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 BARRY M ZIDE MD PC PROFIT SHARING PLAN plan number (PN) ▶ 002 1c Effective date of plan 01/01/1990 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) **2b** Employer Identification Number BARRY M ZIDE MD PC 13-3178290 (EIN) Sponsor's telephone number 212-421-2424 420 EAST 55TH STREET SUITE 1D NEW YORK, NY 10022-5140 Business code (see instructions) 621111 Administrator's EIN **3a** Plan administrator's name and address XSame as Plan Sponsor. **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 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

10/12/2015

Date

BARRY ZIDE

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number (optional)

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

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

Filed with authorized/valid electronic signature

Signature of plan administrator

Signature of employer/plan sponsor

SIGN HERE

SIGN **HERE**

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b	Were all of the plan's assets during the plan year invested in eligib 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 If you answered "No" to either line 6a or line 6b, the plan cann	an indeper and condit ot use Fo	ndent qualified public accounta ions.)rm 5500-SF and must instead	int (IQ d d use	PA) Form	5500.		X Ye		No No
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40)21)?		Yes	No	Not dete	ermined	t
Par	t III Financial Information		Г		-					
	Plan Assets and Liabilities		(a) Beginning of Yea		-		(b) End		1600	
	Total plan assets	7a	5200	J32				341	1609	
	Total plan liabilities	7b	5200	132				341	609	
	Net plan assets (subtract line 7b from line 7a)	7c	(a) Amount				(b) T			
	Contributions received or receivable from:		(a) Amount				(b) T	Jlai		
	(1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)	4506							
	Other income (loss)	8b	-1566	516				4.50		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-156	5616	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	218	307						
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							807	
	let income (loss) (subtract line 8h from line 8c)							-178	3423	
	Transfers to (from) the plan (see instructions)	8j								
Par 9a	t IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension									
b	2A 2E 3D If the plan provides welfare benefits, enter the applicable welfare fe V Compliance Questions	eature cod	es from the List of Plan Charac	cterist	ic Cod	les in t	he instruction	ons:		
10	During the plan year:				Yes	No		Amount		
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Cor	rection Program)	10a		X				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	·····		10b		Χ				
С	Was the plan covered by a fidelity bond?			10c	X				800	00
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Χ				
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		X				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			10h		Χ				
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						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Ye	es 📗	No
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	lule SB (Form 5500) line 39			11a				
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection (302 of	ERISA?	Ye	es X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,		·							
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter th Day		e letter i Year	ruling	_

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lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to line 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)	-	1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g 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	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		inder the control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify th	e plan(s) to		
1	3c(1) Name of plan(s):		13c(2) EI	N(s)	13c(3) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

Part I Annual Report Identification Information

Form 5500-SF

Department of the Treasury htems! 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

For calenda	er plan year 2014 or fi	iscal plan year beginning	01/01/2014	and ending	12/31/20	1.4			
A This return/report is for:		X a single-employer plan		ian (not mulliemployer) (yer information in accord					
	•	a one-participant plan	a foreign plan	•		•			
B This retu	rn/report is	he first return/report	the final return/report						
		an amended return/report	a short plan year return	n/report (less than 12 m	onlhs)				
C Check t	oox if filing under:	X Form 5558	automatic extension		☐ DFVC progr	ram			
There there is no	CHECK AS ERLISERY THERESELL	special extension (enter desc	cription)		L amid				
Part II	Basic Plan Info	ormation—enter all requested in	formation						
1a Name (BARRY M		PROFIT SHARING PLAN			1b Three-digit plan number (PN)	002			
					1c Effective date of plan 01/01/1990				
	oonsor's name and ad 1 ZIDE MD PC	ddress; include room or sulte numb	er (employer, if for a single-	employer plan)	2b Employer Identification Number (EIN) 13-3178290				
420 EAS	T 55TH STREE	T SUITE 1D			2c Sponsor's tele 212-421-2	phone number			
NEW YOR	RK	NY 10022-514			2d Business code (see instructi 621111				
		nd address XSame as Plan Spon			3b Administrator's EIN				
		Britani			2c Administratorio	talanhana number			
					3c Administrator's telephone number				
4 If the n	ama and/or FIN of th	e plan sponsor has changed since	the last return/report filed fo	v Ihis olan, enter the	46 EIN				
	EIN, and the plan nu	mber from the last return/report.	the last retains open means	a tina pian, enter the	4c PN				
·		at the beginning of the plan year.	*******************************		5a	3			
		at the end of the plan year			5b	2			
G Numb	er of participants with	account balances as of the end of	the plan year (defined bene	flt plans do not	5c	2			
	•	articipants at the beginning of the p			5d(1)	2			
	•	articipants at the end of the plan ye			5d(2)	<u>].</u>			
		erminated employment during the			5e	0			
		or Incomplete filing of this retur							
SB or Sche		ther penalties set forth in the instru and signed by an enrolled actuary, a polete.							
SIGN	Maun	17717 -	10/12/2015	Barry Zide	adirantinatinatinatinatinati				
HERE	X				ual signing as plan ad	ministrator			
aign	anginatar a prairie		BC 355.00	HILLS HELLS EL HIMITIES	ear a Strong ear broad are	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
HERE	Olambinea of appole	nuarinian ananaar	Date	Enter name of Individu	unt einninn en ermeterz	ar ar alan asansar			
						er or plan sponsor e number (optional)			
				, , , , , , , , , , , , , , , , , , , ,		, , , , , , , , , ,			
				}					
1									

