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).

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension B	enefit Guaranty Corporation	▶ Complete all entries in acco	rdance with the instru	ctions to the Form 550	0-SF.		
Part I	Annual Report	Identification Information					
For calend	ar plan year 2012 or fi	scal plan year beginning 11/01/20	12	and ending 1	0/31/2013		
A This re	turn/report is for:	a single-employer plan		lan (not multiemployer)	a one-	-participant plan	
B This re	turn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year retur	n/report (less than 12 mo	onths)		
C Check	box if filing under:	Form 5558	automatic extension		DFVC	program	
	ŭ	special extension (enter descript	ion)		_		
Part II	Rasic Plan Info	rmation—enter all requested inforr	, , , , , , , , , , , , , , , , , , ,				
1a Name		enter all requested illion	nation		1b Three-did	nit	
		WIN AVENUE PC PROFIT SH RING I	PLAN		plan num	0	
					(PN) •	001	
					1c Effective	date of plan	
						11/01/1977	
		dress; include room or suite number (employer, if for a single	-employer plan)	2b Employer	r Identification Number	
	ASSOCIATES OF IRVIALLEY PEDIATRICS	WIN AVENUE PC			(EIN)	14-1593891	
	,,					's telephone number	
	AL RUN ROAD, SUIT	E 107				345-692-6996	
MIDDLETO	WN, NY 10941				2d Business	code (see instructions)	
			🗖			621111	
3a Plan a	idministrator's name ar	nd address XSame as Plan Sponsor	Name Same as Plar	n Sponsor Address	3b Administr	rator's EIN	
					3c Administr	rator's telephone number	
					, tarriiriioti	ator o tolophone nambor	
4 If the	name and/or EIN of the	e plan sponsor has changed since the	last return/report filed for	or this plan, enter the	4b EIN		
	•	mber from the last return/report.					
	or's name				4c PN		
5a Total	number of participants	at the beginning of the plan year			5a	25	
b Total	number of participants	at the end of the plan year			5b	11	
		account balances as of the end of the	. , ,	•	_		
comp	lete this item)				5c		
	•	s during the plan year invested in eligi	•	•		X Yes No	
		f the annual examination and report of				X Yes No	
		? (See instructions on waiver eligibility ither line 6a or line 6b, the plan can	,			143 [] 140	
		or incomplete filing of this return/re					
		her penalties set forth in the instruction nd signed by an enrolled actuary, as we					
	true, correct, and com			5.5 5. till5 rotuin, op 5	, and to the boo	to my miomougo and	
	Etalouto and adead	Latin de la companionation	00/05/0044	DIGITADO ELIGIDO			
SIGN	Filed with authorized/	/valid electronic signature.	03/25/2014	RICHARD FUCHS	·		
HERE	Signature of plan a	dministrator	Date	Enter name of individu	ual signing as pl	an administrator	
SIGN							
HERE	Signature of emplo	over/plan sponsor	Date	Enter name of individu	ual signing as e	mployer or plan sponsor	
Preparer's		name, if applicable) and address; inclu				ephone number (optional)	
	. •	, , , , , , , , , , , , , , , , , , , ,			•		

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Day	4 III Financial Information		<u> </u>						
	t III Financial Information		(a) Dantoutou a (Va				(h) Ford a () - a a		
	Plan Assets and Liabilities	_	(a) Beginning of Yea		(b) End of Year 6539780				
	Total plan liabilities	7a	596384			0000000			
	Total plan liabilities	7b	50000	0		<u>*</u>			
	Net plan assets (subtract line 7b from line 7a)	7c	596384	18		6539780			
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount			(b) Total			
а	(1) Employers	8a(1)		0					
	(2) Participants	8a(2)		0					
	ou(z)			0					
b	Other income (loss)	8b	126437	77					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					1264377		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	64562	28					
е	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f	Administrative service providers (salaries, fees, commissions)	8f	4281	7					
g	Other expenses	8g		0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					688445		
i	Net income (loss) (subtract line 8h from line 8c)	8i					575932		
j	Transfers to (from) the plan (see instructions)	8i		0					
Par	t IV Plan Characteristics	, ,,	L						
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E	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 Cod	les in t	he instructions:		
Part	V Compliance Questions								
10	During the plan year:				Yes	No	Amarint		
a				10a	103	X	Amount		
b		? (Do not	include transactions reported	10b		X			
	Was the plan covered by a fidelity bond?				Χ		500000		
				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	Χ				
g h	, ,	(See instru	uctions and 29 CFR	10g	^	X	35309		
i	2520.101-3.)	ne require	d notice or one of the	10h					
_	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i					
Part									
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	<u> </u>		
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X No								
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applic	able.)						
