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 Be	enefit Guaranty Corporation	 Complete all entries in accord 	ance with the instruc	ctions to the Form 5500	0-SF.		
Part I		dentification Information					
For calenda	ar plan year 2013 or fise	cal plan year beginning 01/01/2013		and ending 1	2/31/2	013	
A This ret	urn/report is for:	X a single-employer plan	a multiple-employer p	an (not multiemployer)		a one-partici	pant plan
B This ret	urn/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 b	box if filing under:	X Form 5558	automatic extension			DFVC progra	am
		special extension (enter description	۱)				
Part II	Basic Plan Infor	mation—enter all requested informa	tion				
1a Name	of plan				1b	Three-digit	
NORTHERN	WESTCHESTER INTE	ERNAL MEDICINE PC PROFIT SHARI	NG PLAN			plan number	
						(PN) ▶	002
					1c	Effective date o	
						01/01	
	ponsor's name and add I WESTCHESTER INTI	lress; include room or suite number (er ERNAL MEDICINE PC	nployer, if for a single-	employer plan)			fication Number 52356
4070 001414	IEDOE OT				2c	Sponsor's telep	
1872 COMM YORKTOWN					2d		(see instructions)
						62111	,
3a Plan a	dministrator's name and	d address XSame as Plan Sponsor Na	ame Same as Plar	Sponsor Address	3b	Administrator's	EIN
					30	Administrator's	telephone number
						Administrators	telephone number
4 If the r	name and/or EIN of the	plan sponsor has changed since the la	st return/report filed fo	or this plan, enter the	4b	EIN	
name,	, EIN, and the plan num	plan sponsor has changed since the laber from the last return/report.	st return/report filed fo	or this plan, enter the			
name, a Sponse	, EIN, and the plan num or's name	nber from the last return/report.		·	4c		
name, a Sponse 5a Total r	, EIN, and the plan num or's name number of participants a	nber from the last return/report.					8
a Sponso 5a Total r b Total r	, EIN, and the plan num or's name number of participants a number of participants a	at the beginning of the plan year			4c		8
name, a Sponso 5a Total r b Total r c Numb	, EIN, and the plan num or's name number of participants a number of participants a er of participants with a	nber from the last return/report.	lan year (defined bene	fit plans do not	4c 5a		
name, a Sponso 5a Total r b Total r c Numbo	EIN, and the plan numor's name number of participants and participants are of participants with a lete this item)	at the beginning of the plan year	lan year (defined bene	fit plans do not	4c 5a 5b 5c	PN	0
name, a Sponso 5a Total r b Total r c Numbo compl 6a Were b Are yo	EIN, and the plan numor's name number of participants a number of participants are of participants with a lete this item)	at the beginning of the plan year	lan year (defined bene 	fit plans do not tions.)d public accountant (IQI	4c 5a 5b 5c	PN	0 0 X Yes No
name, a Sponso 5a Total r b Total r C Numbo comple 6a Were b Are younder	EIN, and the plan numor's name number of participants a number of participants are of participants with a lete this item)	at the beginning of the plan year	lan year (defined bene e assets? (See instruc n independent qualifie nd conditions.)	efit plans do not tions.)d public accountant (IQI	4c 5a 5b 5c	PN	0
name, a Sponse 5a Total r b Total r c Numb compl 6a Were b Are younder If you	EIN, and the plan numor's name number of participants and participants are of participants with a lete this item)	at the beginning of the plan year	lan year (defined bene e assets? (See instruc n independent qualifie nd conditions.) ot use Form 5500-SF	tions.)d public accountant (IQI	4c 5a 5b 5c PA)	PN	0 X Yes No Yes No
name, a Sponse 5a Total r b Total r c Numb compl 6a Were b Are younder If you	EIN, and the plan numor's name number of participants and participants are of participants with a lete this item)	at the beginning of the plan year	lan year (defined bene e assets? (See instruc n independent qualifie nd conditions.) ot use Form 5500-SF	tions.)d public accountant (IQI	4c 5a 5b 5c PA)	PN	0 0 X Yes No
name, a Sponse 5a Total r b Total r c Numb compl 6a Were b Are younder If you c If the p	EIN, and the plan numor's name number of participants a number of participants are of participants with a lete this item)	at the beginning of the plan year	lan year (defined bene e assets? (See instruc n independent qualifie nd conditions.) ot use Form 5500-SF surance program (see	tions.)d public accountant (IQI and must instead use ERISA section 4021)?	4c 5a 5b 5c PA)	PN	0 X Yes No Yes No
name, a Sponse 5a Total r b Total r c Number compl 6a Were b Are younder If you c If the p	EIN, and the plan numor's name number of participants and participants are referred participants with a lete this item)	at the beginning of the plan year	lan year (defined bene- e assets? (See instruction independent qualifier and conditions.)	tions.)d public accountant (IQI and must instead use ERISA section 4021)?.	4c 5a 5b 5c PA) Form	PN 5500. Yes No established.	0
