### 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

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

Revenue Code (the Code).

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I		<u>t Identification Informatio</u>	on			
For calend	lar plan year 2014 or	fiscal plan year beginning 04/01	/2014	and ending 03	3/31/2015	
A This re	turn/report is for:	a single-employer plan		er plan (not multiemployer) nployer information in accor		
		a one-participant plan	a foreign plan			
<b>B</b> This ret	urn/report is	the first return/report	X the final return/repo	ort		
		an amended return/report	a short plan year re	eturn/report (less than 12 m	nonths)	
C Check	box if filing under:	X Form 5558	automatic extension	on	DFVC p	orogram
	<b>3</b>	special extension (enter des	scription)			
Part II	Basic Plan Inf	ormation—enter all requested	information			
1a Name					1b Three-digit	
EAST SIDE	MEDICAL & CARDI	OVASCULAR ASSOCIATES PC 4	101(K) PLAN		plan numb (PN) ▶	oer 002
					1c Effective d	
						01/01/2006
		address; include room or suite num OVASCULAR ASSOCIATES PC	nber (employer, if for a sin	ngle-employer plan)		Identification Number 13-3456322
					(=,	telephone number
	OTH STREET					12-737-2270
NEW YORK	, NY 10021					code (see instructions) 621111
	administrator's name	and address XSame as Plan Spo	onsor.		<b>3b</b> Administra	
<b>3a</b> Plan a		ana address Poamo do man ope				
<b>3a</b> Plan a		and dadroos Found do Han ope			<b>3c</b> Administra	tor's telephone number
<b>3a</b> Plan a					3c Administra	tor's telephone number
4 If the	name and/or EIN of t	he plan sponsor has changed sind umber from the last return/report.		ed for this plan, enter the	3c Administra 4b EIN	tor's telephone number
4 If the name	name and/or EIN of t	he plan sponsor has changed sinc		ed for this plan, enter the		tor's telephone number
4 If the name a Spons	name and/or EIN of t e, EIN, and the plan n sor's name	he plan sponsor has changed sinc	ce the last return/report file	· 	4b EIN 4c PN	tor's telephone number
4 If the name a Spons 5a Total	name and/or EIN of t e, EIN, and the plan n sor's name number of participan	he plan sponsor has changed sind umber from the last return/report.	ce the last return/report file		4b EIN 4c PN 5a	
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	Form 5500-SF 2014		Page <b>2</b>								
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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	an independ	ent qualified public accountans.)	nt (IQ	PA)					es [	No
C	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance pro	gram (see ERISA section 40	21)? .		Yes	No	1	Not de	termi	ned
Par	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) E	nd of	Year		
a	Total plan assets	7a	9709							C	
b	Total plan liabilities	7b		0						C	
C	Net plan assets (subtract line 7b from line 7a)	7с	9709	080						C	)
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(k	) To	tal		
	Contributions received or receivable from: (1) Employers	8a(1)		0							
	(2) Participants			0							
	(3) Others (including rollovers)			0							
	Other income (loss)	1 ' 1	785	54							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)								7	8554	1
	Benefits paid (including direct rollovers and insurance premiums		10471	00							
	to provide benefits)		10471	0							
	Certain deemed and/or corrective distributions (see instructions)	8e	2/	25							
	Administrative service providers (salaries, fees, commissions)			0							
	Other expenses  Total expenses (add lines 8d, 8e, 8f, and 8g)								104	9534	1
										0980	
	Net income (loss) (subtract line 8h from line 8c)  Transfers to (from) the plan (see instructions)								<u> </u>	0000	
Par	, , , , , ,	· 8j									
b	If the plan provides welfare benefits, enter the applicable welfare for V Compliance Questions	feature codes	from the List of Plan Charac	cterist	ic Coc	les in t	the instr	uctior	ns:		
10	During the plan year:				Yes	No		Α	mour	ıt	
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulation)			10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c	X					2	25000
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 oth insurance service, or other organization that provides some or all instructions.)	of the benef	its under the plan? (See	10e		X					
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year en	d.)	10g		X					
h	If this is an individual account plan, was there a blackout period? 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							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Y	es	X No
11a	Enter the unpaid minimum required contribution for current year fi					11a					
12	Is this a defined contribution plan subject to the minimum funding	g requiremen	ts of section 412 of the Code	or se	ction :	302 of	ERISA	2	Y	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 being ranting the waiver.	-			, and e	enter tl Day			e letter 'ear _	rulin	g 

	F	Form 5500-SF 2014	Page <b>3</b> - 1					
lf y	ou c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Forr	n 5500), and skip to line 13.					
b	Ente	r the minimum required contribution for this plan year			12b			
С	Ente	r the amount contributed by the employer to the plan for this plan year			12c			
d		ract the amount in line 12c from the amount in line 12b. Enter the result ative amount)	`		12d			
е	Will t	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?			. X	Yes N	lo	
	If "Ye	es," enter the amount of any plan assets that reverted to the employer th	is year		. 13a			
b		e all the plan assets distributed to participants or beneficiaries, transferre e PBGC?		under the o	control		X Yes	No
С	If du	ring this plan year, any assets or liabilities were transferred from this planth assets or liabilities were transferred. (See instructions.)		ne plan(s)	to			
1	3c(1)	Name of plan(s):		1:	3c(2) E	IN(s)	13c(3	<b>)</b> PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

## Form **5558** (Rev. August 2012)

Department of the Treasury Internal Revenue Service

Signature ▶

# Application for Extension of Time To File Certain Employee Plan Returns

► For Privacy Act and Paperwork Reduction Act Notice, see instructions.

