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).

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

	nefit Guaranty Corporation	▶ Complete all entries in	accordance with the instr	uctions to the Form 5	5500-SF.			
Part I	Annual Report	Identification Information						
For calenda	ar plan year 2014 or fis	scal plan year beginning 01/01/2	014	and ending 1	2/31/2014			
A This reto	urn/report is for:	a single-employer plan	a multiple-employer pl of participating employ a foreign plan		-	his box must attach a list rm instructions)		
B This retu	■ a one-participant plan ■ a foreign plan B This return/report is ■ the first return/report ■ the final return/report							
	•	n/report (less than 12 r	2 months)					
C Check b	oox if filing under:		DFVC	orogram				
		special extension (enter descri	ription)					
Part II	Basic Plan Info	rmation—enter all requested in	formation					
1a Name of SUMNER FR	of plan REEMAN MD PC PRO	FIT SHARING PLAN			1b Three-digingler plan number (PN) ▶			
					1c Effective of	date of plan 10/31/1972		
2a Plan sp SUMNER FR	oonsor's name and add EEMAN MD PC	dress; include room or suite numb	er (employer, if for a single-	employer plan)		Identification Number 13-2688787		
956 5TH AVE	:NUE	956 5TH	AVENUE			telephone number 12-737-5067		
NEW YORK,			DRK, NY 10075		2d Business code (see instructions)			
3a Plan ac	dministrator's name an	nd address XSame as Plan Spons	sor.		3b Administra			
3c Administrator's telephone numb								
name,	EIN, and the plan nun	e plan sponsor has changed since nber from the last return/report.	the last return/report filed for	or this plan, enter the	4b EIN 4c PN			
name,	EIN, and the plan nun or's name	mber from the last return/report.	·		4c PN	2		
name, a Sponso 5a Total n	EIN, and the plan nun or's name number of participants	nber from the last return/report. at the beginning of the plan year			4c PN 5a			
name, a Sponso 5a Total n b Total n c Numbe	EIN, and the plan nun or's name number of participants number of participants er of participants with a	at the beginning of the plan year at the end of the plan yearat the end of the plan year	the plan year (defined bene	fit plans do not	4c PN 5a 5b	0		
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b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cann	an indepe and condi ot use Fo	ndent qualified public accounta tions.) orm 5500-SF and must instead	nt (IQ d use	PA) Form	5500.		×,	Yes	No No
	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA section 40	21)? .		Yes	No	Not de	etermi	ned
Par					<u> </u>					
	Plan Assets and Liabilities		(a) Beginning of Yea		_		(b) End	of Yea	<u>r</u>	
	Total plan assets	7a	13100	0	-				0	
	Total plan liabilities	7b 7c	13100		-)
	Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	76	(a) Amount	.02	+		(b) T	otal		
	Contributions received or receivable from:		(a) Amount				(b) T	Otai		
	(1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)	4477							
	Other income (loss)	8b	1177	49						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1	17749)
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	14117	87						
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	160	54						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							27841	
	Net income (loss) (subtract line 8h from line 8c)	8i						-13	10092	-
	Transfers to (from) the plan (see instructions)	8j								
Par										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2H	feature co	odes from the List of Plan Chara	acteris	stic Co	des in	the instruc	tions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Charac	cterist	ic Coc	les in t	he instructi	ons:		-
Part	V Compliance Questions									
10	During the plan year:				Yes	No		Amou	nt	
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		X				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		X				
С	Was the plan covered by a fidelity bond?			10c	X				20	00000
d	Did the plan have a loss, whether or not reimbursed by the plan's			100						70000
	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 pla			10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of vear	end.)	10g		Х				
h			· ·	iug						
	2520.101-3.)			10h		X				
	exceptions to providing the notice applied under 29 CFR 2520.10			10i						
Part								1		
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes >	X 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	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,						<u> </u>			
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and 6 	enter th Day		ne lette Year ₋	r rulin	g

	F	Form 5500-SF 2014	Page 3 - 1					
lf y	ou c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Forr	n 5500), and skip to line 13.					
b	Ente	r the minimum required contribution for this plan year			12b			
С	Ente	r the amount contributed by the employer to the plan for this plan year			12c			
d		ract the amount in line 12c from the amount in line 12b. Enter the result ative amount)	`		12d			
е	Will t	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	lo	
	If "Ye	es," enter the amount of any plan assets that reverted to the employer th	is year		. 13a			
b		e all the plan assets distributed to participants or beneficiaries, transferre e PBGC?		under the o	control		X Yes	No
С	If du	ring this plan year, any assets or liabilities were transferred from this planth assets or liabilities were transferred. (See instructions.)		ne plan(s)	to			
1	3c(1)	Name of plan(s):		1:	3c(2) E	IN(s)	13c(3) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

