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

| Pensi | on Benefit Guaranty Corporation | ▶ Complete all entries in acc | ordance with the instruc | tions to the Form 550 | 0-SF. | | spection |
|--------------------|---|--|---|---------------------------|----------|-------------------------|--------------------|
| Part | I Annual Report I | dentification Information | | | | | |
| For cal | endar plan year 2013 or fisc | cal plan year beginning 01/01/2 | 2013 | and ending 1 | 2/31/2 | 2013 | |
| | s return/report is for: | a single-employer plan | a multiple-employer pl | an (not multiemployer) | | a one-partici | pant plan |
| B This | s return/report is: | the first return/report | the final return/report | | | | |
| | | an amended return/report | a short plan year return | n/report (less than 12 mo | onths) | _ | |
| C Che | eck box if filing under: | X Form 5558 | automatic extension | | | DFVC progra | am |
| D1 | II. Daa'a Dian Intan | special extension (enter descrip | <u> </u> | | | | |
| Part | | rmation—enter all requested info | rmation | | | | 1 |
| | me of plan | 404/10 PLAN | | | 16 | Three-digit plan number | |
| FRIEDRI | CH BOETTNER, MD, PC 4 | ‡01(K) PLAN | | | | (PN) | 002 |
| | | | | | 10 | Effective date o | L |
| | | | | | | 01/01 | • |
| | an sponsor's name and add | dress; include room or suite number | r (employer, if for a single- | employer plan) | 2b | Employer Identi | |
| E2E E A C | T ZOTU CTDEET | | | | 2c | Sponsor's telep | |
| NEW YO | ST 70TH STREET DRK, NY 10021 | | | | 2d | | (see instructions) |
| 3a Pla | an administrator's name and | d address XSame as Plan Sponso | or Name Same as Plan | Sponsor Address | 3b | Administrator's | |
| | | | | | 3с | Administrator's | telephone number |
| na | | plan sponsor has changed since the nber from the last return/report. | ne last return/report filed fo | r this plan, enter the | 4b 4c | EIN PN | |
| | | at the beginning of the plan year | | | 5a | | 0 |
| _ | | at the end of the plan year | | | 5b | + | 3 |
| C Nu | ımber of participants with a | account balances as of the end of th | ne plan year (defined bene | fit plans do not | 5c | | 0 |
| _ | • | during the plan year invested in eli | | | | | X Yes No |
| b Ar | re you claiming a waiver of older 29 CFR 2520.104-46? | the annual examination and report (See instructions on waiver eligibili | of an independent qualifie ity and conditions.) | d public accountant (IQ | PA) | | X Yes No |
| | | ther line 6a or line 6b, the plan ca t plan, is it covered under the PBG0 | | | | | Not determined |
| Cautio | n: A penalty for the late o | or incomplete filing of this return/ | report will be assessed u | unless reasonable cau | ıse is | established. | |
| Under SB or S | penalties of perjury and oth | ner penalties set forth in the instruction signed by an enrolled actuary, as | ions, I declare that I have | examined this return/rep | oort, ir | ncluding, if applic | |
| SIGN | Filed with authorized/v | valid electronic signature. | | | | | |
| HERE | Signature of plan ad | dministrator | Date | Enter name of individu | ual sig | ıning as plan adr | ministrator |
| SIGN HERE | | | | | | | |
| | Signature of employer/plan sponsor Date Enter name of individ | | | | | | |
| Prepare | er's name (including firm na | ame, if applicable) and address; inc | lude room or suite numbei | r (optional) | Prep | arer's telephone | number (optional) |
| | | | | | | | |