name, a Sponse 5a Total r b Total r c Numb compl 6a Were b Are younder If you c If the p Caution: A Under pena SB or Sche	EIN, and the plan numor's name number of participants and participants are referred participants with a lete this item)	at the beginning of the plan year	lan year (defined bene- e assets? (See instruction independent qualifier and conditions.)	tions.)	4c 5a 5b 5c PA) Form use is e	PN 5500. Yes No established. Cluding, if applic	0
name, a Sponse 5a Total r b Total r c Numb compl 6a Were b Are younder If you c If the p Caution: A Under pena SB or Sche	EIN, and the plan numor's name number of participants a number of participants are of participants with a lete this item)	at the beginning of the plan year	lan year (defined bene- e assets? (See instruction independent qualifier and conditions.)	tions.)	4c 5a 5b 5c PA) Form use is e	PN 5500. Yes No established. Cluding, if applic	0
name, a Sponse 5a Total r b Total r c Number comple 6a Were b Are younder If you C If the p Caution: A Under pena SB or Schebelief, it is to	EIN, and the plan numor's name number of participants a number of participants are of participants with a lete this item)	at the beginning of the plan year	lan year (defined bene- e assets? (See instruction independent qualifier and conditions.)	tions.)	4c 5a 5b 5c PA) Form see is coort, inc, and to	PN 5500. Yes No established. cluding, if applic of the best of my	O X Yes No X Yes No Not determined Able, a Schedule knowledge and
name, a Sponse 5a Total r b Total r c Numb- compl 6a Were b Are younder If you c If the p Caution: A Under pena SB or Sche belief, it is t	EIN, and the plan numor's name number of participants and participants are reflected participants with a lete this item)	at the beginning of the plan year	lan year (defined bene- e assets? (See instruction independent qualifier and conditions.)	tions.)	4c 5a 5b 5c PA) Form see is coort, inc, and to	PN 5500. Yes No established. cluding, if applic of the best of my	O X Yes No X Yes No Not determined Able, a Schedule knowledge and
name, a Sponse 5a Total r b Total r c Numb- compl 6a Were b Are younder If you c If the p Caution: A Under pena SB or Sche belief, it is t	EIN, and the plan numor's name number of participants and participants are reflected participants with a lete this item)	at the beginning of the plan year	lan year (defined bene- e assets? (See instruction independent qualified and conditions.)	tions.)	4c 5a 5b 5c PA) Form use is coort, inc, and to	PN 5500. Yes No established. Cluding, if applic of the best of my	O X Yes No X Yes No Not determined Able, a Schedule knowledge and
name, a Sponsor b Total r c Number comple 6a Were b Are younder If you c If the p Caution: A Under pena SB or Schebelief, it is t SIGN HERE	EIN, and the plan numor's name number of participants and participants are reflected participants with a lete this item)	at the beginning of the plan year	lan year (defined bene- e assets? (See instruction independent qualifier and conditions.)	tions.)	4c 5a 5b 5c PA) Form see is coort, inc, and to	PN 5500. Yes No cestablished. Cluding, if applic of the best of my ning as plan admining as employed.	O X Yes No X Yes No Not determined Able, a Schedule knowledge and
name, a Sponsor b Total r c Number comple 6a Were b Are younder If you c If the p Caution: A Under pena SB or Schebelief, it is t SIGN HERE	EIN, and the plan numor's name number of participants and participants are reflected participants with a lete this item)	at the beginning of the plan year	lan year (defined bene- e assets? (See instruction independent qualifier and conditions.)	tions.)	4c 5a 5b 5c PA) Form see is coort, inc, and to	PN 5500. Yes No cestablished. Cluding, if applic of the best of my ning as plan admining as employed.	O X Yes No X Yes No Not determined Able, a Schedule r knowledge and ministrator er or plan sponsor
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name, a Sponsor b Total r c Number comple 6a Were b Are younder If you c If the p Caution: A Under pena SB or Sche belief, it is t SIGN HERE	EIN, and the plan numor's name number of participants and participants are reflected participants with a lete this item)	at the beginning of the plan year	lan year (defined bene- e assets? (See instruction independent qualifier and conditions.)	tions.)	4c 5a 5b 5c PA) Form see is coort, inc, and to	PN 5500. Yes No cestablished. Cluding, if applic of the best of my ning as plan admining as employed.	O X Yes No X Yes No Not determined Able, a Schedule r knowledge and ministrator er or plan sponsor

