## 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).

▶ 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 DAVID J. SANDS, D.P.M., P.C. 401(K) PLAN plan number (PN) ▶ 001 1c Effective date of plan 01/01/2013 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number DAVID J. SANDS, D.P.M., P.C. 20-5471484 (EIN) Sponsor's telephone number 516-482-8826 560 NORTHEN BLVD., 200 LAKEVILLE RD GREAT NECK, NY 11021 Business code (see instructions) 621391 **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 **b** Total number of participants at the end of the plan year..... 5b Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c complete this item) ..... d(1) Total number of active participants at the beginning of the plan year..... 5d(1) d(2) Total number of active participants at the end of the plan year..... 5d(2) e Number of participants that terminated employment during the plan year with accrued benefits that were 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 HERE** 

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

SIGN **HERE**  Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number (optional)

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b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a se	an indepen	dent qualified public accounta	nt (IQ	PA)				□ □	es [	No
C	f the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA section 40	21)? .	[	Yes	No		lot det	termi	ned
Par	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) Er	nd of	Year		
a	Total plan assets	7a	4	28						430	
<u>b</u>	Total plan liabilities	7b			_						
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	. 7с	4	128	_					430	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	) Tot	al		
	Contributions received or receivable from: (1) Employers	8a(1)									
	(2) Participants										
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b		2							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c								2	
	Benefits paid (including direct rollovers and insurance premiums										
	to provide benefits)										
	Administrative service providers (salaries, fees, commissions)	. 8e . 8f									
	Other expenses										
	Total expenses (add lines 8d, 8e, 8f, and 8g)										
	Net income (loss) (subtract line 8h from line 8c)									2	
	Transfers to (from) the plan (see instructions)	8i									
Par	t IV Plan Characteristics	9,									
	If the plan provides pension benefits, enter the applicable pension	feature cod	les from the List of Plan Chara	acteris	stic Co	des in	the inst	ructio	ns:		
	2E 2G 2J 2T 3D										
b	If the plan provides welfare benefits, enter the applicable welfare f	feature code	es from the List of Plan Charac	cterist	ic Coc	les in t	he instru	iction	S:		
Part	V Compliance Questions										
10	During the plan year:				Yes	No		Δ	moun	t	
a		utions within	the time period described in						ouii		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid	uciary Corre	ection Program)	10a		X					
b	Were there any nonexempt transactions with any party-in-interes on line 10a.)			10b		Χ					
					V/					4.0	20000
	Was the plan covered by a fidelity bond?			10c	X					10	00000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X					
е	Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all instructions.)	her persons of the bene	by an insurance carrier, fits under the plan? (See	10e	X						2
f	Has the plan failed to provide any benefit when due under the pla					X					
	Did the plan have any participant loans? (If "Yes," enter amount a			10f							—
<u>g</u> h	If this is an individual account plan, was there a blackout period?		,	10g		X					
	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							
<b>Part</b>											
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Y	es >	<b>N</b> o
<u>11a</u>	Enter the unpaid minimum required contribution for current year f	rom Schedu	ıle SB (Form 5500) line 39			11a	<u> </u>	-	_		
12	Is this a defined contribution plan subject to the minimum funding			or se	ction	302 of	ERISA?		Y	es >	<b>N</b> o
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below		·	_e! - ·					la"		
a	If a waiver of the minimum funding standard for a prior year is bei granting the waiver.	-			, and 6	enter ti Day			letter ear	rulin	y 

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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)	<b>13c(3)</b> P	N(s)
			1			l	

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

## Form 5500-SF

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Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

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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

	art   Annual Repo	rt Identification Information	ccordance with the ins	tructions to the Form 55	00-SF.	100 to			
	calendar plan year 2014 or	fiscal plan year beginning	01/01/2014						
		x a single-employer plan			12/31/201				
_	This return/report is for: This return/report is:	durn/report is for:  a one-participant plan  of participating employer information in accordance with the form instructions)  a foreign plan							
_	Observation of 50				morans)				
U	Check box if filing under:	x Form 5558	automatic extensio	n	DFVC pr	ogram			
100000		special extension (enter desc							
	art II Basic Plan Int	ormation enter all requested	information						
ıa	Name of plan  David J. Sands, D.	.P.M., P.C. 401(k) Plan			1b Three-digit plan numbe (PN) ▶	001			
					1c Effective da				
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)  2b Employer Ide  (EIN) 20-5									
	560 Northen Blvd., 200	Lakeville Rd			2c Sponsor's to (516) 48	elephone number 32-8826			
	US Great Neck NY 11021				2d Business co 621391	de (see instructions)			
3a	Plan administrator's name a	and address X Same as Plan Sp	onsor Name	,	3b Administrator's EIN				
4	If the name and/or EIN of the	ne plan sponsor has changed since	the last return/report filed	for this plan, enter the	3c Administrate	or's telephone number			
	name, EIN, and the plan nu	mber from the last return/report.		the and plant, ellies and					
	Sponsor's name				4c PN				
oa L	Total number of participants	at the beginning of the plan year	************************************	************************************	5a	2			
b	Number of participants	at the end of the plan year			5b	2			
·	complete this item)	account balances as of the end of	the plan year (defined be	nefit plans do not	5c	2			
d(ʻ		rticipants at the beginning of the pla			5d(1)	2			
<b>d</b> (2	2) Total number of active pa	rticipants at the end of the plan yea		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5d(2)	2			
е		terminated employment during the	plan year with accrued be	enefits that were	5e				
Cai	ution: A penalty for the late	or incomplete filing of this retur	n/report will be assesse	ed unless reasonable car	use is established				
Und SB	der penalties of perjury and o	other penalties set forth in the instru- and signed by an enrolled actuary, a	ctions. I declare that I have	e examined this return/rea	nort including if an	plicable, a Schedule my knowledge and			
SI	GN 17		9/101/5						
Arriversis i	RE Signature of plan adn	ninistrator	Date	Enter name of individua	al signing as plan ar	Iministrator			
ē.	e N			Enter Hame of Harvidae	ar signing as plan at	illinistrator			
1000	RE Signature of employe	r/plan sponsor	Date	Enter name of individua	al signing as ample	or or plan analysis			
Pre		name, if applicable) and address; ir		ber (optional)		ne number (optional)			

