For	m 5500-SF	Short Form Annual I	Return/Report Benefit Plan	of Small Emplo	oyee	OMB	Nos. 1210-0110 1210-0089		
	tment of the Treasury nal Revenue Service	This form is required to be filed un		065 of the Employee Re	etirement	201	14		
	epartment of Labor enefits Security Administration	Income Security Act of 1974 (ER Re	This Form i Public Ins						
Pension Be	enefit Guaranty Corporation	Complete all entries in acco	rdance with the instr	uctions to the Form 55	500-SF.	Fublic Ins	spection		
For calenda	Annual Report lo Ar plan year 2014 or fisc	dentification Information al plan year beginning 01/01/2014		and ending 12/	31/2014				
	· · ·		a multiple-employer pl	an (not multiemployer)		kina this box mus	st attach a list		
A This ret	urn/report is for:		of participating employ	ver information in accord		-			
_	l		a foreign plan						
B This retu	urn/report is		the final return/report						
	l	an amended return/report	a short plan year returr	n/report (less than 12 m	onths)				
C Check	pox if filing under:	Form 5558	automatic extension			FVC program			
	special extension (enter description)								
Part II		mation—enter all requested information	ation		r.				
1a Name		K) PROFIT SHARING PLAN			1b Thre	ee-digit number			
JONATIAN		N FROFTI SHARING FLAN			(PN)		002		
					1c Effe	ctive date of plan 04/01/1994			
	oonsor's name and addr LOWELL, MD, PC	ess; include room or suite number (er	mployer, if for a single-	employer plan)	2b Emp (EIN	loyer Identificatio			
					``	, nsor's telephone	number		
130 PARK ST MALONE, N					2d Busi	518-483-112 ness code (see ir	-		
						621111			
3a Plan a	dministrator's name and	address XSame as Plan Sponsor.			3b Adm	inistrator's EIN			
4 If the r	name and/or EIN of the u	plan sponsor has changed since the la	ast return/report filed fr	or this plan enter the	4b EIN	inistrator's teleph			
name	EIN, and the plan num	per from the last return/report.							
	or's name	t the beginning of the plan year			4C PN				
		t the end of the plan year			5a 5b		4		
C Numb	er of participants with ac	count balances as of the end of the p	lan year (defined bene	fit plans do not	50 50		4		
		cipants at the beginning of the plan ye			5d(1)		4		
d(2) Tot	al number of active parti	cipants at the end of the plan year			5d(2)		4		
e Numbe	r of participants that terr	ninated employment during the plan	ear with accrued bene	fits that were	5e		0		
		incomplete filing of this return/rep			ise is estal	blished.			
Under pena SB or Sche	alties of perjury and othe	r penalties set forth in the instructions signed by an enrolled actuary, as we	s, I declare that I have	examined this return/rep	oort, includi	ng, if applicable,			
SIGN		lid electronic signature.							
HERE	Signature of plan ad	Date Enter name of individ				as plan administr	rator		
SIGN									
HERE	Signature of employe		Date	Enter name of individ					
		ne, if applicable) and address (includ			Preparer's	s telephone numb	5500-SE (2014)		

-	 a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) c Yes No c Yes No c Yes No 								
	If the plan is a defined benefit plan, is it covered under the PBGC in	isurance p	rogram (see ERISA section 40	21)?		Yes	No	Not deter	mined
Pa	rt III Financial Information		ſ						
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End o		
а	Total plan assets	7a	15419	37				17163	71
b	Total plan liabilities	7b		0					0
С	Net plan assets (subtract line 7b from line 7a)	7c	15419	1937			1716371		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	tal	
а	Contributions received or receivable from:	80(1)	185	53					
	(1) Employers	8a(1)	247						
	 (2) Participants	8a(2)		0					
	(3) Others (including rollovers)	8a(3)	1373	-					
	Other income (loss)	8b						1806	50
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c			_			1000	59
u	to provide benefits)	8d		0					
е	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f	Administrative service providers (salaries, fees, commissions)	8f	62	25					
g	Other expenses	8g		0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						62	25
i	Net income (loss) (subtract line 8h from line 8c)	8i					1744	34	
j	j Transfers to (from) the plan (see instructions)						0		
Par	t IV Plan Characteristics	J							
b	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions								
10	During the plan year:			1	Yes	No		Amount	
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	uciary Cori	ection Program)	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	Х				150000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			10d		Х			
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)			10e		×			
f	f Has the plan failed to provide any benefit when due under the plan?			10f		Х			
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			10g		Х			
— <u> </u>	 bit the plan have any participant loans? (in 193, enter allocant as of year end). h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 					~			
	2520.101-3.)					Х			
i	i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3								
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Yes	X No
11a	11a Enter the unpaid minimum required contribution for current year from Schedule 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 :	302 of	ERISA?	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applic	able.)						_

