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).

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

			, 50	,	,		ructions to the Form 5	,,,,		
-	art I	Annual Report			ation					
For	calenda	ar plan year 2013 or fis	scal plan ye	ear beginning	01/01/201	13	and ending	12/31/	2013	
Α -	This ret	turn/report is for:	X a sing	gle-employer plar	۱ _	a multiple-employe	r plan (not multiemploye	r)	a one-particip	pant plan
В	This ret	turn/report is:	the fire	st return/report	L	the final return/repo	ort			
			an am	nended return/rep	oort	a short plan year re	turn/report (less than 12	months)	
C	Check t	box if filing under:	X Form	5558		automatic extensio	n		DFVC progra	am
			specia	al extension (ente	er description	on)			_	
Pa	art II	Basic Plan Info	rmation	—enter all reque	sted inform	nation				
1a	Name	of plan						1b	Three-digit	
NOR1	ΓHERN	I WESTCHESTER INT	ERNAL M	EDICINE PC DE	FINED BEI	NEFIT PLAN			plan number	004
								10	(PN) F	001
								10	Effective date o	•
2a	Plan sp	ponsor's name and add	dress; incli	ude room or suite	e number (e	employer, if for a sing	gle-employer plan)	2b	Employer Identi	
NOR'	THERN	N WESTCHESTER INT	ERNAL M	IEDICINE PC					(EIN) 13-41	52356
								2c	Sponsor's telep	
		MERCE ST.						0.1	914-962	
TORI	TIOWN	N, NY 10598						2d	Business code (
3a	Plan ac	dministrator's name an	nd address	Same as Pla	n Sponsor I	Name Same as F	Plan Sponsor Address	3b	Administrator's	EIN
								30	Administrator's	telephone number
								30	Administrators	telepriorie flumbei
4						last return/report file	d for this plan, enter the	4b	EIN	
	name,	, EIN, and the plan nun				last return/report file	d for this plan, enter the			
а	name, Sponso	, EIN, and the plan nun or's name	mber from	the last return/re	port.			4c	EIN PN	0
а 5а	name, Sponso Total r	e, EIN, and the plan nunctor's name number of participants	at the beg	the last return/re	port.			4c 5a		8
a 5a b	name, Sponso Total r	, EIN, and the plan nun or's name number of participants number of participants	at the beg	the last return/re ginning of the plan I of the plan year	port.			4c 5a		8 1
a 5a b	name, Sponso Total r Total r Numbe	, EIN, and the plan nun or's name number of participants number of participants per of participants with a	at the beg at the end account ba	inning of the plan of the plan year alances as of the	n yearend of the	plan year (defined be		4c 5a 5b		
a 5a b c	name, Sponso Total r Total r Number comple Were	, EIN, and the plan number's name number of participants number of participants per of participants with a lete this item)	at the beg at the end account ba	ginning of the plan of the plan year alances as of the e plan year inves	n year end of the	plan year (defined be	enefit plans do not ructions.)	4c 5a 5b 5c	PN	
a 5a b c	name, Sponso Total r Total r Number comple Were Are yo	, EIN, and the plan number of participants number of participants per of participants with a lete this item)	at the begins at the end account basis during the fithe annual	pinning of the plan of the plan year alances as of the e plan year inves al examination ar	n year end of the sted in eligit	plan year (defined be ble assets? (See inst	enefit plans do not ructions.)	4c 5a 5b 5c	PN	Yes No
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Form 5500-SF 2013 Page **2**

