	Form 5500-SF Short Form Annual Return/Report of Small Emp Benefit Plan					oyee	MB Nos. 1210-0110 1210-0089		
Department of the Trea Internal Revenue Ser		This form is required to be filed			065 of the Employee R	etirement		2018	
Employee Benefits Security Administration Revenue Co), and sections 6057(b) and 6058(a) of the Internal ue Code (the Code).			This Form is Open to		
Pension Benefit Guaranty C	orporation	Complete all entries in a	accorda	nce with the instru	uctions to the Form 5	n 5500-SF.			
		dentification Information							
For calendar plan year 2	2018 or fisc	al plan year beginning 01/01/2	-			2/31/2018			
A This return/report is	for:	X a single-employer plan	list	of participating emp	n (not multiemployer) (ployer information in ac		-		
B This return/report is		a one-participant plan	afo	preign plan					
	[the first return/report		final return/report					
an amended return/report a short plan year return/report (less than 12 months)									
C Check box if filing ur	nder:	Form 5558		omatic extension			orogram		
		special extension (enter descr	ription)						
Part II Basic Pl	an Infori	mation—enter all requested inf	formatior	n					
1a Name of plan				DIAN		1b Three	ee-digit number		
EASTSIDE PEDIATRIC (SROUP, LL	P EMPLOYEE SAVINGS RETIR	KEIMENT	PLAN		Piai (PN		001	
						1c Effe	ctive date of	plan 7/1988	
2a Plan sponsor's nam	e (employe	er, if for a single-employer plan)				2b Emp		ication Number	
Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) EASTSIDE PEDIATRIC GROUP, LLP				uctions)	(EIN) 16-1320506				
				,	2c Sponsor's telephone number 315-656-8750				
						2d Business code (see instructions)			
5900 NORTH BURDICK SUITE 215	STREET					621111			
EAST SYRACUSE, NY 13	3057								
3a Plan administrator's	name and	address X Same as Plan Spor	nsor.			3b Administrator's EIN			
						3c Administrator's telephone number			
4 If the name and/or	EIN of the r	plan sponsor or the plan name ha	as chanc	ed since the last re	turn/report filed for	4b EIN			
this plan, enter the		sor's name, EIN, the plan name a							
a Sponsor's namec Plan Name						4d PN			
5a Total number of pa	rticipants a	t the beginning of the plan year				5a		13	
		t the end of the plan year				5b		14	
		ccount balances as of the end of t	•	• • •	•	5c		13	
d(1) Total number of	active parti	cipants at the beginning of the pla	lan year .			5d(1)		13	
• •		cipants at the end of the plan year				5d(2)		13	
than 100% vested		erminated employment during the				5e		0	
Caution: A penalty for	the late or	incomplete filing of this return	n/report	will be assessed u	unless reasonable ca			oblo o Cohestula	
	npleted and	er penalties set forth in the instruc I signed by an enrolled actuary, a ete.							
SIGN Filed with a		alid electronic signature.	(02/06/2019	DIANA ANDREWS, M	ID			
HERE Signature	of plan ad	ministrator		Date	Enter name of individ	ual signing	as plan adn	ninistrator	
SIGN			T						
HERE Signature	of employ	er/plan sponsor		Date	Enter name of individ	ual signing	as employe	r or plan sponsor	

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

Form 5500-SF (2018) v.171027 e Certain deemed and/or corrective distributions (see instructions) ...

f Administrative service providers (salaries, fees, commissions)

g Other expenses

h Total expenses (add lines 8d, 8e, 8f, and 8g)

i Net income (loss) (subtract line 8h from line 8c)

Part IV | Plan Characteristics

2E 2F

2R 3B

3D

Transfers to (from) the plan (see instructions).....

j

9a

6a 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 accountant (IC ions.) rm 5500-SF and must instead use	QPA) [] Yes [] No a Form 5500				
C	C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)							
Pa	Part III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year				
а	Total plan assets	7a	3069410	1955492				
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c	3069410	1955492				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total				
а	Contributions received or receivable from: (1) Employers	8a(1)	49200					
	(2) Participants	8a(2)	63883					
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	-87990					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		25093				
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1138886					

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

8e

8f

8g

8h

8i

8j

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

125

1139011

-1113918

Part	V Compliance Questions				
10	During the plan year:		Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х	
С	Was the plan covered by a fidelity bond?	10c	Х		265000
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		X	
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		X	
f	Has the plan failed to provide any benefit when due under the plan?	10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-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		x	
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	10i			

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Part	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and rm 5500) and line 11a below)			B		Yes	X No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the C SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		n 302 o	f 	[Yes	X No
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see institution the waiver.		l enter _ Da		e of the le		ing
lf	you o	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 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		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative 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	s X	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou trol of the PBGC?	ght under the			Yes	X N	0
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred. (See instructions.)	tify the plan(s)	to				
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13	:(3) PN	۱(s)