► Information about Form 5558 and its instructions is at www.irs.gov/form5558

OMB No. 1545-0212

File With IRS Only

Par	Identification									
1	Name of filer, plan administrator, or plan sponsor (see instructions)	В				see instructions				
	East Side Medical & Cardiovascular Associates PC	_	Emplo	yer iden	tification numbe	er (EIN)(9 digits	XX-XXXXXXX			
	Number, street, and room or suite no. (If a P.O. box, see instructions)			13-3456322						
	184 East 70th Street		Social	security	number (SSN)	(9 digits XXX-X	X-XXXX)			
	City or town, state, and ZIP code	7								
	New York NY 10021	1								
;		1000		an year endi	ng					
	Plan name	<u> </u>	number MM		DD	YYYY				
	East Side Medical & Cardiovascular Associates PC 401(k) Plan	0	0	2	03	31	2015			
Par	t II Extension of Time To File Form 5500 Series, and/or Form 8955	S-SSA								
1	Check this box if you are requesting an extension of time on line 2 to file in Part 1, C above.	he first l	Form 5	5500 s	eries return/r	report for the	plan listed			
2	I request an extension of time until <u>01 / 15 / 2016</u> to file Form <b>Note.</b> A signature IS NOT required if you are requesting an extension to file F				structions).					
3	I request an extension of time until 01 / 15 / 2016 to file Form <b>Note.</b> A signature IS NOT required if you are requesting an extension to file <b>F</b>		•		ructions).					
	The application is automatically approved to the date shown on line 2 and/o	or line 3	(ahou		14b - F	558 is filed o	n or before			
Por	the normal due date of Form 5500 series, and/or Form 8955-SSA for which the and/or line 3 (above) is not later than the 15th day of the third month after the	his exter	nsion is	s reque	ested, and (b	) the date or	line 2			
Pari	the normal due date of Form 5500 series, and/or Form 8955-SSA for which the and/or line 3 (above) is not later than the 15th day of the third month after the Extension of Time To File Form 5330 (see instructions)  I request an extension of time until / / to file Form	his exter normal	nsion is due d	s reque ate.	ested, and (k	) the date or	line 2			
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Date ➤

#### 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

	art l Annual R	eport Identification Information			<u> </u>	····					
For	calendar plan year 20	4 or fiscal plan year beginning	04/01/2014	and ending	03/31/201	L5					
Α	This return/report is for	x a single-employer plan ∵ a one-participant plan	a multiple-employer post of participating employa foreign plan	olan (not multiemployer) oyer information in acco	yer) (Filers checking this box must attach a list coordance with the form instructions)						
В	This return/report is:	the first return/report	x the final return/report								
		an amended return/report	=	rn/report (less than 12 r	months)						
С	Check box if filing under	er: 🕱 Form 5558	automatic extension		DFVC p	rogram					
			· · ·	·							
	art II Basic Pla Name of plan	n Information enter all requested i	nformation		<del></del>						
ıa	·	cal & Cardiovascular Associa	ates PC 401(k) Pla	an	1b Three-digit plan numb (PN) ►						
					1c Effective d 01/01/2						
2a	Plan sponsor's name	and address; include room or suite numbe cal & Cardiovascular Associa	er (employer, if for a singl	e-employer plan)		dentification Number					
	Mast Side Medi	car & Cardiovascular Associa	ites PC			-3456322					
	184 East 70th Stre	et			(212) 7	······································					
	US New York NY 100	21			2d Business of 621111	ode (see instructions)					
3a		ame and address X Same as Plan Spo	nsor Name		3b Administra	tor's FIN					
3c Administrator's telephone number											
4	If the name and/or EI name, EIN, and the p	N of the plan sponsor has changed since t lan number from the last return/report.	he last return/report filed	for this plan, enter the	4b EIN						
<u>a</u>	Sponsor's name				4c PN						
5a	Total number of partic	cipants at the beginning of the plan year .	***************************************	***************************************	5a	13					
b	Total number of partic	cipants at the end of the plan year	******************************	*******************************	5b	0					
С 	complete this item)	s with account balances as of the end of t		efit plans do not	5c	0					
d(	1) Total number of act	ive participants at the beginning of the pla	n year	***************************************	5d(1)						
d(	2) Total number of act	ive participants at the end of the plan year	*************************	***************************************	5d(2)	0					
е	Number of participant less than 100% veste	s that terminated employment during the p	plan year with accrued be		5e	0					
Ca	ution: A penalty for th	e late or incomplete filing of this return	/report will be assessed	l unless reasonable ca	ause is establishe	d.					
20	der penalties of perjury B or Schedule MB comp lief, it is true, correct, a	and other penalties set forth in the instruct leted and signed by an enrolled actuary, a fd complete.	etions, I declare that I have se well as the electronic ve	e examined this return/re ersion of this return/repo	eport, including, if	applicable, a Schedule of my knowledge and					
S	ign X T		x 11/16/11	RONALD W. GALLU	CCIO M.D.						
\$14.000.000		medministrator	Date	Enter name of individu	···	administrator					
9	ign 🗶		x 11/16/18	RONALD W. GALLU		add miletrated					
3000 ( non/	( V ( V ( V ( V ( V ( V ( V ( V ( V ( V	ployeriplan sponsor	Date	Enter name of individu		over or plan sponsor					
Pre	eparer's name (includin	g firm hame, if applicable) and address; in	clude room or suite numb	er (optional)	7	one number (optional)					
	LEE KAMINETZK	Y, PH.D., E.A.			(201) 530	-0666					
	PENSION ACTUA	RIES, LLC			,						
	584 RUTLAND A	VENUE									
_	US TEANECK	NJ 07666									