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_	Were all of the plan's assets during the plan year invested in eligible assets? (See Instructions.) 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.)						_	∛ Yes ∏ No ∛ Yes ∏ No				
c	If the plan is a defined benefit plan, is it covered under the PBGC in					_	****	Пис	ot determined			
	rt III Financial Information]	Ц	Ц ′``				
7	Plan Assels and Liabilities		(a) Beginning of Yes	3.P			/h) Fi) End of Year				
a	Total plan assets.	7a		200:	32				341609			
b	Total plan liabilities	7b										
c	Net plan assets (subtract line 7b from line 7a)	7¢	5.	200:	32			341609				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		.,		(lin	(b) Total				
a	Contributions received or receivable from:	İ	(u) Anount		-		1	, rota				
***************************************	(1) Employers	8a(1)		*******************************								
	(2) Participants	Ba(2)										
K	(3) Others (including rollovers)	8a(3)										
b	Other Income (loss)	8b	-1,	5661	ւ6							
<u> </u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							-156616			
d	Benefits paid (including direct rollovers and insurance premiums	Bd Bd		218(57							
	to provide benefits)	86										
	Administrative service providers (salaries, fees, commissions)	8f		•••••	_							
g	Other expenses	8g		***********					Real A. Miller Miller and the consequences of			
	Total expenses (add lines 8d, 8e, 8f, and 8g)								21807			
ī	Net Income (loss) (subtract line 8h from line 8c)	8i		***********					-178423			
<u>-</u> -	Transfers to (from) the plan (see instructions)											
Day		<u> </u>			L							
9a	Part IV Plan Characteristics Ja If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:											
~~	If the plan provides pension benefits, enter the applicable pension reature codes from the List of Plan Characteristic Godes in the instructions: 2A 2E 3D											
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cterisl	lic Cod	es in l	he instru	ctions	Ç			
Par	t V Compliance Questions											
10	During the plan year:				Yes	No	1	Am	ount			
а				10a		х						
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported	10b		Х						
					x				80000			
d				10c								
	or dishonesty?		***************************************	10d		Х						
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		Х						
f		************	***************************************	10f	***************************************	X		***************************************				
9	Did the plan have any participant loans? (if "Yes," enter amount as	Did the plan have any participant loans? (if "Yes," enter amount as of year end.)				Х						
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			10g 10h		Х						
ī	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			101								
Part				· · · · · · · · · · · · · · · · · · ·	·				***************************************			
11	is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes No			
112	a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39											
12	is this a defined contribution plan subject to the minimum funding	raquirame	ints of section 412 of the Code	orse	action :	302 of	ERISA?		Yes X No			
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applica	able.)				L					

a If a walver 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

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lfy	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and s	kip to line 13.				***************************************	
d	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.	111-1		,,.,	12¢		 	
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result negative amount)	•	-		12 ď		 	
0	Will the minimum funding amount reported on line 12d be met by the funding	g 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			
	If "Yes," enter the amount of any plan assals that reverted to the employer this year						 	
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?							Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)							
1	(3c(1) Name of plan(s):			13c	(2) EII	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)						 	
14a t	Name of trust			14	4b Tn	ust's EÌN	 	