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lf	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b	Enter the minimum required contribution for this plan year	12b			
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	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 the of the PBGC?	control		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.)	to			
1	3c(1) Name of plan(s): 1	3 c(2) El	IN(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)			•	
14a	Name of trust	14b ⊺	rust's EIN		

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Form 5500-SF	Short Form Annual	Return/Report of Small Benefit Plan	Employee	OMB Nos.	210-0110 210-0089			
Internal Revenue Service		m is required to be filed under sections 104 and 4065 of the Employee 2014						
Department of Labor Employee Benefits Security Administration Pension Bonofit Guaranty Corporation	the in	Act of 1974 (ERISA), and section 6057(b) and 6058(a) of nternal Revenue Code (the Code). Coordance with the instructions to the Form 5500-SF.						
Rank Annual Report Id	entification Information	cordance with the hist dodons to a		,	- · · · -			
For calendar plan year 2014 or fisca	il plan year beginning	01/01/2014 and e	ending 12	/31/2014				
A This return/report is for:	a single-employer plan a one-participant plan	 a multiple-employer plan (not mu of participating employer information a foreign plan 			:h a list			
B This return/report is:	the first return/report an amended return/report	the final return/report a short plan year return/report (le	ss than 12 months)					
C Check box if filing under:	_] Form 5558] anapial automica (antot decer	automatic extension	Γ	DFVC program				
	special extension (enter descri							
1a Name of plan	nation enter all requested PC 401(k) Profit Sha:		F 	hree-digit lan number PN) ► 002 ffective date of plan				
			(4/01/1994				
2a Plan sponsor's name and addr Jonathan Lowell, MD,		er (employer, if for a single-employer	(Employer Identification Nul EIN) 14-1630362				
130 Park Street				ponsor's telephone numb (518) 483-1120 Business code (see instruc				
US Malone NY 12953				521111	10/15)			
	eddress 🔟 Same as Plan Spo	onsor Name	3b /	dministrator's EIN				
			3c /	dministrator's telephone r	umber			
4 If the name and/or EIN of the p name, EIN, and the plan numb	plan sponsor has changed since per from the last return/report.	the last return/report filed for this plan	, enter the 4b t					
a Sponsor's name		······································	4c F	N.				
		*****		4				
		the plan year (defined benefit plans do	and the second sec	4	·m			
				4_				
d(1) Total number of active partic	ipants at the beginning of the pla	n year	5d(1) 4				
d(2) Total number of active partic) 0.				
e Number of participants that ter less than 100% vested	minated employment during the	plan year with accrued benefits that w	Se	0				
Caution: A penalty for the late or	incomplete filing of this retur	n/report will be assessed unless re	asonable cause is e	stablished.				
Under penalties of perjury and othe SB or Schedule MB completed and bellef, it is true, correct, and compl	i signed by an enrolled actuary,	ctions, I declare that I have examined as well as the electronic version of the	this return/report, in s return/report, and to	cluding, if applicable, a Sc o the best of my knowledge	edule and			
SIGN X /2	rathan Caull.	3 23/10 Jonatha	n Lowell, M.D	•				
HERE Signature of plan admin		Date Date Enter nam	e of individual signin	g as plan administrator				
SIGN X South	alk (pull	7 3/3 // 5 Jonatha	n Lowell, M.D	· · · · · · · · · · · · · · · · · · ·				
HERE Signature of employer/p				g as employer or plan spo				
Preparer's name (including/firm na	me, ir applicable) and address; li	nclude room or suite number (optional	y Prepa	er's telephone number (o;;	,0081)			
For Bananisch Daduation Act Vi	Neo and OMD Control Number	rs, see the instructions for Form 55	00-\$F	Form 5500-5	F (2014)			