1-239-278-3134 fax number

Form 5500-SF	Short Form Annu	al Return/Report of : Benefit Plan	Small Emplo	yee		OMB Nos. 1210-811 1210-008		
internet Provence Service Department in Leber	This form is required to be fite income Security Act of 1974	d under sections 104 and 4065 o (ERISA), and sections 6057(b) a	of the Employee Ret	iirement sternel		2014		
Enticipate Benefits Security Administration Alensing Benefit Guarancy Depositor on		Revenue Code (the Code)		1	orm is Open to ic inspection			
Part I Annual Report	Identification Information	ccordence with the Instruction	ns to the Form 550	n 5500-\$F.				
For calendar plan year 2014 or f	scal plan year beginning 01/01/20	14	and ending 12'3	1/2014				
A This return/report is for:	a single-employer plan	a multiple-employer plan (no of participating employer info	z multiemployer) (F	iters check	ting this bo	croust ettach a lis		
_	a one-participant plan	☐ ≄ foreign plan						
This return/report is	the first return/report	the final return/report						
	an amended return/report	a short plan year return/repo	rt dessithan 12 mon	iths)				
C Check box if filling under	Form 6556	automatic extension		Пре	VC progras	'n		
	pecial extension (anter descri	ption)		<u> </u>		.,		
Part II Basic Plan Info	rmation—enter all requested info	Annual de la casa de l						
18 Name of plan	t marioti - enter an requested into	MUNICOU		1b Three	-4-4	V		
SUMNER FREEMAN MO PC PRO	FIT SHARING PLAN				rumber			
				(PN)	<u> </u>	OC1		
] '	1¢ Effect	tive date of 16/31/	•		
2a Flan sponsor's name and add UMNER FREEMAN MD PC	dress: include room or suits numbe	r (employen if for a single-emplo	ver plan)	2b Emplo		cation Number		
					sor's (eteph	one number		
56 5TH AVENUE EW YORK NY 10075		956 STH AVENUE			212-737			
W YORK, NY 10075 NEW YORK, NY 10075				2d Business code (see instructions) 621111				
					62111	<u>!</u>		
3a. Plan administrator's name an	d address Same as Plan Sponer			3b Admir	62111 Jerator's E	<u>!</u>		
		17		3b Admir	62111 Jerator's E	N .		
4 tithe name and/or EN of the name, EN, and the plan num	d address 🏿 Same as Plan Sycher	17	elan, enter the	3b Admin	62111 Jerator's E	N .		
4 ti the name and/or EIN of the name, EIN, and the plan num a Sponsor's name	d address Same as Plan Sponer plan sponsor has changed since to the from the last return/report	ne last return/report filed for this p	elan, enter the	3b Admin 3c Admin 4b EIN 4c PN	62111 Jerator's E	N .		
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4 ti the name and/or EN of the name, EN, and the plan num a Sponsor's name 53 Total number of participants b Total number of participants c Number of participants with a complete this item) d(1) Total number of active part the Number of participants that teless than 100% vested. Caution: A penalty for the late of Under penalties of partury and of the late of the l	plan sponsor has changed since to the from the last return/report at the beginning of the plan year account balances as of the end of the ticipants at the beginning of the plan year minated employment during the plan reminated employment during the plan in the complete filling of this return for penalties set forth in the instruct disigned by an enrolled account, at late.	the last return/report filed for this particle plan year (defined benefit plan in year with accrued benefits the report will be assessed unless one, I declare that I have examinated as the electronic version of pate 4 - 27 - 15 Ente	sian, enter the 4 sia do not six were reasonable cause and this return/report this return/report, a anner freema reame of individual simmer Freema	3b Admin 3c Admin 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e bis establit, including a listing a listi	e2111 istrator's te istrator's	Mephone number Mephone number Mes a Schedule nowedge and matraior or plan sponsor umber (optional)		

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	Form 5500-SF 2014		Page 2							
b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cann	an indepe and condi ot use Fo	ndent qualified public accounta tions.) orm 5500-SF and must instead	nt (IQ d use	PA) Form	5500.		×,	Yes	No No
	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA section 40	21)? .		Yes	No	Not de	etermi	ned
Par					<u> </u>					
	Plan Assets and Liabilities		(a) Beginning of Yea		_		(b) End	of Yea	<u>r</u>	
	Total plan assets	7a	13100	0	-				0	
	Total plan liabilities	7b 7c	13100		-)
	Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	76	(a) Amount	.02	+		(b) T	otal		
	Contributions received or receivable from:		(a) Amount				(b) T	Otai		
	(1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)	4477							
	Other income (loss)	8b	1177	49						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1	17749)
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	14117	87						
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	160	54						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							27841	
	Net income (loss) (subtract line 8h from line 8c)	8i						-13	10092	-
	Transfers to (from) the plan (see instructions)	8j								
Par										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2H	feature co	odes from the List of Plan Chara	acteris	stic Co	des in	the instruc	tions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Charac	cterist	ic Coc	les in t	he instructi	ons:		-
Part	V Compliance Questions									
10	During the plan year:				Yes	No		Amou	nt	
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		X				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		X				
С	Was the plan covered by a fidelity bond?			10c	X				20	00000
d	Did the plan have a loss, whether or not reimbursed by the plan's			100						70000
	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 pla			10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of vear	end.)	10g		Х				
h			· ·	iug						
	2520.101-3.)			10h		X				
	exceptions to providing the notice applied under 29 CFR 2520.10			10i						
Part								1		
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes >	X 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	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,						<u> </u>			
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and 6 	enter th Day		ne lette Year ₋	r rulin	g

	F	Form 5500-SF 2014	Page 3 - 1					
lf y	ou c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Forr	n 5500), and skip to line 13.					
b	Ente	r the minimum required contribution for this plan year			12b			
С	Ente	r the amount contributed by the employer to the plan for this plan year			12c			
d		ract the amount in line 12c from the amount in line 12b. Enter the result ative amount)	`		12d			
е	Will t	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	lo	
	If "Ye	es," enter the amount of any plan assets that reverted to the employer th	is year		. 13a			
b		e all the plan assets distributed to participants or beneficiaries, transferre e PBGC?		under the o	control		X Yes	No
С	If du	ring this plan year, any assets or liabilities were transferred from this planth assets or liabilities were transferred. (See instructions.)		ne plan(s)	to			
1	3c(1)	Name of plan(s):		1:	3c(2) E	IN(s)	13c(3) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust