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	Benefit Guaranty Corporation	▶ Complete all entries in accor	dance with the instruc	tions to the Form 550	0-SF.		peotion		
Part I	Annual Report le	dentification Information							
For calen	dar plan year 2013 or fisc	cal plan year beginning 04/01/201	3	and ending 0	3/31/2	2014			
	eturn/report is for:	a single-employer plan	1	an (not multiemployer)		a one-partici	oant plan		
B This re	eturn/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 special extension (enter description	automatic extension			DFVC progra	am		
Don't II	Dania Dian Inform	<u> </u>	· · · · · · · · · · · · · · · · · · ·						
Part II		mation—enter all requested inform	ation		41-	-			
1a Name	•				10	Three-digit plan number			
ALAN VAN	DERWALDE, MD, PC PF	ROFIT SHARING PLAN AND TRUST				(PN) ▶	002		
					1c	Effective date o			
						03/30	•		
	sponsor's name and add DERWALDE, MD, PC	ress; include room or suite number (e	employer, if for a single-	employer plan)	2b	Employer Identi (EIN) 14-16	fication Number 26245		
10 SDDI IC	E HILL LANE				2c	Sponsor's telep			
GOSHEN,					2d	Business code (see instructions			
3a Plan	administrator's name and	d address XSame as Plan Sponsor N	Name Same as Plan	Sponsor Address	3b	Administrator's			
					3с	Administrator's	telephone number		
nam		plan sponsor has changed since the ber from the last return/report.	last return/report filed fo	or this plan, enter the	4b 4c				
5a Tota	number of participants a	at the beginning of the plan year			5a		3		
b Tota	number of participants a	at the end of the plan year			5b		3		
C Num	ber of participants with a	ccount balances as of the end of the	plan year (defined bene	fit plans do not	5c		3		
_	•	during the plan year invested in eligib					X Yes No		
b Are y	you claiming a waiver of ter 29 CFR 2520.104-46?	the annual examination and report of (See instructions on waiver eligibility	an independent qualifie and conditions.)	d public accountant (IQ	PA)		X Yes No		
•		her line 6a or line 6b, the plan canr					-		
C If the	plan is a defined benefit	plan, is it covered under the PBGC in	nsurance program (see	ERISA section 4021)? .		Yes No	Not determined		
Caution:	A penalty for the late or	r incomplete filing of this return/re	port will be assessed	unless reasonable cau	ıse is	established.			
Under per SB or Sch	nalties of perjury and other	er penalties set forth in the instruction d signed by an enrolled actuary, as w	ns, I declare that I have	examined this return/rep	ort, in	cluding, if applic			
SIGN	Filed with authorized/va	alid electronic signature.							
HERE	Signature of plan administrator Date Enter name of indivi			Enter name of individu	ual sig	ning as plan adr	ninistrator		
SIGN HERE									
	Signature of employ		Date	Enter name of individu					
Preparers	s name (including firm na	me, if applicable) and address; includ	de room or suite numbe	r (optional)	Prep	arer's telephone	number (optional)		

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Ves				(h) End of Voca	
_ <u>'</u> _a		7a	(a) Beginning of Yea				(b) End of Year 2072147	
<u>a</u>	Total plan assets Total plan liabilities	7a 7b		0				
	Net plan assets (subtract line 7b from line 7a)	70 7c	189610				2072147	
8	, ,	76		-				
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total	
и	(1) Employers	8a(1)		0				
	(2) Participants	8a(2)		0				
	(3) Others (including rollovers)	8a(3)		0				
b	Other income (loss)	8b	18049	7				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					180497	
d	Benefits paid (including direct rollovers and insurance premiums			_				
	to provide benefits)	. 8d		0				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		0				
<u>f</u>	Administrative service providers (salaries, fees, commissions)	. 8f	445	9				
g	Other expenses	. 8g		0				
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					4459	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i					176038	
<u>j</u>	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 3D	feature co	des from the List of Plan Chara	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 Charac	cterist	ic Cod	les in t	he instructions:	
Par	t V Compliance Questions			,				
10	During the plan year:				Yes	No	Amount	
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corı	rection Program)	10a		X		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X		
С	Was the plan covered by a fidelity bond?			10c	X		175000	
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud	100		V		
	or dishonesty?	-	-	10d		۸		
е	Were any fees or commissions paid to any brokers, agents, or oth							
	insurance service, or other organization that provides some or all instructions.)			10e		X		
f				10f		X		
g	Did the plan have any participant loans? (If "Yes," enter amount a	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		
ī	If 10h was answered "Yes," check the box if you either provided the	ne require	d notice or one of the					
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i				
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 unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a		
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection 3	302 of	ERISA? Yes X No	
	(If "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 beir granting the waiver.	-			, and e	enter th Day	ne date of the letter ruling Year	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.					
L	Enter the minimum required contribution for this plan year					12b	l	

Page	3 -	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)	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 coof the PBGC?	ontrol		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) to which assets or liabilities were transferred. (See instructions.))		
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l 4b Tr	ust's EIN	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