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon	ıth	and e	enter th Day	ne date of the letter ruling 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

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.

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

Part I Annual Report Identification Information						
	1/01/2012	and ending	10/31/201	.3		
A This return/report is for:	a multiple-employer p	lan (not multiemployer)	a one-participant plan			
B This return/report is:	the final return/report					
an amended return/report	short plan year retur	n/report (less than 12 m	onths)			
C Check box if filing under: Form 5558	automatic extension		DFVC progra	ım		
special extension (enter description)		_			
Part II Basic Plan Information—enter all requested information	tion					
1a Name of plan			1b Three-digit			
Pediatric Associates of Irwin Avenue PC 1	Profit Sh		plan number	001		
ring Plan			(PN) ▶ 1c Effective date o			
			11/01/197			
2a Plan sponsor's name and address; include room or suite number (er	nployer, if for a single-	employer plan)	2b Employer Identi	fication Number		
Pediatric Associates of Irwin Avenu			(EIN) 14-159			
e PC Hudson Valley Pediatrics			2c Sponsor's telep			
-			(845) 692-			
100 Crystal Run Road, Suite 107			2d Business code (see instructions)		
Middletown 3a Plan administrator's name and address Same as Plan Sponsor No.		10941 Sponsor Address	621111 3b Administrator's			
Dame as Flan Sponsor N	airie Same as Fiai	i Sponsor Address	JD Administrators	=111		
			3c Administrator's	telephone number		
			1			
4 If the name and/or FIN of the plan sponsor has changed since the la	est return/report filed f	or this plan, enter the	4b EIN			
4 If the name and/or EIN of the plan sponsor has changed since the laname, EIN, and the plan number from the last return/report.	st return/report filed for	or this plan, enter the	4b EIN			
name, EIN, and the plan number from the last return/report. a Sponsor's name	·		4c PN			
name, EIN, and the plan number from the last return/report.	·		4c PN	25		
name, EIN, and the plan number from the last return/report. a Sponsor's name			4c PN	25		
name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year b Total number of participants at the end of the plan year c Number of participants with account balances as of the end of the p	an year (defined bene	efit plans do not	4c PN 5a 5b	11		
name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year b Total number of participants at the end of the plan year c Number of participants with account balances as of the end of the p complete this item)	an year (defined bene	efit plans do not	4c PN 5a 5b 5c	11		
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name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year b Total number of participants at the end of the plan year c Number of participants with account balances as of the end of the p complete this item) 6a Were all of the plan's assets during the plan year invested in eligible b Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cannot Caution: A penalty for the late or incomplete filing of this return/rep Under penalties of perjury and other penalties set forth in the instructions SB or Schedule MB completed and signed by an enrolled actuary, as we	an year (defined bene e assets? (See instruct in independent qualifier ind conditions.) of use Form 5500-SF ort will be assessed in I declare that I have	efit plans do not etions.) d public accountant (IQ and must instead use unless reasonable cau examined this return/re	4c PN 5a 5b 5c PA) Form 5500. use is established. port, including, if applic	11 11 X Yes No X Yes No		
name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year b Total number of participants at the end of the plan year c Number of participants with account balances as of the end of the p complete this item) 6a Were all of the plan's assets during the plan year invested in eligible b Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility at 15 you answered "No" to either line 6a or line 6b, the plan cannot Caution: A penalty for the late or incomplete filing of this return/rep Under penalties of perjury and other penalties set forth in the instructions	an year (defined bene e assets? (See instruct n independent qualifier nd conditions.)	efit plans do not etions.) d public accountant (IQ and must instead use unless reasonable cau examined this return/re	4c PN 5a 5b 5c PA) Form 5500. use is established. port, including, if applic	11 11 X Yes No X Yes No		
name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year	an year (defined bene e assets? (See instruct in independent qualifier ind conditions.) of use Form 5500-SF ort will be assessed in I declare that I have	efit plans do not etions.) d public accountant (IQ and must instead use unless reasonable cau examined this return/re	4c PN 5a 5b 5c PA) Form 5500. use is established. port, including, if applic	11 11 X Yes No X Yes No		
name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year	an year (defined bene e assets? (See instruct n independent qualifier nd conditions.)	efit plans do not ed public accountant (IQ and must instead use unless reasonable cau examined this return/report Richard Fuchs	4c PN 5a 5b 5c PA) Form 5500. use is established. port, including, if applic	11 X Yes No X Yes No Able, a Schedule knowledge and		
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name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year	an year (defined beneate assets? (See instruct in independent qualifier ind conditions.)	efit plans do not etions.) ed public accountant (IQ and must instead use unless reasonable cau examined this return/report Richard Fuchs Enter name of individe	4c PN 5a 5b 5c PA) Form 5500. Ise is established. Port, including, if application, and to the best of my	11 X Yes No X Yes No Able, a Schedule knowledge and		
name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year	an year (defined beneate assets? (See instruct in independent qualifier ind conditions.)	efit plans do not etions.) ed public accountant (IQ and must instead use unless reasonable cau examined this return/report Richard Fuchs Enter name of individe	4c PN 5a 5b 5c PA) Form 5500. Ise is established. Port, including, if application, and to the best of my sual signing as plan administration.	11 X Yes No X Yes No Able, a Schedule knowledge and		
name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year	an year (defined beneate assets? (See instruct in independent qualifier ind conditions.)	efit plans do not etions.) ed public accountant (IQ and must instead use unless reasonable cau examined this return/report Richard Fuchs Enter name of individe	4c PN 5a 5b 5c PA) Form 5500. Ise is established. Port, including, if application, and to the best of my sual signing as plan admitted as portional signing as employed.	11 X Yes No X Yes No Able, a Schedule knowledge and		
name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year	an year (defined beneate assets? (See instruct in independent qualifier ind conditions.)	efit plans do not etions.) ed public accountant (IQ and must instead use unless reasonable cau examined this return/report Richard Fuchs Enter name of individe	4c PN 5a 5b 5c PA) Form 5500. Ise is established. Port, including, if application, and to the best of my sual signing as plan admitted as portional signing as employed.	11 X Yes No X Yes No Able, a Schedule knowledge and		
name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year	an year (defined beneate assets? (See instruct in independent qualifier ind conditions.)	efit plans do not etions.) ed public accountant (IQ and must instead use unless reasonable cau examined this return/report Richard Fuchs Enter name of individe	4c PN 5a 5b 5c PA) Form 5500. Ise is established. Port, including, if application, and to the best of my sual signing as plan admitted as portional signing as employed.	11 X Yes No X Yes No Able, a Schedule knowledge and		
name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year	an year (defined beneate assets? (See instruct in independent qualifier ind conditions.)	efit plans do not etions.) ed public accountant (IQ and must instead use unless reasonable cau examined this return/report Richard Fuchs Enter name of individe	4c PN 5a 5b 5c PA) Form 5500. Ise is established. Port, including, if application, and to the best of my sual signing as plan admitted as portional signing as employed.	11 X Yes No X Yes No Able, a Schedule knowledge and		

3,90	t III Financial Information						
7_	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year
а	Total plan assets	7a	5,963	3,84	18		6,539,780
b	Total plan liabilities	7b			0		0
С	Net plan assets (subtract line 7b from line 7a)	7c	5,963	3 , 84	18		6,539,780
8	Income, Expenses, and Transfers for this Plan Year	ga it	(a) Amount				(b) Total
	Contributions received or receivable from: (1) Employers	8a(1)			0		
	(2) Participants	8a(2)			0	S. S	
