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 acc	ordance with the instruc	tions to the Form 550	0-SF.	ins	spection
Part I	Annual Report	Identification Information					
For calenda	ar plan year 2013 or fis	scal plan year beginning 04/01/2	2014	and ending 1	10/31/2	2014	
	urn/report is for:	a single-employer plan		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 return	n/report (less than 12 m	onths))	
C Check b	box if filing under:	Form 5558	automatic extension			DFVC progra	am
		special extension (enter descrip	ption)				
Part II	Basic Plan Info	rmation—enter all requested info	rmation				
1a Name		· · · · · · · · · · · · · · · · · · ·			1b	Three-digit	
ALAN VAND	ERWALDE, MD, PC P	PROFIT SHARING PLAN AND TRUS	ST			plan number	
					4 -	(PN) •	002
					1C	Effective date of	
2a Plan si	noneor's name and ad	dress; include room or suite number	(omployer if for a single	omployor plan)	26		/1982
	DERWALDE, MD, PC	dress, include room or suite number	(employer, ir for a single-	employer plan)	20	Employer Ident (EIN) 14-16	26245
					20	Sponsor's telep	
19 SPRUCE	LIII I ANE				20	845-29	
GOSHEN, N					2d	Business code	(see instructions)
						6211	
3a Plan a	dministrator's name ar	nd address XSame as Plan Sponso	or Name Same as Plan	Sponsor Address	3b	Administrator's	EIN
					30	Administrator's	telephone number
					30	Administrators	telepriorie numbei
4 If the r	name and/or EIN of the	e plan sponsor has changed since th	ne last return/report filed fo	or this plan, enter the	4b	EIN	
	•	mber from the last return/report.					
a Spons					4c	PN	
5a Total r	number of participants	at the beginning of the plan year			5a		3
b Total r	number of participants	at the end of the plan year			5b		0
		account balances as of the end of th		•	5c		0
6a Were	all of the plan's assets	s during the plan year invested in eli	gible assets? (See instruc	tions.)			X Yes No
b Are yo	ou claiming a waiver of	f the annual examination and report	of an independent qualifie	d public accountant (IQ	PA)		
		? (See instructions on waiver eligibili	,				X Yes No
-		ither line 6a or line 6b, the plan ca			_		-
C If the p	olan is a defined benef	fit plan, is it covered under the PBG0	C insurance program (see	ERISA section 4021)?	📙	Yes No	Not determined
Caution: A	penalty for the late	or incomplete filing of this return/	report will be assessed	unless reasonable cau	ıse is	established.	
		her penalties set forth in the instructi					able, a Schedule
		nd signed by an enrolled actuary, as	well as the electronic vers	sion of this return/report	t, and	to the best of my	knowledge and
beliet, it is t	true, correct, and comp	Diete.					
SIGN	Filed with authorized/	valid electronic signature.					
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual sig	ning as plan adı	ministrator
SIGN							
HERE	Signature of emplo	ver/plan sponsor	Date	Enter name of individ	ual sic	ning as employe	er or plan sponsor
Preparer's		name, if applicable) and address; inc					number (optional)