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6a	Were all of the plan's assets during the plan year invested in eligible		0						
					••••••	********		x Yes	No
_	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions)								П.,
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cannot	nd condition	ons.) m 5500-SF and must instead i	ico E	orm E	E00	********	<b>X</b> Yes	☐140
C	If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	rogram (see ERISA section 402	13 <b>9</b> F	OHII 5	-300. 	. DNo	□ Not a	Intermined
Pa	art III Financial Information	•			-		, <u> </u>		retermined
7	Plan Assets and Liabilities		(a) Reginning of Ves						
а	Total plan assets	7-	(a) Beginning of Yea				(b) End	of Year	
b	Total plan liabilities	7a 7b	4	28_					430
c	Net plan assets (subtract line 7b from line 7a)	70 7c							
8	Income, Expenses, and Transfers for this Plan Year	#1115778#1cans#4	Y	28					430
а	Contributions received or receivable from:	E KOLVIELO	(a) Amount		44.55		(D)	otal	
	(1) Employers	8a(1)							
	(2) Participants	8a(2)			11116	_1, 1111			
•	(3) Others (including rollovers)	8a(3)		30(6)	2				
	Other income (loss)	8b		2					
C	Total income (add fines 8a(1), 8a(2), 8a(3), and 8b)	8c			Ŷį.				2
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			C. 444 - 44 - 77 - 77 - 77 - 77 - 77 - 77				
	Certain deemed and/or corrective distributions (see instructions)	8e			015454540	21275411401		Page 17 July 18 Aug	
100000	Administrative service providers (salaries, fees, commissions)	8f			Cazino		irls nu igi		
	Other expenses	8g			Elike Paudy				
77 - 7900	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			Parking State			awa ka Kiling	
	Net income (loss) (subtract line 8h from line 8c)	8i							
-	Transfers to (from) the plan (see instructions)	8j			22,712.7			#81.1.7812781278127	2
8888	rt IV Plan Characteristics	1 01			\$2.4 XXX				
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	s from the List of Plan Character	ristic (	Codes	in the	instruction	าร;	
Pa	rt V Compliance Questions		3 3.50		ie b		E. 4 (2) (2)		
10	During the plan year:	125620.000.00			Yes	No	182	Amount	
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	iary Correc	ction Program)	10a		x			
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)			10b		x			-
<u>C</u>	Was the plan covered by a fidelity bond?	*************		10c	х			1	00,000
d	Did the plan have a loss, whether or not reimbursed by the plan's f or dishonesty?			10d		х			
е		er persons	by an insurance carrier,						
	instructions.)			10e	х				2
f	Has the plan failed to provide any benefit when due under the plan	?		10f		х			
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year er	nd.)	10g		х			
h	If this is an individual account plan, was there a blackout period? (\$2520.101-3.)			10h		ж	1   12   12   12   13   14   15   15   15   15   15   15   15		1000
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	e required -3	notice or one of the	10i				ilozaka Hasasia	
Par		s de tivo			J				
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)							☐ Ye:	s X No
11a	Enter the unpaid minimum required contribution for current year from			*******					
12	Is this a defined contribution plan subject to the minimum funding r	equiremen	its of section 412 of the Code or	sect	ion 30	2 of EF	RISA?	☐ Ye	x No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,								
a	If a waiver of the minimum funding standard for a prior year is bein granting the waiver	g amortize	d in this plan year, see instructi	ons, a	and en	ter the Day	date of th		ing

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If y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500),		13,	*******		
	Enter the minimum required contribution for this plan year			12b		
C	Enter the amount contributed by the employer to the plan for this plan year		<del></del>	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a negative amount)	minus stan to the	left of a	12d		
	Will the minimum funding amount reported on line 12d be met by the funding deadlin				Yes [	No □N/A
Part		The desired of the second of t	· · · · · · · · · · · · · · · · · · ·			3110
13a	Has a resolution to terminate the plan been adopted in any plan year?	********************		Пу	es X N	n
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		***************************************	13a	20 (23 /4	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to and of the PBGC?	other plan, or brou	ght under the co	ntrol		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to ano which assets or liabilities were transferred. (See instructions.)	ther plan(s), identi	fy the plan(s) to	*********	<b>_</b>	100 100
	sc(1) Name of plan(s):		130	(2) EIN(	s)	13c(3) PN(s)
				<u> </u>		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Part!	VIII Trust Information (optional)					
14a Name of trust				14b Trust's EIN		

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