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

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Par	t I	Annual Report	Identifi	ication Info	ormation	1					
For ca	alenda	ar plan year 2013 or fis	scal plan	year beginnin	g 01/01	/2013		and ending	12/31/	2013	
A Th	nis reti	urn/report is for:	X a sir	ngle-employer	plan	a mul	tiple-employer pla	an (not multiemploye	r)	a one-partici	pant plan
B Th	nis reti	urn/report is:	the f	first return/rep	ort	the fir	nal return/report				
			an a	mended retur	n/report	a shor	t plan year return	/report (less than 12	months	s)	
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Part	ı II	Basic Plan Info	<u> </u>		`						
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									1c	Effective date of	of plan
										01/01	/2005
		ponsor's name and ad ROBERTS M.D., PLL		clude room or	suite numb	er (employ	er, if for a single-	employer plan)	2b	Employer Identi (EIN) 13-45	ification Number 563381
									2c	Sponsor's telep	ohone number
		MOND AVENUE								718-27	
STATE	N ISL	_AND, NY 10312							2d	Business code 6211	(see instructions)
3a ₽	lan ad	dministrator's name ar	nd addres	ss XSame as	Plan Spons	sor Name	Same as Plan	Sponsor Address	3b	Administrator's	EIN
									3с	Administrator's	telephone number
										,	
		name and/or EIN of the			•	the last ret	urn/report filed fo	r this plan, enter the	4b	EIN	
r	name,	, EIN, and the plan nur			•	the last ret	urn/report filed fo	r this plan, enter the			
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Form 5500-SF 2013 Page **2**

Dai	t III Financial Information							
_	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End of Y	
	Total plan assets	. 7a	11393	ა 0				135504 0
	Total plan liabilities	. 7b	11393		-			
_	Net plan assets (subtract line 7b from line 7a)	. 7c		3	-			135504
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total	
а	(1) Employers	. 8a(1)	2466	6				
	(2) Participants	. 8a(2)	5079	9				
	(3) Others (including rollovers)	. 8a(3)		0				
b	Other income (loss)	. 8b	14020	6				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						21571
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	(0				
	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						0
i	Net income (loss) (subtract line 8h from line 8c)	. 8i						21571
j	Transfers to (from) the plan (see instructions)	- 8j		0				
Par	t IV Plan Characteristics	<u> </u>						
9a	If the plan provides pension benefits, enter the applicable pension	feature code	es from the List of Plan Chara	acteris	stic Co	des in	the instructions	S:
b	2A 2E 2F 2G 2J 2T 3B 3D If the plan provides welfare benefits, enter the applicable welfare for	eature code	s from the List of Plan Charac	cterist	ic Coc	les in t	he instructions:	
_								
Par	•						ı	
10	During the plan year:				Yes	No	Am	ount
а								
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	uciary Corre	ction Program)	10a	X			4293
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest	uciary Corre t? (Do not in	ction Program) clude transactions reported		X	X		4293
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)	uciary Corre t? (Do not in	ction Program)	10b	X	X		
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e f g h i	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the unpaid minimum required contribution for current year for the supplied under 29 current year for the supplied under 29 current year for the supplied under 29 current year for the unpaid minimum required contribution for current year for the supplied under 29 current year for the unpaid minimum required contribution for current year for the supplied under 29 current year for the unpaid minimum required contribution for current year for the supplied under 29 current year for the unpaid minimum required contribution for current year for the unpaid minimum required contribution for current year for the unpaid minimum required contribution for current year for the unpaid minimum required contribution for current year for the unpaid minimum required contribution for current year for the unpaid minimum required contribution for current year for the unpaid minimum required contribution for current year for the unpaid minimum required contribution for current year for the unpaid minimum required contribution for current year for the unpaid minimum required contribution for current year for the unpaid minimum required contribution for current	fidelity bond fidelity bond fidelity bond finer persons of the benefit finer persons finer perso	ction Program)	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X Itule SE		195000
c d d e f g h i Partt 11	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the unpaid minimum required contribution for current year files.	fidelity bond fi	ction Program)	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X Itule SE		195000 694
c d d e f g h i 111111111111111111111111111111111	Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the unpaid minimum required contribution for current year files this a defined contribution plan subject to the minimum funding (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 being the plan in	fidelity bond fi	ction Program)	10b 10c 10d 10e 10f 10g 10h 10i plete	X X Scheo	X X X A A A A A A A A A A A A A A A A A	ERISA?	195000 694 Yes X No Yes X No
c d d e f g h i 11a 11a 12	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the unpaid minimum required contribution for current year files this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	fidelity bond fi	ction Program)	10b 10c 10d 10e 10f 10g 10h 10i plete	X X Scheo	X X X X Idule SE 11a 302 of	ERISA?	195000 694 Yes X No Yes X No

