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.

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Annual Report Identification Information For calendar plan year 2014 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the final return/report **B** This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan **1b** Three-digit NORTHERN WESTCHESTER INTERNAL MEDICINE PC DEFINED BENEFIT PLAN plan number (PN) ▶ 001 Effective date of plan 01/01/2011 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number NORTHERN WESTCHESTER INTERNAL MEDICINE PC (EIN) 13-4152356 Sponsor's telephone number 914-962-3303 1872 COMMERCE ST. YORKTOWN, NY 10598 Business code (see instructions) 621111 **3a** Plan administrator's name and address XSame as Plan Sponsor. Administrator's EIN **3c** Administrator's telephone number 4b EIN If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name Total number of participants at the beginning of the plan year 5a Total number of participants at the end of the plan year..... 5b Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c complete this item) d(1) Total number of active participants at the beginning of the plan year..... 5d(1) d(2) Total number of active participants at the end of the plan year..... 5d(2) 0 e Number of participants that terminated employment during the plan year with accrued benefits that were 0 5e less than 100% vested. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule

SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and

belief, it is t	true, correct, and complete.					
SIGN	Filed with authorized/valid electronic signature.					
HERE	Signature of plan administrator	Date	Enter name of individ	ual signing as plan administrator		
SIGN						
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan spo			
Preparer's	name (including firm name, if applicable) and address (include r	oom or suite number	r) (optional)	Preparer's telephone number (optional)		

	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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the plan cannual examination of the plan is a defined benefit plan, is it covered under the PBGC in	an indepe and condi ot use Fo	endent qualified public accounta tions.) orm 5500-SF and must instead	nt (IQ	PA) Form	5500.			X Yes X Yes	: [No No
Par				, .		1	Ш	Ш			
	Plan Assets and Liabilities		(a) Paginning of Voc				/b) E	nd of	Voor		
		70	(a) Beginning of Yea				(b) E	nd of	rear	0	
	Total plan assets	. 7a	2500	0	+					0	
1	Total plan liabilities	. 7b	2965		+					0	
	Net plan assets (subtract line 7b from line 7a)	. 7c		,00	+			\ - .			
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(k) Tota	al		
	(1) Employers	. 8a(1)		0							
	(2) Participants	. 8a(2)		0							
	(3) Others (including rollovers)	. 8a(3)		0							
	Other income (loss)	. 8b	535	95							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							535	595	
	Benefits paid (including direct rollovers and insurance premiums	. 00									
	to provide benefits)	. 8d	3501	31							
е	Certain deemed and/or corrective distributions (see instructions)	. 8e		0							
f	Administrative service providers (salaries, fees, commissions)	. 8f		0							
g	Other expenses	. 8g		0							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							350	131	
i	Net income (loss) (subtract line 8h from line 8c)	. 8i							-296	536	
j	Transfers to (from) the plan (see instructions)	- 8i		0							
Par	IV Plan Characteristics	, o,	I								
	If the plan provides pension benefits, enter the applicable pension 1A 1D If the plan provides welfare benefits, enter the applicable welfare for										
Part	V Compliance Questions										
10	During the plan year:				Yes	No		Aı	nount		
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide			10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)		-	10b		X					
С	Was the plan covered by a fidelity bond?			10c		X					
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	nefits under the plan? (See	10e		X					
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	10g		X					
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h							
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he require	ed notice or one of the	10i							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	•		•					X Yes	; []	No
11a	Enter the unpaid minimum required contribution for current year fr					11a			_		0
12	Is this a defined contribution plan subject to the minimum funding						FRISA'	2	Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below.			. 01 00		JUL 01					
a	If a waiver of the minimum funding standard for a prior year is being		•	ctions	and 4	antar th	na data	of the	lottor ri	ılina	

.. Month

Day

Year

granting the waiver.

	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 (tive amount)	`		12d			
е	Will t	he 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?		nder the	control		X Yes	No
С	If du	ring this plan year, any assets or liabilities were transferred from this plant hassets or liabilities were transferred. (See instructions.)		e 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