Form 5500-SF 2013 Page **2**

| Par | t III Financial Information | | | | | | | | |
|------|---|-------------|--------------------------------|-----------|--------------------|---------------|-----------------|---------|------|
| 7 | Plan Assets and Liabilities | | (a) Beginning of Yea | ar | | (b) End | of Yea | ar | |
| а | Total plan assets | 7a | , , | | | ` , | | 0 | |
| b | Total plan liabilities | 7b | | | | | | | |
| С | Net plan assets (subtract line 7b from line 7a) | 7c | | | | | | 0 | |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | | | (b) T | otal | | |
| | Contributions received or receivable from: | | | 0 | | | | | |
| | (1) Employers | 8a(1) | | 0 | | | | | |
| | (2) Participants | 8a(2) | | 0 | | | | | |
| | (3) Others (including rollovers) | 8a(3) | | 0 | | | | | |
| | Other income (loss) | 8b | | 0 | | | | | |
| | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | 0 | |
| | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | | 0 | | | | | |
| е | Certain deemed and/or corrective distributions (see instructions) | 8e | | | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | | | | | | | |
| g | Other expenses | 8g | | | | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | 0 | 1 |
| i | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | | 0 | ı |
| j | Transfers to (from) the plan (see instructions) | 8j | | | | | | | |
| Par | t IV Plan Characteristics | | | | | | | | |
| 9a | If the plan provides pension benefits, enter the applicable pension 2A 2E 3D | feature co | des from the List of Plan Char | acterist | ic Codes ir | the instruc | tions: | | |
| b | If the plan provides welfare benefits, enter the applicable welfare fe | eature cod | es from the List of Plan Chara | cteristic | Codes in | the instructi | ons: | | |
| | | | | | | | | | |
| Part | V Compliance Questions | | | | | | | | |
| 10 | During the plan year: | | | | Yes No | | Amoι | ınt | |
| a | Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure) | | | 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 | | | | |
| 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 | ner person | s by an insurance carrier, | | | | | | |
| | instructions.) | | | 10e | X | | | | |
| f | Has the plan failed to provide any benefit when due under the pla | n? | | 10f | Χ | | | | |
| q | Did the plan have any participant loans? (If "Yes," enter amount a | s of vear | end.) | 10a | X | | | | |
| h | | (See instru | uctions and 29 CFR | 10g | Х | | | | |
| i | If 10h was answered "Yes," check the box if you either provided the | ne require | d notice or one of the | 10ii | | | | | |
| Part | vi Pension Funding Compliance | 1-⊍ | | 101 | | | | | |
| 11 | Is this a defined benefit plan subject to minimum funding requirem | | | | | | | Yes | X No |
| 11a | 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? | | | | | | | | |
| | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | | | | | | | | |
| а | If a waiver of the minimum funding standard for a prior year is beir granting the waiver. | - | | | and enter t Day | | he lett Year | er ruli | ing |
| If | you completed line 12a, complete lines 3, 9, and 10 of Schedule | e MB (For | m 5500), and skip to line 13. | | | | | | |
| b | Enter the minimum required contribution for this plan year | | | | . 12b | | | | |

| Page | 3 - | . 1 | |
|------|-----|-----|--|
| raye | J | | |

| | | 7 | 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? | ۱ 🔲 ۱ | ∕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 | | | | |
| 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.) | | | | | | | | |
| 1 | 3c(1) Name of plan(s): | 13c(2) El | N(s) | 13c(3) PN(s) | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Part | VIII Trust Information (optional) | | | 1 | | | | |
| | Name of trust EDRICH BOETTNER, MD, PC 401(K) P | 14b Trust's EIN 452191755 | | | | | | |
| | | | | | | | | |

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 section 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.