Page 3	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?		Yes	S X N	О		
	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?					Y	es	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	13c(1) Name of plan(s):	13c(2) E	IN(s)	130	(3) F	PN(s)
Part	VIII Trust Information (optional)						
	Name of trust EPH W. ROBERTS M.D., PLLC 401(K)	14b ⊺		t's EIN 172311			

Joseph W. Roberts M.D., PLLC 401(k) Plan

EIN: 13-4563381

PLAN # 001

2013 Form 5500-SF Line 10a - Schedule of Delinquent Participant Contributions

	_			
Participant Contributions Transferred Late to Plan	Total !	That Constitute None Prohibited Transaction	xempt ns	
Check here if Late Participant Loan Repayments are included:	Contributions Not Con Corrected	tributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
	\$0.00	\$4,297.92	\$0.00	\$0.00

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Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefite Security Administration Pension Benefit Guaranty Co

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),

OMB Nos. 1210-01 1210-00

2013

This Form is Open to Public

eric.	Totalen Center Granting Corporation	► Complete all entries in ac	cordance with the instr	uctions to the Form 65	00-SF.	inspection
	and Annual Report lo	lentification Information				
~ 0	r calendar plan year 2013 or fisca		01/01/2013	and ending	12/31	L/2013
Α	This return/report is for:	a single-employer plan	a multiple-employer	plan (not multiemployer)	Па	one-participant plan
В	This return/report is:	the first return/report	the final return/repor	,	<u> </u>	and beautifully bidge
	Ī	an amended return/report	, , , , , , , , , , , , , , , , , , ,	um/report (less than 12 г	nonthe)	
C	Check box If filing under:	Form 5558	automatic extension			EL CA
_	· F	special extension (enter descri	_		וט 🖺	FVC program
E					· • • • • • • • • • • • • • • • • • • •	<u> </u>
	Antili Basic Plan Inform Name of plan	nation enter all requested l	nformation	 .	T	
ıu	•				1b Thre	e-digit number
	Joseph W. Roberts M.I	D., PLLC 401(k) Plan		•	(PN)	
	•				1c Effec	tive date of plan
28	Plan enorgent's name and addre	one include rease as avite name				01/2005
~~	Joseph W. Roberts M.I	ess; include room or suite numbe	er (employer, if for a sing	e-employer plan)		loyer Identification Number
		·				13-4563381
	3700 Richmond Avenue					sor's telephone number 8) 273-8111
	2100 KTCHWOLD WASDING					ness code (see instructions)
ua	Staten Island	NY 10312			621:	
3a	Plan administrator's name and	address X Same as Plan Spor	nsor Name Same as	Plan Sponsor Address	3b Admi	nistrator's EIN
				•		
	•				3c Admi	nistrator's telephone number
		•			, WIII	monator a cochione tratibut
				•		
		hinasana				
4	If the name and/or EIN of the pl	lan sponsor has changed since the	10 last return/report filed	for this plan, enter the	4b EIN	
2	name, EIN, and the plan numbe Sponsor's name	ir nom tile läst return/report.			4	
		the healphing of the plan year			4c PN	
b	Total number of participants at a	the beginning of the plan year the end of the plan year	***************************************		5a 5b	. 6
ć	Number of participants with acc	ount balances as of the end of th	io nian vear (defined ben	efit nlané do not	ou .	6 .
	complete this item)	**************************************	MANUFACTOR (GCNICG DC)	our bigue do not	5c	6
6a	Were all of the plan's assets du	ring the plaп year invested)n elig	rible assets? (See Instruc	otions.)	111400.0000.0000.0000	X Yeş ∏ No
b	Are you claiming a waiver of the	annual examination and report of	of an independent qualific	ed public accountant (IQI	PA)	
		ee instructions on waiver eligibilit		****************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes ☐ No
	=	r line 6a or line 6b, the plan ca		and must instead use i		
C	if the plan is a defined benefit p	lan, is it covered under the PBG0	Cinsurance p	RISA section 4021)?	Ye	s No Not determine
Сa	ution: A penalty for the late or i	incomplete filling of this return	/report	yıless reasonable çar	use is estab	lished.
Un	der penalties of perjury and other	penalties set forth in the instruct	i	mined this return/re	port, includir	ng, if applicable, a Schedule
SB	or Schedule MB completed and lef, it is true, correct, and comple	signed by an enrolled actuary, a		of this return/repor	t, and to the	best of my knowledge and
300	18-12-15 18-15 18-15	$\frac{10}{100}$				
Ş	<u> </u>			Joseph W. Robert	e, Mo	-// L
7 H	Signature of plan admini	strator /	16/14/	Enter name of individua	l signing as	plan administrator
	GN			Joseph W. Robert	s, MD	W-44004-1-1-1
	别 Signature of employer/pla		Date /D/18/24	Enter name of individua	l signing as	employer or plan sponsor
Pre	parer's name (including firm nam	ne, if applicable) and address; inc	lude room or suite numb	er (optional)	Preparer's t	elephone number (optional)
	•					
				ā	No.	2 AND RESERVED THE PROPERTY OF
			······································		0000	