2013

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Part I	Annual Repor	t Identification Information					
For calend	ar plan year 2013 or t	fiscal plan year beginning	04/01/2013	and ending	03/31/20	14	
A This ref	turn/report is for:	X a single-employer plan	a multiple-employer p	olan (not multiemployer)	a one-partic	ipant plan	
B This ref	turn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year retu	m/report (less than 12 m	nonths)		
C Check	box if filing under:	Form 5558	automatic extension		☐ DFVC progr	ram	
		special extension (enter descrip	ution)		_		
Part II	Basic Plan Info	ormation—enter all requested infor	mation		_		
1a Name	of plan				1b Three-digit		
ALAN	VANDERWALDE,	MD, PC PROFIT SHARING	3		plan number	000	
PLAN	AND TRUST				(PN) 1c Effective date	002	
					03/30/198	•	
2a Plans	ponsor's name and a	ddress; include room or suite number	(employer, if for a single	-employer plan)	2b Employer ident	tification Number	
ALAN	VANDERWALDE,	, MD, PC			(EIN) 14-16:	26245	
					2c Sponsor's tele	•	
19 S	PRUCE HILL LA	⁄NE			(845) 294 2d Business code		
COSH	EN		NV	10924	621111	(see instructions)	
		and address XSame as Plan Sponsor			3b Administrator's	EIN	
					2		
					3c Administrator's	telephone number	
			e last return/report filed f	or this plan, enter the	4b EIN		
	•	amber from the last return/report.			4c PN		
		s at the beginning of the plan year			_		
b Total r	number of participants	s at the end of the plan year			5b		
C Numb	an amended return/report a short plan year return/report (less the point of the plan year return/report (less the plan the plan under: C Check box if filing under:		efit plans do not				
					5c	3	
	•		-			X Yes No	
						X Yes No	
						. .	
C If the	plan is a defined bene	efit 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/r	eport will be assessed	unless reasonable cau	use is established.		
Under pena	alties of perjury and o	other penalties set forth in the instruction	ons, declare that have	examined this return/re	port, including, if appli		
			well as the electronic ve	rsion of this return/report	t, and to the best of m	y knowledge and	
Deliei, it is i	inde, correct, and corr		-1 >1 1.11				
SIGN	11/2		6/6/14	ALAN VANDERWAI	LDE, MD		
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing as plan ad	ministrator	
SIGN							
HERE					lual signing as employ	er or plan sponsor	
Preparer's			ude room or suite numbe	er (optional)	Preparer's telephone	number (optional)	

Page 2

Pai	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Ye	ar	\Box		(b) Er	nd of	Year	,
a	Total plan assets	7a	1,89		9		(~/	0.		072,14
	Total plan liabilities	7b			0					
	Net plan assets (subtract line 7b from line 7a)	7c	1,89	6,10	9				2,	072,14
	Income, Expenses, and Transfers for this Plan Year		(a) Amount		十		(h) Tota	al	
	Contributions received or receivable from:		(a) Amount		\top			, 10a	41	
	(1) Employers	8a(1)			0					
	(2) Participants	8a(2)			0					
	(3) Others (including rollovers)				0					
b	Other income (loss)	8b	18	0,49	7					
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								180,49
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0					
e	Certain deemed and/or corrective distributions (see instructions)	8e			0					
f	Administrative service providers (salaries, fees, commissions)	8f		4,45	9					
g	Other expenses	8g			0	_			٠.	
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			┸					4,45
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i								176,03
j	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 2E 3D	feature coo	des from the List of Plan Char	acteri	stic Co	odes in	the instr	uctio	ns:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan Chara	cterist	ic Co	des in	he instru	ction	s:	
- Dord	V Compliance Questions		<u></u>			_				
Part					Vaa	l Na		<u> </u>		
10 a	During the plan year: Was there a failure to transmit to the plan any participant contribut	tions within	the time period described in		Yes	No	-	An	nour	<u> </u>
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Х				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		х				
С	Was the plan covered by a fidelity bond?			10c	х					175,00
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-	-	10d		х				_
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of	er persons	by an insurance carrier,							
	instructions.)		. ,	10e		Х				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of vear e	nd.)	10g		х				
h		See instruc	ctions and 29 CFR	10g		х	_		_	
i	If 10h was answered "Yes," check the box if you either provided the	ne required	notice or one of the							
	exceptions to providing the notice applied under 29 CFR 2520.10	I-3		10i						
Part 11	Is this a defined benefit plan subject to minimum funding requirement							T		
11a	5500) and line 11a below) Enter the unpaid minimum required contribution for current year fr					11a			<u> </u>	es N
12	Is this a defined contribution plan subject to the minimum funding		<u> </u>				ERISA?		Y	es X N
<u> </u>	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			. 01 30	54011	30 <u>2</u> 01				
а	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	g amortize	d in this plan year, see instru		and e	enter th	ne date o	f the		ruling
- If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					Day				
	Enter the minimum required contribution for this plan year				T	12b				
					· ·					

EIN 14-1626245 / PN 002

Form 5500-SF 2013 130118 Page 3 -12c C Enter the amount contributed by the employer to the plan for this plan year 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 12d negative amount).. Yes No N/A e Will the minimum funding amount reported on line 12d be met by the funding deadline?..... Part VII **Plan Terminations and Transfers of Assets** Yes X No 13a Has a resolution to terminate the plan been adopted in any plan year? 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 control Yes X No of the PBGC?..... 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.) 13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s) Part VIII Trust Information (optional) 14a Name of trust 14b Trust's EIN