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

2012

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in ac	cordance with the instr	uctions to the Form 550	0-SF.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Part I	Annual Report	Identification Information							
For calenda	ar plan year 2012 or fi	iscal plan year beginning 11/01/	2012	and ending 1	0/31/2	2013			
	turn/report is for:	a single-employer plan		plan (not multiemployer)	loyer) a one-participant plan				
B This ret	turn/report is:	the first return/report	the final return/repor	t					
		an amended return/report	a short plan year retu	ırn/report (less than 12 m	onths)				
C Check I	box if filing under:	Form 5558	automatic extension			DFVC progra	ım		
		special extension (enter descr	iption)						
Part II	Basic Plan Info	ormation—enter all requested inf	ormation						
1a Name	•	ontor an requested with	omaton		1b	Three-digit			
		C PROFIT SHARING PLAN & TRU	JST			plan number			
						(PN) ▶	004		
					1c	Effective date o	•		
						11/01	/1989		
	ponsor's name and ac . HIRSCHMAN, MD, F	ddress; include room or suite numbe	er (employer, if for a singl	e-employer plan)	2b	Employer Identi (EIN) 13-27	fication Number 94535		
					2c	Sponsor's telep	hone number		
247 THIRD	AVENUE					212-22			
NEW YORK	i, NY 10003				2d	Business code (see instructions)		
3a Plan a	dministrator's name a	nd address XSame as Plan Spons	or Name Same as Pl	an Sponsor Address	3b	Administrator's			
					0 -				
					3C	Administrator's	telephone number		
4 If the r	name and/or EIN of th	e plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b	EIN			
		mber from the last return/report.		, , , , , , , , , , , , , , , , , , , ,					
a Spons	or's name				4c	PN			
5a Total i	number of participants	s at the beginning of the plan year			5a		6		
b Total i	number of participants	s at the end of the plan year			5b		5		
		account balances as of the end of	. , ,	•	5c		5		
_		s during the plan year invested in e					X Yes No		
_	·	of the annual examination and repor	•	•					
		? (See instructions on waiver eligib					X Yes No		
If you	answered "No" to e	either line 6a or line 6b, the plan c	annot use Form 5500-S	F and must instead use	Form	5500.			
Caution: A	A penalty for the late	or incomplete filing of this return	/report will be assesse	d unless reasonable cau	ıse is	established.			
Under pena	alties of perjury and ot	ther penalties set forth in the instruc	tions, I declare that I hav	e examined this return/rep	port, in	cluding, if applic	able, a Schedule		
		and signed by an enrolled actuary, a	s well as the electronic ve	ersion of this return/report	t, and t	to the best of my	knowledge and		
bellet, it is	true, correct, and com	piete.							
SIGN	Filed with authorized	/valid electronic signature.	04/12/2014	RICHARD J HIRSCHI	MAN				
HERE	Signature of plan a	administrator	Date	Enter name of individ	ual sig	ning as plan adr	ninistrator		
SIGN									
HERE	Ciamatuma at amula		Data	Fator rooms of individ					
Signature of employer/plan sponsor Date Enter name of individual signing as employer of preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)									
. ropuror s	(molading mill I	, ii appiioabio, and addioss, iii	5.550 TOOM OF GUILD HUME	o. (optional)	ορ	a.o. o totoprione			

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Pai	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End o	of Year			
a	Total plan assets	7a	248128				(3) = 113 (2627			
	Total plan liabilities	7b		0		0					_
	Net plan assets (subtract line 7b from line 7a)	7c	248128				2627054				
	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total					
	Contributions received or receivable from:		(u) Amount				(6) 10	, tui			
	(1) Employers	8a(1)		0							
	(2) Participants	8a(2)		0							
	(3) Others (including rollovers)	8a(3)		0							
b	Other income (loss)	8b	34847	' 6							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						348	476		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	20270	16							
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						202	2706		
	Net income (loss) (subtract line 8h from line 8c)	8i							770		
	Transfers to (from) the plan (see instructions)	8j									
	rt IV Plan Characteristics	- 0,									
	If the plan provides pension benefits, enter the applicable pension f	eature co	des from the List of Plan Char	acteris	stic Co	odes in	the instruct	ions:			
b	2E 3D If the plan provides welfare benefits, enter the applicable welfare fe	ature cod	les from the List of Plan Chara	cterist	ic Co	des in t	he instruction	ns:			
_											
Par						1					
10	During the plan year:			ı	Yes	No		Amour	nt		
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Cor	rection Program)	10a		X					
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)			10b		Χ					
С	Was the plan covered by a fidelity bond?			10c	X				1	500	000
d	Did the plan have a loss, whether or not reimbursed by the plan's to r dishonesty?	-		10d		Х					
е				. , , ,							
·	insurance service or other organization that provides some or all o					_					
	instructions.)			10e		X					
f	Has the plan failed to provide any benefit when due under the plan	າ?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount as	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 2520.101			10i							
Part											
11	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form										
11-	5500) and line 11a below)				<u>.</u>			<u> </u>		/\	10
11a						11a	EDICA:	\Box	/oc [<u>, , , , , , , , , , , , , , , , , , , </u>	NI-
12	Is this a defined contribution plan subject to the minimum funding			or se	ection	302 of	EKISA?	Y	'es	٨	No
	(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 being amortized in this plan year, see instructions, and enter the date of the letter ruling										
а	granting the waiver granting standard for a prior year is bein	-			, and	enter tr Day		ie lettei Year _	ı rulin	ıg ——	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule										
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

