For	m 5500-SF	Short Form Annual R	•	of Small Employ	YEE OMB Nos. 1210-0110 1210-0089					
Department of the Treasury Internal Revenue Service		Benefit Plan					2013			
De	partment of Labor nefits Security Administration	Retirement Income Security Act of	 quired to be filed under sections 104 and 4065 of the Employee Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). 				s Open to Public			
	nefit Guaranty Corporation	0-SF.	Ins	spection						
Part I	Annual Report Id									
For calenda	ar plan year 2013 or fisca		3	and ending 1	2/31/2	2013				
A This retu	urn/report is for:	a single-employer plan		lan (not multiemployer)		a one-partici	pant plan			
B This retu	urn/report is:	the first return/report	the final return/report							
				n/report (less than 12 mo	onths)	—				
C Check box if filing under:						DFVC program				
		special extension (enter descriptio	,							
Part II		nation—enter all requested information	ation		41-					
1a Name of ROBERT N. I	•	PROFIT SHARING PLAN			10	Three-digit plan number (PN) ▶	001			
					1c	Effective date o				
						10/06	/1995			
	oonsor's name and addre KORNFIELD, MD, P.C.	ess; include room or suite number (e	mployer, if for a single-	-employer plan)	2b	Employer Identi (EIN) 16-14	fication Number 87952			
1401 STONE	ROAD				2c	Sponsor's telep 585-66				
ROCHESTE	R, NY 14615				2d	Business code 6211	(see instructions)			
3a Plan ad	ministrator's name and	address 🗙 Same as Plan Sponsor N	lame Same as Plar	n Sponsor Address	3b	Administrator's	EIN			
A 1546 a. 2							telephone number			
	EIN, and the plan numb	lan sponsor has changed since the later from the last return/report.	ast return/report filed for	or this plan, enter the	40 40	EIN				
<u> </u>		the beginning of the plan year			5a		1			
b Total n	umber of participants at	the end of the plan year			5b		1			
		count balances as of the end of the p			5c		1			
		uring the plan year invested in eligib					X Yes 🗌 No			
under	29 CFR 2520.104-46? (e annual examination and report of a See instructions on waiver eligibility a er line 6a or line 6b, the plan cann	and conditions.)				X Yes 🗌 No			
C If the p	lan is a defined benefit p	blan, is it covered under the PBGC in	surance program (see	ERISA section 4021)? .		Yes No	Not determined			
Caution: A	penalty for the late or	incomplete filing of this return/rer	ort will be assessed	unless reasonable cau	ise is	established	-			
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties 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.										
SIGN	Filed with authorized/va	lid electronic signature.								
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	ual sig	ning as plan adr	ninistrator			
SIGN										
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individu	ual sig	ining as employe	er or plan sponsor			
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 (optional)										

Pa	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End	of Y	ear	
а	Total plan assets	7a	14499	7				1	16855	5
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	14499	7	116855					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total				
а	Contributions received or receivable from:			0						
	(1) Employers	8a(1)		0						
	Participants			0						
	(3) Others (including rollovers)	8a(3)	1218	-						
	Other income (loss)	8b	1210	0					40400	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c							12180	
	to provide benefits)	8d	3750	0						
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	282	2						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							40322	2
i	Net income (loss) (subtract line 8h from line 8c)	8i							-28142	2
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	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instru	ctions	:	
<u> </u>	2E 2F 2G 3D									
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Charac	cterist	ic Cod	les in t	he instruc	tions:		
Dar	Part V Compliance Questions									
10	During the plan year:				Yes	No		۸m	ount	
	Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period described in			-			June	
	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	•		104		х				
	on line 10a.)			10b		Х				
	1 , ,			10c		~				
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	,		10d		Х				
e	Were any fees or commissions paid to any brokers, agents, or oth			Tou						
•	insurance service, or other organization that provides some or all	of the ben	efits under the plan? (See		х					
	instructions.)			10e		V				501
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х				
h	If this is an individual account plan, was there a blackout period?			4.01		х				
i	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the			10h						
•	exceptions to providing the notice applied under 29 CFR 2520.10	•		10i						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem								Yes	X No
44-	5500) and line 11a below)								165	
	Enter the unpaid minimum required contribution for current year fr		· · · ·			11a		Тг	Ver	V N-
12	Is this a defined contribution plan subject to the minimum funding			or se	ection (302 of	ERISA?		Yes	X No
2	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below. If a waiver of the minimum funding standard for a prior year is bein			rtione	and	ontor th	ne date of	the lo	tter ru	ina
	granting the waiver.		Mon			Day		Yea		y
	you completed line 12a, complete lines 3, 9, and 10 of Schedul	•			—	404				
b	Enter the minimum required contribution for this plan year					12b				