Pai	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	·	1		(b) End of Year			
<u>'</u> a	Total plan assets	7a	(a) Beginning of Tea				296536			
	Total plan liabilities	7b		0	+		0			
	Net plan assets (subtract line 7b from line 7a)	7c	34022		+		296536			
8	Income, Expenses, and Transfers for this Plan Year	70			+					
	Contributions received or receivable from:		(a) Amount				(b) Total			
	(1) Employers	8a(1)		0						
	(2) Participants	8a(2)		0						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b	8300	7						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					83007			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	12669	8						
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					126698			
i	Net income (loss) (subtract line 8h from line 8c)	8i					-43691			
j	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics				•					
9a										
b	b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:									
Par	V Compliance Questions									
10	During the plan year:				Yes	No	Amount			
а				10a		X	1 1110 1111			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported	10b		X				
С				10c		Χ				
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bor	nd, that was caused by fraud			X				
	or dishonesty?			10d						
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		X				
	instructions.)					X				
	, , , , , , , , , , , , , , , , , , ,			10f						
<u>g</u>				10g		Χ				
h	2520.101-3.)	` 		10h						
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	VI Pension Funding Compliance									
11										
11a	Enter the unpaid minimum required contribution for current year for	om Sched	ule SB (Form 5500) line 39			11a	0			
12	Is this a defined contribution plan subject to the minimum funding					302 of	ERISA? Yes X No			
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,									
а	a 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									
If	you completed line 12a, complete lines 3, 9, and 10 of Scheduk									
b	Enter the minimum required contribution for this plan year					12b				

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 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) El	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b Tr	ust's EIN	

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

For o	calendar plan year 2013 or fiscal plan year b	eginning 0°	1/01/2013			and e	ending 12/31	/2013		
▶R	cound off amounts to nearest dollar.									
▶ c	caution: A penalty of \$1,000 will be assesse	ed for late filing o	f this report ι	unless reas	onable ca	use is estab	ished.			
	ame of plan					B Three	-digit			
NOR	THERN WESTCHESTER INTERNAL MEDI	ICINE PC DEFIN	NED BENEFI	IT PLAN		plan r	number (PN)	•	001	
						,				
C PI	an sponsor's name as shown on line 2a of F	Form 5500 or 550	00-SF			D Employ	er Identificati	on Number (FIN)	
	THERN WESTCHESTER INTERNAL MEDI		00 01			_ Limpio		,	• /	
							13-4152	356		
F TV	rpe of plan: X Single Multiple-A N	Multiple-B	F	Prior vear nla	n size. X	100 or fewe	er П 101-50	0 \square More t	han 500	
Pai		vianipio B		nor your pic	110120.	100 01 1011	, <u> </u>	<u> </u>	11011000	
1		h <u>01</u> [Day <u>01</u>	Year _	2013					
<u> </u>	Assets:			rear_	2010	_				
	a Market value						2a			338746
	b Actuarial value									338746
								(0)		
	Funding target/participant count breakdown			. 3a	(1) N	umber of pa		(2)	Funding Target	
	a For retired participants and beneficiaries	• • •		-			0			C
	b For terminated vested participants			. 3b			2			7508
	C For active participants:			- (1)			_			
	(1) Non-vested benefits						_			3020
	(2) Vested benefits									260366
	(3) Total active						6			263386
	d Total			. 3d			8			270894
4	If the plan is in at-risk status, check the box	and complete li	nes (a) and (b)		П				
	a Funding target disregarding prescribed at	t-risk assumptior	าร			 	4a			
	b Funding target reflecting at-risk assumpti						-			
	at-risk status for fewer than five conse						4D			
5	Effective interest rate						5			5.32 %
6	Target normal cost						6			65708
	ment by Enrolled Actuary									
ac	to the best of my knowledge, the information supplied in this ecordance with applicable law and regulations. In my opinion ombination, offer my best estimate of anticipated experience	on, each other assump								
		e under the plan.								
	GN									
HE	ERE							09/08/2	014	
	Signature of	of actuary						Date		
THEC	DDORE ANDERSEN, M.A.A.A., MSPA							14-020		
	Type or print na	ame of actuary					Most re	cent enrollm	ent number	
PENS	SION ASSOCIATES							203-35	6-0306	
2001	WEST MAIN STREET, SUITE 230	name					Telephone r	umber (inclu	ding area code	!)
	WFORD, CT 06902									
	Address	of the firm				_				
If the a	actuary has not fully reflected any regulation	or ruling promul	lgated under	the statute	in comple	eting this sch	edule, check t	he box and	see	П
instruc	ctions				, -					

Page	2	-
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Schedule SB (Form 5500) 2013

Pa	rt II	Begin	ning of Year	Carryov	er and I	Prefunding Ba	alances								
							_		(a) C	Carryover balance	e	(b)	Prefund	ing balar	ice
7		-	nning of prior year		-	•	•				0				0
8			or use to offset pr	-	-						0				0
9			ng (line 7 minus lir								0				0
10			using prior year's								0				0
11	11 Prior year's excess contributions to be added to prefunding balance:														
	a Present value of excess contributions (line 38a from prior year)											42921			
	b Interest on (a) using prior year's effective interest rate of										2240				
	C Total	available	at beginning of cur	rent plan y	ear to add t	to prefunding balar	ice								45161
	d Porti	on of (c)	to be added to pre	funding ba	alance										0
12	Other re	eductions	in balances due	to election	s or deem	ed elections					0				0
13	Balance	e at begir	nning of current ye	ar (line 9 -	+ line 10 +	line 11d – line 12)				0				0
P	art III	Fun	ding Percenta	ages											
14	Fundin	g target a	ttainment percent	age									14	12	5.04 %
15	Adjuste	d funding	target attainment	t percenta	ge								15	12	5.04 %
16			ing percentage fo nding requirement									e	16	11().99 %
17	If the cu	urrent val	ue of the assets o	f the plan	is less thai	n 70 percent of the	e funding tar	get, er	nter s	uch percentage			17		%
Pa	art IV	Con	tributions and	d Liquid	lity Shoi	rtfalls									
18	Contrib	utions ma	ade to the plan for	the plan y	ear by em	ployer(s) and emp	oloyees:								
(N	(a) Dat M-DD-Y		(b) Amount pa employer(nount paid by mployees	(a) D (MM-DD-		′)	(b) Amount employe		((c) Amount paid by employees		
							Totals ►	18	3(b)		C	18(c)			0
19	Discour	nted emp	loyer contributions	s – see ins	tructions for	or small plan with	a valuation o	date at	fter th	e beginning of t	he year:				
	a Cont	ributions	allocated toward ι	unpaid min	nimum requ	uired contributions	from prior y	ears.			19a				0
	b Conti	ributions	made to avoid res	trictions a	djusted to	valuation date									0
	C Contr	ributions a	allocated toward mi	nimum req	uired contri	bution for current y	ear adjusted	to valu	uation	date	19с				0
20		-	outions and liquidit	-									-	7	
		•	ave a "funding sh										L	Yes	X No
			Yes," were require		-		-		nely r	manner?				Yes	No
	C If line	e 20a is "	Yes," see instruction	ons and co											
		(1) 1s	et I			ty shortfall as of e 2nd	nd of quarter	r of thi		n year 3rd			(4) 4t	า	
		(1) 13			(2)				(υ)	<u> </u>			(7) 40	•	

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targe	t Normal Cost						
21	Discou	nt rate:									
	a Seg	ment rates:	1st segment: 4.94%	2nd segment: 6.15%	3rd segment 6.76 %		N/A, fu	ll yield	curve	e used	
	b Appl	icable month (enter code)			21b)				
22	Weight	ed average ret	tirement age			22				65	
23	Mortali	ty table(s) (se	e instructions) X Pre	escribed - combined Pre	scribed - separate	Substitu	te				
Pa	rt VI	Miscellane	ous Items								
24				cuarial assumptions for the current	plan year? If "Yes," see	instructions	regarding re	quired			
		-			•				Yes	X No	
25	Has a r	method change	e been made for the current pl	an year? If "Yes," see instructions	regarding required attach	chment			Yes	X No	
26	Is the p	olan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachment			Yes	X No	
27		•	o alternative funding rules, en	ter applicable code and see instruc	tions regarding	27					
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	ım Required Contribution	s For Prior Years						
28	Unpaid		_	years		28				0	
29			•	d unpaid minimum required contrib		29					
	(line 19	9a)				1				0	
30	Remair	ning amount of	funpaid minimum required cor	ntributions (line 28 minus line 29)		30				0	
Pa	rt VIII	Minimum	Required Contribution	For Current Year							
31	Target	normal cost a	nd excess assets (see instruct	ions):							
	a Targe	et normal cost	(line 6)			31a				65708	
	b Exce	ss assets, if ap	oplicable, but not greater than	line 31a		31b				65708	
32	Amortiz	zation installme	ents:		Outstanding Bala	ance	Ir	nstallm	ent		
	a Net s	shortfall amortiz	zation installment			0				0	
	b Waiv	er amortization	n installment			0				0	
33				ter the date of the ruling letter grar) and the waived amount		33				0	
34	Total fu	unding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34				0	
				Carryover balance	Prefunding bala	nce	To	tal bala	ance		
35		_	use to offset funding	0		0				0	
36	Additio	nal cash requir	rement (line 34 minus line 35).		I	36				0	
37	Contrib	outions allocate	ed toward minimum required co	ontribution for current year adjuste	d to valuation date	37				0	
38	•		ess contributions for current ye			1					
						38a				0	
				prefunding and funding standard c		38b				0	
39				ear (excess, if any, of line 36 over		39				0	
40				3	•	40					
	rt IX			Pension Relief Act of 2010		L					
			de to use PRA 2010 funding re		(Occ mon donons	<i>,</i>					
				eller for triis plan.			2 plus 7 yea	rs 「	15	years	
				41a was made				2010	_	2011	
42			,			42	0	2010	' Ш	2011	
				d over to future plan veers							
40	⊏xcess	mstamment ac	celeration amount to be carrie	d over to future plan years		43					

OMB Nos. 1210-0110 Short Form Annual Return/Report of Small Employee Form 5500-SF 1210-006B Benefit Plan Consumpant of the Treasury 2013 Internal Revenue dervice This form is required to be filed under sections 104 and 4065 of the Employee Retirement income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of Department of Labor This Form is Open to Public the Internal Revenue Code (the Code). Employee Benefits Socurity Administration Inspection Person Banetit Guaranty Comprellor Complete all entries in accordance with the instructions to the Form 5500-SF. Partia Annual Report Identification Information For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 12/31/2013 and ending 🕱 a single-employer pian a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for. the first return/report the final return/report B This return/report is: an amended return/report a short plan year return/report (less than 12 months) DFVC program Form 5558 automotic extension C Check box if filing under: special extension (enter description) Rarcill Basic Plan Information -- enter all requested information 1b Three-digit 18 Name of plan plan number Morthern Westchester Internal Medicine PC Defined Benefit Plan 007 (PN) -1¢ Effective date of plan 01/01/2011 Plan spongor's name and address; include room or suite number (employer, if for a single-employer plan) Northern Westchaster Internal Medicine PC 2b Employer Identification Number (EIN) 13-4152356 2c Spansor's talephone number (914) 962-3309 1672 Commerce St. 2d Business code (see instructions) 621111 NY 10598 US Yorktown 3a Plan administrator's name and address 🕱 Samo as Plan Sponsor Name 🗀 Same as Plan Sponsor Address 3b Administrator's EIN 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 relum/report. 4c PN a Sponsors name 5a Total number of participants at the beginning of the plan year ... 5a A b Total number of participants at the end of the plan year ... δb C Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c complete this item) 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) X Yes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-467 (See Instructions on waiver eligibility and conditions.) XY08 No if you answered "No" to either line 6s or line 6b, the plan cannot use Form 6500-9F and must instead use Form 6500. Gaution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established Under ponalities of perjury and other penalities 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 09 Richard Klein 0 Signature of pian administrator Date Enter name of Individual signing as plan administrator Richard Klein 00 Enter name of individual signing as employer or plan sponsor HERE Signature of employer/plan sponsor Date Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)

