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).

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

Pei	nsion Be	enefit Guaranty Corporation	▶ Complete all entries in acc	cordance with the in	structions to the Form 55	00-SF.		
Pa	rt I	Annual Report	Identification Information					
For c	alenda	ar plan year 2012 or fis	scal plan year beginning 01/01/2	2012	and ending	12/31/2	2012	
		urn/report is for:	a single-employer plan	=	ver plan (not multiemployer)	a one-particip	oant plan
Вт	his ret	urn/report is:	the first return/report	the final return/re	port			
			an amended return/report	a short plan year	return/report (less than 12 r	months))	
C c	heck b	oox if filing under:	Form 5558	automatic extens	ion		DFVC progra	am
			special extension (enter descri	 ption)			_	
Par	t II	Basic Plan Info	rmation—enter all requested info	ormation				
		of plan	Titlation of an requested line	maion		1b	Three-digit	
			DSON VALLEY P.L.L.C. PROFIT S	HARING PLAN			plan number	
							(PN) •	002
						1c	Effective date o	•
							01/01	/1996
2a F	Plan sp	oonsor's name and ad NEUROLOGY OF HU	dress; include room or suite numbe JDSON VALLEY, P.L.L.C.	r (employer, if for a s	ngle-employer plan)	2b	Employer Identi (EIN) 13-39	fication Number 49843
						2c	Sponsor's telep	
P.O. B		195 NY 10956-8195				24	845-62	
	J11 1, 1	141 10000 0100				20	Business code (62111	(see instructions)
3a F	Plan a	dministrator's name ar	nd address XSame as Plan Sponso	or Name Same as	Plan Sponsor Address	3b	Administrator's	
						30	Administrator's	telephone number
						30	Auministrator 5	telepriorie fluribei
4	If the n	name and/or EIN of the	e plan sponsor has changed since the	he last return/report f	led for this plan, enter the	4b	EIN	
			mber from the last return/report.	·	•			
a s	Sponso	or's name				4c	PN	
5a	Total r	number of participants	at the beginning of the plan year			. 5a		Ę
b	Total r	number of participants	at the end of the plan year			. 5b		
			account balances as of the end of the	, ,	•			
		•				5c		
_			s during the plan year invested in el					X Yes No
	•	•	f the annual examination and report ? (See instructions on waiver eligibil			,		X Yes No
			ither line 6a or line 6b, the plan ca					
			or incomplete filing of this return					
			her penalties set forth in the instruct					able a Schedule
		, , ,	nd signed by an enrolled actuary, as	,			O, 11	,
belief	f, it is t	true, correct, and comp	olete.					
SIGN	ı	Filed with authorized/	valid electronic signature.	04/08/2013	ARIEL SHERBANY			
HER	E	Signature of plan a	dministrator	Date	Enter name of indivi	dual sig	gning as plan adr	ninistrator
SIGN	ı	Filed with authorized/	valid electronic signature.	04/08/2013	ARIEL SHERBANY		·	
HER	E	Signature of emplo	ver/plan sponsor	Date	Enter name of indivi	dual sid	gning as employe	er or plan sponsor
Prepa	arer's		ame, if applicable) and address; inc					number (optional)

Form 5500-SF 2012 Page **2**

Pai	t III Financial Information										
	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End o	f Yea	r		
	Total plan assets	7a	67069				(b) Liid 0		0458		
	Total plan liabilities	7b	01000					- 00	0400	'	
	Net plan assets (subtract line 7b from line 7a)	7c	67069	18				83	0458		
	Income, Expenses, and Transfers for this Plan Year	,,,					(b) To		0430		
	Contributions received or receivable from:		(a) Amount				(b) To	lai			
	(1) Employers	8a(1)	6687	0							
	(2) Participants	8a(2)		0							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	9537	' 6							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						162	2246		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d									
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f		0							
g	Other expenses	8g	248	6							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							2486		
	Net income (loss) (subtract line 8h from line 8c)	8i							9760		
	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics	U U									
9a	If the plan provides pension benefits, enter the applicable pension 2E	feature co	des from the List of Plan Char	acteris	tic Co	odes in	the instructi	ons:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cteristi	c Coc	des in t	he instruction	ns:			
	W 0 11										
Part	•					·					
10	During the plan year:	C 20-1	andra de la compansión de		Yes	No	F	lmou	ınt		
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corr	rection Program)	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					
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 of	er person	s by an insurance carrier,								
	instructions.)			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.)	10q		X					
h		(See instru	uctions and 29 CFR	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	ne required	d notice or one of the	10i							
Part				101							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							П	Yes	X	No
11a	Enter the amount from Schedule SB line 39					11a					
12	Is this a defined contribution plan subject to the minimum funding						FRISA?	Π,	Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			, 01 36	CHOIT	002 UI		Ш_		^	
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		and e	enter th		e lette /ear	er ruli	ng	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					Day		oul_			
	Enter the minimum required contribution for this plan year	•				12b					

