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).

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OMB Nos. 1210-0110

1210-0089

2012

This Form is Open to Public Inspection

Pension E	Benefit Guaranty Corporation	▶ Complete all entries in accordance	ordance with the instruc	tions to the Form 550	0-SF.	
Part I	Annual Report	Identification Information				
For calend	dar plan year 2012 or f	iscal plan year beginning 01/01/20	12	and ending 1	2/31/2012	
	eturn/report is for:	a single-employer plan	a multiple-employer pl	an (not multiemployer)	a one-partici	pant plan
B This re	eturn/report is:	the first return/report	the final return/report			
		an amended return/report	a short plan year returr	n/report (less than 12 m	onths)	
C Check	box if filing under:	Form 5558	automatic extension		DFVC progra	am
	•	special extension (enter descript	<u> </u>		_	
Part II	Racic Plan Info	prmation—enter all requested inform				
		ormation—enter all requested infor	nation		1h Thron digit	
1a Name		MEDICINE, PC 401K PROFIT SHAR	ING DI ANI AND TRUST		1b Three-digit plan number	
NEW TORK	C BRONX FEDIATRIC	MEDICINE, FC 40TK FKOFTI SHAK	ING FLAN AND TRUST		(PN)	001
					1c Effective date of	ıf nlan
						/1999
2a Plan s	sponsor's name and a	ddress; include room or suite number	(employer, if for a single-	employer plan)	2b Employer Ident	ification Number
	K BRONX PEDIATRIC		(39698
					2c Sponsor's telep	hone number
4422 THIRI	D AVE - DEPT OF PEI	DIATRICS				0-9419
BRONX, N'		DIATRICO			2d Business code	(see instructions)
					6211	,
3a Plan a	administrator's name a	ind address XSame as Plan Sponsor	Name Same as Plan	Sponsor Address	3b Administrator's	FIN
ou man	adminiorator o namo a	Line address Dearns as Flair Sporisor		openeer ridarees	, tarrimiotrator o	
					3c Administrator's	telephone number
4 If the	name and/or EIN of th	e plan sponsor has changed since the	e last return/report filed fo	or this plan, enter the	4b EIN	
		imber from the last return/report.				
a Spons	sor's name				4c PN	
5a Total	number of participants	s at the beginning of the plan year			5a	43
b Total	number of participants	s at the end of the plan year			5b	44
		account balances as of the end of the				
				•	5c	44
6a Were	e all of the plan's asset	ts during the plan year invested in elig	ible assets? (See instruc	tions)		X Yes No
_		of the annual examination and report of				
	•	?? (See instructions on waiver eligibility	•		,	X Yes No
If yo	u answered "No" to e	either line 6a or line 6b, the plan car	not use Form 5500-SF	and must instead use	Form 5500.	
Caution:	A penalty for the late	or incomplete filing of this return/re	eport will be assessed	unless reasonable cau	ise is established.	
		ther penalties set forth in the instruction				cable a Schedule
	, , ,	and signed by an enrolled actuary, as	•		, 0, 11	,
belief, it is	true, correct, and com	plete.		•	•	ŭ
	Et al colto a colto al anterior	More Pall and a street from the section of	05/45/0040			
SIGN	Filed with authorized	I/valid electronic signature.	05/15/2013	DAVID RUBIN		
HERE	Signature of plan a	administrator	Date	Enter name of individ	ual signing as plan ad	ministrator
SIGN						
HERE	Cimpeture of arrest	ever/elen enener	Data	Enter name of individu	uol oigning as assats	
Dreparer's	Signature of emplo	oyer/plan sponsor name, if applicable) and address; inclu	Date	Enter name of individ	ual signing as employers Preparer's telephone	
riepaiers	s name (including fifm)	name, ii applicable) and address; incit	ade room of suite numbe	(υριιυπαι)	riepaiei s leiepiione	number (optional)
Ī						

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Do	rt III Financial Information								
	Plan Assets and Liabilities		(a) Paginning of Van				(h) End of Your		
	Total plan assets	7a	(a) Beginning of Yea		(b) End of Year 5518914				
	Total plan liabilities	7a 7b	470000	0			0		
	Net plan assets (subtract line 7b from line 7a)	76 7c	478888				5518914		
8		76							
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total		
	(1) Employers	8a(1)	12462	23					
	2) Participants								
	(3) Others (including rollovers)	8a(3)		0					
b	Other income (loss)	8b	60912	27					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					877096		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	9455	52					
е	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f	Administrative service providers (salaries, fees, commissions)	8f	5251	3					
g	Other expenses	8g		0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					147065		
i	Net income (loss) (subtract line 8h from line 8c)	8i					730031		
j	Transfers to (from) the plan (see instructions)	8j		0					
Par	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 3D	feature co	des from the List of Plan Char	acteris	stic Co	des 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 Coc	les in t	he instructions:		
Par	t V Compliance Questions								
10	During the plan year:				Yes	No	Amount		
a				10a		X	Amount		
b		? (Do not	include transactions reported	10b		X			
С					X				
	· · · · · · · · · · · · · · · · · · ·			10c			500000		
d	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>		-		10g	X		49065		
h	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								
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								
11a	Enter the amount from Schedule SB line 39					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?								
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applic	able.)						
	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 granting the waiverMonth Day Year								
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