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

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public

Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Employee Ben	nents Security Administration	-	torrar reversas codo (m.o coco).		inst	ection	
	efit Guaranty Corporation		cordance with the instructions to the Form 550	0-SF.	<u></u>		
		Identification Information			70/01/001	<u>3</u>	
		scal plan year beginning	11/01/2012 and ending		<u> 10/31/201</u>	······································	
1 This ratu	rn/report is for:	X a single-employer plan	a multiple-employer plan (not multiemployer)		a one-particip	ant plan	
	-	the first return/report	the final return/report				
5 I his retu	ırn/report is:	an amended return/report	a short plan year return/report (less than 12 m	onths)			
			[i	,	DFVC program	m	
Check be	ox if filing under:	Form 5558	automatic extension				
		special extension (enter desc	cription)	<u> </u>	,	paga na paga na ditira ya gara a <u>1</u>00 na ana ana ana ana ana ana ana ana an	
Part II	Basic Plan Info	rmation—enter all requested in	nformation				
1a Name o	of plan			1b	Three-digit plan number		
RICHA	ARD J. HIRSCH	MAN, MD, PC			(PN) ►	004	
	T SHARING PL			1c	Effective date of	<u> </u>	
				1	11/01/1989	-	
0 - Di		Idroca: include room or suite num	her (employer if for a single-employer plan)	2b	Employer Identif	ication Number	
	ponsor's name and address; include room or suite number (employer, if for a single-employer plan) ARD J. HIRSCHMAN, MD, PC			1	(EIN) 13-2794535		
KIUNE	KICHARD O. HIRACHPARA, LID, LO		2c	Sponsor's telephone number			
					(212) 228-0471		
247 1	THIRD AVENUE			2d	Business code ((see instructions)	
			NY 10003		621111		
NEW 3	YUKK dminietrator's name a	nd address XSame as Plan Spor	nsor Name Same as Plan Sponsor Address	3b	• Administrator's EIN		
Ja Fialiac		110 000 23000 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u>i </u>				
				3c	Administrator's	telephone number	
4 If the n	name and/or EIN of th	e plan sponsor has changed sinc	e the last return/report filed for this plan, enter the	4b	EIN		
name,	, EIN, and the plan nu or's name	imber from the last return/report.		4c	PN		
		s at the beginning of the plan year	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. 5a			
		•		1			
			of the plan year (defined benefit plans do not			· · · · · · · · · · · · · · · · · · ·	
C Numb	er of participants with	account parances as or the end of	of the plant your (dointed botton pro-	5c			
			eligible assets? (See instructions.)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	******	X Yes N	
h Arevo	ou claiming a waiver o	of the annual examination and rep	ort of an independent qualified public accountant (I	QPA)		X Yes N	
undar	29 CFR 2520 104-46	6? (See instructions on waiver elig	gibility and conditions.)	· · · · · · · · · · · · · · · · · · ·	***************		
If you	answered "No" to	either line 6a or line 6b, the plan	n cannot use Form 5500-SF and must instead us	e Foii	11 5500.	<u></u>	
Caution: A	A penalty for the late	or incomplete filing of this retu	urn/report will be assessed unless reasonable c	ause is	s established.		
Under pen	alties of perjury and c	other penalties set forth in the inst	ructions, I declare that I have examined this return/r	report, ort and	Including, if applice to the best of m	v knowledge and	
SB or Sche	edule MB completed a true, correct, and con	and signed by an enrolled actuary	, as well as the electronic version of this return/repo	ore, acre		,	
Dellei, it is	*			<u> </u>			
SIGN	Rechard Hundlewan RICHARD J		RICHARD J HI	RSCH	MAN	enter til figger i den en e	
HERE	Signature of plan			ndividual signing as plan administrator			
~:^*!	(/2 / / / n)		, RICHARD J HI	RSCH	MAN		
SIGN HERE	prena	preceded 11 y value on a fill of the			· · · · · · · · · · · · · · · · · · ·	er or plan sponsor	
	Signature of emp	loyer/plan sponsor	; include room or suite number (optional)			e number (optional	
reparer's	name (including ilm	Halle, ii applicable jallu audiess	, ,, , , , , , , , , , , , , , , , , ,		-		
				<u> </u>		<u>,</u>	
: {							

