Foi	rm 5500-SF	Short Form Annual Return/Report of Small Employ				OMB Nos. 1210-0110 1210-0089			
Department of the Treasury Internal Revenue Service		Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employe			е	2013			
	epartment of Labor enefits Security Administration	Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058 the Internal Revenue Code (the Code).				This Form is Open to Public			
	enefit Guaranty Corporation	Inspection 0-SF.							
Perison benefit dualative corporation Complete all entries in accordance with the instructions to the Form 5500-SF. Part I Annual Report Identification Information									
For calend	ar plan year 2013 or fisca			and ending 1	1/30/2	<u></u>			
A This re	turn/report is for:			an (not multiemployer)		a one-participant plan			
B This re	turn/report is:		e final return/report						
-				/report (less than 12 m	onths)	DFVC program			
C Check	box if filing under:		Form 5558 automatic extension						
		special extension (enter description)							
Part II		nation—enter all requested informatic	on		46				
1a Name	of plan . CARMICAL, MD, PC, P	ROFIT SHARING PLAN			1D	Three-digit plan number			
	, indiano, iz, ind, i o, i					(PN) ▶ 001			
					1c Effective date of plan				
22 Dian a	noncor's name and addr	ess; include room or suite number (emp	lover if for a single i	amployor plan)	26	12/27/1978			
	CARMICAL, MD, PC	ess, include room of suite number (emp		employer plan)	20	Employer Identification Number (EIN) 13-2966560			
205 EAST 5	5TH STREET				2c	Sponsor's telephone number 212-755-2575			
NEW YORK					2d	Business code (see instructions)			
						621111			
3a Plan a	dministrator's name and	address XSame as Plan Sponsor Nam	ne Same as Plan	Sponsor Address	3b	b Administrator's EIN			
3c Administrator's telephone numl									
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the					4b EIN				
		per from the last return/report.	return/report med to						
	or's name					PN			
	a Total number of participants at the beginning of the plan year				5a				
b Total number of participants at the end of the plan year				5b	2				
		count balances as of the end of the plar			5c	2			
		luring the plan year invested in eligible a							
		ne annual examination and report of an i				X Yes No			
		See instructions on waiver eligibility and er line 6a or line 6b, the plan cannot							
-		plan, is it covered under the PBGC insu							
Caution: A	A penalty for the late or	incomplete filing of this return/report	t will be assessed u	unless reasonable cau	ise is	established.			
		r penalties set forth in the instructions, I							
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.									
SIGN	Filed with authorized/va	lid electronic signature.	-						
HERE	Signature of plan adm	ninistrator	Date Enter name of individ			dual signing as plan administrator			
SIGN	Filed with authorized/va	ed with authorized/valid electronic signature. 08/18/2015 NEVILLE CARMIC							
HERE	Signature of employe		Date		_	ning as employer or plan sponsor			
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) HOLLE BROSTEK, QPA, ERPA WIA CONSULTANTS, INC. 60 GEORGE STREET					Preparer's telephone number (optional) 516-249-0469				
60 GEORG BABYLON,									

a Total plan assets 7a 2463935 2494313 b Total plan liabilities 7b 0 0 c Net plan assets (subtract line 7b from line 7a) 7c 2463935 2494313 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: (a) Amount (b) Total a Contributions received or receivable from: (a) Amount (b) Total a Contributions received or receivable from: (a) Amount (b) Total a Contributions received or receivable from: (b) Total (c) Total a Contributions received or receivable from: (c) Total (c) Total (d) Other income (loss) 8a(2) 18000 (c) Total (d) Other income (loss) 8b 229368 254368 c Total income (loss) (subtract line 8h (s), 8a(2), 8a(3), and 8b) 8c 254368 d Benefits paid (including direct rolovers and insurance premiums to provide benefits). 8d 195242 e Certain deemed and/or corrective distributions (see instructions) 8e 0 254368 f Administrative service providers (salaries, fees, commissions) 8f 0 2254368 <tr< th=""><th>7 Plan Assets and Liabilities</th><th></th><th>(a) Beginning of Yea</th><th>r</th><th></th><th></th><th>(b) End o</th><th>f Year</th></tr<>	7 Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End o	f Year		
