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

	<u> </u>	Complete all entries in accord	ance with the instruc	tions to the Form 550	10-5F.		
Part	I Annual Report	Identification Information					
For cal	lendar plan year 2013 or fis	scal plan year beginning 01/01/2013	3	and ending	12/31/2	2013	
A Thi	is return/report is for:	a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-particip	oant plan
B Thi	is return/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year returr	n/report (less than 12 m	onths)	
C Ch	eck box if filing under:	Form 5558	automatic extension			DFVC progra	am
		special extension (enter description	n)			_	
Part	II Basic Plan Info	rmation—enter all requested informa	ition				
	ame of plan				1b	Three-digit	
JONATH	HAN LOWELL, MD, PC 401	I(K) PROFIT SHARING PLAN				plan number	
					4 -	(PN) •	002
					10	Effective date of 04/01/	
	an sponsor's name and add	dress; include room or suite number (er	mployer, if for a single-	employer plan)	2b	Employer Identif	fication Number 30362
130 DAI	RK STREET				2c	Sponsor's telep	
	IE, NY 12953				2d	Business code (
3a Pla	an administrator's name ar	nd address Same as Plan Sponsor Na	ame Same as Plan	Sponsor Address	3b	Administrator's I	
					3c	Administrator's t	telephone number
4 If	the manner and /on [18] of the			u this whom some and a	41-		
		e plan sponsor has changed since the la mber from the last return/report.	ast return/report filed fo	or this plan, enter the	40	EIN	
	ponsor's name	·			4c	PN	
5a ⊤o	otal number of participants	at the beginning of the plan year			5a		4
b To	otal number of participants	at the end of the plan year			5b		4
	•	account balances as of the end of the p	• (•	5c		4
6a v	Vere all of the plan's assets	s during the plan year invested in eligible	e assets? (See instruc	tions.)			X Yes No
	, ,	the annual examination and report of a			,		
		? (See instructions on waiver eligibility a					X Yes No
		ther line 6a or line 6b, the plan canno					1
C It	the plan is a defined benef	it plan, is it covered under the PBGC ins	surance program (see	ERISA section 4021)?		Yes No	Not determined
Cautio	on: A penalty for the late	or incomplete filing of this return/rep	ort will be assessed	unless reasonable ca	use is	established.	
SB or S		ner penalties set forth in the instructions nd signed by an enrolled actuary, as we					
belief,			1	Г			
		valid electronic signature.					
SIGN					مندا مند	ning as plan adn	-!!-44
SIGN HERE	Signature of plan a	dministrator	Date	Enter name of individ	iuai Siç	jimig de pidir dan	ninistrator
HERE	Signature of plan a	dministrator	Date	Enter name of individ	iuai sig	,g ac plan aan	ninistrator
HERE	Signature of plan a		Date	Enter name of individ		, ,	
SIGN HERE	Signature of plan a		Date	Enter name of individ	lual siç	gning as employe	
SIGN HERE	Signature of plan a	yer/plan sponsor	Date	Enter name of individ	lual siç	gning as employe	er or plan sponsor
SIGN HERE	Signature of plan a	yer/plan sponsor	Date	Enter name of individ	lual siç	gning as employe	er or plan sponsor
SIGN HERE	Signature of plan a	yer/plan sponsor	Date	Enter name of individ	lual siç	gning as employe	er or plan sponsor

Form 5500-SF 2013 Page **2**

Pai	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Reginning of Voc	·r			(b) End	of V	nar.	
	Total plan assets	7a	(a) Beginning of Yea				(b) End		41937	,
b	Total plan liabilities	7a 7b		0			0			
	Net plan assets (subtract line 7b from line 7a)	7c	127520				1541937			,
8	Income, Expenses, and Transfers for this Plan Year	70					(b) T			
	Contributions received or receivable from:		(a) Amount				(b) 1	Olai		
	(1) Employers	8a(1)	1949.	2						
	(2) Participants	2504	9							
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b	22830	9						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						2	72850	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0						
е	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f	611	5						
g	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							6115	
i	Net income (loss) (subtract line 8h from line 8c)	8i						2	66735	5
j	Transfers to (from) the plan (see instructions)	8j		0						
Pai	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2R 3D	feature co	des from the List of Plan Chara	acteris	tic Cc	des in	the instruc	tions	:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Charac	cteristi	c Coc	les in t	he instruct	ions:		
Par	rt V Compliance Questions									
10	During the plan year:				Yes	No		Amo	unt	
а				10a		X				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	include transactions reported	10b		X				
С	Was the plan covered by a fidelity bond?			10c	Χ					100000
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity box	nd, that was caused by fraud	10d		X				100000
	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth			100						
C	insurance service, or other organization that provides some or all					X				
	instructions.)			10e						
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 as	s of year e	end.)	10g		X				
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	•		10i						
Part										
11	1 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form									
112	5500) and line 11a below)									
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?									
14				or se	CUUII .	JUZ Üſ	LRIOA!		169	A INU
a	(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		and e	_	ne date of			ing
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule			u I		Day		Yea		
	Enter the minimum required contribution for this plan year	•				12b				
	Enter the minimum required contribution for this plant year				· ·					