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6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								
	b 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 a				-	********		Yes [	No
	If you answered "No" to either line 6a or line 6b, the plan canno	t use For	m 5500-SF and must instead	use l	Form (	5500.	_		
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 402	21)?	[	Yes	No 🗆	] Not det	ermined
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of	/ear	
a	Total plan assets	7a	970,9	80			i		0
b	Total plan liabilities	7b		0					0
	Net plan assets (subtract line 7b from line 7a)	7c	970,9	80					0
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Tota	t <b>l</b>	
	(1) Employers	8a(1)		0					
	(2) Participants	8a(2)		0					
	(3) Others (including rollovers)	8a(3)		0				l established	
b	Other income (loss)	8b	78,5	54					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	<b>经股份的 计图像图象数据</b>					78,5	54
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1,047,1	Λ <b>α</b>					
	Certain deemed and/or corrective distributions (see instructions)	8e	2,027,1	0					
	Administrative service providers (salaries, fees, commissions)	8f	2,4						
	Other expenses	8g	,	0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	<b>的复数形式 医内侧</b> 的				1	,049,5	34
	Net income (loss) (subtract line 8h from line 8c)	8i						970,98	
j	Transfers to (from) the plan (see instructions)	8j							and the
Pa	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension fe	ature cod	es from the List of Plan Charac	teristi	ic Cod	es in t	he instruction	s:	
	2A 2E 2F 2G 2J 3D								
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture code:	s from the List of Plan Characte	eristic	Code	s in the	e instructions	:	• 2
Pa	rt V. Compliance Questions								···
10	During the plan year:	·			Yes	No	Λm	ount	
а	Was there a failure to transmit to the plan any participant contribut	tions within	n the time period described in	1 "	165	110	All	iouit	
<u>_</u>	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	iary Corre	ction Program)	10a		х	<u> </u>		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported	10b		x			
c	Was the plan covered by a fidelity bond?			10c	-			21	5,000
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bor	nd, that was caused by fraud	100	<u> </u>				3,000
	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 of	er person	s by an insurance carrier,						
	instructions.)	or the bene	ents under the plan? (See	10e		х			
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	<u> </u>	··· ··· ··· ··· ··· ···	10g	l			<del></del>	
h	If this is an individual account plan, was there a blackout period? (			iog		х			
	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 2520.101	e required	notice or one of the	10i					
Par	9.30.123.133				اا				
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "	Yes," see instructions and com	plete	Sched	ule SE	3 (Form	☐ Yes [	X No
11a	Enter the unpaid minimum required contribution for current year fro						1.		10
12	Is this a defined contribution plan subject to the minimum funding					02 of F	RISA2.	☐ Yes [	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,		······	J. 300	2,1011 0	7			١٧٥ ست
а	If a waiver of the minimum funding standard for a prior year is being ranting the waiver	g amortize	ed in this plan year, see instruc	tions,	and e	nter th	e date of the		ng
	2	**************	IVIOI	itti _		ua	<del>/</del>	Year	

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If v	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 550		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 year		***************************************	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (entengative amount)	r a minus sign to the	e left of a	12d		
е_	Will the minimum funding amount reported on line 12d be met by the funding dear			🗀	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?		***************************************	X Y	es 🔲 N	lo
	If "Yes," enter the amount of any plan assets that reverted to the employer this ye			13a		(
b	Were all the plan assets distributed to participants or beneficiaries, transferred to of the PBGC?	another plan, or bro	ught under the c	ontrol		X Yes  No
	If during this plan year, any assets or liabilities were transferred from this plan to a which assets or liabilities were transferred. (See instructions.)					
1	3c(1) Name of plan(s):		13c	(2) EIN(	(s)	13c(3) PN(s)
Danie	VIII Trust Information (optional)					
I git						
14a I	Name of trust			<b>14b</b> ⊤	rust's EIN	