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

This Form is Open to Public Inspection

OMB No. 1210-0110

2014

File as an attachment to Form 5500 or 5500-SE

			F File as	an allacinnent to Form	3300 OF 3300-SF.			
For	calendar	r plan year 2014 or fiscal plan	year beginning	01/01/2014	and end	ing 12/3	31/2014	
		off amounts to nearest dolla						
_		: A penalty of \$1,000 will be a	ssessed for late filing	of this report unless reas		ed.		
	lame of p	olan I WESTCHESTER INTERNAL	MEDICINE PC DEE	INED RENEEIT PLAN	B Three-di	0		001
INOI	XIIILIXIN	TWESTCHESTER INTERNAL	I WIEDICINE PC DEF	INED BENEFIT FLAN	plan nun	nber (PN)	<u> </u>	
C F	lan spon	nsor's name as shown on line	2a of Form 5500 or 5	5500-SF	D Employer	Identifica	tion Number (E	:IN)
		I WESTCHESTER INTERNAL				13-415		,
Ет	ype of pla	an: X Single Multiple-A	Multiple-B	F Prior year pla	an size: X 100 or fewer	101-5	00 More th	an 500
Pa	rt I	Basic Information						
1	Enter th	ne valuation date:	Month	Day 01 Year 2	2014			
2	Assets:							
	a Marke	et value				2a		296536
	b Actua	arial value				2b		296536
3	Funding	g target/participant count brea	akdown		(1) Number of		ted Funding	(3) Total Funding
					participants	Т	arget	Target
	a For re	etired participants and benefic	ciaries receiving payn	nent	0		0	0
	b For te	erminated vested participants			0		0	0
	C For a	active participants			1		247054	247054
	d Total	l			1		247054	247054
4	If the pl	lan is in at-risk status, check t	he box and complete	lines (a) and (b)				
	a Fund	ling target disregarding prescr	ribed at-risk assumpti	ons	<u> </u>	4a		
		ling target reflecting at-risk as -risk status for fewer than five				4b		
5	Effectiv	re interest rate				5		6.17%
6	Target	normal cost				6		49452
Stat	ement by	y Enrolled Actuary				•		
		of my knowledge, the information suppl with applicable law and regulations. In						
		, offer my best estimate of anticipated e		, , , , , , , , , , , , , , , , , , ,				,
S	IGN							
Н	ERE						06/01/20)15
		Sigr	nature of actuary				Date	
THE	ODORE	ANDERSEN, M.A.A.A., MSP					14-0203	34
		Type or _I	print name of actuary			Most r	ecent enrollme	nt number
PEN	ISION AS	SSOCIATES					203-356	-0306
			Firm name			elephone	number (includ	ling area code)
		MAIN STREET, SUITE 230 , CT 06902						
017	5115	, 5. 00002						
		Ad	Idress of the firm					
If the	actuary l	has not fully reflected any reg	ulation or ruling prom	luigated under the statute	in completing this sched	uie, check	the box and s	ee

Page 2	2 -	1
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Schedule SB (Form 5500) 2014

Pa	rt II	Begir	ning of Year	Carryov	er and Prefunding	Balances	;							
								(a) (Carryover balance		(b) F	Prefundi	ng balan	ce
7		•			icable adjustments (line	•				0				0
8			•	•	funding requirement (line					0				0
9	Amount	remaini	ng (line 7 minus li	ne 8)						0				0
10	Interest	on line 9	using prior year's	s actual re	turn of%					0				0
11					d to prefunding balance:									
	a Prese	nt value	of excess contrib	utions (line	e 38a from prior year)									0
					8a over line 38b from prive interest rate of									0
	b(2) In	terest or	line 38b from pri	or year Sc	hedule SB, using prior ye	ear's actual								0
														0
	C Total available at beginning of current plan year to add to prefunding balance					alance								0
	d Portion	on of (c)	to be added to pre	efunding b	alance									0
12	12 Other reductions in balances due to elections or deemed elections									0				0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)								0				0		
Part III Funding Percentages														
14	Funding	target a	ittainment percent	age								14	120	0.02 %
15	15 Adjusted funding target attainment percentage								15	120	0.02 %			
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement								16	141	.49 %				
17	If the cu	rrent val	ue of the assets o	f the plan	is less than 70 percent o	of the funding	targe	t, enter s	such percentage			17		%
Pá	art IV	Con	tributions an	d Liquid	lity Shortfalls									
18	Contribu	utions ma	ade to the plan for	the plan y	ear by employer(s) and	employees:								
///	(a) Date M-DD-Y		(b) Amount p		(c) Amount paid by) Dat		(b) Amount pa	-	(0	-	nt paid b	y
(101	ו -טט-וווו	111)	employer	(5)	employees	(101101-	DD-YYYY) employer(s)					empi	oyees	
						Totals	>	18(b)		0	18(c)			0
19	Discoun	ted emp	loyer contributions	s – see ins	tructions for small plan v	vith a valuation	n dat	te after th	ne beginning of the	year:				
	a Contr	ibutions	allocated toward	unpaid mir	nimum required contribut	ions from pri	r yea	ars		19a				0
	b Contr	ibutions	made to avoid res	trictions a	djusted to valuation date					19b				0
	C Contributions allocated toward minimum required contribution for current year adjusted to valuation date													
20	Quarterl	y contrib	outions and liquidi	y shortfall:	s:									
	a Did th	ne plan h	ave a "funding sh	ortfall" for	the prior year?								Yes	× No
	b If line	20a is "	Yes," were require	ed quarterl	y installments for the cur	rent year ma	de in	a timely	manner?				Yes	No
	C If line	20a is "	Yes," see instructi	ons and co	omplete the following tab	ole as applica	ole:							
					Liquidity shortfall as	of end of qua	rter o	f this pla	n year					
		(1) 19	st		(2) 2nd			(3)	3rd	+		(4) 4th	1	