b Totar plan labilities To 0 0 c Net plan assets (subtract line 70 from line 7a) Tc 2463035 2404313 a Contributions received or receivable from: (a) Amount (b) Total a Contributions received or receivable from: (b) Total (c) Amount (b) Total (c) Difference (b) Total provide (c) Amount (c) Amount (c) Total (c) Difference (c) (c) (c) (c) (c) (c) Difference (c) (c) (c) (c) (c) (c) Difference (c) (c) (c) (c) (c) (c) Difference (c) (c) (c) (c) (c) (c) (c) Carinal dema addres corrective distributions (see instructions) 8c (c)		7a				(b) End of Year 2494313				
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8 income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) 7000 (1) Employers 8a(1) 7000 (2) Participants. 8a(1) 7000 (2) Other income (total) 8a(3) 0 b Other income (total) 8a(3) 0 Control income (total) 8a(1) 7000 229306 C Total income (total) 8a(1) 106242 264308 G Benofits paid (notuning direct Noters and marance promums to provide benefits) 8e 0 0 G Other expenses 8g 28748 0 0 F Antinistative service provides readings, fees, commissions) 8f 0 30376 Transfers to (from) the plan explicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 210 Part IV Plan Characteristic Codes in the instructions: 2E 2 30376 Transfers to (from) the plan explicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2 30 <td>•</td> <td></td> <td></td> <td colspan="3"></td> <td colspan="4">2494313</td>	•						2494313			
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f Administrative service providers (salaries, fees, commissions) 8f 0 g Other expenses. 8g 28748 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 223990 i Net income (loss) (subtract line 8h from line 8c) 8i 30378 j Transfers to (from) the plan (see instructions) 8j 0 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2.0 300 9a If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part IV Compliance Questions 10 During the plan year: Yes a Was there a failure to transmit to the plan any participant contributions within the time period described in 2 90 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a) 10c X 250 c Was there a loss, whether or not reimbursed by the plan's fidelity bond', that was caused by fraud or distonary. 10d X 250 <td></td> <td></td> <td colspan="3"></td> <td></td> <td></td> <td></td>										
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 bit the plantate any partoppant routes (in rost, enter another as of year one)	 b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all other organization that provides some or all other othe	iciary Correct ? (Do not incl fidelity bond, her persons b of the benefit	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, ts under the plan? (See	10b 10c 10d	X	x x		250		
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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	 b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the plan 	iciary Correct ? (Do not incl fidelity bond, her persons b of the benefit	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, ts under the plan? (See	10b 10c 10d 10e 10f	×	x x x x x		250		
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(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 granting the waiver	 b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.) i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.107 Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 	iciary Correct ? (Do not incl fidelity bond, fidelity bond, iner persons b of the benefit n? s of year end (See instruction re required not 1-3 ents? (If "Yes	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	Sched	X X X X X X				
(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 granting the waiver	 b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.107 Pant VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) 	iciary Correct ? (Do not incl fidelity bond, fidelity bond, her persons b of the benefit n? s of year end (See instruction the required not 1-3 ents? (If "Yes	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	Sched	X X X X X X				
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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 Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond?	iciary Correct ? (Do not incl fidelity bond, fidelity bond, her persons b of the benefit n? s of year end (See instruction the required not 1-3 ents? (If "Yes om Schedule requirements	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	Sched	X X X X X Iule SE	······	Yes ∑		
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C	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?	Ye	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 c of the PBGC?	ontrol		Yes X No			
C 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): 13			l(s)	13c(3) PN(s)			
Part	VIII Trust Information (optional)		1				
14a Name of trust			14b Trust's EIN				