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

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

Revenue Code (the Code).

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I	Allilual Nepu	rt Identification Information	1.			
For calend	dar plan year 2014 or	fiscal plan year beginning 01/01/	2014	and ending 12/	31/2014	
A This re	eturn/report is for:	X a single-employer plan		plan (not multiemployer) (loyer information in accord	-	
		a one-participant plan	a foreign plan			
B This ref	turn/report is	the first return/report	the final return/repor	t		
		an amended return/report	a short plan year ret	urn/report (less than 12 mo	onths)	
C Check	box if filing under:	Form 5558	automatic extension	1	DFVC pro	ogram
		special extension (enter des	cription)			
Part II	Basic Plan In	formation—enter all requested i	nformation			
1a Name	e of plan	SOCIATES, PC 401K PROFIT SHA			1b Three-digit plan numbe	r
MIDDLETO	7411 OROZOGIO 7101				(PN) ▶	003
					1c Effective da	te of plan 0/01/1988
	sponsor's name and a	address; include room or suite num	ber (employer, if for a sing	le-employer plan)		entification Number 4-1537402
					2c Sponsor's te	elephone number
	'AL RUN ROAD, SUI' WN, NY 10941	ΓE 1				5-343-4141
	,					de (see instructions) 21111
3a Plan a	administrator's name	and address Same as Plan Spo	nsor.		3b Administrato	or's EIN
4 If the	name and/or EIN of	the plan sponsor has changed sinc	e the last return/report filec	for this plan, enter the	4b EIN	_
name		number from the last return/report.			4c PN	
5a Total	number of participar	ts at the beginning of the plan year			5a	20
b Total	number of participar	ts at the end of the plan year			5b	4
		h account balances as of the end c		'		
d(1) To	tal number of active				5c	4
		participants at the beginning of the		ŀ		4
d(2) To	otal number of active		olan year		5d(1)	3
e Numb	er of participants that	participants at the end of the plan y terminated employment during the	olan yearearearearegr with accrued be			3
e Numb	er of participants that han 100% vested	participants at the end of the plan y terminated employment during the	plan yearearplan year with accrued be	nefits that were	5d(1) 5d(2) 5e	3
e Numb less the Caution: Under per SB or Sch	er of participants that han 100% vested A penalty for the lat nalties of perjury and	coarticipants at the end of the plan y terminated employment during the e or incomplete filing of this retu other penalties set forth in the instr and signed by an enrolled actuary,	plan year plan year with accrued be rn/report will be assesse uctions, I declare that I have	nefits that were d unless reasonable cau	5d(1) 5d(2) 5e se is established ort, including, if ap	oplicable, a Schedule
e Numb less the Caution: Under per SB or Sch	her of participants that han 100% vested A penalty for the late halties of perjury and hedule MB completed true, correct, and co	coarticipants at the end of the plan y terminated employment during the e or incomplete filing of this retu other penalties set forth in the instr and signed by an enrolled actuary,	plan year plan year with accrued be rn/report will be assesse uctions, I declare that I have	nefits that were d unless reasonable cau	5d(1) 5d(2) 5e se is established ort, including, if ap	oplicable, a Schedule
e Numb less th Caution: Under per SB or Sch belief, it is	her of participants that han 100% vested A penalty for the late halties of perjury and hedule MB completed true, correct, and co	e or incomplete filing of this retuother penalties set forth in the instrand signed by an enrolled actuary, mplete. d/valid electronic signature.	plan year plan year with accrued be rn/report will be assesse uctions, I declare that I have	nefits that were d unless reasonable cau	5d(1) 5d(2) 5e se is established ort, including, if ap and to the best of	pplicable, a Schedule my knowledge and
e Numbless the Caution: Under per SB or Sch belief, it is SIGN HERE	her of participants that han 100% vested A penalty for the late halties of perjury and hedule MB completed it true, correct, and co	e or incomplete filing of this retuother penalties set forth in the instrand signed by an enrolled actuary, mplete. d/valid electronic signature.	plan year plan year with accrued be rn/report will be assesse uctions, I declare that I hav as well as the electronic v	nefits that were d unless reasonable cau re examined this return/report,	5d(1) 5d(2) 5e se is established ort, including, if ap and to the best of	oplicable, a Schedule my knowledge and
Caution: Under per SB or Sch belief, it is SIGN HERE SIGN HERE	A penalty for the late nalties of perjury and nedule MB completed true, correct, and coeffied with authorized Signature of plan	coarticipants at the end of the plan y terminated employment during the e or incomplete filing of this retu other penalties set forth in the instr and signed by an enrolled actuary, mplete. d/valid electronic signature.	plan year plan year with accrued be rn/report will be assesse uctions, I declare that I hav as well as the electronic v Date Date	d unless reasonable cau re examined this return/repersion of this return/report, Enter name of individu	5d(1) 5d(2) 5e se is established ort, including, if ap and to the best of all signing as plan	oplicable, a Schedule my knowledge and administrator
Caution: Under per SB or Sch belief, it is SIGN HERE SIGN HERE	A penalty for the late nalties of perjury and nedule MB completed true, correct, and coeffied with authorized Signature of plan	e or incomplete filing of this retuother penalties set forth in the instrand signed by an enrolled actuary, mplete. d/valid electronic signature.	plan year plan year with accrued be rn/report will be assesse uctions, I declare that I hav as well as the electronic v Date Date	d unless reasonable cau re examined this return/repersion of this return/report, Enter name of individu	5d(1) 5d(2) 5e se is established out, including, if application and to the best of the second and signing as plantial signing as empty and signing as empty.	pplicable, a Schedule my knowledge and administrator

