For	m 5500-SF	Short Form Annual R		OMB Nos. 1210-0110 1210-0089				
	tment of the Treasury nal Revenue Service	This forms is nonvined to be file	_	2	2013			
	partment of Labor nefits Security Administration	This form is required to be file Retirement Income Security Act o the Interna		ctions 6057(b) and 6058		This Form i	s Open to Public	
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-S							spection	
Part I		Ientification Information						
For calenda	ar plan year 2013 or fisca		13	and ending 0	9/30/2	2014		
A This ret	urn/report is for:	X a single-employer plan	a multiple-employer p	lan (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 box if filing under:						DFVC progra	am	
		special extension (enter description	,					
Part II		mation—enter all requested inform	nation				Γ	
1a Name PEDIATRIC		N AVENUE PC PROFIT SH RING P	PLAN		1b	Three-digit plan number (PN) ►	001	
					1c	Effective date o		
							/1977	
PEDIATRIC	oonsor's name and addr ASSOCIATES OF IRWI	ess; include room or suite number (e N AVENU E PC	employer, if for a single	-employer plan)	2b	Employer Identi (EIN) 14-15	fication Number 93891	
	AL RUN ROAD, SUITE	107			2c	C Sponsor's telephone number 845-692-6996		
MIDDLETOWN, NY 10941					2d	Business code (62111	(see instructions)	
3a Plan ad	dministrator's name and	address XSame as Plan Sponsor I	Name Same as Plai	n Sponsor Address	3b	Administrator's	EIN	
4 If the r	 4 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 							
	EIN, and the plan numb	per from the last return/report.			4c	EIN PN		
5a Total r	number of participants at	t the beginning of the plan year			5a		11	
b Total r	number of participants at	t the end of the plan year			5b		0	
		count balances as of the end of the			5c		0	
 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								
Caution: A	penalty for the late or	incomplete filing of this return/re	port will be assessed	unless reasonable cau	se is	established.		
SB or Sche		r penalties set forth in the instructior signed by an enrolled actuary, as w ete.						
SIGN	Filed with authorized/va	lid electronic signature.						
HERE	Signature of plan adr	ninistrator	Date	Enter name of individu	ual sig	ining as plan adr	ninistrator	
SIGN								
HERE	Signature of employe	• •	Date	Enter name of individu	-			
Preparer's	name (including firm nar	ne, if applicable) and address; inclue	de room or suite numbe	er (optional)	Prep	arer's telephone	number (optional)	

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Pa	t III Financial Information				-							
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End (of Ye	ar			
а	Total plan assets	7a	653978	0					0			
b	Total plan liabilities	7b		0					0			
С	Net plan assets (subtract line 7b from line 7a)	7c	653978	0	0							
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	otal				
-	Contributions received or receivable from:	8a(1)		0								
	(1) Employers	8a(2)		0								
	(2) Participants			0								
b	(3) Others (including rollovers) Other income (loss)	8a(3) 8b	60654									
		00 80		<u> </u>				6	06546			
_	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	0C			_			0	10540			
	to provide benefits)	8d	710971	6								
е	Certain deemed and/or corrective distributions (see instructions)	8e		0								
f	Administrative service providers (salaries, fees, commissions)	8f	3661	0								
g	Other expenses	8g		0								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						71	46326			
i	Net income (loss) (subtract line 8h from line 8c)	8i						-65	39780)		
	Transfers to (from) the plan (see instructions)	8j		0								
Par	t IV Plan Characteristics	•)		-							_	
9a												
b		eature cod	es from the List of Plan Chara	cterist	ic Cor	les in t	he instructio	ons:				
~	b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:											
Part	Part V Compliance Questions											
10	During the plan year:				Yes	No		Amo	unt			
а	Was there a failure to transmit to the plan any participant contribu 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 on line 10a.)	? (Do not	include transactions reported	10b		х						
c	Was the plan covered by a fidelity bond?			10c	Х					5000	000	
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		^						
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all					х						
	instructions.)			10e								
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						0	
h	· · · · · · · · · · · · · · · · · · ·	•		10h		Х						
i	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the			TUN								
	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)								Yes		No	
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	lule SB (Form 5500) line 39			11a						
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection	30 <u>2</u> of	ERISA?	\Box	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 instruc		, and e	enter th Day	ne date of th	ie lei Yea		ing		
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedul											
b	Enter the minimum required contribution for this plan year				T	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?	. X Y	′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 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) 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	usťs EIN		