F	om	550	10-S	F2	013

Page 2

×P٤	Financial Information								_
7	Plan Assets and Lisbilities		(a) Beginning of Year				(b) End of	Year	
a	Total plan assets	7a	340,2	27				296	,536
þ	Total plan liabilities	75		Q					0
c	Net plan assets (subtract line 7b from line 7a)	7¢	340,2	27				296	,536
8_	Income, Expenses, and Transfers for this Plan Year	20 1/2	(a) Amouπt				(b) Total		
a	Contributions received or receivable from: (1) Employers	8a(1)		0					
	(2) Participants	8a(2)		0					
	(3) Others (including rollovers)	8e(3)	2000年中的中国中国中国中国中国中国中国中国中国中国中国中国中国中国中国中国中国中国中						
ь	Other Income (loss)	Bb	83,00	37	. 33	7.7			1
<u></u>	Total income (add lines 6a(1), 6a(2), 8a(3), and 8b)	8c			Ä			93	,007
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8.0	126,69	98					(A) (A) (A)
	Certain deemed and/or corrective distributions (see instructions)	6e	<u> </u>	¢	2.3			33.5	
<u>f</u>	Administrative service providers (sateries, fees, commissions)	87		0	10/6	10.00	应数在19 00	11.00	A COMPLETE
<u>g</u>	Other expenses	- 6g	Market	0					
<u>h</u>	Total expenses (edd lines 8d, 8e, 8f, and 8g)	8h	\$5.05.04.05341.01266.0034	A.S	ű.				,698
Ļ	Net Income (loss) (subtract line 8h from line 8c)	18		<u> </u>	(A)			(43,	
	Transfers to (from) the plan (see Instructions)	8j			253	(4) P			2000年8月
$\overline{}$	rilya Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension for IR ID	atura code	os from the List of Plan Characte	arietic	: Code	e in th	e instruction	18:	
ь	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	from the List of Plan Character	istic (Codes	in the	Instructions	: :	
γγχ	Compilance Questions								
10	During the plan year:				Y96	No		rmount	
a		ons within	the time period described in	10a	100	x		Minorite	,
þ		(Da not ir	sclude transactions reported	10b	_	×			
¢				100		ж			
d	Did the plan have a loss, whether or not reimburged by the plan's for dishonesty?	idelity bon	d. that was caused by fraud	10d	_	x			
8		er persons of the bene	by an insurance carrier, fils under the plan? (See	100		x			
f	Has the plan falled to provide any benefit when due under the plan			10f		×			
g	Did the plan have any participant loans? (if "Yes," onter amount as			10α		···			
	If this is an individual account plan, was there a blackout period? (\$	See instruc	tions and 29 CFR			х.			
ì	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 28 CFR 2520.101-	e required		10h 10l		i			
Dav	Pension Funding Compliance		112112211111111111111111111111111111111	101			MANUAL SERVICES	2400	Part and Section 1
11	Is this a defined benefit plen subject to minimum funding requirement	enta? (If "Y					•		
110	Enter the unpaid minimum required contribution for current year fro							X Ye	<u>⊭€ ∐ No</u>
12						11a	DIB45		0
	Is this a defined contribution plan subject to the minimum funding n			sect	ion 30	2 of E	KISA7	Ye	s X No
а	(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 granting the waiver								
	ou completed line 12s, complete lines 3, 9, and 10 of Schedule								
b	Enter the minimum required contribution for this plan year		****			12b			



	Form 5500-SF 2013		Page 3-					
	Enter the amount contributed by the employer to the plan f	for this plan year		*************	12c			
ď	Subtract the amount in line 12c from the amount in line 12t				12d			
е	Will the minimum funding amount reported on line 12d be r					Yes	□ N°	□ N/A
Pari	WIE Plan Terminations and Transfers of A	ssets						
13a	Has a resolution to terminate the plan been adopted in any	/ plan year?	******************************			es X] No	
	If "Yes," enter the amount of any plan assets that reverted				132			
þ	Were all the plan assets distributed to participants or benef of the PBGC?		other plan, or brought us	nder the co			Yes	X No
С	if during this plan year, any assets or liabilities were transfe which assets or liabilities were transferred. (See instruction	erred from this plan to and						•
	3c(1) Name of plan(s):			130	(2) EIN((5)	13c(:	3) PN(s)
Pari	VIII Trust information (optional)							
14a	Name of trust				14b T	rust's E	in.	
	·							 -



2914DB

Schedule SB, line 22 - Description of Weighted Average Retirement Age

Northern Westchester Internal Medicine PC Defined Benefit Plan 13-4152356 / 001

For the plan year 01/01/2013 through 12/31/2013

The age reported is the average of the assumed retirement ages for all active participants as of the valuation date rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Northern Westchester Internal Medicine PC Defined Benefit Plan 13-4152356 / 001