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Do	rt III Financial Information								
_			()5						
7	Plan Assets and Liabilities	_	(a) Beginning of Yea				(b) End of	Year (
	Total plan liabilities	7a		0	-			0	
	Total plan liabilities	7b	207214					0	
_	Net plan assets (subtract line 7b from line 7a)	7c		1			# T 4		
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Tota	<u> </u>	
а	(1) Employers	8a(1)		0					
	(2) Participants	8a(2)		0					
	(3) Others (including rollovers)	8a(3)		0					
b	Other income (loss)	8b	5259	9					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						52599	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	212292	6					
е	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f	Administrative service providers (salaries, fees, commissions)	8f	182	0					
g	Other expenses	8g		0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					2	2124746	6
i	Net income (loss) (subtract line 8h from line 8c)	8i					-2	2072147	7
j	Transfers to (from) the plan (see instructions)	8j		0					
Par	t IV Plan Characteristics	•							
9a	If the plan provides pension benefits, enter the applicable pension to 2E 3D	feature co	des from the List of Plan Chara	acteris	tic Co	des in	the instruction	is:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan Charac	cteristi	c Coc	les in t	he instructions	s:	
Part	t V Compliance Questions								
10	During the plan year:				Yes	No	An	nount	
а				10a		X			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported	10b		X			
С				10c	Χ				175000
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bor	nd, that was caused by fraud	10d		X			173000
	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth			100					
C	insurance service, or other organization that provides some or all (instructions.)	of the bend	efits under the plan? (See	10e		X			
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of vear e	nd)	10g		Χ			
	If this is an individual account plan, was there a blackout period? (2520.101-3.)	See instru	ictions and 29 CFR	10g		X			
i		ne required	I notice or one of the	10ii					
Part				.0.					
11	Is this a defined benefit plan subject to minimum funding requirement	•					,	7 Yes	П №
110	5500) and line 11a below) Enter the unpaid minimum required contribution for current year from							103	
	· · · · · · · · · · · · · · · · · · ·					11a	EDICAO I I	7 Vaa	V NIO
12	Is this a defined contribution plan subject to the minimum funding	•		or se	ction	302 of	ERISA?	Yes	X No
а	(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 standard to a prior year is being standard to a prior year.	ng amortize	ed in this plan year, see instruc		and e	_			ing
If	granting the waiver			u1		Day	Ye	dl	
	Enter the minimum required contribution for this plan year	•				12b			
	= are minimum required continuation for this plan year								

Page	3 -	. 1	
гаус	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 Tr	ust's EIN	•	

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).

▶ 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

			Identification Information								
For	alenda	ar plan year 2013 or fi	scal plan year beginning	04/01	/2014	and ending		10/31/20	14		
Ат	his ret	urn/report is for:	\chi a single-employer plan	a multi	ple-employer p	olan (not multiemployer)	a one-participant plan				
Вт	his ret	urn/report is:	the first return/report	X the final	al return/report						
			an amended return/report	X a short	plan year retu	rn/report (less than 12 m	onths)			
C 0	heck t	oox if filing under:	Form 5558	autom	atic extension			DFVC progra	ım		
			special extension (enter descr	iption)							
Pai	rt II	Basic Plan Info	rmation—enter all requested info	<u>' </u>							
		of plan	Chief an requested with	<u> </u>			1b	Three-digit			
		•	MD, PC PROFIT SHARIN	īC				plan number			
		AND TRUST	MD, FC FROFII SHARIF	.0				(PN))	002		
							1c Effective date of plan				
22	Dlan ei	noneor's name and ad	Idress; include room or suite numbe	r /employe	r if for a single	employer plan)	2h	03/30/1982			
		VANDERWALDE,		er (employe	i, ii ioi a sirigie	-employer plany	20	Employer Identi (EIN) 14-162			
		,	•				2c	Sponsor's telep			
								(845) 294			
1	L9 S	PRUCE HILL LA	NE				2d	Business code	see instructions)		
(SOSH	EN			NY	10924		621111			
3a	Plan a	dministrator's name ar	nd address Same as Plan Spons	or Name	Same as Pla	n Sponsor Address	3b	Administrator's	EIN		
							30	Administrator's	telephone number		
								Administrators	telepriorie namber		
			e plan sponsor has changed since t	he last retu	rn/report filed f	or this plan, enter the	4b	EIN			
		EIN, and the plan hul or's name	mber from the last return/report.				4c	PN			
	<u>-</u>		at the beginning of the plan year				5a				
		•	at the end of the plan year				5b		3		
		•	account balances as of the end of t				00		0		
			addodant balances do or the one or				5c		0		
6a	Were	all of the plan's assets	s during the plan year invested in el	ligible asset	s? (See instru	ctions.)			X Yes No		
b	Are yo	ou claiming a waiver of	f the annual examination and report	of an inde	pendent qualifi	ed public accountant (IQ	PA)		X Yes No		
	under	29 CFR 2520.104-46	? (See instructions on waiver eligibi ither line 6a or line 6b, the plan c	lity and con	ditions.) Form 5500-SF	and must instead use	Form	5500	<u> </u>		
			fit plan, is it covered under the PBG						Not determined		
				_					140t determined		
			or incomplete filing of this return								
Unde	r pena	lities of perjury and ot	her penalties set forth in the instruc nd signed by an enrolled actuary, a	tions, I decl	are that I have	examined this return/report	oort, ii	ncluding, if applic	able, a Schedule		
		rue, correct, and comp		S WEII as tir	e electroriic ve	ision of this retainineport	, and	to the best of my	Kilowiedge and		
	: -	/A 1	1		1.1.						
SIGN		1000			(1/25/14	ALAN VANDERWAI					
HER	Lang &	Signature of plan a	dministrator	Da	te	Enter name of individ	ual sig	gning as plan adr	ninistrator		
SIGN									_ <u></u>		
HER		Signature of emplo	yer/plan sponsor	Da	te	Enter name of individ	ual sig	gning as employe	r or plan sponsor		
Prep	arer's		name, if applicable) and address; in	clude room	or suite numbe	er (optional)	Prep	oarer's telephone	number (optional)		
									•		

