
C If the p	lan is a defined benefit p	plan, is it covered under the PBGC ins	urance program (see	ERISA section 4021)? .		Yes No	Not determined
Caution: A	penalty for the late or	incomplete filing of this return/repo	ort will be assessed	unless reasonable cau	se is	established	-
Under pena SB or Sche	Ities of perjury and othe	r penalties set forth in the instructions, signed by an enrolled actuary, as well	I declare that I have	examined this return/rep	oort, ir	ncluding, if applic	
SIGN	Filed with authorized/va	lid electronic signature.					
HERE	Signature of plan adm	ninistrator	Date	Enter name of individu	ual sig	gning as plan adr	ninistrator
SIGN							
HERE	Signature of employe		Date	Enter name of individu	ual sig	ning as employe	er or plan sponsor
Preparer's r	name (including firm nan	ne, if applicable) and address; include	room or suite numbe	r (optional)	Prep	parer's telephone	number (optional)

7 Plan Assets and Liabilities						
		(a) Beginning of Yea	ar			(b) End of Year
a Total plan assets	7a	31738	7			436924
b Total plan liabilities	7b					
C Net plan assets (subtract line 7b from line 7a)	7c	31738	7			436924
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
a Contributions received or receivable from:		2572	4			
(1) Employers		2573- 273		_		
(2) Participants		213	94	_		
(3) Others (including rollovers)		0276	4	_		
b Other income (loss)		9376	4	_		400000
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_		122232
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	240	0			
e Certain deemed and/or corrective distributions (see instructions)						
f Administrative service providers (salaries, fees, commissions)		29	5			
g Other expenses						
h Total expenses (add lines 8d, 8e, 8f, and 8g)						2695
i Net income (loss) (subtract line 8h from line 8c)	8i					119537
j Transfers to (from) the plan (see instructions)	···· 8j					
Part IV Plan Characteristics						
2A 2E 2F 2G 2J 2K 2R 3B 3D b If the plan provides welfare benefits, enter the applicable welfare Part V Compliance Questions	e feature codes	from the List of Plan Charac	cterist	ic Coc	les in t	he instructions:
10 During the plan year:				Yes	No	Amount
 Was there a failure to transmit to the plan any participant contril 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Filling) 			10a		Х	
 b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 					Х	
C Was the plan covered by a fidelity bond?			10c	Х		25024
	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?				Х	
• Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)					х	
${f f}$ Has the plan failed to provide any benefit when due under the p	blan?		10f		Х	
g Did the plan have any participant loans? (If "Yes," enter amount	t as of year end	.)	10g		Х	
	 If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 					
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3						
Part VI Pension Funding Compliance						
11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)						
11a Enter the unpaid minimum required contribution for current year	r from Schedule	e SB (Form 5500) line 39			11a	
12 Is this a defined contribution plan subject to the minimum fundi	ng requirements	s of section 412 of the Code	e or se	ection	302 of	ERISA? Yes X No
	-					
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e belo	w, as applicabl					
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e beloa If a waiver of the minimum funding standard for a prior year is b granting the waiver.	eing amortized	in this plan year, see instruc		, and e	enter th Day	ne date of the letter rulingYear
a If a waiver of the minimum funding standard for a prior year is b	eing amortized	in this plan year, see instruc Mon		, and e		•

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?	Yes X N	D
	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 🗙 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	3c(1) Name of plan(s):1	3c(2) EIN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)		
	Name of trust D SEINFELD, MD, PLLC 401K PLAN	14b Trust's EIN 263249859	