For the plan year 01/01/2013 through 12/31/2013

Valuation Date: 01/01/2013

Funding Method: As prescribed in IRC Section 430

Age - Eligibility age at last birthday and other ages at last birthday

New participants are included in current year's valuation

Retrospective Compensation - Highest 3 consecutive years of service

Form of Payment - Assumed form of payment for funding is lump sum equivalent of normal form. Funding Target for lump sum is

the greater of the present value of accrued benefit computed using funding segment rates and 417(e) Applicable Mortality Table or lump sum at the assumed retirement date of accrued benefit using plan actuarial equivalence discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) the greater of plan actuarial equivalence interest and mortality or 417(e)

Minimum

Interest Rates -

Segment rates for the First Month Prior to Val Date as permitted under IRC 430(h)(2)(C)

Segment #	Year	Rate %
Segment 1	0 - 5	1.66
Segment 2	6 - 20	4.47
Segment 3	> 20	5.52

Segment rates as of September 30, 2012 As permitted under IRC 430(h)(2)(C)(iv)(II)

Segment #	Year	Rate %
Segment 1	0 - 5	4.94
Segment 2	6 - 20	6.15
Segment 3	> 20	6.76

Pre-Retirement - Mortality Table - None

Turnover/Disability - None
Salary Scale - None
Expense Load - None
Ancillary Ben Load - None

Post-Retirement - Mortality Table - 13C - 2013 Funding Target - Combined - IRC 430(h)(3)(A)

Cost of Living - None

Lump Sum - 13E - 2013 Applicable Mortality Table for 417(e) (unisex) at 5%

Asset Valuation Method: Fair market value of assets adjusted for contributions under IRC 430(g)(4)

Discrimination Test Assumptions:

HCE Determination - Based on all employees

Otherwise Excludable - Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees

410(b)/401(a)(4) Testing:

Pre-Retirement - Interest - 8%

Post-Retirement - Interest - 8%

Mortality Table - U84 - 1984 Unisex

Permissively Aggregated Plans - Tested as a Single Plan

Compensation - Use average compensation to calculate the benefit accrual rate (annual method)

Testing Age - Normal retirement age or attained age, if older

Normal Form for MVAR - Joint with 50% Survivor Benefits

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Northern Westchester Internal Medicine PC Defined Benefit Plan 13-4152356 / 001

For the plan year 01/01/2013 through 12/31/2013

401(a)(26) Testing:

Compensation - Use average compensation to calculate the benefit accrual rate for 401(a)(26)

Testing Age - Normal retirement age or attained age, if older

Schedule SB, Part V Summary of Plan Provisions

Northern Westchester Internal Medicine PC Defined Benefit Plan 13-4152356 / 001

For the plan year 01/01/2013 through 12/31/2013

Employer: Northern Westchester Internal Medicine PC

Type of Entity - C-Corporation

EIN: 13-4152356 TIN: 27-4284295 Plan #: 001 Plan Type: Defined Benefit

Dates: Effective - 01/01/2011 Year end - 12/31/2013 Valuation - 01/01/2013

Top Heavy Years - 2012, 2013

Eligibility: All employees excluding non-resident aliens, members of an excluded class and union

Minimum age - 21 Months of service - 12

Hours Required for - Eligibility - 1000 Benefit accrual - 500 Vesting - 1000

Plan Entry - First day of 1st or 7th month of plan year on or next following eligibility satisfaction

Retirement: Normal - Attainment of age 65 and completion of 10 years of participation

Early - Not provided

Average Compensation: Highest 3 consecutive years of service

Top Heavy Minimum Benefit - Highest 5 consecutive top heavy years of participation

Plan Benefits: Retirement - Derived from the graded benefit formula below rounded to the nearest dollar:

Employee Classification Benefit Formula

not less than 3.5% of average monthly compensation per year

of service limited to 10 year(s)

Accrued Benefit - Unit credit based on service. Service prior to 01/01/2009 is excluded