OMB Nos, 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

| 網 | art Annual Report Identifica | tion Information | | | | | | | |
|--|--|--------------------------------|---|---|---|------------------------------------|---|--|--|
| For | calendar plan year 2013 or fiscal plan yea | r beginning | 01/01/2013 | and ending | 12/ | 31/2013 | | | |
| A | This return/report is for: | -employer plan | a multiple-employer pl | an (not multiemployer) | a one-participant plan | | | | |
| В | This return/report is: | return/report | the final return/report | | | | | | |
| | an amer | nded return/report | a short plan year retur | n/report (less than 12 m | onths) | | | | |
| C | Check box if filing under: 🔀 Form 55 | 558 | automatic extension | | | DFVC program | m | | |
| | | extension (enter description | on) | | | | | | |
| D. | art II Basic Plan Information - | | | | | | | | |
| - | Name of plan | enter an requested into | madon | | 1b T | nree-digit | | | |
| | · | 401 (W) DI AN | | | ρl | an number | 002 | | |
| | FRIEDRICH BOETTNER, MD, PC | 401(K) PLAN | | | | PN) ► ffective date of | | | |
| | | | | | | 1/01/2013 | pian | | |
| 2a | Plan sponsor's name and address; Include | de room or suite number (| employer, if for a single | -employer plan) | 2b Employer Identification Number | | | | |
| | FRIEDRICH BOETTNER, MD, PC | | | | (EIN) 45-2191755 | | | | |
| | | | | | | ponsor's telepi | | | |
| | 535 EAST 70TH STREET | | | | (212) 774-2127 2d Business code (see instructions) | | | | |
| | | | | | | usiness code (21111 | (see instructions) | | |
| 32 | NEW YORK NY Plan administrator's name and address | 10021 | or Name C Same as I | Plan Sponsor Address | | dministrator's | FIN | | |
| Ju | rian administrators manie and address | La Carrie as Fran Opons | or Hamo Came as a | ian oponson nauress | 30.00 // | arrimotrator o | | | |
| | | | | | 3c Administrator's telephone number | | | | |
| | | | | | 30 Administrator's telephone number | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 4 | If the name and/or EIN of the plan spons | | last return/report filed t | or this plan, enter the | 4b E | IN | | | |
| 220 | name, EIN, and the plan number from th | e last return/report. | | | 4 | | | | |
| _ | Sponsor's name | | | | 4c ₽ | IN . | 0 | | |
| 5a b | Total number of participants at the begin Total number of participants at the end of | | | | 5b | | 3 | | |
| c | Number of participants with account bala | | | | | | | | |
| _ | complete this item) | | | | 5c | | 0 | | |
| 6a | Were all of the plan's assets during the p | • | · | | | | X Yes No | | |
| b | Are you claiming a waiver of the annual | | 1 1111 5 | | | | EDV DN- | | |
| | under 29 CFR 2520 104-46? (See instru | | ******* | | | | X Yes No | | |
| c | If you answered "No" to either line 6a If the plan is a defined benefit plan, is it of | | | | | | Not determined | | |
| | | | | | | | | | |
| | ution: A penalty for the late or incompl | | | | | | | | |
| Ur SE | der penalties of perjuly and other penalties or Schedule MB completes and signed b | s set forth in the instruction | ons, I declare that I have well as the electronic ve | e examined this return/re ersion of this return/repo | eport, inc at and to | cluding, if appli the best of m | icable, a Schedule iv knowledge and | | |
| be | lief, it is true, correct and complete | // | Ton do the electronic to | 11.0 | - / | 7.11 | , momorgo ana | | |
| S.C | IGN X | | 9177114 | millen | di | KOCTI NI | | | |
| 翻 | ERE Signature of plan administrator | | Date | Enter name of individu | al sionin | g as plan adm | inistrator | | |
| 200 | TWO SECTIONS AND ADDRESS OF THE PERSON AND A | | Julio / | Enter Harris of Marriage | a, oigini | g de plant dans | didio | | |
| SIGN. HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor | | | | | | | | | |
| Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number | | | | | | | | | |
| 1 | a trains (managing min hamo, ii upp | | and foom of outto fiding | TT. (Spirotion) | | s .s.op.,one | (Abusial) | | |
| | 8 | | | | | | | | |
| | | | | | | west was a series of the series | остория при | | |
| | | | | | | | | | |
| | | | | | 44 | | | | |