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	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 minus sign to the left of a 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?		Yes X No	
	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 another plan, or brought under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		_
1	3c(1) Name of plan(s):	3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	



Department of the Treasury Internal Revenue Service

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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

2012

This Form is Open to Public Inspection

Part I	Annual Report Identification Information							
or caler	ndar plan year 2012 or fiscal plan year beginning	01/01/2012	and ending	12/31/2012				
A This	return/report is for: x a single-employer plan	a multiple-employer	plan (not multiemployer)	a one-partic	ipant plan			
3 This	return/report is: the first return/report	the final return/repor	t					
	an amended return/report	a short plan year ret	urn/report (less than 12 m	onths)				
C Chec	k box if filing under: Form 5558	automatic extension		☐ DFVC prog	ram			
	special extension (enter descript	ion)						
Part II	Basic Plan Information enter all requested inf	ormation						
	ne of plan	omidion		1b Three-digit				
	DIATRIC NEUROLOGY OF HUDSON VALLEY P.L.L.	С БВОЕТТ СНУВТ	NG DIAN	plan number (PN) ▶	002			
101	PARTICL NEORODOGY OF HODBON VALUE 1.1.1.	C. INOPII DIMAN	NO TIPAN	1c Effective date 01/01/199	of plan			
2a Plai	n sponsor's name and address; include room or suite number	(employer, if for a sing	le-employer plan)	2b Employer Ider				
	DIATRIC NEUROLOGY OF HUDSON VALLEY, P.L.I			(EIN) 13-3				
	n now 1105			2c Sponsor's tele (845) 627				
Ρ.(D. BOX 1195			2d Business code	e (see instructions)			
JS NEV	N CITY NY 10956-8195			621111				
3a Plai	n administrator's name and address X Same as Plan Spons	sor Name Same as	Plan Sponsor Address	3b Administrator'	s EIN			
				3c Administrator	s telephone number			
1				Administrator	o telephone number			
				1				
	ne name and/or EIN of the plan sponsor has changed since the ne, EIN, and the plan number from the last return/report.	e last return/report filed	for this plan, enter the	4b EIN	ne dia 2 may 1 may 1 may 1			
a Spo	onsor's name			4c PN	Of Name Charles and			
5a Tot	al number of participants at the beginning of the plan year			5a	5			
	al number of participants at the end of the plan year			. 5b	6			
	mber of participants with account balances as of the end of the oplete this item)			5c 6				
a We	re all of the plan's assets during the plan year invested in elig	ible assets? (See instru	uctions.)		X Yes No			
	you claiming a waiver of the annual examination and report of ler 29 CFR 2520.104-46? (See instructions on waiver eligibility		fied public accountant (IQ	PA)	X Yes No			
E e	ou answered "No" to either line 6a or line 6b, the plan car		F and must instead use	Form 5500.				
	n: A penalty for the late or incomplete filing of this return/							
SB or S	penalties of perjury and other penalties set forth in the instruct Schedule MB completed and signed by an enrolled actuary, as							
peliet, i	t is true, correct, and complete.	1/110/10	5 g	V X X X X X X X X X X X X X X X X X X X				
SIGN	1 6/6/04	1412/13	ARIEL SHERBANY,	M.D.				
HERE	Signature of plan administrator	Date	Enter name of individua	al signing as plan adı	ministrator			
SIGN	Al h 100	14/2/13	ARIEL SHERBANY,	M.D.				
HERE	Signature of employer/plan sponsor	Date	Enter name of individua	al signing as employe	er or plan sponsor			
Prepare	er's name (including firm name, if applicable) and address; inc			Preparer's telephor	e number (optional)			
	The second section of the second seco	STATE OF STA	All the second recommend					