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Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

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2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

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

Part I		Identification Information						
For cale	ndar plan year 2012 or fi	scal plan year beginning	01/01/2012	and ending		12/31/201	.2	
A This	return/report is for:	X a single-employer plan	a multiple-employer p	olan (not multiemployer)		a one-partici	pant plan	
B This	return/report is:	the first return/report	the final return/report	t				
		an amended return/report	a short plan year retu	urn/report (less than 12 m	nonths	;)		
C Chec	ck box if filing under:	Form 5558	automatic extension			DFVC progra	am	
	•	special extension (enter descrip	ption)					
Part I	Basic Plan Info	ermation—enter all requested info						
	ne of plan				1b	Three-digit		
		DIATRIC MEDICINE, PC				plan number (PN) ▶	00	1
403	lK PROFIT SHARI	NG PLAN AND TRUST			1c	Effective date of 06/01/1999		
	•	Idress; include room or suite number DIATRIC MEDICINE,	(employer, if for a single	-employer plan)	2b	Employer Identif	fication Nun 9698	nber
PC					2c	Sponsor's telep		er
442 BRO		DEPT OF PEDIATRICS	NV	10457	2d	Business code (see instruct	tions)
		nd address X Same as Plan Sponso			3b	Administrator's	EIN	
		Ц .	Ц		3с	Administrator's	elephone n	umber
		e plan sponsor has changed since th	e last return/report filed f	or this plan, enter the	4b	EIN		
nar		e plan sponsor has changed since th mber from the last return/report.	e last return/report filed f	for this plan, enter the	4b 4c			
nar a Spo	ne, EIN, and the plan nu nsor's name							43
nar a Spo 5a Tot	ne, EIN, and the plan nu nsor's name al number of participants	mber from the last return/report.			4c			43
nar a Spo 5a Tot b Tot c Nur	ne, EIN, and the plan nu nsor's name al number of participants al number of participants mber of participants with	mber from the last return/report. at the beginning of the plan year	e plan year (defined ben	efit plans do not	4c 5a			
a Spo 5a Tot b Tot c Nur	ne, EIN, and the plan nu nsor's name al number of participants al number of participants mber of participants with nplete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the	ne plan year (defined ben	efit plans do not	4c 5a 5b 5c	PN	X Yes	4 4
nar a Spo 5a Tot b Tot c Nur cor 6a We b Are	ne, EIN, and the plan number of participants all number of participants all number of participants with applete this item)ere all of the plan's asset by you claiming a waiver of the 29 CFR 2520.104-46	at the beginning of the plan year at the end of the plan year account balances as of the end of the starting the plan year invested in eligible fithe annual examination and report of the enstructions on waiver eligibili	e plan year (defined ben gible assets? (See instru of an independent qualifi ty and conditions.)	efit plans do not ctions.)ed public accountant (IQ	4c 5a 5b 5c	PN	X Yes	44
nar a Spo 5a Tot b Tot c Nur cor 6a We b Are	ne, EIN, and the plan number of participants all number of participants all number of participants with applete this item)ere all of the plan's asset by you claiming a waiver of the 29 CFR 2520.104-46	at the beginning of the plan year at the end of the plan year account balances as of the end of the	e plan year (defined ben gible assets? (See instru of an independent qualifi ty and conditions.)	efit plans do not ctions.)ed public accountant (IQ	4c 5a 5b 5c	PN	_	4 4 4 4
nar a Spo 5a Tot b Tot c Nur cor 6a We b Are unc lf y	ne, EIN, and the plan number of participants all number of participants with a plete this item)ere all of the plan's asset by you claiming a waiver of the plan's to e can answered "No" to e	at the beginning of the plan year at the beginning of the plan year at the end of the plan year account balances as of the end of the second the plan year invested in eligible of the annual examination and report of the instructions on waiver eligibilicither line 6a or line 6b, the plan ca or incomplete filing of this return/	gible assets? (See instruction of an independent qualificity and conditions.)	efit plans do not ctions.)ed public accountant (IQI and must instead use	4c 5a 5b 5c PA)	PN 5500. established.	X Yes	4 4 4 4 No
nar a Spo 5a Tot b Tot c Nur cor 6a We b Are unc lf y Caution Under poss or Sc	ne, EIN, and the plan number of participants all number of participants with a plete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the second description of the annual examination and report of the second lead of the end o	gible assets? (See instruction of an independent qualificity and conditions.)	efit plans do not ctions.) ed public accountant (IQI and must instead use unless reasonable cau	4c 5a 5b 5c PA) Form use is	PN 5500. established. cluding, if applic	X Yes	4 4 4 4 No No
nar a Spo 5a Tot b Tot c Nur cor 6a We b Are unc lf y Caution Under poss or Schelief, it	ne, EIN, and the plan number of participants all number of participants with a plete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the second description of the annual examination and report of the second lead of the end o	gible assets? (See instruction of an independent qualificity and conditions.)	efit plans do not ctions.) ed public accountant (IQI and must instead use unless reasonable cau	4c 5a 5b 5c PA) Form use is	PN 5500. established. cluding, if applic	X Yes	4 4 4 4 No No