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	Form 5500-SF 2014		Page 2					
	Vere all of the plan's assets during the plan year invested in eligible re you claiming a waiver of the annual examination and report of a						XYes	No
1	nder 29 CFR 2520.104-46? (See instructions on waiver eligibility au you answered "No" to either line 6a or line 6b, the plan canno	nd conditio	205.)		******		XYe:	No
c If	the plan is a defined benefit plan, is it covered under the PBGC in:	surance pi	rogram (see ERISA section 402	1)?] Yes	s 🔄 No 🗌 Not	etermined
Par	Financial Information							
7 F	lan Assets and Liabilities		(a) Beginning of Year				(b) End of Year	
ат	otal plan assets	7a	1,541,93	17	<u> </u>		1,716	, 371
<u>b</u> т	otal plan liabilities	7b	·	0				0
<u>c</u> N	let plan assets (subtract line 7b from line 7a)	7c	1,541,93	17			1,716	,371
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount		12: June 202	化成本化学研究	(b) Total	12 cm/t.im/ Mission Philadelet
	Contributions received or receivable from:	8a(1) -	18,55	i3				a transform
	2) Participants	8a(2)	24,77	9				
	3) Others (including rollovers)	8a(3)		0				STREET
a	Other income (loss)	8b	137,32	27	派家族			
ст	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			a S		18(, 659
	tenefits paid (including direct rollovers and insurance premiums			~		unter man settem	的制度的现在分子和 在1995年1993	
	provide benefits)	8d		0	ana a			
	ertain deemed and/or corrective distributions (see instructions)	8e	c oo	-		GUVIER VERMEN		
<u>f</u>	dministrative service providers (salaries, fees, commissions)	<u>8f</u>	6,22	<u>دې</u> 0		and the second division of		
	Other expenses	<u>8g</u>		0 36.065	<u>kiliki</u> E	S BALLER		,225
	otal expenses (add lines 8d, 8e, 8f, and 8g)	<u>8h</u>			15 19 10			, 434
	let Income (loss) (subtract line 8h from line 8c)	81		0 0	ii. Tairiin na	A.T.A.MA	L L L	
Distantia di Constanti di Const	ransfers to (from) the plan (see instructions)	8)		0	9078938			
	Plan Characteristics the plan provides pension benefits, enter the applicable pension fe		as from the 1 let of Blog Charact	ariati	in Cod	aa in t	be instructions:	
9 a I		sature cou	es nom me cist of Fian Charact	IGNEL		69 MT (ine manuonona.	
m						- :- 44		
b	f the plan provides welfare benefits, enter the applicable welfare fea	ature code	s from the List of Plan Characte	ristic	Code	ទាក	e instructions:	
	Compliance Questions							
10	During the plan year:				Yes	No	Amount	
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	ciary Corre	ction Program)	10a		x		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	include transactions reported	105		x		
¢	Was the plan covered by a fidelity bond?			10c	x			50,000
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		x		
e	Were any fees or commissions paid to any brokers, agents, or oth	ner person	s by an insurance carrier,					
	insurance service, or other organization that provides some or all	of the ben	efits under the plan? (See	10e		x		
f	Instructions.)			105 10f		x		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		x		
<u>9</u> h	If this is an individual account plan, was there a blackout period?	(See instri	uctions and 29 CFR	10h		x		
i	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 2520.10	he require	d notice or one of the	101				
Par	Mi Pension Funding Compliance						n	er i den hannel sind den Willer Anter State
11	Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)	nents? (If '	'Yes," see instructions and com	plete	Sche	dule S	B (Form	s 🗶 No
11a	Enter the unpaid minimum required contribution for current year fi							
12	Is this a defined contribution plan subject to the minimum funding					302 of	ERISA?	s 🗶 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 being ranting the waiver	ng amortiz	ed in this plan year, see instruc	tions	, and a	enter t Da	he date of the letter ay Year	uling

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	Form 5500-SF 2014	Page 3			
If y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			
b	Enter the minimum required contribution for this plan year		12b		
	Enter the amount contributed by the employer to the plan for this plan year		12c	, , , , , , , , , , , , , , , , , , ,	w .
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter negative amount)	a minus sign to the left of a	12d		
e	Will the minimum funding amount reported on line 12d be met by the funding dead			Yes 🔲 No	
Part	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?		X Ye	es 🔲 No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this yea		13a		0
þ	Were all the plan assets distributed to participants or beneficiarles, transferred to a of the PBGC?	another plan, or brought under the		Yes	X No
c	If during this plan year, any assets or liabilities were transferred from this plan to an which assets or liabilities were transferred. (See instructions.)	nother plan(s), identify the plan(s) f	D		
1	3c(1) Name of plan(s):	13	2) EIN	(s) 13c(3	PN(s)
把 急带	Viller Trust Information (optional)				
14a	Name of trust		14b ⊤	rust's EIN	