Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

HERE

SIGN **HERE**

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).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Annual Report Identification Information For calendar plan year 2014 or fiscal plan year beginning and ending 12/31/2014 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the first return/report the final return/report **B** This return/report is an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Part II 1a Name of plan **1b** Three-digit HILLSIDE NEUROLOGY CARE PROFIT SHARING PENSION PLAN plan number (PN) ▶ 001 1c Effective date of plan 01/01/1999 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number HILLSIDE NEUROLOGY CARE 11-3564339 (EIN) Sponsor's telephone number 917-923-1712 195-03 HILLSIDE AVE HOLLIS, NY 11423 Business code (see instructions) 621111 **3a** Plan administrator's name and address XSame as Plan Sponsor. Administrator's EIN **3c** Administrator's telephone number 4b EIN If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN Total number of participants at the beginning of the plan year 5a 9 **b** Total number of participants at the end of the plan year..... 5b 9 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c 8 complete this item) d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 9 d(2) Total number of active participants at the end of the plan year..... 5d(2) 9 e Number of participants that terminated employment during the plan year with accrued benefits that were 0 5e less than 100% vested. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete Filed with authorized/valid electronic signature **SIGN**

Date

Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)

Signature of plan administrator

Signature of employer/plan sponsor

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number (optional)

Work all of the plan's assets during the plan year invested in eligible assets? (See instructions)		Form 5500-SF 2014		Page 2								
Part III Financial Information (a) Beginning of Year (b) End of Year 195724 19572	b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lif you answered "No" to either line 6a or line 6b, the plan cann	an indepe and condi ot use Fo	ndent qualified public accounta tions.) orm 5500-SF and must instead	nt (IQ d use	PA) Form	5500.			× Ye	es [] No
7 Plan Assets and Liabilities		<u>_</u>	nsurance p	orogram (see ERISA section 40)21)?		Yes	∐No L	No	t dete	ermir	ned
a Total plan sissets. To b Total plan sissets. To b Total plan sissets. To length plan fabilities. To length plan plan parer. To length plan par				<u> </u>								
D Total plan liabilities. C Nat plan assets (subtract line 7b from line 7a). C Nat plan assets (subtract line 7b from line 7a). 7c								(b) End	of \		704	
C Net plan assets (subtract line 7b from line 7a)		,		3217	00				—	190)1 Z4	
8 income, Expenses, and Transfers for this Plan Year 2 Contributions received or receivable from: (1) Employers. 8 a(1) 0 3 Others (including rollovers) 8 a(2) 0 3 Others (including rollovers) 8 a(3) 0 5 Others (including rollovers) 8 a(3) 0 5 Others (including rollovers) 8 a(3) 0 5 Others (including rollovers) 8 a(3) 0 6 Total income (loss) 8 a(3) 0 7 Total income (loss) 8 a(3) 0 7 Total income (loss) 8 a(3) 0 8 a(4) 154081 8 a(7) 154081 9 Control income (loss) 154081 1		<u>'</u>		5217	785					19!	5724	
a Contributions received or receivable from: (1) Employers. (2) Participants. (3) Others (including rollovers). (3) Others (including rollovers). (4) Employers. (5) Other (including rollovers). (6) Other income (loss). (7) Others (including rollovers). (8) Other (including rollovers). (8) Other (including rollovers). (8) Other (including rollovers). (8) Other (including direct rollovers and insurance preniums to provide benefits). (8) Other (including direct rollovers and insurance preniums to provide benefits). (8) Other expenses. (9) Other expenses (add lines 8d, 8e, 8f, and 8g). (9) It has plan to provide such time 8b). (1) Transfers to (from) the plan (see instructions). (8) If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part IV Plan Characteristics. (9) If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10) During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 GFR 2503-102? (See instructions with any party-in-interest? (Do not include transactions reported to not line 10a). b Were there any monosumpt transactions with any party-in-interest? (Do not include transactions reported to not line 10a). c) Was the plan tower do s, a fidelity bond? d) Was the plan have a loss, year, and the plan's fidelity bond, that was caused by frau finance commissions paid to any brokers, spents, or other persons by an insurance carrier, plan and the plan in the plan in the plan insurance carrier, plan and the plan in the plan in the plan insurance carrier, plan and the plan in			76		-			/b\ 7			J	
(1) Employers				(a) Amount				(0)	Ola	1		
(a) Other income (loss). (b) Other income (loss). (c) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). (d) Benefits paid (including relicovers) and insurance premiums (e) Certain deemed and/or corrective distributions (see instructions). (e) Government of the corrective distributions (see instructions). (e) Government of the corrective distributions (see instructions). (f) Administrative services providers (salaries, fees, commissions). (e) Government of the corrective distributions (see instructions). (f) Certain deemed and/or corrective distributions (see instructions). (f) Government of the corrective distributions (see instructions). (f) Certain deemed and/or corrective distributions (see instructions). (f) Total expenses (add lines 8d, 8e, 8f, and 8g). (g) Other expenses. (h) Government of the corrective o			8a(1)									
Define income (loss)		2) Participants	8a(2)									
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)			8a(3)									
d Benefits paid (including direct rollovers and insurance premiums to provide benefits). e Certain deemed and/or corrective distributions (see instructions)			8b	-1719	980							
to provide benefits)			8c							-171	1980	
e Certain deemed and/or corrective distributions (see instructions)		. ,	. 8d	1540	81							
g Other expenses		·	8e		0							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f		0							
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g		0							
Transfers to (from) the plan (see instructions) 8	<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							154	1081	
Part IV	<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							-326	5061	
9a	_ j ·	Transfers to (from) the plan (see instructions)	8j									
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions		IV Plan Characteristics										
Part V Compliance Questions 10	9a		feature co	odes from the List of Plan Chara	acteris	stic Co	des in	the instru	ction	s:		
Part V Compliance Questions 10	b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	des from the List of Plan Charac	cterist	ic Coc	les in t	he instruct	ions	:		
10 During the plan year:												
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a	Part	V Compliance Questions										
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)						Yes	No		Am	ount	t	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	а				102		X					
C Was the plan covered by a fidelity bond?	b	Were there any nonexempt transactions with any party-in-interest	? (Do not	include transactions reported			X					
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?						V	7.					
e 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.)					10c	^						.5000
insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan?					10d		X					
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	e	insurance service, or other organization that provides some or all	of the ber	nefits under the plan? (See	10e		X					
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X					
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	10g		X					
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	h	·	•		_		Х					
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)	i	If 10h was answered "Yes," check the box if you either provided the	he require	d notice or one of the								
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)	Part	<u> </u>										
11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39		Is this a defined benefit plan subject to minimum funding requirem							ΤΓ	— 7 Y€	es X	No
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 (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 amortized in this plan year, see instructions, and enter the date of the letter ruling	11a										L	
(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 amortized in this plan year, see instructions, and enter the date of the letter ruling						•		ERISA?	Π	Υє	es X	No
a 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		• • • • • • • • • • • • • • • • • • • •			J. 00	5.1011	01					
	а	If a waiver of the minimum funding standard for a prior year is being	ng amortiz	ed in this plan year, see instruc		, and e	enter th				rulino	g

