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).

2014

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

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

Annual Report Identification Information For calendar plan year 2014 or fiscal plan year beginning and ending 12/05/2015 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 X 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 NORTH SHORE CARDIO PULMONARY ASSOCIATES, P.C. PROFIT SHARING PLAN & TRUST plan number (PN) ▶ 001 1c Effective date of plan 01/01/1988 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) **2b** Employer Identification Number NORTH SHORE CARDIO PULMONARY ASSOCIATES, P.C. 11-2694057 (EIN) Sponsor's telephone number 516-496-7900 8 GREENFIELD ROAD SYOSSET, NY 11791 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 5 **b** Total number of participants at the end of the plan year..... 5b 0 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c 0 complete this item) d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 0 d(2) Total number of active participants at the end of the plan year..... 5d(2) 0 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 12/23/2015 STEPHEN BERNSTEIN **SIGN HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN **HERE** Enter name of individual signing as employer or plan sponsor Signature of employer/plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional) Preparer's telephone number (optional)

	Form 5500-SF 2014		Page 2							
b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							X	es [No No
		isurance p	orogram (see ERISA section 40	121)?		res	No	Not de	termir	iea
Par										
	Plan Assets and Liabilities	_	(a) Beginning of Yea		-		(b) End	of Year	0	
	Total plan assets	7a	100	0					0	
	otal plan liabilities								0	
	Income, Expenses, and Transfers for this Plan Year	repair assets (subtract line 10 from line 14)					(b) T	ntal .		
	Contributions received or receivable from:		(a) Amount				(5) 1)tai		
	(1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
	Other income (loss)	8b	-1/	753						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							-1753	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	122	227						
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	20)50						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1	4277	
i_	Net income (loss) (subtract line 8h from line 8c)	8i						-1	6030	
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
b	2E 2H 2J 3D If the plan provides welfare benefits, enter the applicable welfare for V Compliance Questions	eature cod	les from the List of Plan Charad	cterist		les in t	the instruction	ons:		
10	During the plan year:				Yes	No		Amour	nt	
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	iciary Cor	rection Program)	10a		X				
	Were there any nonexempt transactions with any party-in-interest on line 10a.)	·····		10b		X				
C	Was the plan covered by a fidelity bond?			10c		X				
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	•	•	10d		X				
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.)					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.)					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	No
11a	Enter the unpaid minimum required contribution for current year fr					11a				
12	2 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?							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 lette Year _	r ruling)

	F	Form 5500-SF 2014	Page 3 - 1					
lf y	ou c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Forn	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								
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) PN(s)

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 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.

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information							
			01/01/2015	and ending	12/05/20	015			
1 or calcilla	plan you zon on	x a single-employer plan							
A This retu	urn/report is for:	a single-employer plan	a multiple-employer plan (not multiemployer) (Filers checking this box must attach a lis of participating employer information in accordance with the form instructions)						
		a one-participant plan	a foreign plan						
B This retu	rn/report is	the first return/report	X the final return/report						
	•	an amended return/report	≕ X a short plan year return.						
			_ ' '						
C Check b	ox if filing under:		☐ DFVC prog	gram					
	_	special extension (enter descript	tion)						
Part II	Basic Plan Info	ormation—enter all requested inform	mation						
1a Name o	of plan				1b Three-digit				
		PULMONARY ASSOCIATES,	P.C. PROFIT SHA	RING PLAN &	plan number	001			
TRUST					(PN)				
					1c Effective date of plan 01/01/1988				
0			/ L ** ** ** ** ** ** ** ** ** ** ** ** *		-				
		ddress; include room or suite number of PULMONARY ASSOCIATES,		employer plan)	2b Employer Ide (EIN) 11-2				
NORTH D	MONE CANDIO	I Ollhoward Abboothilbs,	1.0.		LD LOVED				
8 GREEN	FIELD ROAD				2c Sponsor's tel 516-496-	·			
O ORUBBIA	TIBLD ROLL					le (see instructions)			
SYOSSET	1	NY 11791			621111	e (see msu donons)			
		nd address XSame as Plan Sponsor			3b Administrator	's FIN			
Ja Flall ac	animistrator s name a	nd address Moanie as Fian Oponson	55		, , , , , , , , , , , , , , , , , , , ,				
					3c Administrator's telephone number				
		ne plan sponsor has changed since the	e last return/report filed fo	r this plan, enter the	4b EIN				
name,	EIN, and the plan nu	ne plan sponsor has changed since the umber from the last return/report.	e last return/report filed fo	r this plan, enter the					
name, a Sponso	EIN, and the plan nu or's name	ımber from the last return/report.			4c PN	5			
name, a Sponso 5a Total r	EIN, and the plan nu or's name number of participants	umber from the last return/report.			4c PN 5a	5			
name, a Sponso 5a Total r b Total r	EIN, and the plan nuor's name number of participants number of participants	umber from the last return/report. s at the beginning of the plan year s at the end of the plan year			4c PN 5a	5			
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For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

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b	 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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 402) 							X Yes No
Pai	t III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End	of Year
a	Total plan assets	7a		603	0			
b	Total plan liabilities	7b			0			
С	Net plan assets (subtract line 7b from line 7a)	7c	1	603	0			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	otal
a	Contributions received or receivable from: (1) Employers	8a(1)				/ L		
	(2) Participants	8a(2)					2	
	(3) Others (including rollovers)	8a(3)						TWO III
	Other income (loss)	8b		-175	3	196		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	124	-	-			-175
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1	222	7			
е	Certain deemed and/or corrective distributions (see instructions)	8e						*
f	Administrative service providers (salaries, fees, commissions)	8f		205	0			
g	Other expenses	8g					5.	IN - TE
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1427
i	Net income (loss) (subtract line 8h from line 8c)							-1603
j	Transfers to (from) the plan (see instructions)	8j						
Par	t IV Plan Characteristics	· · · · · · · · · · · · · · · · · · ·						
9a	If the plan provides pension benefits, enter the applicable pension 2E 2H 2J 3D	feature code	es from the List of Plan Chara	acteris	tic Co	des in I	he instruct	tions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature codes	from the List of Plan Charac	teristi	c Cod	les in th	e instruction	ons:
Par	V Compliance Questions							
10	During the plan year:				Yes	No		Amount
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Corre	ction Program)	10a		Х		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х		
С	Was the plan covered by a fidelity bond?			10c		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?			10d		Х		
е	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.)			10e		Х		
f	f Has the plan failed to provide any benefit when due under the plan?					Х		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year en	d.)	10g		Х		
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Х		
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	ents? (If "Ye	es," see instructions and com	plete	Sche	dule SB	(Form	☐ Yes ☐ N

5500) and line 11a below)

(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)

12

11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39......

granting the waiver.Month

Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?...

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

	Form 5500-SF 2014 Page 3	i -				
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), a	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 (enter a management)	-	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?		Х	Yes N)	
	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 anoth of the PBGC?				X Yes	No
С	If during this plan year, any assets or liabilities were transferred from this plan to anoth which assets or liabilities were transferred. (See instructions.)	er plan(s), identify the pla	an(s) to			
1	3c(1) Name of plan(s):		13c(2) E	EIN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			=		
14a I	Name of trust		14b	Trust's EIN		