Form 5500-SF 2013

Page 2

	Clii Financial Information							***
	Plan Assets and Liabilities		(a) Beginning of Year				(b) End of \	⁄ear
	otal plan assets	7a	113,93	3	13:			135,504
-	otal plan liabilities	7b		0			-	. 0
	Net plan assets (subtract line 7b from line 7a)	7c	113,93	3			135,504	
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			l
	contributions received or receivable from:	8a(1)	2,46	6				
	1) Employers	8a(2)	5,07					
	2) Participents	Ba(3)		0				
	Other income (loss)	8b	1.4,02	6				No.
	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						21,571
d F	Renefits paid (including direct rollovers and insurance premiums o provide benefits)	84		0				
	Certain deemed and/or corrective distributions (see instructions)	8e		0				
	Administrative service providers (salades, fees, commissions)	8f		0		J.	100	To select 1975
g	Other expenses ,	8g	201. 120 C. A. C. CHICAGO CO. C.	0		7 A		
b 3	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						0
ì	Net income (loss) (subtract line 8h from line 8c)	18			Vsratova	ek-konnesso	MOSE REPORT OF THE	21,571
1	Fransfers to (from) the plan (see Instructions)	8]	<u></u>	0	184			
i Par	TV. Plan Characteristics		· · · · · · · · · · · · · · · · · · ·					
9a I	f the plan provides pension benefits, enter the applicable pension f	eature cod	les from the List of Plan Charact	eristi	c Cod	es in t	he instruction	19:
\bot	2A 2E 2F 2G 2J 2T 3B 3D							
ЬΙ	f the plan provides welfare benefits, enter the applicable welfare fea	ature code	s from the List of Plan Characte	ristic	Code	s in the	e instructions):
接	Compliance Questions		A A A A A A A A A A A A A A A A A A A					
10	During the plan year:	····			Yes	No	Аг	nount
<u>.a</u>	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fidu	ciary Corre	ection Program)	10a	х			4,29
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do пot	include transactions reported	10b		x		
C	Was the plan covered by a fidelity bond?	*443984416F998E9+	***************************************	10c	ж		<u></u>	195,00
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	nd, that was caused by fraud	10d		х		
e	Were any fees or commissions paid to any brokers, agents, or ot insurance service, or other organization that provides some or all instructions.)	of the ber	nefits under the plan? (See	10e	x			69.
f	Has the plan failed to provide any benefit when due under the pla	π?	PALFO BLISSISSISSISSISSISSISSISSISSISSISSISSISS	10f	ļ	x		,
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	10g		X	hellforer was	The second second second
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instr	uctions and 29 CFR	joh		x		
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10ì				
(Pa)	We Plane							
11	Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)	*************				dule S	B (Form	Yes X N
116	Enter the unpaid minimum required contribution for current year t	from Sche	dule SB (Form 5500) line 39	15152144		11a j	·	
12	is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	or se	ction 3	302 of	ERISA?	Yes X N
	//f "Ves " complete line 12a or lines 12b, 12c, 12d, and 12e below	v, as appli	cable.)					
а	to the state of the standard for a prior was in ha	ing amorti	zed in this plan year, see instruc	tions nth .	, and (enter t Da	he date of the	e letter ruling Year <u>,</u>
If	you completed line 12a, complete lines 3, 9, and 10 of Schedul	le MB (Fo	rm 5500), and skip to line 13.					
b	the state of the s				******	12b		
								

	Form 5500-SF 2013 Page 3-			
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?	<u></u>	Yes' [□N¢ □N/A
Part	VIII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?	□ Y ₁	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?	ontrol		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) E(N	(9)	13c(3) PN(s)
Part	Trust Information (optional)	r		
(Market Park)	Name of trust	14b ⊤	rusta EIN	I
	Joseph W. Roberts M.D., PLLC 401(k)		20-417	2311