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<u>Pa</u>	rt III Financial Information					den Maise i en en icaris en es		na krisini na sa sa sa kanana na manana n
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End of Y	/ear
a	Total plan assets	7a	2,481	L , 28	4 2, 6			2,627,054
b	Total plan liabilities	7b			0	·	·	<u> </u>
C	Net plan assets (subtract line 7b from line 7a)	7c	2,481	L,28	4	<u> </u>	2,627,054	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			·	(b) Tota	
a	Contributions received or receivable from: (1) Employers	8a(1)			0			
	(2) Participants	8a(2)		······································	0		······································	
***************************************	(3) Others (including rollovers)	8a(3)		an establish	0		Nakan angan salangan ninaka ninggala salapan ninaka salabaga.	
b	Other income (loss)		348	3,47	6			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		···				348,476
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	202	2,70	6			
е	Certain deemed and/or corrective distributions (see instructions)	8e			0		- x - x - x - x - x - x - x - x - x - x	
f	Administrative service providers (salaries, fees, commissions)	8f			0			
g	Other expenses	8g			0			
_	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						202,706
į	Net income (loss) (subtract line 8h from line 8c)	8i						145,770
j	Transfers to (from) the plan (see instructions)	8j						
Pa	rt IV Plan Characteristics					· · · · · · · · · · · · ·		
9a	If the plan provides pension benefits, enter the applicable pension $2\mathrm{E}\ 3\mathrm{D}$	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instruction	is:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cterist	ic Cod	les in t	he instructions	-
Par	t V Compliance Questions	And the second s						
10	During the plan year:	·• <u> </u>	· ., . · · · · · · · · · · · · · · · · ·		Yes	No	An	ount
ā	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		Χ		<u> 18 - 18 - 18 - 18 - 18 - 18 - 18 - 18 </u>
t	Were there any nonexempt transactions with any party-in-interest on line 10a.)	-	-	10b		Χ		
(Was the plan covered by a fidelity bond?			10c	Χ			150,000
(Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-	_	10d		X		
•	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all (instructions.)	ner person of the bene	s by an insurance carrier, efits under the plan? (See	10e		Χ		
f	Has the plan failed to provide any benefit when due under the plan		'	10f		Х		
	Did the plan have any participant loans? (If "Yes," enter amount a	s of vear	and)			Х		
3	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instru	ictions and 29 CFR	10g 10h		Х		
1	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				<u> </u>
Dar	t VI Pension Funding Compliance	1 V		101		<u></u>		
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						3 (Form	Yes 🗵 No
11:	Enter the amount from Schedule SB line 39					11a		
12	······································				action		EDIGV3	Yes 🗵 No
* Z.	The following to do the first the first to t							
ĩ	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below. If a waiver of the minimum funding standard for a prior year is being granting the waiver.	ng amortiz	ed in this plan year, see instruc					
] (you completed line 12a, complete lines 3, 9, and 10 of Schedule	1 x 3 x 1 x 1 x 26 x 1 x 2 x 20 x 2 x 1 x 2 x 2 x 2 x 3 x	responding to the relation of the control of the co		RAN KANTAN MATE	<u> </u>	T ♥ ###################################	er appromissifysisk (i 19 km) og 19 f. <u>1111 f. f.</u>
-	Enter the minimum required contribution for this plan year	· · · · · · · · · · · · · · · · · · ·	and the second of			12b		
		·		• •	<u>f.</u>		<u>*</u>	

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			12c		· · · · · · · · · · · · · · · · · · ·		
<u> </u>	Enter the amount contributed by the employer to the plan for this plan yea	3	120	<u></u>			
d 	Subtract the amount in line 12c from the amount in line 12b. Enter the res negative amount)	· ·	12d				
6	Will the minimum funding amount reported on line 12d be met by the fund	ling 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 employe	er this year	13a				
b	Were all the plan assets distributed to participants or beneficiaries, transfer of the PBGC?		Yes 🗵 No				
C	If during this plan year, any assets or liabilities were transferred from this which assets or liabilities were transferred. (See instructions.)	plan to another plan(s), identify the plan(s)	to				
1	13c(1) Name of plan(s):		3c(2) E	IN(s)	13c(3) PN(s)		
•							
Part	t VIII Trust Information (optional)						
14a Name of trust					14b Trust's EIN		
				·			

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