## 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).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

Pension B	enefit Guaranty Corporation	▶ Complete all entries in accord	dance with the instruc	tions to the Form 550	0-SF.		spection
Part I	Annual Report I	dentification Information					
For calend	ar plan year 2013 or fise	cal plan year beginning 01/01/2013	3	and ending 1	2/31/2	2013	
A This return/report is for:						a one-partici	pant plan
<b>B</b> This re	turn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year returr	n/report (less than 12 mo	onths)	)	
C Check box if filing under: Form 5558 automatic extension						DFVC progra	am
		special extension (enter descriptio					
Part II		mation—enter all requested information	ation				1
1a Name	•				1b	Three-digit	
GOSHEN M	EDICAL ASSOCIATES	, PC 401K PROFIT SHARING PLAN 8	& TRUST			plan number (PN) ▶	001
					10	Effective date o	
					10		/1988
<b>2a</b> Plan s	ponsor's name and add	dress; include room or suite number (e. 5, PC	mployer, if for a single-	employer plan)	2b	Employer Identi	
PO BOX 80	٥				2c	Sponsor's telep	
GOSHEN, N					2d	Business code 62111	(see instructions)
<b>3a</b> Plan a	dministrator's name and	d address XSame as Plan Sponsor N	lame Same as Plan	Sponsor Address	3b	Administrator's	
					3с	Administrator's	telephone number
		plan sponsor has changed since the laber from the last return/report.	ast return/report filed fo	or this plan, enter the	4b	EIN	
<b>a</b> Spons	or's name				4c	PN	
<b>5a</b> Total	number of participants a	at the beginning of the plan year			5a		30
<b>b</b> Total	number of participants a	at the end of the plan year			5b		31
		ccount balances as of the end of the p	• •	•	5c		30
6a Were	all of the plan's assets	during the plan year invested in eligible	le assets? (See instruc	tions.)			X Yes No
		the annual examination and report of a (See instructions on waiver eligibility a					X Yes No
If you	ı answered "No" to eit	her line 6a or line 6b, the plan cann	ot use Form 5500-SF	and must instead use	Form	5500.	_
<b>C</b> If the	plan is a defined benefit	t plan, is it covered under the PBGC in	surance program (see	ERISA section 4021)? .		Yes No	Not determined
Caution: A	A penalty for the late o	r incomplete filing of this return/rep	ort will be assessed	unless reasonable cau	ıse is	established.	
Under pen SB or Sche	alties of perjury and oth	er penalties set forth in the instructions d signed by an enrolled actuary, as we	s, I declare that I have	examined this return/rep	ort, ir	ncluding, if applic	
SIGN	Filed with authorized/v	ralid electronic signature.					
HERE Signature of plan administrator		lministrator	Date Enter name of in		ual sig	gning as plan adr	ministrator
SIGN HERE							
Signature of employer/plan sponsor Date Enter name of individual			ividual signing as employer or plan sponsor				
Preparer's	name (including firm na	ame, if applicable) and address; includ	e room or suite numbe	r (optional)	Prep	arer's telephone	number (optional)

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Pai	rt III   Financial Information							
7	Plan Assets and Liabilities		(a) Reginning of Ves		T		(b) End of Voor	
		7-	(a) Beginning of Yea		-	(b) End of Year 4908448		
	Total plan assets  Total plan liabilities	7a 7b		0	-		0	
	Net plan assets (subtract line 7b from line 7a)		434718				4908448	
		7c			-			
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total	
u	(1) Employers							
	Participants							
	(3) Others (including rollovers)	0						
b	Other income (loss)	8b	44678	34				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					622224	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	6095	6				
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					60956	
i	Net income (loss) (subtract line 8h from line 8c)	. 8i					561268	
j	Transfers to (from) the plan (see instructions)	8j		0				
Par	t IV Plan Characteristics							
9a								
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Charac	cterist	ic Coc	les in t	he instructions:	
Part	V Compliance Questions							
10	During the plan year:				Yes	No	Amount	
а				10a		X	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		Х		
С	Was the plan covered by a fidelity bond?			10c	X		500000	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X	333300	
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all	ner person	s by an insurance carrier,					
	instructions.)			10e		X		
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of vear e	end.)	10g	X		21806	
	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instru	uctions and 29 CFR	10g		X	21000	
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	10ii				
Part		1 0		101				
11	Is this a defined benefit plan subject to minimum funding requirem	ente? (If "	Vas " see instructions and com	nlete	Schoo	عاد ماناد	R /Form	
	5500) and line 11a below)							
	Enter the unpaid minimum required contribution for current year fr		· · · · · ·			11a		
12	Is this a defined contribution plan subject to the minimum funding			or se	ction	302 of	ERISA? Yes X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
	<b>a</b> 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							
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	,	m 5500), and skip to line 13.		ı	461	<u> </u>	
h	Enter the minimum required contribution for this plan year					12b	1	