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Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Yea	· ·			(b) End of Year	
	Total plan assets	7a	(a) Beginning of Tea				(b) Elia or real	
	Total plan liabilities	7b		0			0	
	Net plan assets (subtract line 7b from line 7a)	7c	2475		+		0	
	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	-1056	9				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					-10569	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1028	4				
е	Certain deemed and/or corrective distributions (see instructions)	8e		0				
	Administrative service providers (salaries, fees, commissions)	8f		0				
q	Other expenses	8g	390	0				
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	000				14184	
	Net income (loss) (subtract line 8h from line 8c)						-24753	
÷	Transfers to (from) the plan (see instructions)						24700	
,		8j						
9a	If the plan provides pension benefits, enter the applicable pension	footuro oo	doe from the Liet of Dlan Cher	o otori	otio Co	doo in	the instructions:	
эа	2D 2E	reature co	des from the List of Plan Char	actens	Suc Co	ues III	the instructions.	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterist	ic Cod	es in t	he instructions:	
Par	Part V Compliance Questions							
10	During the plan year:				Yes	No	Amount	
	Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period described in			-110	Amount	
	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		
				10c		X		
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud			Х		
	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.)			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		Χ		
i	If 10h was answered "Yes," check the box if you either provided the			1011				
	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					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,	, as applic	able.)					
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		, 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						. 531	
	Enter the minimum required contribution for this plan year	,	,			12b		