| Par | Part III. Financial Information | | | | | | | |
|---------------------|---|------------|--|-------------|-----------|------------------|--|---------------------|
| 7 P | Plan Assets and Liabilities | | (a) Beginning of Year | | | | (b) End of Yea | Г |
| ат | otal plan assets | 7a | | | | | | 0 |
| b T | otal plan liabilities | 7b | | | | | | |
| C N | Net plan assets (subtract line 7b from line 7a) | 7c | | | | | | 0 |
| 8 II | ncome, Expenses, and Transfers for this Plan Year | 也能够 | (a) Amount | | | | (b) Total | |
| | Contributions received or receivable from: 1) Employers | 8a(1) | | 0 | | | | |
| (| 2) Participants | 8a(2) | | 0 | 2023 | | Sent Applica | 经高速型的 |
| | 3) Others (including rollovers) | 8a(3) | | | | | 30 00000000000000000000000000000000000 | 學是例如用語作 |
| | Other income (loss) | 8b | | 0 | 1000 | 199 | Long to the East | |
| C T | otal income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | Į. | - | | 0 |
| d E | Benefits paid (including direct rollovers and insurance premiums or provide benefits) | 8d | | 0 | | | | |
| e c | Certain deemed and/or corrective distributions (see instructions) | 8e | | | | 900 | | |
| | Administrative service providers (salaries, fees, commissions) | 8f | | | 類的 | | | |
| | Other expenses | 8g | | | 283 | | 计数数学点的 | |
| - | otal expenses (add lines 8d, 8e, 8f, and 8g) | | | | à | | | 0 |
| - | let income (loss) (subtract line 8h from line 8c) | | | | į. | | | 0 |
| 7 | ransfers to (from) the plan (see instructions) | | THE PARTY OF THE P | y w a miles | 200 | | TO THE WOOD | 1 1 10 10 10 |
| THE PERSON NAMED IN | tilV Plan Characteristics | | | | Taran ear | | or the sample seems and or seed on | and anyone manager |
| Citizen | the plan provides pension benefits, enter the applicable pension f | antura aad | as from the List of Blan Charget | orioti | o Code | se in t | he instructions: | |
| Ja II | 2A 2E 3D | eature cou | es from the List of Flati Charact | .ciisti | C Coue | 75 III L | ne mstructions. | |
| | | | | _ | | (-1)- | | |
| b | f the plan provides welfare benefits, enter the applicable welfare fe | ature code | s from the List of Plan Characte | ristic | Codes | s in th | e instructions: | |
| Par | tVA Compliance Questions | | | | | | | |
| 10 | During the plan year: | | | | Yes | No | Amou | unt |
| а | Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure) | | | 10a | | x | | |
| 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 | | x | | |
| d | Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? | | | 10d | | x | | |
| е | Were any fees or commissions paid to any brokers, agents, or ot | | | | | | | |
| | insurance service, or other organization that provides some or all | | · · | 40- | | x | | |
| - | instructions.) | | | 10e | - | | | |
| | Has the plan failed to provide any benefit when due under the pla | n? | 414114111111111111111111111111111111111 | 10f | | х | | |
| g | Did the plan have any participant loans? (If "Yes," enter amount a | as of year | 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 t | he require | d notice or one of the | 10i | | | Ship in the second | William 1 |
| Par | exceptions to providing the notice applied under 29 CFR 2520.10 tVI Pension Funding Compliance | 11-3 | | 101 | <u> </u> | | TOO TAKE THE PARTY OF THE PARTY | |
| 11 | | | | | | | | |
| 11a | Enter the unpaid minimum required contribution for current year | from Sche | dule SB (Form 5500) line 39 | | | 11a | Vii | |
| 12 | Is this a defined contribution plan subject to the minimum funding | | | | | 302 of | ERISA? | Yes 🗓 No |
| | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | | | | | | | |
| а | If a waiver of the minimum funding standard for a prior year is be granting the waiver | ing amorti | zed in this plan year, see instruc | tions | , and | enter f | he date of the leav | etter ruling ear |
| If | ou completed line 12a, complete lines 3, 9, and 10 of Schedu | | | | | | | |
| b | Enter the minimum required contribution for this plan year | | | | | 12b | 7 | |
| | sio minimum of and obtained for the plant four minimum | | | | | | | |

| | Form 5500-SF 2013 Page 3 - | | | | |
|-------|--|------------|-----------------|--------------|--|
| 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 anegative amount) | 12d | | | |
| е | Will the minimum funding amount reported on line 12d be met by the funding deadline? | | Yes [|] No □ N/A | |
| Part | VIIA Plan Terminations and Transfers of Assets | | | | |
| 13a | Has a resolution to terminate the plan been adopted in any plan year? | ΠY | 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 another plan, or brought under the of the PBGC? | | [| 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.) | 0 | | ć | |
| 1 | 3c(1) Name of plan(s): | c(2) EIN | (s) | 13c(3) PN(s) | |
| | | | | | |
| Part | VIII Trust Information (optional) | | | | |
| 14a I | Name of trust | 14b T | 14b Trust's EIN | | |
| I | FRIEDRICH BOETTNER, MD, PC 401(K) P | 45-2191755 | | | |