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Form 5500-SF	Short Form Ann	nual Return/Repo	rt of Small Em	plovee	OMB Nos, 1210-0110 1210-0089			
Department of the Treesury Internet Revenue Service		Benefit Plan						
Dopartment of Labor	This form is required to be income Security Act of 19	 This form is required to be filed under sections 104 and 4065 of the Employe Income Security Act o 1974 (ERISA), and sections 6057(b) and 6058(e) of 						
Employee Bonofis Becurity Administratio Pension Burefil Gueranty Corporation	21	Revenue Code (lhe Co	de).		This Form is Open to			
	Complete all entries	in accordance with the ins	tructions to the Form	5500-8F.	Public Inspection			
For calendar plan year 2018 or	rt identification informatic	01/01/2018	and ending	107	31/2018			
	X a single-employer plan				ing this box must attach a			
A This return/report is for:	a one-perticipant plan	list of participating e	mployer information in	accordance wi	th the form instructions.)			
B This return/report is		the final return/report						
	an emended return/report	a short plan year retu		monthel				
C Check box if Illing under:	-			_ ,				
- enter text ming affect.	🃙 Form 5558	automatic extension		DFVC pro	bgrém			
Part II. Basic Plan Inf	ormation-enter all reques ed	• · •						
1a Name of plan	oninderonimantar an Iadoaa joo	monnation		1b Three	dialt			
Eastside Pediatric	Group, LLP			plen N	umber			
Employee Savings Re	atirement Plan			(PN)				
· · ·					ve dete of plan			
2a Plan sponsor's name (emp) Malling address (instude set	loyer, if for a single-employer r lan)			yer Identification Number			
City or town, state or provin	om, apt,, culte no, and street, or P ce, country, and ZIP or foreigr po Group, LLP	.O. Box) Stel code (if foreign, see ins	tructions)	(EIN)1	6-1320506			
castside rediatiic	Group, LLP			20 Spons (315	or's telephone number) 656-8750			
					as code (see instructions)			
5900 North Burdick Suite 215	Street				,,			
East Syracuse		NY	13057	6211	11			
3a Plan administrator's name a	and eddrese 🛛 Seme as Plan Sp	ansor.	and the last the survey of	3b Adminis				
				1				
				2				
				3c Adminis	airator's lolophone number			
				3c Adminis	alratar's lelephone number			
		••		3c Adminis	alrator's lolephone number			
4 If the name and/or EIN of th	le plan sponsor or the plan name i	has changed since the last r	siurn/report filed for	3c Adminis 4b EIN	alrator's lolephone number			
4 If the name and/or EIN of th	e plan sponsor or the plan name i onsor's name, EIN, the plan ne me	has changed since the last r and the plan number from t	elurn/report filed for ne leat return/report,	4b EIN	alrator's tolephone number			
4 If the name and/or EIN of the this plan, enter the plan approximation of the plan approximation of the plan approximation.	e plan sponsor or the plan neine f meor's name, EIN, the plan ne me	has changed since the last r and the plan number from t	slurn/report filed for he last relurn/report,		alrator's tolephone number			
 4 If the name and/or EIN of the this plan, enter the plan spot a Sponsor's name C Plan Name 	oneor's name, EIN, the plan neme	and the plan number from t	he laat return/raport,	4b EIN	alrator's tolephone number			
 4 If the name and/or EIN of th this plan, enter the plan app a Sponsor's name C Plan Name 5a Total number of participents 	ansor's name, EIN, the plan neme a et the beginning of the plan year,	and the plan number from t	ne laat reiurn/raport,	4b EIN 4d PN 5a	alrator's tolephone number 1 3			
 4 If the name and/or EIN of the this plan, enter the plan sponsor's name C Plan Name 5a Total number of participants b Total number of participants 	ansor's name, EIN, the plan neme a si the beginning of the plan year 3 si lhe end of the plan year	and the plan number from t	ne laat reiurn/raport,	4b EIN 4d PN				
 4 If the name and/or EIN of the this plan, enter the plan appear of plan spectrum of plan spectrum of plan name 5 Total number of participants c Number of participants with 	pneor's name, EIN, the plan neme a et the beginning of the plan year a et lhe end of the plan year account balances as of the et d of	and the plan number from t	ne last return/report,	4b EIN 4d PN 5a				
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 4 If the name and/or EIN of the this plan, enter the plan spore a Sponsor's name c Plan Name 5a Total number of participants b Total number of participants with complete this item)	a at the beginning of the plan ne me a at the beginning of the plan year a count balances as of the end of inticipants at the beginning of the plan year	and the plan number from t f the plan year (only defined plan year	ne last return/report,	4b EIN 4d PN 5a 5b 5c	<u> </u>			
 4 If the name and/or EIN of the this plan, enter the plan spot a Sponsor's name C Plan Name 5a Total number of participants b Total number of participants with complete this item)	a et the beginning of the plan ne me a et the beginning of the plan year a count balances as of the et d of prticipants at the beginning of the plan ye articipants at the end of the plan ye b terminated employment durir a th	and the plan number from t f the plan year (only dafined plan year	ne last return/report,	4b EIN 4d PN 5a 5b 5c 5d(1)	<u> </u>			
 4 If the name and/or EIN of the this plan, enter the plan spot a Sponsor's name C Plan Name 5a Total number of participants b Total number of participants with complete this item)	a et the beginning of the plan ne me a et the beginning of the plan year a et the beginning of the plan year account balances as of the et do articipants at the beginning of the p articipants at the end of the plan yea b terminated employment durir g th or incomplete filling of this ratur	and the plan number from t the plan year (only defined plan year	ne last return/report, contribution plans nefits that were less	4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e	13 14 13 13 13 13 0			
 4 If the name and/or EIN of the this plan, enter the plan approximate the plan approximate plan approximate plan name 5 Plan Name 5 Total number of participants 5 Number of participants with complete this item)	a et the beginning of the plan ne me a et the beginning of the plan year a et the end of the plan year account balances as of the et.d of inticipants at the beginning of the p articipants at the end of the plan year of the plan year of the plan year	and the plan number from t the plan year (only defined plan year e plan year with accrued be infregort will be assessed refions. I declare that I have	ne last return/report, contribution plans nefits that were less unless ressonable ca	4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e 439 le estabils port lockuding	13 14 13 13 13 13 0 thed.			
 4 If the name and/or EIN of the this plan, enter the plan spot a Sponsor's name c Plan Name 5a Total number of participants b Total number of participants c Number of participants with complete this item)	a et the beginning of the plan ne me a et the beginning of the plan year a et the end of the plan year account balances as of the end of inticipants at the beginning of the p articipants at the end of the plan year terminated employment during the or incomplete filling of this ratur ther penalties set forth the instru- ther penalties set forth the instru-	and the plan number from t the plan year (only defined plan year e plan year with accrued be infreport will be assessed ictions, I declare that I have as well as the electronic ver	ne last return/report, contribution plans nefits that were less unless ressonable ca	4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e 439 le estabils port lockuding	13 14 13 13 13 13 0 thed.			
 4 If the name and/or EIN of the this plan, enter the plan spot a Sponsor's name C Plan Name 5a Total number of participants b Total number of participants with complete this item)	a et the beginning of the plan ne me a et the beginning of the plan year a et the beginning of the plan year account balances as of the end of pricipants at the beginning of the plan articipants at the end of the plan year to terminated employment during the or incomplete filling of this r ptur the penalties set forth in the instru- nd signed by an enrolled actuary, plote.	and the plan number from t the plan year (only defined plan year e plan year with accrued be infregort Will be assessed refors, I declare that I have as well as the electronic ver	ne last return/report, contribution plans nefits that were less unless ressonable ca	4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e 49 le estabilis port. Including, and to the be	13 14 13 13 13 13 0 thed.			
 4 If the name and/or EIN of the this plan, enter the plan spot a sponsor's name C Plan Name 5a Total number of participants b Total number of participants with complete this item)	a et the beginning of the plan ne me a et the beginning of the plan year a et the beginning of the plan year account balances as of the end of pricipants at the beginning of the plan articipants at the end of the plan year to terminated employment during the or incomplete filling of this r ptur the penalties set forth in the instru- nd signed by an enrolled actuary, plote.	and the plan number from t the plan year (only defined plan year e plan year with accrued be infreport will be assessed ictions, I declare that I have as well as the electronic ver	ne last return/report, contribution plans nefits that were less <u>unless ressonablo ca</u> sion of this return/repor	4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e 439 le estabilis port, including, t, and to the be MD	13 14 13 13 13 13 13 13 13 13 13 13 13 13 13			
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v.171027