Page	3 -	. 1	
raye	J		

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?	X	es No				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the country of the PBGC?	control		X Yes	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.)	:0					
1	3c(1) Name of plan(s):	3 c(2) EI	N(s)	13c(3)	PN(s)		
Part	VIII Trust Information (optional)						
14a Name of trust				14b Trust's EIN			

Form 5500-SF

Department of the Treasury Internal Revenue Service

Capariment of Labor
Employee Barrates Security Administration

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4085 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0170

2013

This Form is Open to Public inspection

	Pension Banefit Guaranty Corporation Complete all entries in accord	lance with the instr	ctions to the Form 550	0-SF.	l In	spection	
	anual Report Identification Information						
For	calendar plan year 2013 or fiscal plan year beginning	01/01/2013	ava eugjuā	12	/31/2013		
A	This return/report is for: 🔀 a single-employer plan 🔲	a multiple-employer (olan (not multiemployer)	r) a one-participant plan			
B	This return/report is:	the final return/report	•				
	☐ wn amended return/teport	a short plan year retu	m/report (less than 12 m	ionths)			
¢	Check box if filing under; x Form 5558	automatic extension		[DFVC progra	m	
	noipticaeb nolanetxe labeca 🔲	1)		_	-		
1	artilla Basic Plan Information enter ell requested inform	patton					
1a	Name of plan				Three-digit		
	Northern Westchester Internal Medicine PC Pro		plan number (PN) ►	002			
	:				Effective date of	f plan	
<u>2a</u>		antarios liferes single	- nestaves start	1 - 1	01/01/2011	At and the state of	
28	Plan sponsor's name and address; include room or suite number (en Northern Westohester Internal Medicine PC	прюуег, и тог а вигра	-employer plan)	1	Employer (denti (EIN) 13-41:	fication Number 52956	
					Sponsors telepi		
	1672 Commerce St.				(914) 962-3		
						(see instructions)	
	Yorktown NY 10598				621111		
38	Plan administrator's name and address X Same as Plan Sponsor	Name Seme as	Plan Sponsor Address	30 /	Administrator's I	⊟N	
	:			30	A desirale tento de 1	talanhara ayarbar	
				30 /	-tolininefterfore i	telephone number	
	Link A. A. A. Till.	w		 			
4	If the name and/or EIN of the plan sponsor has changed since the la name, EIN, and the plan number from the last return/report.	at return/report filed t	or this plan, enter the	4b [EIN		
а				4c F	₽N		
_	Total number of participants at the beginning of the plan year			5a		8	
b	Total number of participants at the end of the plan year			5b		0	
¢	Number of participants with account balances as of the end of the placements this leads			5c		0	
6a	complete this Item)		Hane \			X Yes No	
b	Are you claiming a waiver of the annual examination and report of ar	•			. 	Emilian Impres	
	under 29 CFR 2620.104-467 (See Instructions on waiver aligibility en				~~	XYes No	
	If you snawered "No" to either line 6a or line 6b, the plan cannot					—	
<u> </u>	If the plan is a defined benefit plan, is it covered under the PEGC ins	urance program (see	ERISA section 4021)?	********		Not determined	
	ution: A penalty for the late or incomplete filing of this return/rep						
Ųn	dor penalties of perjury and other penalties set forth in the instructions	i, I declare that I haw	examined this return/re	port, inc	luding, if applic	able, a Schedule	
be	or Schedule MB completed and signed by an enrolled actuary, as we lef, it is true, correct, and complete.	il de liie elernollir Af	кыстот шастыштугерді:	r, eng (o	the neat of my	KUOMICORE WITH	
	Si	09/08/14	Richard Klein				
韶	BE Bignature of plan administrator	Date	Enter name of individua	el signis	ilmbs nala es pi	olstrator	
12777		09/08/14	Richard Klein		A		
	Signature of employer/plan sponeer	Date	Enter name of individua	ai alonin	ig as employer	or blan sponsor	
	parer's name (including firm name, if applicable) and address; include					number (optional)	
					•	. , ,	
Ī	:			of E Table			
	:						
Ī				Mark Miles			

