## 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).

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

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

	rt I	Annual Report Identification Information							
For o	calenda	r plan year 2012 or fiscal plan year beginning 01/01/2012		and ending	12/31/2	2012			
<b>A</b> T	This retu	urn/report is for: 🛛 a single-employer plan 🔲 a	multiple-employer pl	an (not multiemployer)		a one-particip	oant plan		
Вт	his retu	urn/report is: X the first return/report the treatment of	ne final return/report						
		an amended return/report a	short plan year returr	n/report (less than 12 m	onths)	)			
C	Check b	ox if filing under: X Form 5558 a	utomatic extension			DFVC progra	ım		
		special extension (enter description)							
Pa	rt II	Basic Plan Information—enter all requested informati							
	Name o	•	011		1b	Three-digit			
		TOCHER PHYSICIAN, PC 401(K) PLAN				plan number			
		· ,				(PN) <b>•</b>	001		
					1c Effective date of plan				
0-					01	01/01/2012			
		onsor's name and address; include room or suite number (empartocher PHYSICIAN, PC	ployer, if for a single-	employer plan)	26	b Employer Identification Number (EIN) 45-5566773			
525 R	T. 25A				2c	Sponsor's telep			
		CE, NY 11764			2d	Business code (			
3a	Plan ac	lministrator's name and address 🏻 Same as Plan Sponsor Nar	me Same as Plan	Sponsor Address	3b	3b Administrator's EIN			
					30	Administrator's t	telenhone number		
					<b>3c</b> Administrator's telephone number				
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the					4b EIN				
а		EIN, and the plan number from the last return/report. or's name			4c PN				
		umber of participants at the beginning of the plan year			5a		5		
b	Total n	umber of participants at the end of the plan year			5b		2		
С	Numbe	er of participants with account balances as of the end of the pla	n year (defined bene	fit plans do not					
	-	ete this item)			5c		2		
		all of the plan's assets during the plan year invested in eligible					X Yes No		
b		u claiming a waiver of the annual examination and report of an 29 CFR 2520.104-46? (See instructions on waiver eligibility an					X Yes No		
If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.									
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.									
		Ities of perjury and other penalties set forth in the instructions,					able, a Schedule		
SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.									
SIGN		Filed with authorized/valid electronic signature.	09/11/2013	JASON EVERT					
HERE		Signature of plan administrator	Date	Enter name of individ	idual signing as plan administrator				
SIGN									
HER	E	Signature of employer/plan sponsor	employer/plan sponsor Date Enter name of indiv		ridual signing as employer or plan sponsor				
Prep	arer's r	name (including firm name, if applicable) and address; include		r (optional)	Prep	oarer's telephone	number (optional)		

Form 5500-SF 2012 Page **2** 

Dor	4 III   Financial Information		<u> </u>							
Par			(a) Danimin mat Van		Τ		(h) Ford of Voca			
	Plan Assets and Liabilities	7-	(a) Beginning of Yea	<u>o</u>	(b) End of Year					
	Total plan assets	7a 7b		U		45447				
	Net plan assets (subtract line 7b from line 7a)	76 7c		0			45447			
	Income, Expenses, and Transfers for this Plan Year	70								
	Contributions received or receivable from:		(a) Amount				(b) Total			
	(1) Employers	8a(1)								
	(2) Participants	8a(2)	4500	00						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	44	17						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					45447			
	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								
g	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								
<u>_i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					45447			
<u>j</u>	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
9a	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  2A 2E 2G 2J 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cteristi	ic Coc	les in tl	ne 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 contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	`	•	10b		X				
c	Was the plan covered by a fidelity bond?			10c		Χ				
d		fidelity bo	nd, that was caused by fraud	10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth			100						
J	insurance service or other organization that provides some or all cinstructions.)	of the bene	efits under the plan? (See	10e	X		700			
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Χ				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Χ				
h	If this is an individual account plan, was there a blackout period? (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	ne require	d notice or one of the	10i						
Part VI Pension Funding Compliance										
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	1a Enter the amount from Schedule SB line 39									
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 applicable.)									
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon	ıth	and e	enter th Day	e date of the letter ruling Year			
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.										
b	Enter the minimum required contribution for this plan year			b Enter the minimum required contribution for this plan year						

	Form 5500-SF 2012 Page <b>3</b> - 1							
	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	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):	3 <b>c(2)</b> E	IN(s)	<b>13c(3)</b> PN(s)				
Part	VIII Trust Information (optional)							
	Name of trust	<b>14b</b> ⊤	rust's EIN					