	Form 5500-SF 2014		Page 2				
b .	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a cunder 29 CFR 2520.104-46? (See instructions on waiver eligibility a figure answered "No" to either line 6a or line 6b, the plan cannot will be a first the contraction of the plan cannot will be a first the contraction of the plan cannot will be a first to be a first to the plan cannot will be a first to be a first to the plan cannot will be a first to be a first to the plan cannot will be a first to be a first to the plan cannot will be a first to be a first to the plan cannot will be a first to be a first to the plan cannot will be a first to be a first to the plan cannot will be a first to the plan cannot will be a first to be a first to the plan cannot will be a first	an indepe and condit ot use Fo	ndent qualified public accounta tions.) orm 5500-SF and must instead	nt (IQ	PA) Form	5500.	Xes No
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA section 40	121)? .		Yes	No Not determined
Par							
	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End of Year
	Fotal plan assets	7a	14004	70	-		156523
0	Fotal plan liabilities	7b					156523
	Net plan assets (subtract line 7b from line 7a)	7c	13963	000	_		
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from: 1) Employers	8a(1)		0			
	2) Participants	8a(2)		0			
	3) Others (including rollovers)	8a(3)		0			
-	Other income (loss)	8b	300)11			
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					30011
	Benefits paid (including direct rollovers and insurance premiums						
t	o provide benefits)	8d	12698				
_ e (Certain deemed and/or corrective distributions (see instructions)	8e		0			
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f		0			
g (Other expenses	8g		0			
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					1269876
<u>_i_</u>	Net income (loss) (subtract line 8h from line 8c)	8i					-1239865
<u>j</u> .	Transfers to (from) the plan (see instructions)	8j		0			
Part	IV Plan Characteristics						
b Part	2E 2F 2G 2J 2K 2R 2T 3D 3H If the plan provides welfare benefits, enter the applicable welfare fe V Compliance Questions	eature coo	les from the List of Plan Charad	cterist	ic Cod	les in t	he instructions:
10	During the plan year:				Yes	No	Amount
а b	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	ıciary Cor	rection Program)	10a		X	
	on line 10a.)			10b		X	
С	Was the plan covered by a fidelity bond?			10c	X		300000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X	
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ber	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	end.)	10g		X	
	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instr	uctions and 29 CFR	10h		X	
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101			10i			
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)						
11a	Enter the unpaid minimum required contribution for current year from	om Sched	dule SB (Form 5500) line 39			11a	
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	or se	ction (302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						
а	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	-			, and e	enter th Day	

	Form 5500-SF 2014 Page 3 - 1				
lf :	you 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 N	10	
	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 PBGC?	e 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.)	s) to			
1	3c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3	B) PN(s)
			_		