C	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?	Ye	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 🗙 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): 1	3c(2) EIN	l(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b Tru	ust's EIN	

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15854861630 From: Nicole Boyea

Form 5500		Short Form Annual F	Return/Report of	Small Employ	ee		OMB Not. 7270-011 1210-008
Department of the T			Benefit Plan		1-	2	013
Department of I Employee Benefits Speud	abor	This form is required to be fi Retirement income Security Act (he inte	ied under sections 104 and ; of 1874 (ERISA), and sect ma) Revenue Code (the Co		a) of 🔤	This Form i	s Open to Public
Pension Benefit Quorar	ty Corporation	- Complete all entries in acc			SF.		
Алли	al Report k	ientification Information	01/01/2013	and ending		31/2019	
		i plan yeşr beginning	a multiplo-ompleyer plar		Π	a one-partici;	pant plan
A This return/report		a single-employer plan the first return/report	the final return/report		لسا		
3 This return/report	. 195	an amended return/(#port	a short plan year return	report (less than 12 m	onths)		
C Check box if filin	a under:	2 Form 5568	automatic extension			OFVG progra	am
		special extension (enter descrip	tion)				
Basic Basic	- Plan infor	mation we enter all requested it	formation		46 -		1
18. Name of plan					р	hree digit an number	
Robert N.	Romfield.	, MD, P.C. Profit Shari	ng Flan			N) P	001
						0/06/1995	
	came and add	ress; include room or suite number	(employer, if for a single-e	employer plan)			itication Number
Robert N.	Komfield	, MD, 2.G.			· · · · · · · · · · · · · · · · · · ·	<u>EIN) 16-14</u>	
					ZC S	1585) 663-	number 8240
1401 Stone	e koad				2d a	usiness code	(see instructions)
us goohestor		XX 14615			1	211.11	Ch/
3a Plan administr	ator's name an	d address 🔀 Same as Plan Spo	nsor Name 🛄 Same as Pl	an Sponsor Address	30 /	dministrators	
					3c #	dministrator's	s telephone number
		the second has changed since t	ne last return/report filed for	this clan, only the	3c 4		s telephone number
4)f the name an name, EIN, ar	d/or EIN of the	plan sponsor has changed since t ber from the last return/report.	he last return/report filed for	this plan, onler the	4b (3N	s telephon s humbar
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Part III Financial Information

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	Plan Assets and Liabilities	_	(a) Beginning of Year	_				
	Total plan assets	7a	144,99	0.7	<u>_</u>			116,855
	Total plan liabilities	7b			110			
-	Net plan assets (subtract line 7b from line 7a)	7c	144,99	7			116,855	
	Income, Expenses, and Transfers for this Plan Year 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				
-	Other income (loss)	8b	12,18	0				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						12,180
-	Benefits paid (including direct rollovers and insurance premiums							,
	to provide benefits)	8d	37,50	0				
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f	2,82	2				
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			_			40,322
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i			_			(28,142)
j	Transfers to (from) the plan (see instructions)	8j						
Ра	rt IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension fe	ature code	es from the List of Plan Characte	ristic	Code	s in the	e instruction	ns:
	2E 2F 2G 3D							
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	from the List of Plan Character	istic C	Codes	in the	instructions	S:
Pa	rt V Compliance Questions							
10	During the plan year:			T	Yes	No	4	Mount
<u>a</u>	Was there a failure to transmit to the plan any participant contribut				103		r	
		iom Corro	otion Drogrom)	100		v		
h	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	-		10a		х		
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc Were there any nonexempt transactions with any party-in-interest? on line 10a.)	? (Do not ir	nclude transactions reported	10b		x x		
b c	Were there any nonexempt transactions with any party-in-interest? on line 10a.) Was the plan covered by a fidelity bond?	? (Do not ir	nclude transactions reported					
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Form 5500-SF 2013

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 o negative amount)	12d						
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes [🗌 No 🔲 N/A			
Part	Part VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes 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 un of the PBGC?				Yes X No			
С								
1	13c(1) Name of plan(s):	130	:(2) EIN((s)	13c(3) PN(s)			
_								
Part	t VIII Trust Information (optional)							

14a Name of trust	14b Trust's EIN