Minimum Benefit - None Maximum Benefit - None

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or

b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum

Death Benefit - Present Value of Accrued Benefit

Top Heavy Minimum: 2% of average compensation per top heavy year of participation excluding years prior to the adoption date of

the plan and 1984 (if earlier), limited to 10 years

IRS Limitations: 415 Limits - Percent: 100 Dollar: \$205,000

Maximum 401(a)(17) compensation - \$255,000

Normal Form: Life Annuity

Optional Forms: Lump Sum

Life Annuity Guaranteed for 10 Years

Joint with 50%, 75% or 100% Survivor Benefit

<u>Vesting Schedule:</u> Years Percent

0-1 0% 2 20% 3 40% 4 60% 5 80% 6 100%

Service is calculated using all years of service

Schedule SB, Part V Summary of Plan Provisions

Northern Westchester Internal Medicine PC Defined Benefit Plan 13-4152356 / 001

For the plan year 01/01/2013 through 12/31/2013

<u>Present Value of Accrued Benefit:</u> Based on the greater of 417(e) or Actuarial Equivalence 417(e):

Interest Rates -

Segment #	Years	Rate %
Segment 1	0 - 5	1.00
Segment 2	6 - 20	3.57
Segment 3	> 20	4.77

Mortality Table - 13E - 2013 Applicable Mortality Table for 417(e) (unisex)

Actuarial Equivalence:

Pre-Retirement - Interest - 5%

Mortality Table - None

Post-Retirement - Interest - 5%

Mortality Table - 13E - 2013 Applicable Mortality Table for 417(e) (unisex)

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

2013

OMB No. 1210-0110

This Form is Open to Public Inspection

Pension Ber	nefit Guaranty Corporation	N File on an attachmen	at to Form E	EEOO oz EE	n or 5500.SE					
For calendar	plan year 2013 or fiscal p	File as an attachment of the plan year beginning 1/01/		3500 01 35	and ending 12/31/2013					
	f amounts to nearest do				•	· · · · · ·				
Caution:	A penalty of \$1,000 will b	e assessed for late filing of this report ι	ınless reasoi	nable caus	e is established	d.				
A Name of p	lan			E	Three-digit	:				
Northern	Northern Westchester Internal Medicine PC Defined Benefit Plan			lan	plan numb	er (PN)	. •	001		
C Plan anon	aoria nama ao ahawa ao l	line 2a of Form 5500 or 5500-SF		F) Employer Ide	ontificat	ion Numbor ((EINI)		
·	:			"				(CIN)		
Northern	Westchester Inter	nal Medicine PC			13	3-4152	∤356			
E Type of pla	an:X Single Multipl	e-A Multiple-B	rior year pla	an size: X	100 or fewer]101-5	00	e than 500		
Part I	Basic Information	A CONTRACTOR OF THE PARTY OF TH								
1 Enter th	e valuation date:	Month 01 Day 01	Year	2013						
2 Assets:	· · · · · · · · · · · · · · · · · · ·		=							
a Marke	et value	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				2a		338,746		
b Actua	rial value				.,,	2b		338,746		
3 Funding	target/participant count t	oreakdown:		(1) Nun	nber of participa	nts	(2)	Funding Target		
a For re	a For retired participants and beneficiaries receiving payment 3a					0	1,000	0		
b For te	rminated vested participa	ents	3b			2		7,508		
C For a	ctive participants:		1 5.3 7.3 7.3 7.3 7.3 7.3 7.3 7.3							
(1)	Non-vested benefits .		3c(1)					3,020		
(2)	Vested benefits		3c(2)					260,366		
(3)	Total active		3c(3)			6		263,386		
d Total		•••••	3d			8		270,894		
4 If the pl	an is in at-risk status, che	ck the box and complete lines (a) and (b)	[
a Fundi	ng target disregarding pre	escribed at-risk assumptions	· · · · · · · · · · · · · · · · · · ·			4a				
	0 0	assumptions, but disregarding transition five consecutive years and disregarding				4b				
5 Effective						5	5.32			
6 Target normal cost					6	65,7				
To the best of maccordance with		plied in this schedule and accompanying schedules, in my opinion, each other assumption is reasonable d experience under the plan.								
SIGN HERE		the a					09/08/20:	14		
		Signature of actuary			-		Date			
	THEODORE ANDERS	EN, M.A.A.A., MSPA					14-02034			
	Туре	or print name of actuary			<u> </u>	Most re	ecent enrollm	ent number		
	PENSION ASSOCIA	TES				(20	3) 356-0	306		
	2001 WEST MAIN	Firm name STREET, SUITE 230			Tel	ephone	number (incl	luding area code)		
	•									
US	STAMFORD	CT 06902 Address of the firm								
								, –		
If the actuary	has not fully reflected any	regulation or ruling promulgated under	the statute i	ın completi	ing this schedul	e, chec	k the box and	d see		

