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).

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

•	01101011 201	non Guarany Gorporation		Complete all entries in acceptance	cordance with the i	nstructions to the Form 550	<u>0-SF.</u>			
Pa	art I	Annual Report I	der	ntification Information						
For	calenda	ar plan year 2012 or fis	cal p	olan year beginning 01/01/2	2012	and ending	2/31/	2012		
Α -	This retu	urn/report is for:	X	a single-employer plan	a multiple-emple	oyer plan (not multiemployer)		a one-particip	oant plan	
		urn/report is:	ſ	the first return/report	the final return/r	eport		_		
			\prod	an amended return/report	a short plan year	return/report (less than 12 m	onths)		
C	Check b	oox if filing under:	$\overline{\sqcap}$	Form 5558	automatic exten	sion		DFVC progra	am	
		· · · · · · · · · · · · · · · · · · ·	ቨ;	special extension (enter descri	iption)					
Pa	rt II	Basic Plan Infor	ma	ntion—enter all requested info	ormation					
	Name o						1b	Three-digit		
		•	, PC	401K PROFIT SHARING PLA	AN & TRUST			plan number		
								(PN) ▶	001	
							1c	1c Effective date of plan 01/01/1988		
		oonsor's name and add EDICAL ASSOCIATES		s; include room or suite numbe	er (employer, if for a	single-employer plan)	2b	Employer Identi (EIN) 14-17	fication Number 20592	
PO R	OX 809	1					2c	Sponsor's telep		
		Y 10924					2d	Business code ((see instructions)	
3a	Plan ac	dministrator's name and	d ad	dress XSame as Plan Spons	or Name Same a	s Plan Sponsor Address	3b	Administrator's		
							3с	Administrator's	telephone number	
4				n sponsor has changed since t	he last return/report	filed for this plan, enter the	4b	EIN		
_			ıber	from the last return/report.			4.	DNI		
		or's name					+	PN		
				e beginning of the plan year			5a		29	
b				e end of the plan year			5b		30	
С				unt balances as of the end of t		•	5c		29	
6a	Were	all of the plan's assets	duri	ing the plan year invested in el	ligible assets? (See i	nstructions.)			X Yes No	
b		•		annual examination and report	•	•				
				e instructions on waiver eligibi					X Yes No	
	If you	answered "No" to eit	her	line 6a or line 6b, the plan c	annot use Form 550	00-SF and must instead use	Form	5500.		
Cau	ıtion: A	penalty for the late o	r inc	complete filing of this return	/report will be asse	ssed unless reasonable cau	ıse is	established.		
SB	or Sche		d sig	enalties set forth in the instruc gned by an enrolled actuary, a						
SIG		Filed with authorized/v	alid	electronic signature.	04/12/2013	ALAN SCHAFFER				
HEF	RE	Signature of plan administrator Date Enter name of individua				ual si	ual signing as plan administrator			
SIG	N	,					,			
HEF		Ciamatura of america			Data	Finton process of the World	al -'	min a onle	ur or plan are recer	
Prer	parer's r	Signature of employ name (including firm na	_	, if applicable) and address; inc	Date clude room or suite r	Enter name of individ			number (optional)	
,		······································				((

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Pai	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year		
a	Total plan assets	7a	379710				4347180		
	Total plan liabilities	7b		0			0		
	Net plan assets (subtract line 7b from line 7a)	7c	379710				4347180		
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
	Contributions received or receivable from:		(a) Amount				(b) Total		
	(1) Employers	8a(1)	7362	2					
	(2) Participants	8a(2)	12647	' 8					
	(3) Others (including rollovers)	8a(3)		0					
b	Other income (loss)	8b	35694	6					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					557046		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	697	4					
е	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f	Administrative service providers (salaries, fees, commissions)	8f		0					
g	Other expenses	8g		0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					6974		
	Net income (loss) (subtract line 8h from line 8c)	8i					550072		
	Transfers to (from) the plan (see instructions)	8j		0					
Par	t IV Plan Characteristics	<u> </u>							
	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2R 2J 2K 3D	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	des in t	ne instructions:		
Part	V Compliance Questions								
	<u> </u>				Yes	No	A		
10 a	During the plan year: Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period described in		163	NO	Amount		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	ıciary Corı	rection Program)	10a		X			
D	on line 10a.)			10b		Χ			
	Was the plan covered by a fidelity bond?			10c	Χ			500000	
d	• • •			100			•	300000	
	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 cinstructions.)	of the bene	efits under the plan? (See	10e		X			
f	Has the plan failed to provide any benefit when due under the plan					X			
	· · · · · · · · · · · · · · · · · · ·			10f	V				
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount a		,	10g	X			58025	
h	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	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)								
11a						11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?								
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applic	able.)						
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		and e	enter th Day	e date of the letter ruli	ng 	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.						
b	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	

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).