Form 5500-SF (2018)

Page	2
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6a b		an independ and conditio	lent qualified public accountant (IQPA) ns.)	 X Yes [] No
С	If the plan is a defined benefit plan, is it covered under the PBGC is	nsurance pro	gram (see ERISA section 4021)?	Yes No Not determined
	If "Yes" is checked, enter the My PAA confirmation number from th	he PBGC pre	mium filing for this plan year	(See instructions.)
I Pa	art III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
7 a	Plan Assets and Liabilities	7a	(a) Beginning of Year 3, 069, 410	(b) End of Year 1,955,492
7 a	Plan Assets and Liabilities			

a Total plan assets	7a	3,069,410	1,955,492
b Total plan liabilities	7b		
C Net plan assets (subtract line 7b from line 7a)	7c	3,069,410	1,955,492
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from: (1) Employers	8a(1)	49,200	
(2) Participants	8a(2)	63,883	
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	-87,990	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		25,093
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1,138,886	
e Certain deemed and/or corrective distributions (see instructions)	8e		
f Administrative service providers (salaries, fees, commissions)	8f	125	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		1,139,011
i Net income (loss) (subtract line 8h from line 8c)	8i		-1,113,918
j Transfers to (from) the plan (see instructions)	8j		
Part IV Plan Characteristics			

Part IV | Plan Characteristics 9a | If the plan provides pension benef

a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
	2E 2F 2R 3B 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10	During the plan year:		Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 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.)	10b		х	
C	Was the plan covered by a fidelity bond?	10c	х		265,000
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	
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.)	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 of year-end.)	10g		Х	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		х	
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	10i			