Page	3 -	1
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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)	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?	Y	es 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 confidence 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.)							
	3c(1) Name of plan(s):	3 c(2) El	N(s)	13c(3)	PN(s)			
Part	VIII Trust Information (optional)							
	Name of trust ATHAN LOWELL, MD, PC 401(K) PROF		rust's EIN 41777887					

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

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the Internal Revenue Code (the Code).

1210-008

OMB Nos. 1210-011

2013

This Form is Open to Public Inspection

ETAS	Pension benefit Gua	7	► Complete all entries in a	ccordance with the inst	uctions to the Form 550	00-SF.	In	spection
	Part I Ann	ual Report	Identification Information			1		
Fo	r calendar plan y	year 2013 or fi	scal plan year beginning	01/01/2013	and ending	12	/31/2013	
Α	This return/repo	ort is for:	🕱 a single-employer plan	a multiple-employer	plan (not multiemployer)	Γ	a one-particip	ant plan
В	This return/repo	ort is:	the first return/report	the final return/repo		<u> </u>	1 a one particip	ant plan
			an amended return/report	:	urn/report (less than 12 n	nontha\		
С	Check box if fili	na under:	Form 5558	automatic extension		nonins)	1 55.45	
_			special extension (enter desc	اسط		L	DFVC progra	m
n	art II Bas	in Diam Info		· ·				
	Name of plan	ic Flatt into	rmation enter all requested	information				
	·	Lowell, M	D, PC 401(k) Profit Sha	ring Plan		p	hree-digit lan number PN) ▶	002
						1c E	ffective date of	plan
<u>2a</u>	Plan sponsor's	s name and a	ddress; include room or suite numb	per (employer if for a since	lo omployer steel		4/01/1994	
	Jonathan 1	Lowell, M), PC	ser (employer, ir for a sing	ie-employer plan)		mployer Identif EIN) 14-163	ication Number 10362
	130 Park	Street				2c s	ponsor's teleph 518) 483-1	one number 120
	Malone		NY 12953			2d B	usiness code (s 21111	see instructions)
3a	Plan administr	ator's name a	nd address 🗓 Same as Plan Spo	onsor Name 🔲 Same as	Plan Sponsor Address	3b A	dministrator's E	in
						3c A	dministrator's to	elephone number
								The state of the s
							-	
4	If the name and	d/or FIN of the	nlan sponsor has shapped since	Aba i and and and an area of the state of th		<u> </u>		
•	name, EIN, and	d the plan nun	e plan sponsor has changed since ober from the last return/report.	the last return/report filed	for this plan, enter the	4b E	IN	
a	Sponsor's nam		•			4c P	NI .	
5a	Total number o	of participants	at the beginning of the plan year	000000000000000000000000000000000000000		5a		4
b	i otal number o	of participants	at the end of the plan year			5b		4
С	Number of part	icipants with a	ccount balances as of the end of t	the plan year (defined ber	efit plans do not			4
6a	complete this it	em	***************************************	***********************	************************************	5c		4
b	Are you claimin	pian a waiver of	during the plan year invested in eli	igible assets? (See instru	ctions.)	**********	10042400000000000	X Yes No
~	under 29 CFR 2	2520.104-46?	the annual examination and report (See instructions on waiver eligibil	lity and conditions \				
			ner line 6a or line 6b, the plan ca				*********************	X Yes No
С	If the plan is a d	defined benefi	plan, is it covered under the PBG	GC insurance program (se	PRISA section 4021/2	Form 55		
Cai								Not determined
Hn	der penalties of r	perium and oth	or incomplete filing of this return	n/report will be assesse	d unless reasonable cau	use is es	tablished.	
		oon piotoa ai	er penalties set forth in the instruc id signed by an enrolled actuary, a slete	ctions, I declare that I hav	e examined this return/re	port, incl	uding, if applica	ble, a Schedule
beli	ef, it is true, corr	ect, and comp	olete.	io non do the electionic vi	ersion of this return/repor	i, and to	the best of my i	knowledge and
SI	gn 💹 🥏	N Jan	le lad IV Mor	STally	Jonathan Lowell,	M D		
17.	71435.2488	of plan admi		Date				
Ø i	8N		att of the	- Falis	Enter name of individua		as plan adminis	strator
100		of employer	olan sponsor	77/4	Jonathan Lowell,		····	
100,212	5270	cluding firm na	ame, if applicable) and address; in	Date (Enter name of individua			
	•		me, w applicable, and addices, in	cidde room of suite numi	er (optional)	Prepare	rs telephone nu	imber (optional)
							i dan	