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

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

2014

This Form is Open to Public Inspection

	t Identification Information						
For calendar plan year 2014 or		014	and ending	12/31/2014			
a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions)							
a one-participant plan a foreign plan							
B This return/report is	the first return/report	the final return/report					
	an amended return/report	a short plan year retur	n/report (less than 12 n	nonths)			
C Check box if filing under:	Form 5558	automatic extension		DFVC pro	ogram		
	special extension (enter descript	tion)					
Part II Basic Plan Inf	ormation—enter all requested infor	mation					
1a Name of plan MIDDLETOWN UROLOGIC ASS	SOCIATES, PC 401K PROFIT SHARIN	NG PLAN & TRUST		1b Three-digit plan number (PN)	003		
				1c Effective dat 10/01/1988	e of plan		
2a Plan sponsor's name and a MIDDLETOWN UROLOGIC ASS	ddress; include room or suite number SOCIATES, PC	(employer, if for a single	-employer plan)	2b Employer Ide (EIN) 14-153	entification Number 37402		
				2c Sponsor's te	lephone number (5) 343-4141		
236 CRYSTAL RUN ROAD, SUI	TE 1				de (see instructions)		
MIDDLETOWN, NY 10941 3a Plan administrator's name a	and address XSame as Plan Sponsor			3b Administrator's EIN			
				3c Administrato	r's telephone number		
name, EIN, and the plan no	ne plan sponsor has changed since the umber from the last return/report.	e last return/report filed for	or this plan, enter the	4b EIN			
a Sponsor's name	s at the beginning of the plan year				20		
	s at the end of the plan year				4		
C Number of participants with	account balances as of the end of the	e plan year (defined bene	efit plans do not	5c	4		
	articipants at the beginning of the plan			5d(1)	3		
d(2) Total number of active p	articipants at the end of the plan year			5d(2)	0		
• •	terminated employment during the plan	n year with accrued bene		5e	0		
Caution: A penalty for the late	or incomplete filing of this return/re	eport will be assessed	unless reasonable ca	use is established.			
Under penalties of perjury and o	other penalties set forth in the instruction and signed by an enrolled actuary, as well as the control of the c	ons, I declare that I have	examined this return/re	port, including, if app			
SIGN Annag		. 1	EMMANUEL SCHEN	KMAN			
HERE Signature of plan administrator Date 20// Enter name of individual signing as plan administrator							
SIGN							
	oyer/plan sponsor	Date	Enter name of individ				
Preparer's name (including firm	name, if applicable) and address (inclu	ude room or suite numbe	er) (optional)	Preparer's telepho	one number (optional)		

Form 5500-SF 2014		Page 2							
 Were all of the plan's assets during the plan year invested in elig Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of your answered "No" to either line 6a or line 6b, the plan car 	of an indepe y and condi nnot use Fo	ndent qualified public accountations.)	ant (IC	PA) Form	5500		[Yes Yes	□ No
C If the plan is a defined benefit plan, is it covered under the PBGC Part III Financial Information	insurance p	orogram (see ERISA section 40	J21)?		Yes	∐ No	□ No	ot deter	mined
7 Plan Assets and Liabilities	1	(a) Paginning of Var		\neg		/b\ F-	٠ - د ١		
a Total plan assets	7a	(a) Beginning of Yea		+		(b) Er	iu oi	156523	·
b Total plan liabilities		407		+				10002	
C Net plan assets (subtract line 7b from line 7a)		139638	_	+				 156523	
8 Income, Expenses, and Transfers for this Plan Year	10	(a) Amount		+) Tota		,
a Contributions received or receivable from: (1) Employers	8a(1)		0	, ,			Tota	,	
(2) Participants	8a(2)		0						
(3) Others (including rollovers)			0	\neg	. 12		· · · · · ·		
b Other income (loss)		3001	1		32		i. Li gri s		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		A Committee of the Comm		78 th				30011	
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	126987	6						
e Certain deemed and/or corrective distributions (see instructions).	8e		0	- 0,2	·	14.8%		andria.	
f Administrative service providers (salaries, fees, commissions)	8f		0	<u> </u>		T' .	****	, ,	
g Other expenses			0						
h_Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			\bot			1	269876	<u> </u>
Net income (loss) (subtract line 8h from line 8c)							-1	239865	<u> </u>
j Transfers to (from) the plan (see instructions)	··· 8j		0						
b If the plan provides welfare benefits, enter the applicable welfare	feature cod	les from the List of Plan Charac	cterist	tic Coc	les in t	he instru	ctions	:	
Part V Compliance Questions				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
During the plan year: Was there a failure to transmit to the plan any participant contribution.	utione withi	n the time period described in		Yes	No		_ An	ount	
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fig.		·	10a		x				
b Were there any nonexempt transactions with any party-in-intere on line 10a.)		-	10b		Х				
C Was the plan covered by a fidelity bond?			10c	х					300000
d Did the plan have a loss, whether or not reimbursed by the plan or dishonesty?			10d		х				
Were any fees or commissions paid to any brokers, agents, or o insurance service, or other organization that provides some or a instructions.)	Il of the ben	efits under the plan? (See	10e		Х				
f Has the plan failed to provide any benefit when due under the pl	an?		10f		Х				
g Did the plan have any participant loans? (If "Yes," enter amount	as of year e	end.)	10g		Х				
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	uctions and 29 CFR	10h		Х				
i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1	the required	d notice or one of the	10i						
Part VI Pension Funding Compliance									
11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)							[Yes	No
11a Enter the unpaid minimum required contribution for current year					11a				
12 Is this a defined contribution plan subject to the minimum funding						ERISA?	[Yes	X No
(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 be granting the waiver.	ing amortiz	ed in this plan year, see instruc		, and e	enter th	e date o	f the le		ing

	Form 5500-SF 2014 Page 3 - 1				
lf 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		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of 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?		XY	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 und of the PBGC?				Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	plan(s) t	0		
	3c(1) Name of plan(s):	13	c(2) EI	V(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust		14b Tr	ust's EIN	

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