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lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to lin	e 13.				
b	Enter the minimum required contribution for this plan year			12b			
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 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 the	nis year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		•	ontrol		Yes	(No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	in to another plan(s), ide	ntify the plan(s) to)			
1	3c(1) Name of plan(s):		130	c(2) EI	N(s)	13c(3) P	N(s)
			1			l	

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

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).

► Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

Part	Annual Report	Identification Information				
For cale	ndar plan year 2014 or fis		01/01/2014	and ending	12/31/2014	
_	return/report is for:	a single-employer plan a one-participant plan the first return/report an amended return/report	of participating emplo a foreign plan the final return/report	plan (not multiemployer) byer information in accor	rdance with the form in	
C Che	ck box if filing under:	X Form 5558	automatic extension		DFVC prog	ram
Part I	Basic Plan Info	ormation enter all requested infor	mation			
1a Na	me of plan	Care Profit Sharing Pensi			1b Three-digit plan number (PN) ► 1c Effective date	001
					01/01/199	
	n sponsor's name and ac llside Neurology	ddress; include room or suite number (e Care	mployer, if for a single	e-employer plan)	2b Employer Ider (EIN) 11-3	ntification Number
195	5-03 Hillside Ave				2c Sponsor's tele (917) 923	-1712
					2d Business code	e (see instructions)
	Hollis NY 11423				621111	Transferration and the second
3a Pla	in administrator's name a	nd address X Same as Plan Sponso	r Name		3b Administrator	s EIN
4 If th	ne name and/or EIN of the	e plan sponsor has changed since the la	ast return/report filed	for this plan, enter the	4b EIN	s telephone number
nar		mber from the last return/report.			4c PN	
_	Value de la constantina della	at the beginning of the plan year				9
120 100 100	the second of the second of the	at the end of the plan year				9
c Nu	mber of participants with	account balances as of the end of the p	lan year (defined ben	efit plans do not	5c	8
d(1) T	otal number of active par	ticipants at the beginning of the plan ye	ar		5d(1)	9
1.0					5d(2)	9
e less	s than 100% vested	terminated employment during the plan	**************************************		5e	0
Cautio	n: A penalty for the late	or incomplete filing of this return/rep	oort will be assessed	d unless reasonable ca	use is established.	
SBorS		ther penalties set forth in the instruction and signed by an enrolled actuary, as we plete.				
SIGN	R.	Lugh	08.05.15	Rajpaul Singh		
HERE	Signature of plan adm	ninistrator	Date	Enter name of individu	al signing as plan adn	ninistrator
	- Originatare or plantaan			Rajpaul Singh	ar olgrinig do piari dan	milotiatoi
SIGN	Signature of employer	r/plan sponsor	Date	Enter name of individu	al signing as employe	r or plan sponsor
	-ightenia et entiplie) et	name, if applicable) and address; includ	and the second		Preparer's telephon	