nar a Spo 5a Tot b Tot c Nur cor 6a We b Are unc lf y Caution Under po SB or Sc belief, it	ne, EIN, and the plan number of participants all number of participants with a number of the plan's asset a you claiming a waiver of ler 29 CFR 2520.104-46 ou answered "No" to e an a number of the late concluded the number of the late on the late of the late	at the beginning of the plan year at the end of the plan year account balances as of the end of the second balance in the plan category in the second balance balance in the second balan	gible assets? (See instruction of an independent qualificity and conditions.)nnot use Form 5500-SF report will be assessed ons, I declare that I have well as the electronic ve	efit plans do not ctions.) ed public accountant (IQI and must instead use unless reasonable cau examined this return/report	4c 5a 5b 5c PA) Formuse is	5500. established. cluding, if applicate the best of my	X Yes	4 4 4 4 No No
nar a Spo 5a Tot b Tot c Nur cor 6a We b Are unc lf y Caution Under poss or Schelief, it	ne, EIN, and the plan number of participants all number of participants with a number of participants and a number of participants and a number of participants of perjury and other of participants of perjury and other of participants of	at the beginning of the plan year at the end of the plan year account balances as of the end of the second balance in the plan category in the second balance balance in the second balan	gible assets? (See instruction of an independent qualificity and conditions.)nnot use Form 5500-SF report will be assessed ons, I declare that I have well as the electronic ve	efit plans do not ctions.)ed public accountant (IQI and must instead use unless reasonable cau examined this return/rep rsion of this return/report	4c 5a 5b 5c PA) Formuse is	5500. established. cluding, if applicate the best of my	X Yes	4 4 4 4 No No
nar a Spo 5a Tot b Tot c Nur cor 6a We b Are unc lf y Caution Under poss or Schelief, it	ne, EIN, and the plan number of participants all number of participants with a number of plan's asset a you claiming a waiver of ler 29 CFR 2520.104-46 ou answered "No" to e an alties of perjury and othedule MB completed a is true, correct, and com	at the beginning of the plan year at the end of the plan year account balances as of the end of the second balance or line 6a or line 6b, the plan caterial or line 6a or line 6b, the plan caterial balances as the second balances as forth in the instruction of signed by an enrolled actuary, as plete.	gible assets? (See instruction of an independent qualificity and conditions.)nnot use Form 5500-SF report will be assessed ons, I declare that I have well as the electronic ve	efit plans do not ctions.)ed public accountant (IQI and must instead use unless reasonable cau examined this return/rep rsion of this return/report	4c 5a 5b 5c PA) Formuse is port, in the control of	5500. established. cluding, if applicate the best of my	X Yes able, a Schiknowledge	4 4 4 4 No No edule and
nar a Spo 5a Tot b Tot c Nur cor 6a We b Are unc If y Caution Under po SB or Sc belief, it SIGN HERE	ne, EIN, and the plan number of participants all number of participants and number of participants with a plete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the second balance or line 6a or line 6b, the plan caterial or line 6a or line 6b, the plan caterial balances as the second balances as forth in the instruction of signed by an enrolled actuary, as plete.	gible assets? (See instruction of an independent qualificity and conditions.)	efit plans do not ctions.)ed public accountant (IQI and must instead use unless reasonable cau examined this return/report DAVID RUBIN Enter name of individu	4c 5a 5b 5c PA) Formuse is port, in the control of	5500. established. cluding, if applicate the best of my	X Yes able, a Schiknowledge	4 4 4 4 No No edule and
nar a Spo 5a Tot b Tot c Nur cor 6a We b Are unc If y Caution Under po SB or Sc belief, it SIGN HERE	ne, EIN, and the plan number of participants all number of participants and number of participants with a plete this item)	at the beginning of the plan year at the beginning of the plan year at the end of the plan year account balances as of the end of the second second balances as of the end of the second seco	gible assets? (See instruction of an independent qualificity and conditions.)	efit plans do not ctions.)ed public accountant (IQI and must instead use unless reasonable cau examined this return/report DAVID RUBIN Enter name of individu	4c 5a 5b 5c PA) Formuse is port, in the control of	5500. established. cluding, if applicate the best of my	X Yes able, a Schiknowledge	4 4 4 4 No No edule and
nar a Spo 5a Tot b Tot c Nur cor 6a We b Are unc If y Caution Under po SB or Sc belief, it SIGN HERE	ne, EIN, and the plan number of participants all number of participants and number of participants with a plete this item)	at the beginning of the plan year at the beginning of the plan year at the end of the plan year account balances as of the end of the second second balances as of the end of the second seco	gible assets? (See instruction of an independent qualificity and conditions.)	efit plans do not ctions.)ed public accountant (IQI and must instead use unless reasonable cau examined this return/report DAVID RUBIN Enter name of individu	4c 5a 5b 5c PA) Formuse is port, in the control of	5500. established. cluding, if applicate the best of my	X Yes able, a Schiknowledge	4 4 4 4 No No edule and