• • •	m 5500-SF	Short Form Annual Return/Report of Small Employee Benefit Plan					CMB Nos. 1210-0110 1210-0089				
	ment of the Treasury al Revenue Service	This form is re			d 4065 of the Employe	Ð	2	2013			
	partment of Labor nefits Security Administration	Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) the Internal Revenue Code (the Code).					This Form i	s Open to P	ublic		
	nefit Guaranty Corporation	▶ Complete all e		-	tions to the Form 550	J-SF.	Ins	spection			
Part I Annual Report Identification Information											
For calenda	r plan year 2013 or fisca			01/2013	and ending		09/30/20	1.4			
A This retu	um/report is for:	십 a single-employer	·	1 1 2 1	an (not multiemployer)	l	a one-partici	pant plan			
B This retu	um/report is:	the first return/rep		e final return/report							
	. [an amended retur	m/report ⊠as	hort plan year return	/report (less than 12 m	onths)					
C Check box if filing under:							DFVC progra	am			
		_ ·	(enter description)								
Part II	Basic Plan Inform	nation—enter all n	equested information	n		1 h	Three-digit		,		
1a Name of plan Pediatric Associates of Irwin Avenue PC Profit Sh					10	plan number					
ring Plan					(PN) 🕨	001	t.				
-						1c	Effective date of 11/01/197	•			
2a Plan sr	onsor's name and addr	ess: include room or	suite number (emp	lover if for a single-	emplover plan)	2h	Employer Ident		ber		
Pedia	atric Associate				anpoyer prenty	2.0	(EIN) 14-159				
e PC Hudson Valley Pediatrics				2c	Sponsor's telep	hone numbe	нг 				
	- Crystal Run Roa		7			<u> </u>	(845) 692				
	letown			NV	10941	2d	Business code 621111	(see instructi	ons)		
		address XSame as	Plan Sponsor Nan			3b	Administrator's	EIN			
3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address											
						3c	Administrator's	telephone nu	mber		
	ame and/or EIN of the p EIN, and the plan num			t return/report filed fo	r this plan, enter the	4b	EIN				
a Sponso	· •					4c	PN				
5a Total r	umber of participants a	t the beginning of the	a plan year			5a			11		
b Totaír	number of participants a	t the end of the plan	year			5b			0		
	er of participants with ac		•		•	E.			0		
	ete this item)	·				5C		X Yes			
	all of the plan's assets o u claiming a waiver of t							A 163			
under	29 CFR 2520-104-46?	(See instructions on	waiver eligibility and	d conditions.)				X Yes	No No		
-	answered "No" to eith		•								
C If the p	lan is a defined benefit	plan, is it covered ur	nder the PBGC insu	irance program (see	ERISA section 4021)?	·····	Yes No	Not detern	nined		
	penalty for the late or										
Under pena SB or Sche	aties of perjury and other dule MB completed and	er penalties set forth I signed by an enroli	in the instructions, I ed actuary, as well	i declare that I have (as the electronic ver	examined this return/re sion of this return/report	port, ir t. and	ncluding, if applie to the best of m	cable, a Sche v knowledge	and		
	rue, correct, and compl				•	•		,			
SIGN		man (10/22/14	Richard Fuchs						
HERE	Signature of plan ad	minietrator		Date	Enter name of individ	ual sid	ning as plan ad	ministrator			
e104				T							
SIGN HERE	Signature of employ	arinian anaroar		Date	Enter name of individ	الما ما	ning as andow	er or plan en	onsor		
Preparer's	name (including firm na		d address; include				parer's telephone				
ļ											
							** * * *				
For Paperw	ork Reduction Act Notice	and OMB Control Nu	mbers, see the instru	uctions for Form 5500-	SF.			Form 5500-S			
								v	. 130118		