_		•
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Date	rt III Financial Information									_	
7	Plan Assets and Liabilities		(a) Beginning of Ye		Т		/b) Er	d of	Voor		_
<u></u>		70	2,07		7		(b) En	u oi	1 eai		_
	Total plan assets	7a 7b			0						_
		76 7c	2,07	2.14	7						
_	Net plan assets (subtract line 7b from line 7a)	76			+		/h	T-4-		_	Ť
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount			1 447	(D)) Tota	H (C}o €		_
a	(1) Employers	8a(1)			0	1. 12.40	No a market		a company		
	(2) Participants	8a(2)			0			Applied to			
	(3) Others (including rollovers)	8a(3)			0		Section 1		togic Tut	1	
b	Other income (loss)	8b	5	2,59	9	And the same	Age of the second	or to the second	o i disti	The second	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	3 (A)	3449 - 10 ²	ii z Cir.					52,5	99
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2,12	2,92	6	2 F.	**************************************			i.i	
е	Certain deemed and/or corrective distributions (see instructions)	8e			0	Section .	La	- Andrew	M. w.	Section .	
f	Administrative service providers (salaries, fees, commissions)	8f		1,82	0	-					
q	Other expenses	8g			0	7		NA PER	Profession	25.4	7.5
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		W. 41 .	y side		W M C M	e volenoja je ve	2,1	24,7	46
i	Net income (loss) (subtract line 8h from line 8c)	8i		20.	i i			(:	2,07	2,14	7)
Ť	Transfers to (from) the plan (see instructions)	8j	1 (46) 1 1 (46) 2 (46) 46) 47 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	,	0 .	.,~**,			, A	£1.2	_
Poi	t IV. Plan Characteristics	이				130	·		3 .42%		_
	If the plan provides pension benefits, enter the applicable pension 2E 3D	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instr	uction	ns:		_
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Coc	des in t	he instru	ctions	3:		
dia s											_
Par	Compliance Questions					_				_	
10	During the plan year:				Yes	No		An	nount		
a	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	tions within ciary Corr	n the time period described in ection Program)	10a		х					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	-	10b		х					
c	Was the plan covered by a fidelity bond?			10c	х				1	75,0	00
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud	10d		х			_	<u> </u>	
	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth			100							_
•	insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See								
	instructions.)			10e		Х					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	10g		Х					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		х	10.7		***		
i	If 10h was answered "Yes," check the box if you either provided the	ne required	d notice or one of the							- 34.	_
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i					143.3		_
Part								_			_
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "	Yes," see instructions and com	nplete	Sched	dule SE	(Form	[Ye	s 🖸 I	No
_11a	Enter the unpaid minimum required contribution for current year fr	om Sched	dule 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	ction	302 of	ERISA?	[Ye	s X I	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,										
a	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	ctions, ith_	, and e	enter th Day	e date o		letter r ear_	uling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule										
	Enter the minimum required contribution for this plan year				🗍	12b					

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			40	_			
	Enter the amount contributed by the employer to the plan for this plan year		12c	Ь.			
d ——	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)		12d				
ее	Will the minimum funding amount reported on line 12d be met by the funding deadline?	<u></u>		Y	'es [No	N/A
Part	VIII 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 of the PBGC?		ontrol			X Yes	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify twhich assets or liabilities were transferred. (See instructions.)	he plan(s) t	0				
1	13c(1) Name of plan(s):					13c(3) PN(s)
Pait	Trust Information (optional)						
14a i	Name of trust		14b ⊺	rust's	EIN		