	(3) Others (including rollovers)	8a(3)			0	1 40 47.00	
	Other income (loss)	8b	1,26	4,37	77		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					1,264,377
	Benefits paid (including direct rollovers and insurance premiums		6.41	5,62	,		
	to provide benefits)	8d	043	5, 62	.0		
	Certain deemed and/or corrective distributions (see instructions)	8e	<u> </u>	2,81	7	20	
	Administrative service providers (salaries, fees, commissions)	8f		2,01	0	4 156	
	Other expenses	8g		, , -	0		688,445
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			_		
	Net income (loss) (subtract line 8h from line 8c)	8i		2			575,932
	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 2A 2E	feature co	des from the List of Plan Char	acteri	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	tic Cod	les in t	the instructions:
Part	V Compliance Questions						
10	During the plan year:				Yes	No	Amount
а	F	tione within	0 0 11 11 11				
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Х	
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	ciary Con? (Do not	rection Program)include transactions reported	10a 10b		x	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	ciary Con ? (Do not	rection Program) include transactions reported		Х		500,000
	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b	Х		500,000
c	Were there any nonexempt transactions with any party-in-interest on line 10a.)	fidelity bo	include transactions reported and, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10b 10c	Х	Х	500,000
c	Were there any nonexempt transactions with any party-in-interest on line 10a.)	fidelity bother person of the benefit	include transactions reported and, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10b 10c 10d	Х	х	500,000
d 	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 oth insurance service or other organization that provides some or all constructions.) Has the plan failed to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount a	fidelity both	nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10b 10c 10d 10e		x x	35,309
d 	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 oth insurance service or other organization that provides some or all constructions.) Has the plan failed to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period? (2520.101-3.)	fidelity both	rection Program)	10b 10c 10d 10e 10f		x x	
d 	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 oth insurance service or other organization that provides some or all constructions.) Has the plan failed to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period?	fidelity both ner person of the benefits of year of (See instrument required)	rection Program)	10b 10c 10d 10e 10f 10g		x x x	
c d e f g h	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 oth insurance service or other organization that provides some or all constructions.) 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 lf 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	fidelity both ner person of the benefits of year of (See instrument required)	rection Program)	10b 10c 10d 10e 10f 10g 10h		x x x	
c d e f g h	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 oth insurance service or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plan 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 requirements.	fidelity both ner person of the benefits of year of (See instrument of the second of t	rection Program)	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X	35,309 B (Form
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	Form 5500-SF 2012	Page 3							
С	Enter the amount contributed by the employer to the plan f	for this plan year			120	:			
d	Subtract the amount in line 12c from the amount in line 12l negative amount)	•	•		120	1			
e	Will the minimum funding amount reported on line 12d be						Yes	No	N/A
Part	VII Plan Terminations and Transfers of As	sets							
13a	Has a resolution to terminate the plan been adopted in any pla	n year?				Yes	XN	О	
	If "Yes," enter the amount of any plan assets that reverted	to the employer this year			13a	, T			
b	Were all the plan assets distributed to participants or bene of the PBGC?							Yes	No
C	If during this plan year, any assets or liabilities were transf which assets or liabilities were transferred. (See instruction	ferred from this plan to another p							
1	I3c(1) Name of plan(s):			1	3c(2)	EIN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)								
142	Name of triet				14h	Trus	t's FIN		