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<u>Pa</u>	rt III Financial Information										
7	Plan Assets and Liabilities	-	(a) Beginning of Yea	r			(b) End	of Ye	ar		
а	Total plan assets	7a	6,539	, 78	0						0
b	Total plan liabilities	7b			0						0
С	Net plan assets (subtract line 7b from line 7a)	7c	6,539	, 78	0						0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal			
a	Contributions received or receivable from:										
	(1) Employers	8a(1)		_				_	_		
	(2) Participants	8a(2)		_	0			_	_		
	(3) Others (including rollovers)	8a(3)	606	5,54	6	-			_		
	Other income (loss)	8b		1,04	<u> </u>				60	6,5	16
<u> </u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	<u>8c</u>			+-				000	0,5	40
u	to provide benefits)	8d	7,109	, 71	6						
е	Certain deemed and/or corrective distributions (see instructions)	8e			0						
f	Administrative service providers (salaries, fees, commissions)	8f	36	5,61	0						
g	Other expenses	8g			0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							,14		
i	Net income (loss) (subtract line 8h from line 8c)	8i						(6,	539	,78	0)
j	Transfers to (from) the plan (see instructions)	8j			0						
Pa	rt 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 instruc	tions:			
									_	_	
D	b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:										
Par	Part V Compliance Questions										
_											
10	During the plan year:				Yes	No		Amo	unt		
<u>10</u> a	During the plan year: Was there a failure to transmit to the plan any participant contribu	itions withi	n the time period described in		Yes	No		Amo	unt		
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	uciary Cor	rection Program)	10a	Yes	No X		Amo	ount		
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest	uciary Cor t? (Do not	rection Program) include transactions reported		Yes			Amo	ount		
2 k	Was there a failure to transmit to the plan any participant contribu 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 Cor t? (Do not	rection Program) include transactions reported	10b		Х		Amo			
a k	 Was there a failure to transmit to the plan any participant contribu 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? 	uciary Cor t? (Do not	rection Program) include transactions reported		Yes	Х		Amo		0,0	100
2 k	 Was there a failure to transmit to the plan any participant contribu 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 	uciary Cor t? (Do not	rection Program) include transactions reported nd, that was caused by fraud	10b 10c		Х		Amo		0,0	000
	 Was there a failure to transmit to the plan any participant contribu 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? 	uciary Con t? (Do not	rection Program) include transactions reported nd, that was caused by fraud	10b		x x		<u>Amo</u>		0,0	00
	 Was there a failure to transmit to the plan any participant contribu 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 	t? (Do not fidelity bo her person of the ben	rection Program) include transactions reported and, that was caused by fraud as by an insurance carrier, efits under the plan? (See	10b 10c 10d		X X X		<u>Amo</u>		0,0	100
	 Was there a failure to transmit to the plan any participant contribu 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 ott insurance service or other organization that provides some or all instructions.) 	t? (Do not fidelity bo her person of the ben	rection Program) include transactions reported ind, that was caused by fraud is by an insurance carrier, efits under the plan? (See	10b 10c 10d 10e		x x x x		<u>Amo</u>		0,0	000
	 Was there a failure to transmit to the plan any participant contribu 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 	t? (Do not fidelity bo her person of the ben	rection Program) include transactions reported and, that was caused by fraud as by an insurance carrier, efits under the plan? (See	10b 10c 10d 10e 10f	X	X X X		<u>Amo</u>		0,0	
	 Was there a failure to transmit to the plan any participant contribu 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 ott 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 a 	iciary Con t? (Do not fidelity bo her person of the ben an?	rection Program) include transactions reported and, that was caused by fraud as by an insurance carrier, efits under the plan? (See	10b 10c 10d 10e		x x x x		<u>Amo</u>		0,0	000
	 Was there a failure to transmit to the plan any participant contribut 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 a lif this is an individual account plan, was there a blackout period? 	iciary Con t? (Do not fidelity bo her person of the ben an? as of year (See instru	rection Program) include transactions reported ind, that was caused by fraud is by an insurance carrier, efits under the plan? (See end.) uctions and 29 CFR	10b 10c 10d 10e 10f 10g	X	x x x x		Amo		0,0	
	 Was there a failure to transmit to the plan any participant contribu 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 ott 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 a 11 this is an individual account plan, was there a blackout period? 2520.101-3.) 	iciary Con t? (Do not fidelity bo her person of the ben an? 	rection Program) include transactions reported and, that was caused by fraud as by an insurance carrier, efits under the plan? (See end.) uctions and 29 CFR	10b 10c 10d 10e 10f	X	x x x x x		<u>Amo</u>		0,0	
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	 Was there a failure to transmit to the plan any participant contribu 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 bid the plan have any participant loans? (If "Yes," enter amount a lif 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 to exceptions to providing the notice applied under 29 CFR 2520.101 	iciary Corr (Do not fidelity bo her person of the ben as of year (See instru-	rection Program) include transactions reported ind, that was caused by fraud is by an insurance carrier, efits under the plan? (See end.) uctions and 29 CFR d notice or one of the	10b 10c 10d 10e 10f 10g 10h	X	x x x x x		<u>Amo</u>		0,0	
	 Was there a failure to transmit to the plan any participant contribu 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 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 t exceptions to providing the notice applied under 29 CFR 2520.10 tVI Pension Funding Compliance 	iciary Con (Do not fidelity bo her person of the ben an? (See instru- the require 01-3 nents? (If "	rection Program) include transactions reported ind, that was caused by fraud is by an insurance carrier, efits under the plan? (See end.) uctions and 29 CFR d notice or one of the 'Yes," see instructions and com	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X dule SE	3 (Form	Amo			
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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?	X	Yes 🗌 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 of the PBGC?			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 which assets or liabilities were transferred. (See instructions.)			
1	I3c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3) PN(s)

Part VIII Trust Information (optional)

14a Name of trust	14b Trust's EIN