<u>Pa</u>	rt III Financial Information				_					
7	Plan Assets and Liabilities		(a) Beginning of Ye		\perp		(b) En	(b) End of Year		
	Total plan assets	7a	4,78	8,88	33		_	ļ	5,51	8 , 914
	Total plan liabilities	7b			0		_			C
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	<u>4</u> ,78	8,88	33				5,51	8,914
8	Income, Expenses, and Transfers for this Plan Year	(a) Amount				(b)	Total			
а	Contributions received or receivable from: (1) Employers	8a(1)	12	4,62	23					
	(2) Participants	8a(2)		3,34	_					
	(3) Others (including rollovers)	8a(3)			0				_	
b	· • • • • • • • • • • • • • • • • • • •			9,12	27					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		-					87	7,096
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	9	4 , 55	52					·
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e			0		_			
f	Administrative service providers (salaries, fees, commissions)	8f	5	2 , 51	_3					
g	Other expenses	8g			0					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							14	7 <u>,</u> 065
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i			4				730	0 <u>,</u> 031
j_	Transfers to (from) the plan (see instructions)	8j			0					
_Par	t IV Plan Characteristics									
9a 	If the plan provides pension benefits, enter the applicable pension 2E 2J 3D	feature cod	es from the List of Plan Char	acteri	stic Co	des in	the instru	ıctions	:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	s from the List of Plan Chara	cterist	ic Cod	les in t	he instruc	tions:		
Part	V Compliance Questions									
10	During the plan year:				Yes	No		Amo	unt	
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	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	Х				50	0,000
d	Did the plan have a loss, whether or not reimbursed by the plan's 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 cinstructions.)			10e		Х				
f				10f		Х				
g	- 			10g	Х				Δ	9,065
h		See instruc	ctions and 29 CFR	10h		Х				27000
ī	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	notice or one of the	10i						
Part			<u></u>							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "Y	es," see instructions and com	plete	Sched	lule SE	3 (Form	Тп	Yes	⊠No
11a	Enter the amount from Schedule SB line 39					11a		<u> </u>		
12	Is this a defined contribution plan subject to the minimum funding						FRISA?	ТП	Yes	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 granting the waiver.	g amortize	d in this plan year, see instru		, and e	enter th	ne date of	the let		ng
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule									
	Enter the minimum required contribution for this plan year					12b	I			

	٠					
	F	rm 5500-SF 2012 Page 3 -				
			$\overline{}$	12c		
		the amount contributed by the employer to the plan for this plan year	+	120		
đ		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ve amount)		12d		
е	Will t	e 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 "Ye	s," enter the amount of any plan assets that reverted to the employer this year		13a		
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under th PBGC?	e co	ntrol 		Yes X No
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s assets or liabilities were transferred. (See instructions.)	s) to			
1	3 <u>c(1)</u>	lame of plan(s):	130	(2) E	IN(s)	13c(3) PN(s)
Part	VIII	Trust Information (optional)	_			
14a I	Name	of trust	1	4b ⊺	rust's EIN	