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Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year	,			(b) End of Year
a	Total plan assets	7a	670,69	98			830,458
b	Total plan liabilities	7b					
C	Net plan assets (subtract line 7b from line 7a)	7c	670,69	98			830,458
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	66,87	70			
-	(2) Participants	8a(2)		0			
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	95,37	76			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					162,246
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d					
e	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f		0			
g	Other expenses	8g	2,48	36			
-	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	,				2,486
i	Net income (loss) (subtract line 8h from line 8c)	8i					159,760
i	Transfers to (from) the plan (see instructions)	8i					
Pa	rt IV Plan Characteristics	-					
	If the plan provides welfare benefits, enter the applicable welfare feature V Compliance Questions	ature code	s from the List of Plan Characte	eristic	Codes	s in the	e instructions:
10	During the plan year:				Yes	No	Amount
a				10a	165	X	Amount
b		? (Do not i	nclude transactions reported	10b		x	
	Was the plan covered by a fidelity bond?		The same of the sa	10c		X	
d		OHER AND SOME OF THE PARTY OF		100			
	or dishonesty?			10d		х	
е	Were any fees or commisions paid to any brokers, agents, or other insurance service or other organization that provides some or all cinstructions.)	of the bene	efits under the plan? (See				
f				10e		x	
	Has the plan failed to provide any benefit when due under the plan			10e 10f		x	
0		n?		10f			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)			х	
	Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the second of the plan have any participant loans?	s of year o	and.)	10f 10g		x	
h	Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.)	s of year o	and.)	10f 10g 10h		x	
h	Did the plan have any participant loans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	s of year e (See instrumer required 1-3	d notice or one of the Yes," see instructions and com	10f 10g 10h 10i		x x	
h i Pa	Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 If VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem	s of year e (See instrume required 1-3	d notice or one of the Yes," see instructions and com	10f 10g 10h 10i		x x	
h i Pa	Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.107 If VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the amount from Schedule SB line 39	s of year of (See instrument required 1-3	and.) Ictions and 29 CFR In notice or one of the Yes," see instructions and com	10f 10g 10h 10i		x x x lule S	Yes X No
11 11 12	Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 If 10h was answered "Yes," check the box if you either provided the exceptions to provide the exception to provide the exceptio	s of year of (See instruments) (If '	end.) Inctions and 29 CFR In notice or one of the Yes," see instructions and come ents of section 412 of the Code able.)	10f 10g 10h 10i plete	ction 3	x x x lule S 11a 02 of	ERISA? Yes X No
i Pa 11	Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.107 If VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) a Enter the amount from Schedule SB line 39 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	s of year of (See instru- ne required 1-3	end.) Indications and 29 CFR Indications and 29 CFR Indications and complete in the indication in t	10f 10g 10h 10i plete or sec	ction 3	x x x lule S 11a 02 of	ERISA? Yes X No
11 11 12 a	Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10. If Yension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the amount from Schedule SB line 39 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below If a waiver of the minimum funding standard for a prior year is bei	s of year of (See instruments) (If 'ments') (If 'ments') (If 'ments'), as applicing amortizing	Yes," see instructions and coments of section 412 of the Code able.)	10f 10g 10h 10i plete or sec	ction 3	x x x lule S 11a 02 of	ERISA? Yes X No

4a Name of trust		14b T	14b Trust's EIN		
Part	VIII Trust Information (optional)	1			
		1			
•	13c(1) Name of plan(s):	c(2) EIN	(s)	13c(3) PN(s	
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?			Yes X N	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a	in 39		
13a	Has a resolution to terminate the plan been adopted in any plan year?	☐ Y	es X	No	
Par	VII Plan Terminations and Transfers of Assets				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	□ No □ N/	
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d			
С	Enter the amount contributed by the employer to the plan for this plan year	12c			



5500-SF Electronic Filing Authorization

Plan Name:

PEDIATRIC NEUROLOGY OF HUDSON VALLEY P.L.L.C. PROFIT SHARING PLAN

EIN/PN:

13-3949843/002

Plan Year:

01/01/2012 - 12/31/2012

I hereby authorize Everett Berger to electronically file the above return with the US Department of Labor's Electronic Filing Acceptance System (EFAST).

I have signed Form 5500-SF for this return and understand a scanned copy of this return bearing my manual signature will be included in the electronic filing and posted on the US Department of Labor's internet site for public disclosure.

Plan Administrator