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Form 5500-SF	Short Form Annual	Return/Report	of Small Employ	/88		OMB Nos- 1210-0110
Department of the Treasury Internal Revenue Service		Benefit Plan			u	1210-0088
Department of Lubor	This form is required to be filed under sections 104 and 4065 of the Employe Retirement income Security Act of 1974 (ERISA), and section 6057(b) and 5058				per reliter reasons	2013
Employee Denefits Sec vily Administration Pension Bendel Guaranty Desparation	the Inte	ornal Revenue Code (th	s Cade).	12/01		is Open to Public
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For calendar plan year 2013 or flace	al plan year beginning	01/01/2013	and ending		/91/2013	
	a single-employer plan		pian (not multiemployer)]	a one-partici	oent plen
B This return/report is:	he first return/report	he final return/repor		33		Faur Fran
ĺ	an amended return/report	🗍 a short plen year ret	Jrn/report (less than 12 m	onthe)		
C Check box if filing under:	Form (5558	📕 automatic extension		[DEVC progre	im
	apecial extension (enter descrip	-uon)				
Plantin Baelo Plan Infor	nation enter all managed in	termatien		*****		
11 Name of plan	277 4798 Offit 1977				Three-digit plan number	
David Seinfeld, MD,	PLLC 401K Flan				(FN) 🕨	001
					Effective date o 01/01/2008.	
2n Plen sponsor's name and add	ress; include room or sulte number	r (employer. If for a sing	eemployer plan)	and see the second	and the state of t	Rigation Number
David Seinfeld, MD,	Pllc	•	,		(EIN) 20-36	
				2c	Sponsor's telep (212) 208-3	
20 East 68th street	- Suite 214			2d	station of the second s	(see instructions)
Ull New York	NY 10065-5841				621111	
311 Plan administrator's name and	address [K] Serne as Plan Spon	nsor Name' 🔝 Sama ea	Plan Sponsor Address	35	Administrator's	EIN
				130	Administrators	telephone number
) 		
4 If the name and/or EIN of the p name, EIN, and the plan numb	alen sponsor has changed since there from the last return/report.	e last return/report filed	for this plan, enter the	4b	EIN	
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Form 5500-SF 2013		Page 2		2		
Francis Financial Information		4 W			-	
7 Plan Accels and Liabilities	12.5	(a) Beginning of Year				(b) End of Year
a Tolsi alen asseta Mutananananananananananananananananananan	.78			w	·····	and the second second second second second second second
b Total glan labilitate	7b		1			496, 224
C Net plat) assets (subtract line 7b from line 7a)	7.0		7	-		436,924
8 Income, Expenses, and Transfers for this Plan Year	A BURNER	(µ) Amount		-		(b) Total
a Completions micalvod or tackivable from;		1				the distriction distribution and the advective science of an 14 particles
 (1) Employed: monochrometer of programmer in the monochrometer of the monochrome	83(1) 82(2)	23,73 2,73		- 建耕		
(5) Others (inclusive colores) and a second	Ba(3)	4,14		Ann venue	unitie :	Annand Land Distance Provide States and States
b Other Income (loss)	Bb	93,76		- ALLER		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	Bc	NARONAL CONTRACTOR OF STATES		(FL DE DE		122,232
C Banania pain (indiuding direct to loupre and losurance oreminian	1	history and an and a start start of the star		22.0	ANGARO	164,636
to provide penente) commence and an and a	Bci	2,40	0	- Weith		
Cartain desmad and/or corrective distributions (aste instructions)	80			-	100 Kins	
1. Administrative service indvidere fatientes, fees, continuitations)	81	29	5	1	the second second	
b Other expenses (addilines Bd, (Sc. 8f, and '6.5)	89		1			
I Net Income (loss) toobtract line 6h from line 6c)	<u>81</u>	en la haviser provinsioner a s	SAN .			2,695
Transfers to (from) the stan (ace (help/define), and a standard and and a standard an	8			R in in in	and Nation	119,537
Farcial Plan Characteristics		Nurse - Constant - Const	*	- hat mea	(1)(01(10)(2)(3)	en forskiller i here en sen fræster som sen sen er sen forskeller og som sen sen sen sen sen sen sen sen sen s For sen
ki If the plan provides welfare banefits, enter the applicable welfare fea	ilure code:	a from the List of Plan Character	ristic	Code	e in th	e instructione:
10 Guring the Kan year.		***	una i Milanger	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contribut	ione within	the time period described in	·;			- Allven
 29 CFR.2610.3-1027 (See Instructions and DOL's Voluntary Fiduo b Were there any nonexempt transactions with any party-in-interest? b Sector 2015 	(Do not l	clude transactions reported	10a		x	1
c Was the plan covered by a fidelity bond?		al de la	100		X	·····
d Did the plan have a lose, whether or not reimburged by the plan's i	Idellity bor	in the wee equer for four	100	X		25,024
Or disno))((s)(y) - second sec	minumationities	การให้เหมาก การก็จะก็เหลือการการการการการการการการการการการการการก	10d		x	
Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructione.)	ar persons	by an insurance cerrier, tits under the plan? (See	100		x	· · · · · · · · · · · · · · · · · · ·
f Has the plan falled to provide any banafil when due under the plan	2		107		x	0.4
Did the plan have any participant loans? (If "Yes," enter amount as			·····;		h	
h If this is an individual account plan, was there a blackout period? (3	See Instru	ctions and 28 OFR	10g		×	
2520.101-3.) consider the second seco	a manufacture of	and the second	100		×	in the second
exceptions to providing the notice applied under 29 OFR 2520,101	-3	anne ann a' ann ann an tharrain an a	101		****	
11 is this a defined benefit plan subject to minimum funding requirement 5600) and line 1 is below)	ents? (If ")	res." see instructions and comp	lete	Schad	iule 66	
11a Enter the unpeld minimum required contribution for current year fro	m Schadu	le SB (Form 6600) line 39	<u>,</u>	Ť	110	
12 Is this a defined contribution plan subject to the minimum funding r	equiremen	its of section 412 of the Code n	I BOD	tion	OZ of F	RISAT Ves X No
(Ih"Yes," complete line 12s or lines 12b, 12c, "2d, and 12s below,	as fonting				T	
8 If a weiver of the minimum funding standard for a prior year is bein granting the weiver	modize	in this sign year and instructi	ons, h	and a	nter (h	a date of the letter ruling
If your completed ling 120, complete lines 3:0; and 10 of Schedule	MB (Form	BEOD), and akip to line 13.				Construction of the second
b Enter the minimum required contribution for this plan year' moments	COMMAND	nd States and the states of th		1.00 A	124	
		encomentaria a la fili da constructiva funcciona de la construcción de la construcción de la construcción de la				A REAL PROPERTY OF THE OWNER OWNE

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met by the funding deadline?	🖵 Yoi	G NO TINA	
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y plan year?	Yqu]	X No	
I to the employer this year	138		
eficiaries, transferred to another plan, or brought under the c	Introl	TYes IXI No	
ferred from this plan to enother plan(s), identify the plan(s) to			
	(2) EIN(s)	13e(3) PN(0)	
14a Name of irust			
David Seinfeld, MD, PLLC 403K Plan			
	for this plan year 2b. Enter the result (enter a minue sign to the left of a met by the funding) deadline?	for this plan year and the plan year? The plan year and the plan y	

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