## From United Benefit Pensions Inc. To 16318217371 Pago 2/4 Date: 9/11/2013 10:21:41 AM OMB Nos 1210-0110 Form 5500-SF Short Form Annual Return/Report of Small Employee 1210 Anno Benefit Plan Coperument of the Transury Internal Revolute Service This form is required to be illed under sections 104 and 4065 of the Employee 2012 Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 9058(a) of Doparlantrii of Lahen Pappiayon Bonolits Spourity Administration This Form is Quan to Public the Internal Revenue Code (the Code). Inspection Pennion Benefit Guaranty Concention Complete all entries in accordance with the instructions to the Form 5500-3F. Annual Report Identification Information For calendar plan year 2012 or flacol plan year beginning 01/01/2012 12/31/2012 and andino a single-employer plan This return/report is for: a multiple-employer plan (not multieroployer) a one-participant plan B This return/report is: X the first return/report the final return/report an arriended return/report à short plan year return/réport (less than 12 months) X C Chuck box if filling under: Porta 5558 automatic extension OFVC program special extension (enfer description) Part 11 Basic Plan Information -- enter all requested information 1a Name of plan **16** Three-digit plan number Alexandar Tocher Physician, PC 401(k) Plan (PN) 001 1¢ Effective date of plan 01/01/2012 Plen sponsor's name and address include room or suite number (employer, if for a single-employer plan) Alexander Tocher Physician. PC 2b Employer Identification Number (EIN) 49-5566773 2c Sponsor's telephone number (631) 821-4202 525 Rt. 25A 2d Business code (see Instructions) 621111 US Miller Piece Plan administrator's name and address 🗶 Same as Plan Sponsor Name 🔝 Same as Plan Sponsor Address 3b Administrator's EIN 3c Administrator's telephone number If the name end/or BIN of the plan sponsor has changed since the lost return/report ited for the plan, criter the 4b EIN name, EIN, and the plan number from the lest return/report. Вропвог'є пенте 4c PN Total number of perticipants at the beginning of the plan year 50 Total number of participants at the end of the plan year .... 5b 2 Number of participents with account belances as of the end of the plan year (defined benefit plans do not Sc. Were all of the plants assets during the plan year invested in eligible assets? (See instructions.) X Yes No Are you deliming a waiver of the annual examination and report of an independent qualified public accountant (IOPA) under 29 CFR 2520,104-46? (See tratructions on waiver eligibility and conditions.) X Yes No If you answered "No" to either line 6a or line 65, the plan cannot use Form 5500-9F and must instead use Form 5500, Caution: A penalty for the late or incomplete filling of this return/report will be assessed unloss reasonable cause is suisblished. Under penalties of perjury and other panelties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and ballef, it is true, coprect, and complete Enter name of individual algoing ne plan administrator Dote

神経療量 Signature of plan administrator S CONT 图像都 Signature of employed/plan aponsor Date

Preparer's name (including firm name, if applicable) and address; include room or sulta number (aptional)

Enter name of individual algring as employer or plan sponsor Preparar'a telephone number (optional)

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-3F.

Form 6500-SF (2012) v 120126

Part III Financial Information									
7	Plan Assets and Liabilities	and Liabilities (a) Beginning of Ye			(b) End of Year				
a	Total plan assets	7a		0	45,44			17	
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c		0				45,44	17
	Income, Expenses, and Transfers for this Plan Year	1 1 1 1	(a) Amount		,		(b) To	otal	
а	Contributions received or receivable from:	90(4)							
	(1) Employers	8a(1)	45,0	nn					
	(2) Participants	8a(2) 8a(3)	=5,0						
b	Other income (loss)	8b	4.	47		ers (12) See 1			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	, 7	* /			45,445		7
	Benefits paid (including direct rollovers and insurance premiums	- 00						45,44	. <i>1</i>
	to provide benefits)	8d							
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							
i	Net income (loss) (subtract line 8h from line 8c)	8i						45,44	.7
<u>j</u>	Transfers to (from) the plan (see instructions)	8j							
Pa	rt N Plan Characteristics					,,,			
9a	If the plan provides pension benefits, enter the applicable pension fe	ature code	es from the List of Plan Characte	eristic	: Code	s in th	e instruction	ns:	
1	2A 2E 2G 2J 3D								
b	If the plan provides welfare benefits, enter the applicable welfare fear	ture codes	from the List of Plan Character	ristic (	Codes	in the	instruction	s:	
m	rt V Compliance Questions								
**************************************					<u>.</u> ا	-1			
<u>10</u>	During the plan year:  Was there a failure to transmit to the plan any participant contributi	lana udthin	the time period described in	T	Yes	No		Amount	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci	iary Corre	ction Program)	10a		х			
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?					х			
d	Did the plan have a loss, whether or not reimbursed by the plan's find r dishonesty?			10d		х			
е					<b></b>				
	insurance service or other organization that provides some or all of instructions.)			10e	x				700
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 vear e	nd.)	10g		х		·	
h									
i	2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the		<del></del>	10h		Х		ierre <sub>de</sub> le re-	
(da.cooigeo	exceptions to providing the notice applied under 29 CFR 2520.101	•	***************************************	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) Yes X No							☑ No	
118	Enter the amount from Schedule SB line 39	**********				11a			
12	Is this a defined contribution plan subject to the minimum funding r	equiremer	nts of section 412 of the Code o	r sect	ion 30	2 of El	RISA?	Yes X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а	If a waiver of the minimum funding standard for a prior year is being granting the waiver				and er	ter the Day		e letter ruling Year	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (Form	5500), and skip to line 13.						
b	b Enter the minimum required contribution for this plan year								
_	<del></del>								_

	Form 5500-SF 2012	Page <b>3-</b>						
С	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 (en negative amount)		12d					
e	Will the minimum funding amount reported on line 12d be met by the funding de		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?	***************************************	□ Y	es 🕱 N	0			
	If "Yes," enter the amount of any plan assets that reverted to the employer this y	/ear	13a					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to of the PBGC?							
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.)								
,	3c(1) Name of plan(s):	13	c(2) EIN(	(s)	13c(3) PN(s)			
Part VIII Trust Information (optional)								
14a	Name of trust	14b Trust's EIN						