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R	Financial Information							
7	Plan Assets and Liabilities	第12年 自	(a) Beginning of Yeat	r	(b) End of Year			
a	Total plan assets	7a	24,753			٥		
b	Total plan liabilities	7b	0					
c	Net plan assets (subtract line 7b from line 7s)	7c	24,753					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			
a	Contributions received or receivable from: (1) Employers	Ba(1)		0				
_	(2) Participants	8a(2)	"	~	50 74 74 50 74 74			
	(3) Others (including rollovers)			0	100			
ъ	Other Income (lose)		(10,56	_	24547	A		
Ċ	Total Income (add lines 8a(1), 8a(2), 8a(3), and 8b)	Bc Bc			2 Sections	(VIII)	(10,569)	
đ	Benefits paid (including direct rollovers and insurance premiums				4443	1 × 1		
	to provide benefits)	8d	. 10,20	84	22.7	#3.8		
0	Certain deemed and/or corrective distributions (see instructions)	Be		٥	2100	770 7		
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f		0	146-1			
9_	Other expenses	6 <u>a</u>	3,90	00	33			
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	6h			ğ .		14,194	
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	191			<u> </u>		(24,753)	
Reng	Transfers to (from) the plan (see instructions)	81	<u> </u>		10.00	7 7		
	ittiV Plan Characteristics						<u>.</u>	
9a	If the plan provides pension benefits, enter the applicable pension fe	ature code	s from the List of Plan Characte	edetic	Code	s in th	e Instructions:	
\perp	2D 2E							
b	If the plan provides welfere benefits, enter the applicable welfare fea	ture codes	from the List of Plan Character	ristic (Codes	In the	Instructions:	
	May Compliance Questions						'	
10	During the plan year;				Yes	No	Amount	
a	Was there a failure to transmit to the plan any participant contribute 29 CFR 2510.3-102? (See Instructions and DOL's Voluntary Fiduc	ons within	the time period described in	10a		x		
ь		(Do not ir	coude transactions reported	10b		x	-	
			*************************************	10c		ж		
đ		nod viilebi	d, that was caused by fraud	10ď		×		
æ	Were any fees or commissions paid to any brokers, agents, or other	er persons	by an insurance carrier.					
	insurance service, or other organization that provides some or all o	f the bene	fits under the plan? (See					
	instructions.)			100		x		
<u></u>	Has the plan falled to provide any benefit when due under the plan			101		ж		
<u>_g</u>		***	-	100		x		
h	If this is an individual account plan, was there a blackout period? (5 2520.101-3.)	See Instruc	tions and 29 CFR	10h		x		
_'	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required	notice or one of the	101				
Pa	Pension Funding Compllance						Committee of the Commit	
11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11s below)	nis? (If "Y	'es," see instructions and comp	lete S	chedu	le SB	(Form	
112	Enter the unpaid minimum required contribution for current year fro				T	11a	Yes X No	
12	is this a defined contribution plan subject to the minimum funding n		-			-	RISA? Yes X No	
	(If "Yes." complete line 12a or lines 12b, 12c, 12d, and 12e below,			, 9¢V(.011 50	<u> </u>	THE IN NO	
	If a weiver of the minimum funding standard for a prior year is being			ans :	and or	MAG 414 4	adota of the latter will a	
	granting the waiver	* euroinye	- п. инэ рюн усаг, see msuucu 	1011 i., 2 1811	aio er	_ Day		
- (†	you completed line 12s, complete lines 3, 9, and 10 of Schedule							
	Enter the minimum required contribution for this plan year				T	12b	<u>-</u>	

	, <u> </u>							

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<u>c</u>	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			12d		
e	Will the minimum funding amount reported on line 12	d be met by the funding deadline			Y06 🗆	No INA
Pari	VIII Plan Terminations and Transfers	of Assets				
13a	Has a resolution to terminate the plan been adopted	n any pian year?		🗵 Y	oN 🔲 ee	
	If "Yes," enter the amount of any plan assets that rev	erted to the employer this year		13a	,	0
ь	Were all the plan assets distributed to participants or of the PBGC?	beneficiaries, transferred to anot	ther plan, or brought under th	e contral	(X.	Yes No
C	If during this plan year, any assets or liabilities were t which assets or liabilities were transferred. (See instr	ransferred from this plan to anoti			_	
7	13c(1) Name of plan(6):			13c(2) EIN	(s)	13c(3) PN(s)
Part	Trust Information (optional) Name of trust			14b T	rust's EIN	.,,
		<u> </u>				