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation Complete all entr	ries in accordance with the instructio	ns to the Form 5500-SF.		
Part I Annual Report Identification Inform				
For calendar plan year 2012 or fiscal plan year beginning	01/01/2012	and ending	12/31/2012	
A This return/report is for:	lan a multiple-employer plan	(not multiemployer)	a one-participar	nt plan
B This return/report is: the first return/report	=	•		
an amended return/r	<u> </u>	report (less than 12 month	ns)	
C Check box if filing under: Form 5558	automatic extension	opor (DFVC program	
special extension (er			☐ Di ¥O piogia	J
Part II Basic Plan Information—enter all requ	Jested Information	146	77 dii4	
1a Name of plan	4	10	Three-digit plan number	
GOSHEN MEDICAL ASSOCIATES, PC 40	IK PROFIT SHARING		(PN) •	001
PLAN & TRUST		1c	Effective date of pl	lan
			01/01/1988	
2a Plan sponsor's name and address; include room or su	ite number (employer, if for a single-em	ployer plan) 2b	Employer Identifica	
GOSHEN MEDICAL ASSOCIATES, PC			(EIN) 14-17205	
		2c	Sponsor's telephor	
PO Box 809		24	(845) 294-8	
	N717 1		Business code (see	e instructions)
Goshen 3a Plan administrator's name and address XSame as Pl	Ian Sponsor Name ☐ Same as Plan So		Administrator's EIN	
Touris administrator of name and address pourie as 1		onsor Address	- Administrator o En	`
		3c	Administrator's tele	phone number
A life has a second of CINI of the allowance to a least	and the death and the death of	1.5. 1		
4 If the name and/or EIN of the plan sponsor has chang name, EIN, and the plan number from the last return/r		his plan, enter the 4b	EIN	
a Sponsor's name	орога.	· 4c	: PN	
5a Total number of participants at the beginning of the pl	an year	5a		29
b Total number of participants at the end of the plan year	ar	5b	,	30
C Number of participants with account balances as of th	ne end of the plan year (defined benefit)			
complete this item)			;	29
6a Were all of the plan's assets during the plan year inve				X Yes
b Are you claiming a waiver of the annual examination a				X Yes No
under 29 CFR 2520.104-46? (See instructions on wai If you answered "No" to either line 6a or line 6b, ti				X Yes ∐No
Caution: A penalty for the late or incomplete filing of the Under penalties of perjury and other penalties set forth in the				lo a Cabadula
SB or Schedule MB completed and signed by an enrolled a	actuary, as well as the electronic version	n of this return/report, and	i to the best of my kn	e, a schedule lowledge and
belief, it is true, correct, and complete.	-	•		
SIGN // ///	3 21 13 AI	lan Cabaffan	-	
SIGN HERE		lan Schaffer		
Signature of plan administrator	Date E	Enter name of individual si	igning as plan admin	istrator
SIGN				
HERE. Signature of employer/plan sponsor	Date E	Enter name of individual si	igning as employer o	r plan sponsor
Preparer's name (including firm name, if applicable) and ac	ddress; include room or suite number (o	optional) Pre	eparer's telephone nu	ımber (optional)
		. The state of		Mark the state of
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

Par	fill Financial Information										
7	Plan Assets and Liabilities	,	(a) Beginning of Yea	r			(b) End of Year				
а	Total plan assets	7a	3,797	8	4,347,			7 , 180			
<u>b</u>	Total plan liabilities	7b			0				0		
<u> </u>	et plan assets (subtract line 7b from line 7a)				8		4,347,180				
8	come, Expenses, and Transfers for this Plan Year (a) Amount						(b) Total				
	Contributions received or receivable from:	8-(4)									
	(1) Employers	8a(1) 8a(2)	126								
	(2) Participants(3) Others (including rollovers)	8a(3)	120	7	n						
	Other income (loss)	8b	356	5,94	6	The state of the s		KISOTO ST			
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					2	55	7,046		
	Benefits paid (including direct rollovers and insurance premiums	- 00		99 to 20							
	to provide benefits)	. 8d		6 , 97	4		1000	Section 1			
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	. 8e			0			<u></u>			
_ <u>f</u>	Administrative service providers (salaries, fees, commissions)	. 8f		_	0	5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Agrico de la cina		مبني يبت		
g	Other expenses	. 8g			0	7 W					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h			2				6,974		
<u> i </u>	Net income (loss) (subtract line 8h from line 8c)	. 8i		2007.2°		388 y W.S.C.	****	55	0,072		
<u>j</u>	Transfers to (from) the plan (see instructions)	- 8j			0 💥	Ų.	N. Land	<u> San Ja</u>			
b	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2R 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare f Compliance Questions										
10	During the plan year:			_	Yes	No		Amount			
a		itions with	in the time period described in	10a		X		Allount			
b		t? (Do not	include transactions reported	10b	_	Х					
c	Was the plan covered by a fidelity bond?			10c	Х				00,000		
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	•	•	10d		Х					
e	Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.)	her persor of the ben	ns by an insurance camer, efits under the plan? (See	10e		X	1.				
f	Has the plan failed to provide any benefit when due under the plan	an?		10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year	end.)	10g	Х			!	58,025		
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		х					
ī	If 10h was answered "Yes," check the box if you either provided texceptions 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 requiren 5500) and line 11a below)	nents? (If '	Yes," see instructions and com	plete	Sched	dule SE	3 (Form	Yes	No		
11a	Enter the amount from Schedule SB line 39					11a					
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?										
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)										
	If a waiver of the minimum funding standard for a prior year is bei granting the waiver.			th	, and e	enter th Day	ne date of th	ne letter ru Year	ıling		
H	you completed line 12a, complete lines 3, 9, and 10 of Schedu	le MB (Fo	rm 5500), and skip to line 13.			455					
b	Enter the minimum required contribution for this plan year			<u></u>		12b					

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	Enter the amount contributed by the employer to the plan for this plan ye	<u> </u>	12c	1	
d	Subtract the amount in line 12c from the amount in line 12b. Enter the renegative amount)		12d		
е	Will the minimum funding amount reported on line 12d be met by the fun	nding 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 employ	ver this year	13a		
b	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 which assets or liabilities were transferred. (See instructions.)	s plan to another plan(s), identify the plan(s) to		
1	3c(1) Name of plan(s):		13c(2)	EIN(s)	13c(3) PN(s)
100000000000000000000000000000000000000	VIII Trust information (optional) Name of trust		14h	Trust's EIN	
14a	name of trust		140	ITUSES EIN	