Form 5500-SF						OMB Nos. 1210-0110 1210-0089	
Department of the Treasury Internal Revenue Service					2012		
Department of Labor Employee Benefits Security Administration	Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 605			8(a) of This Form is Open t		•	
Pension Benefit Guaranty Corporation	Complete all entries in acc	ordance with the instru	ctions to the Form 5500)-SF.	Int	spection	
	dentification Information al plan year beginning 01/01/2	112	and ending 1	2/31/2	2012		
For calendar plan year 2012 or fisc	\overline{X} a single-employer plan			2/31/4	-		
A This return/report is for:			blan (not multiemployer)		a one-partici	pant plan	
B This return/report is:	the first return/report	the final return/report					
	an amended return/report		rn/report (less than 12 mo	onths	-		
C Check box if filing under:	Form 5558	automatic extension		DFVC program			
	special extension (enter descrip	,					
	mation—enter all requested info	mation		1h	Three-digit		
1a Name of plan ELDER MEDICAL SERVICES P.C. F	PROFIT SHARING PLAN			UD	plan number		
					(PN) ▶	002	
				1c	Effective date o	•	
		/		01-	12/31		
2a Plan sponsor's name and addr ELDER MEDICAL SERVICES P.C.	ess; include room or suite number	(employer, if for a single	employer plan)			93961	
132 CAYUGA ROAD, SUITE 1C				2c Sponsor's teleph 716-204-			
CHEEKTOWAGA, NY 14225-1942				2d	Business code 6211	(see instructions)	
3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address ELDER MEDICAL SERVICES P.C. 132 CAYUGA ROAD, SUITE 1C				3b	Administrator's	EIN 393961	
	UNEEKTOV	/AGA, NY 14225-1942		60	716-204	telephone number 4-9711	
4 If the name and/or EIN of the p name, EIN, and the plan number 100 minutes 1	blan sponsor has changed since th ber from the last return/report.	e last return/report filed f	for this plan, enter the		EIN		
a Sponsor's name					PN		
5a Total number of participants a				5a		59	
	t the end of the plan year			5b		32	
	ccount balances as of the end of th			5c		4	
6a Were all of the plan's assets of						X Yes No	
b Are you claiming a waiver of the	he annual examination and report	of an independent qualifi	ed public accountant (IQI	PA)			
	(See instructions on waiver eligibili					X Yes No	
	her line 6a or line 6b, the plan ca						
Caution: A penalty for the late or Under penalties of perjury and other						able a Schodula	
SB or Schedule MB completed and belief, it is true, correct, and completed	i signed by an enrolled actuary, as						
	alid electronic signature.	07/22/2013	BETH HOERNER				
HERE Signature of plan ad	ministrator	Date	Enter name of individu	ual sig	gning as plan adr	ministrator	
SIGN							
HERE Signature of employe	er/plan sponsor	Date	Enter name of individu	ual sig	gning as employe	er or plan sponsor	
Preparer's name (including firm na	me, if applicable) and address; incl	ude room or suite numbe	er (optional)	Prep	parer's telephone	number (optional)	
For Devenuely Deduction Ant Notice	and OMB Control Numbers, see the i		05			Form 5500-SF (2012)	

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 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 X f Has the plan failed to provide any benefit when due under the plan? 10f X g Did the plan bare participant leage? (If "Yee " enter empount on of upper and) X X	Part III Financial Information								
b Total plan labilities To 0 c Net plan assets (submediate for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: (a) Amount (b) Total a Contributions received or receivable from: (b) Total (c) Participants. (c) Paritipants. (c) Participants.	7 Plan Assets and Liabilities		(a) Beginning of Yea	Beginning of Year			(b) End of Year		
c Net plan assets (subtract line 7b from line 7a)						393438			
8 income, Expanses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 9a(1) 102784 (d) Employers. 8a(2) 202338 (e) Deter income (loss) 8a(3) 0 b Other income (loss) 8a(3) 0 0 C Total income (add lines 6a(1), 6a(2), 8a(3), and 8b) 8c 0.4339545 0.402040 C Total income (add lines 6a(1), 6a(2), 8a(3), and 8b) 8c 0.4339545 0.402040 G Derive income (add lines 6a(1), 6a(2), 8a(3), and 8b) 8c 0.4339545 0.402040 G Cortain demed and/or corrective distributions (see instructions) 8c 0.4339545 0.4339545 G Other expenses (add lines 8d, 8e, 8f, and 8g) 8h .4339545 0.4357200 I Net income (loss) (ustributing 8h from line 8c) 8i .33118 .33118 Part IV Plan Characteristics 9i	· · · · · ·			0					
a Contributions received or receivable from: Ba(1) 102724 (2) Participants			411039	8	393438		393438		
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(2) Participants		a (1)	10070						
(3) Others (including rollovers)									
b Other income (loss) 8b 335118 640240 C Total income (loss) 8c 640240 Benefits paid (including direct collovers and insurance perimises and insurance perimises) 8d 433645 640240 C Certail decemed and/or corrective distributions (see instructions). 8d 433645 640240 f Administrative service provides (salaries, fees, commissions)			20233	0					
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)			00511	0					
d Benefits paid (including direct rollovers and insurance premiums to provide herefits)			33511	8					
to provide benefits)	-	80			-		640240		
f Administrative service providers (salaries, fees, commissions)		8d	4339545						
g Other expenses Bg n Total expenses (add lines 8d, 8e, 8t, and 8g). 8h 4357200 i Net income (loss) (subtract line 8h from line 8c)	e Certain deemed and/or corrective distributions (see instructions)	8e							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f Administrative service providers (salaries, fees, commissions)	8f	1765	5					
i Net income (loss) (subtract line 8h from line 8c)	g Other expenses	8g							
j Transfers to (from) the plan (see instructions) Bj Part V Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 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 Yes No Amount 0 During the plan year: Yes No Amount a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a × b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a,	h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					4357200		
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	 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest on line 10a.)	iciary Correct ? (Do not incl fidelity bond, fidelity bond, ner persons b of the benefits n? s of year end (See instruction the required not 1-3	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X X X Schec	X X X X ule SB (F	400000 4903 5339		
b Enter the minimum required contribution for this plan year	 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest' on line 10a.) c Was the plan covered by a fidelity bond?	iciary Correct ? (Do not incl fidelity bond, her persons b of the benefits n? s of year end (See instruction the required not 1-3	tion Program) lude transactions reported that was caused by fraud that was caused by fraud y an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i 0 or see	X X X Schec	X X X X X ule SB (F 11a 302 of ER	400000 4903 5339 5339 5339 5339 5339 5339 5339 5		
	 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all c instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.) i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.107 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below). 12 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a If a waiver of the minimum funding standard for a prior year is beir granting the waiver. 	iciary Correct ? (Do not incl fidelity bond, her persons b of the benefits n? s of year end (See instruction he required not 1-3	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i 0 or see	X X X Schec	X X X X X ule SB (F 11a 302 of ER	400000 4903 5339 5339 5339 5339 5339 5339 5339 5		

С	Enter the amount contributed by the employer to the plan for this plan year					
d						
е		he minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A	
Part	Part VII Plan Terminations and Transfers of Assets					
13a	Has a	a resolution to terminate the plan been adopted in any plan year?	, ,	Yes X No		
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a			
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the con of the PBGC?				Yes X No	
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)						
1	3c(1)	Name of plan(s): 1	3c(2) E	IN(s)	13c(3) PN(s)	
Part	VIII	Trust Information (optional)				

14a Name of trust	14b Trust's EIN