Р	art III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır	T		(b) End of Year
а	Total plan assets	. 7a	1,275,2		1-		
b	Total plan liabilities	7b		0		••	1,541,937
С	Net plan assets (subtract line 7b from line 7a)	7c	1,275,2				1 541 027
8	Income, Expenses, and Transfers for this Plan Year	100	(a) Amount		1-		1,541,937 (b) Total
а	Contributions received or receivable from:				P. Call		(b) Iotal
	(1) Employers	8a(1)	19,4			10.12	
	(2) Participants	8a(2)	25,0	49			
b	(3) Others (including rollovers)	8a(3)		0			
C	Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b	228,3	09			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8c 8d		0			272,850
е	Certain deemed and/or corrective distributions (see instructions)	8e			+-	1,000	
f	Administrative service providers (salaries, fees, commissions)	6f	6 1				A POST SERVICE CONTRACTOR OF THE PERSON OF T
g	Other expenses		6,1		+		er transfer en
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8g 8h	and the second s	0			
i	Net income (loss) (subtract line 8h from line 8c)	8i					6,115
i	Transfers to (from) the plan (see instructions)			^	1000		266,735
P;	ort IV Plan Characteristics	8j		0			
E-STATE OF							
Vu	If the plan provides pension benefits, enter the applicable pension fe 2E 2F 2G 2J 2K 2R 3D	eature code	es from the List of Plan Charac	cteristi	c Cod	es in	the instructions:
		····					
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	from the List of Plan Characte	eristic	Code	s in th	ne instructions:
Pa	rt V Compliance Questions						
10	During the plan year:					·	
а		ions within	the time period described in	10	Yes	No	Amount
b	Were there any nonexempt transactions with any party-in-interest?	(Do not in	clude transactions reported	10a		x	
С		*********	***************************************	10b	77		
d		idelity bon	d that was caused by froud	10c	Х		100,000
	or disnonesty?	*********		10d		х	
e	Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all organizations.	of the bene	fits under the plan? (See				
f	instructions.)			10e		x	
	Has the plan failed to provide any benefit when due under the plan			10f		X	***************************************
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year en	d.)	10g		x	
h	If this is an individual account plan, was there a blackout period? (S 2520.101-3.)	See instruc	tions and 29 CFR	10h		x	
İ	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-	required	notice or one of the	10i			
Par				1.0, 1			
11	Is this a defined benefit plan subject to minimum funding requireme	ents? (If "Y	es," see instructions and com	plete S	Sched	ule SI	B (Form
11a	a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39						
12						11a	
	Yes X N						ERISA? Yes X No
а	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a lf a waiver of the minimum funding standard for a prior year is being granting the waiver.	amortized	in this plan year, see instruct	ione	and er	nter +h	ne data of the letter ""
	granting the waiver	***********	Mon	ith	und 61	Da	y Year
If y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule I	MB (Form	5500), and skip to line 13.				
	Enter the minimum required contribution for this plan year			*******	1	2b	-

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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 negative amount)	a minus sign to the left of a	12d			
е_	Will the minimum funding amount reported on line 12d be met by the funding dead	line?		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?	*********************	☐ Ye	es X N	0	
	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 a of the PBGC?	ontrol	rol Yes X No			
C	If during this plan year, any assets or liabilities were transferred from this plan to ar which assets or liabilities were transferred. (See instructions.))			
1	3c(1) Name of plan(s):	130	(2) EIN(s)	13c(3) PN(s)	
Part	VIII Trust Information (optional)	<u></u>			<u> </u>	
14a N	lame of trust		14b T	rust's EIN		
J	onathan Lowell, MD, PC 401(k) Prof			14-1777	887	