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			1		
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 (enter a minus sign to the left of a negative amount)				
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?	X	es No	)	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0
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	13c(1) Name of plan(s):	13c(2) EI	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)			•	
14a	Name of trust	14b ⊺	rust's EIN		

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration

Department of Labor

## 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).

2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF. Annual Report Identification Information 12/31/2013 For calendar plan year 2013 or fiscal plan year beginning and ending 01/01/2013 X a single-employer plan a one-participant plan a multiple-employer plan (not multiemployer) A This return/report is for: the first return/report the final return/report B This return/report is: a short plan year return/report (less than 12 months) an amended return/report □ DFVC program Form 5558 automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information 1b Three-digit 1a Name of plan plan number GOSHEN MEDICAL ASSOCIATES, PC 401K PROFIT SHARING (PN) ▶ 001 PLAN & TRUST 1c Effective date of plan 01/01/1988 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number GOSHEN MEDICAL ASSOCIATES, PC (EIN) 14-1720592 2c Sponsor's telephone number (845) 294-8888 PO Box 809 2d Business code (see instructions) 621111 NY 10924 Goshen 3a Plan administrator's name and address Same as Plan Sponsor Name 3b Administrator's EIN Same as Plan Sponsor Address 3c 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 4b EIN name, EIN, and the plan number from the last return/report. 4c PΝ a Sponsor's name 5a Total number of participants at the beginning of the plan year..... 5a 30 **b** Total number of participants at the end of the plan year ..... 5<sub>b</sub> 31 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)..... 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)...... b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes No 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. c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... Yes | No Not determined Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of periury 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.

Alan Schaffer SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)

