_	Form 5500-SF Short Form Annual Return/Report of Small Emplo				/ee	OMB Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service		This form is required to be filed under sections 104 and 4065 of the Employe				2012		
Employee Be	Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 60 Employee Benefits Security Administration the Internal Revenue Code (the Code).				(a) of	This Form is Open to Public Inspection		
Pension Be	nefit Guaranty Corporation	Complete all entries in accordar	nce with the instruc	tions to the Form 5500)-SF.	inspection		
Part I		lentification Information		and anding 11	0/04/	2012		
	ar plan year 2012 or fisca				2/31/2			
	urn/report is for:			an (not multiemployer)		a one-participant plan		
B This ret	urn/report is:		e final return/report					
•		╡						
C Check b	box if filing under:	╡ └┘	DFVC program					
Devit		special extension (enter description)						
Part II		nation—enter all requested informatic	n		1h	Three-digit		
1a Name	of plan MEDICAL PC RETIREM	ENT SAVINGS PLAN			1D	plan number		
						(PN) ▶ 004		
					1c	Effective date of plan		
0						01/01/2011		
	oonsor's name and addre	ess; include room or suite number (emp	loyer, if for a single-	employer plan)	2b	Employer Identification Number (EIN) 13-4034481		
160 NORTH	MIDLAND AVENUE				2c	Sponsor's telephone number 845-348-2000		
NYACK, NY	10960				2d	Business code (see instructions) 622000		
3a Plan ad	dministrator's name and	address Same as Plan Sponsor Nam	ne Same as Plan	Sponsor Address	3b	Administrator's EIN		
				-		Administrator's telephone number		
 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the aname, EIN, and the plan number from the last return/report. 								
a Sponso					4c			
5a Total r	number of participants at	the beginning of the plan year			5a	5a 16		
b Total number of participants at the end of the plan year					5b	53		
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)					5c	53		
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							
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.								
Under penalties of perjury and other penalties 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 belief, it is true, correct, and complete.								
SIGN	Filed with authorized/va	lid electronic signature.	10/15/2013	JOHN BURKE				
HERE	Signature of plan adm	ninistrator	Date	Enter name of individu	ual signing as plan administrator			
SIGN								
HERE	Signature of employe		Date		dual signing as employer or plan sponsor			
Preparer's	name (including firm nar	ne, if applicable) and address; include n	oom or suite number	· (optional)	Prep	parer's telephone number (optional)		

7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan assets 7a 120803 1198053 b Total plan isabilities 7b 1 1198053 1198053 c Net plan assets (subtract line 7b from line 7a) 7c 120803 1198053 g Income, Expenses, and Tanderis Or line Plan Year (a) Amount (b) Total 1198053 30 Others (including rotifices) 8a(1) 68593 225056 (j) Others (including rotifices) 8a(2) 225056 1081217 d Benefits and (including rotifice) 8a(2) 645880 1081217 d Benefits and (including rotifice) 8d 3247 50 50 g Other sequences 6a, 00, 00, 00, 00, 00, 00, 00, 00, 00, 0	Part III Financial Information								
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(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) 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 waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. If you	 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 constructions.) 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 the exceptions to providing the notice applied under 29 CFR 2520.101 Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below) 	iciary Correc ? (Do not inc fidelity bond her persons b of the benefit n? s of year end (See instruct he required n 1-3	tion Program) lude transactions reported 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X X X ule SB (Form		
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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.) 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 2520.101 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below) 12 Is this a defined contribution plan subject to the minimum funding 	iciary Correc ? (Do not inc fidelity bond her persons b of the benefit n? s of year end (See instruct he required n 1-3	tion Program) lude transactions reported , that was caused by fraud , that was caused by fraud	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X X X ule SB (Form		
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 Correc ? (Do not inc fidelity bond her persons b of the benefit n? s of year end (See instruct he required n 1-3 ents? (If "Ye requirement as applicabl ng amortized	tion Program) lude transactions reported , that was caused by fraud , the plan (caused by fr	10b 10c 10d 10e 10f 10g 10h 10i 0 or se ctions,	X Sched	X X X X X X X X X Ule SB (11a 002 of El	Form		
	 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 2520.101 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 Enter the amount from Schedule SB line 39. a this a defined contribution plan subject to the minimum funding uff "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 bein granting the waiver. 	iciary Correc ? (Do not inc fidelity bond her persons b of the benefit n? s of year end (See instruct he required n 1-3 ents? (If "Ye requirement as applicabl ng amortized	tion Program) lude transactions reported , that was caused by fraud , that was caused by fraud	10b 10c 10d 10e 10f 10g 10h 10i 0 or se ctions,	X Sched	X X X X X X X X X Ule SB (11a 002 of El	Form		

С	Enter	the amount contributed by the employer to the plan for this plan year	12c				
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 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