	Schedu	e SB (Form 5500) 2013		Page 2	2							
Pa	rt II Beg	inning of Year Carryov	ver and Prefunding Bala	ances								
					(a) (Carryover balance)		(b) Pre	əfundir	ng balance	
7		eginning of prior year after appl					0					0
8		ed for use to offset prior year's					0					0
	prior year) 9 Amount remaining (line 7 minus line 8)						0					0
10		e 9 using prior year's actual re					0					0
11		xcess contributions to be adde					J					
• •	•	alue of excess contributions (lin	, ,								42	921
	_	,	. , ,				-				72,	921
		(a) using prior year's effective provided (see instructions)									2,	240
	C Total available at beginning of current plan year to add to prefunding balance .										45,	161
	d Portion of	(c) to be added to prefunding b	palance									0
12	Other reducti	Other reductions in balances due to elections or deemed elections					0					0
13	3 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)						0					0
Pa	rt III Fu	unding Percentages		•								
14		et attainment percentage			•••••					14	125.0	
		ling target attainment percenta								15	125.0	
	16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reducurrent year's funding requirement						се		16	110.9		
17	17 If the current value of the assets of the plan is less than 70 percent of the funding targer						••••			17		%
Pa	rt IV C	ontributions and Liquid	dity Shortfalls									
		made to the plan for the plan		vees:								
	(a) Date (b) Amount paid by (c) Amount paid by (a				a) Date (b) Amount paid by employer(s)			(c) Amount paid by employees				
				Totals	► 18(b)			0 1	18(c)			0
19	Discounted e	mployer contributions see in	structions for small plan with a	valuation	date after t	he beginning of the	ne year:					
a Contributions allocated toward unpaid minimum required contributions from prior years						19a					0	
	b Contribution	ns made to avoid restrictions a	djusted to valuation date		•••••	•••••	19b	1				0
	c Contribution	ns allocated toward minimum	required contribution for curren	t year adju	usted to val	luation date	19c					0
20	Quarterly cor	tributions and liquidity shortfall	S:									

Liquidity shortfall as of end of quarter of this plan year

(3) 3rd

(4) 4th

C If line 20a is "Yes," see instructions and complete the following table as applicable:

(2) 2nd

(1) 1st

21 Discount rate:	
21 Bloodin rate.	
a Segment rates: 1st segment: 2nd segment: 3rd segment: N/A, full yield 4.94 % 6.15 % 6.76 %	curve used
b Applicable month (enter code)	
22 Weighted average retirement age	65
23 Mortality table(s) (see instructions)	
Part VI Miscellaneous items	
Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	Yes X No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	
Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years	
28 Unpaid minimum required contributions for all prior years	0
Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	0
Part VIII Minimum Required Contribution For Current Year	
31 Target normal cost and excess assets (see instructions):	
a Target normal cost (line 6)	65,708
b Excess assets, if applicable, but not greater than line 31a	65,708
32 Amortization installments: Outstanding Balance Installment	ent
A Net shortfall amortization installment	0
b Waiver amortization installment	0
If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month Day	0
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) 34	0
Carryover balance Prefunding Balance Total bal	ance
35 Balances elected for use to offset funding requirement	0
36 Additional cash requirement (line 34 minus line 35)	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	0
38 Present value of excess contributions for current year (see instructions)	
a Total (excess, if any, of line 37 over line 36)	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances 38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) 39	0
40 Unpaid minimum required contributions for all years	
40 Unpaid minimum required contributions for all years	
Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)] 15 years
Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions) 41 If an election was made to use PRA 2010 funding relief for this plan: a Schedule elected	
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