1	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	er_			(b) End	of Year	
a	Total plan assets	7a	4,34	7,18	0			4,908,	448
b	Total plan liabilities	7b			0				0
С	Net plan assets (subtract line 7b from line 7a)	7c	4,34	7,18	0			4,908,	448
8	Income, Expenses, and Transfers for this Plan Year	(a) Amount					(p)	Total_	
а	Contributions received or receivable from: (1) Employers	8a(1)	60	0 <b>,</b> 98	2				
	(2) Participants	8a(2)	114	4,45	8		is and here		# 7 7 5 S
	(3) Others (including rollovers)	8a(3)			0				
b	Other income (loss)	. 8b	446,784			4			11.9
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			[ t'			622,	224
d	Benefits paid (including direct rollovers and insurance premiums		6.0	0 0 5					
	to provide benefits)	. 8d		0,95	0	, a , a , a , a , a , a , a , a , a , a			
e	Certain deemed and/or corrective distributions (see instructions)	. 8e			0		and the A		ي شيخ
f	Administrative service providers (salaries, fees, commissions)	8f			0				100
g	Other expenses	. 8g		<del>,</del>	0	<u>, , , , , , , , , , , , , , , , , , , </u>	1.446		h 3. "
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	The same of the sa		15			60,	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i	and the same of the same of	1 12	3			561,	268
j	Transfers to (from) the plan (see instructions)	8j			0	8.6.6.			
Pa	rt IV Plan Characteristics								
9a 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 for								
Par	t V Compliance Questions				_				
10	During the plan year:				Yes	No			
a						NO	l	Amount	
	· · · · · · · · · · · · · · · · · · ·			10a		Х		Amount	
t	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)	uciary Cor t? (Do not	rection Program) include transactions reported	10a				Amount	
k	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)	uciary Cor t? (Do not	include transactions reported		Х	Х		500,	000
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?	t? (Do not	include transactions reported	10b		Х			000
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide  Were there any nonexempt transactions with any party-in-interest on line 10a.)	t? (Do not fidelity bother person of the ben	include transactions reported and, that was caused by fraud as by an insurance carrier, lefits under the plan? (See	10b 10c		x			000
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?	t? (Do not fidelity bother person of the ben	include transactions reported and, that was caused by fraud as by an insurance carrier, lefits under the plan? (See	10b 10c 10d		X X			000
- C	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or ott insurance service or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the plan  Did the plan have any participant loans? (If "Yes," enter amount a	fidelity bother person of the bentance as of year	include transactions reported ond, that was caused by fraud ons by an insurance carrier, lefits under the plan? (See	10b 10c 10d	X	X X X		500,	806
- C	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or ott insurance service or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.)	t? (Do not fidelity bother person of the ben as of year (See instr	include transactions reported ond, that was caused by fraud ons by an insurance carrier, sefits under the plan? (See end.)	10b 10c 10d 10e 10f	X	X X X		500,	
- C	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or ott insurance service or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a	ifidelity bother person of the ben	include transactions reported and that was caused by fraud as by an insurance carrier, sefits under the plan? (See end.)	10b 10c 10d 10e 10f 10g	X	X X X		500,	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)	ifidelity bother person of the ben	include transactions reported and that was caused by fraud as by an insurance carrier, sefits under the plan? (See end.)	10b 10c 10d 10e 10f 10g 10h	X	X X X		500,	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)	try (Do not try) (Do not try) (Do not try) (Sidelity because of the ben and try) (See instruction of the require try) (See instruction of try) (If	include transactions reported include transactions reported and, that was caused by fraud ins by an insurance carrier, lefits under the plan? (See end.)	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X dule SE		500,	
f G Par 11	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)	inents? (If	include transactions reported include transactions reported ond, that was caused by fraud ins by an insurance carrier, refits under the plan? (See end.)	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X dule SE		21,	806
f G Par 11	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)	her person of the ben sas of year (See instruments? (If	end.)  uctions and 29 CFR  and notice or one of the  "Yes," see instructions and comunity of the see instructions are seen instructions and comunity of the see instructions are seen instructions and comunity of the see instructions are seen instructions and comunity of the seen instructions are seen instructions and comunity of the seen instructions are seen instructions and comunity of the seen instructions are seen instructions and comunity of the seen instructions are seen instructions and comunity of the seen instructions are seen	10b 10c 10d 10e 10f 10g 10h	X	X X X X X Adule St		21,	806 No
C   C   C   C   C   C   C   C   C   C	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or ott insurance service or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the plat of the plan have any participant loans? (If "Yes," enter amount at lif this is an individual account plan, was there a blackout period? 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101.  If this is a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  Enter the unpaid minimum required contribution for current year the subject to the subjec	t? (Do not fidelity bother person of the ben as of year (See instruction her require 11-3 from Sche	include transactions reported include transactions reported and, that was caused by fraud ins by an insurance carrier, lefits under the plan? (See end.)	10b 10c 10d 10e 10f 10g 10h	X	X X X X X Adule St		21,	806 No
Far   11   112   12	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the plat Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10  VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  Enter the unpaid minimum required contribution for current year in the strength of the minimum funding services and subject to the minimum funding	diciary Corner (Popular Person of the bendan?	include transactions reported include including the plan? (See including inc	10b 10c 10d 10e 10f 10g 10h 10i nplete	X	X X X X A A A A A A A A A A A A A A A A	ERISA?.	21, Yes \[ \text{Yes } \text{X}	806 No
Far   11   11a   12   a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)	diciary Corner (Popular Person of the bendan?	include transactions reported  and, that was caused by fraud as by an insurance carrier, sefits under the plan? (See  end.)  uctions and 29 CFR and notice or one of the  "Yes," see instructions and com dule SB (Form 5500) line 39 sents of section 412 of the Code cable.)  zed in this plan year, see instru	10b 10c 10d 10e 10f 10g 10h 10i nplete	X	X X X X X Adule Si	ERISA?.	21, Yes Yes X	806 No
C   C   C   C   C   C   C   C   C   C	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)	her person of the ben an?	end.)  "Yes," see instructions and condule SB (Form 5500), and skip to line 13.	10b 10c 10d 10e 10f 10g 10h 10i nplete	X X Schee	X X X X X Adule Si	ERISA?.	21, Yes Yes X	806 No

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	Enter the amount contributed by the employer to the pl	lan for this plan year		12c			
d	Subtract the amount in line 12c from the amount in line negative amount)	e 12b. Enter the result (enter a minus sign to the lef	t of a	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	y plan year?		X	Yes N	0	
	If "Yes," enter the amount of any plan assets that reve	rted to the employer this year		13a			C
b	Were all the plan assets distributed to participants or b of the PBGC?					Yes	⊠ No
c	If during this plan year, any assets or liabilities were traveled assets or liabilities were transferred. (See instru		the plan(s) t	to			
	13c(1) Name of plan(s):		13	3c(2) E	IN(s)	13c(3)	PN(s)
	5000000						
Part	VIII Trust Information (optional)	· · · · · · · · · · · · · · · · · · ·					
14a	Name of trust			<b>14b</b> ⊺	rust's EIN		