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6a Were all of the plan's assets during	g the plan year invested in eligible	e assets? (See	e instructions.)					X Yes No
b Are you claiming a waiver of the a	nnual examination and report of a	an independer	nt qualified public accountant	(IQP	A)			
under 29 CFR 2520.104-46? (See	instructions on waiver eligibility a	and conditions	.)				[X Yes No
If you answered "No" to either li	ine 6a or line 6b, the plan canno	ot use Form 5	5500-SF and must instead			The state of the s		
c If the plan is a defined benefit plan	, is it covered under the PBGC in	nsurance progr	ram (see ERISA section 402	1)?		Yes	No [Not determine
Part III Financial Informati	on							
7 Plan Assets and Liabilities			(a) Beginning of Yea	r		(b) E	nd of	Year
a Total plan assets		. 7a	521,7	85				195,724
b Total plan liabilities		. 7b						
c Net plan assets (subtract line 7b fr	om line 7a)	. 7c	521,7	85				195,724
8 Income, Expenses, and Transfers			(a) Amount			(b) Tot	al
Contributions received or receivab (1) Employers		8a(1)		0				
(2) Participants				0				
(3) Others (including rollovers) .		. 8a(3)		0				
b Other income (loss)			(171,98	0)				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						(171,980)
d Benefits paid (including direct rollo	vers and insurance premiums			0.1		A RESTO		
to provide benefits)			154,0					
e Certain deemed and/or corrective				0				
f Administrative service providers (s		. 8f		0				
g Other expenses				U				154 001
h Total expenses (add lines 8d, 8e,					+-			154,081
Net income (loss) (subtract line 8h								(326,061)
Part IV Plan Characteristic		. 8j						
b If the plan provides welfare benefit	1 m ± m ± 50 m ± 600 m 144 m m m m m m ± 1 m m m m m m m m m m m m	utare codes in	om the blocor hair originate	1000		THE HOLE		
Part V Compliance Questi	ons				V	Na		
During the plan year: Was there a failure to transmit to	the plan any participant contribu	tions within th	a time period described in		Yes	No	Ar	mount
	ictions and DOL's Voluntary Fidu			10a		х		
b Were there any nonexempt trans on line 10a.)	sactions with any party-in-interest		ude transactions reported	10b		х		
	ty bond?			10c	Х			25,000
d Did the plan have a loss, whether or dishonesty?	r or not reimbursed by the plan's			10d		х		
e Were any fees or commissions p	paid to any brokers, agents, or oth	ner persons by	an insurance carrier,					
	nization that provides some or all			10e		x		
	y benefit when due under the pla	244		10f		x		
	t loans? (If "Yes," enter amount a			10g		х		
h If this is an individual account pla	and the province of the second		The second of th	109				
2520.101-3.)				10h		Х		
If 10h was answered "Yes," chec exceptions to providing the notice	ck the box if you either provided the applied under 29 CFR 2520.10			10i				
Part VI Pension Funding C	ompliance							
11 Is this a defined benefit plan sub 5500) and line 11a below)	ject to minimum funding requirem	The second second	The second secon					Yes X No
11a Enter the unpaid minimum requir	red contribution for current year fr	rom Schedule	SB (Form 5500) line 39					
12 Is this a defined contribution plan	subject to the minimum funding	requirements	of section 412 of the Code o	r sect	ion 30	2 of ERISA?		Yes X No
(If "Yes," complete line 12a or lin								
a If a waiver of the minimum fundir	ng standard for a prior year is being	ng amortized i	n this plan year, see instruct		and en	ter the date		letter ruling

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If 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	
C Enter the amount contributed by the employer to the plan for this plan y	rear	12c	
d Subtract the amount in line 12c from the amount in line 12b. Enter the regative amount)	나 보니 아이를 내가 하면요? 없어면 얼마나 얼마나 얼마나 얼마나 나는 아이를 들었다. 그런 그는 그는 그는 그는 그는 그는 그는 그를 다 먹었다.	12d	
e Will the minimum funding amount reported on line 12d be met by the fu	nding 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?	***************************************	🗆 Ү	es X No
If "Yes," enter the amount of any plan assets that reverted to the emplo	yer this year	13a	
b Were all the plan assets distributed to participants or beneficiaries, tran of the PBGC?			Yes X No
C If during this plan year, any assets or liabilities were transferred from th which assets or liabilities were transferred. (See instructions.)	is plan to another plan(s), identify the plan	n(s) to	
13c(1) Name of plan(s):		13c(2) EIN	(s) 13c(3) PN(s)
Part VIII Trust Information (optional)	1		,
14a Name of trust		14b T	rust's EIN