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targe	t Normal Cost					
21	Discou	nt rate:								
	a Seg	ment rates:	1st segment: 4.99%	2nd segment: 6.32 %	3rd segment: 6.99 %		N/A, fu	ıll yield	curv	e used
	b Appl	licable month (enter code)			21b				1
22	Weight	ted average ret	tirement age			22				65
23	Mortali	ty table(s) (se	e instructions) X Pre	escribed - combined Pre	scribed - separate	Substitu	te			
Pa	rt VI	Miscellane	ous Items							
24				tuarial assumptions for the current	plan year? If "Yes," see	instructions	regarding re	equired	 j	
		-							Yes	X No
25	Has a r	method change	e been made for the current pl	an year? If "Yes," see instructions	regarding required attac	chment			Yes	X No
26	Is the p	olan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachment			Yes	X No
27	If the p	lan is subject t	o alternative funding rules, en	ter applicable code and see instruc	tions regarding	27				-
	attachr									
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	um Required Contribution	s For Prior Years					
28	Unpaid	l minimum requ	uired contributions for all prior	years		28				0
29	Discou (line 19	nted employer a)	contributions allocated toward	d unpaid minimum required contrib	utions from prior years	29				0
30	Remaii	ning amount of	f unpaid minimum required cor	ntributions (line 28 minus line 29)		30				0
Pa	rt VIII	Minimum								
31	Target	normal cost a	nd excess assets (see instruct	tions):						
	a Targe	et normal cost	(line 6)			31a				49452
			·	line 31a		31b				49452
32	Amortiz	zation installme	ents:		Outstanding Bala	ance	lı	nstallm	ent	
	a Net s	shortfall amortiz	zation installment			0				0
	b Waiv	er amortization	n installment			0				0
33				nter the date of the ruling letter gran		33				0
34	Total fu			er/prefunding balances (lines 31a -		34				0
				Carryover balance	Prefunding bala		To	tal bala	ance	
35	Ralana	ess sleeted for	use to offset funding	Carryerer salaries						
33				0		0				0
36	Additio	nal cash requi	rement (line 34 minus line 35).			36				0
37	Contrib	outions allocate	ed toward minimum required co	ontribution for current year adjuste	d to valuation date	37				0
38	•		ess contributions for current ye			1				
						38a				0
				prefunding and funding standard c		38b				0
39			line 37)	39				0		
40			<u> </u>	S	•	40				
Pa	rt IX			Pension Relief Act of 2010)				
			de to use PRA 2010 funding re		(<u>, </u>				
							2 plus 7 yea	ırs Γ	15	years
				41a was made				2010		2011
42			,	41a was made		42			<u>—</u>	
			-	d over to future plan years		43				
	- ∧∪ □ 33	molamitant at	ooloration annount to be calle	a ovoi to iuturo piari years		1 70				

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 section 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

Part I Annual Report Identification Information			
For calendar plan year 2014 or fiscal plan year beginning	01/01/2014 and ending	12/31/2014	
A This return/report is for:	a multiple-employer plan (not multiemployer) (F of participating employer information in accorda		
a one-participant plan	a foreign plan to the final return/report		
B This return/report is:	<u></u>		
an amended return/report	a short plan year return/report (less than 12 mg	ontris)	
C Check box if filing under: Form 5558	automatic extension	DFVC prog	ram
Li ' ' \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	47-11	II TALE	. A. (Martin)
Part II Basic Plan Information enter all requested	nformation		- Annual Control of the Control of t
1a Name of plan Northern Westchester Internal Medicine PC	Defined Benefit Plan	1b Three-digit plan number (PN) ►	001
		1c Effective date 01/01/201	•
2a Plan sponsor's name and address; include room or suite number	r (employer, if for a single-employer plan)	2b Employer Ider	ıtification Number
Northern Westchester Internal Medicine FC		(EIN) 13-4	152356
		2C Sponsor's tele (914) 962	•
1872 Commerce St.		2d Business code 621111	e (see instructions)
38 Plan administrator's name and address X Same as Plan Spo	nsor Name	3b Administrator's	₹ FIN
And the state of t	The set I was true	The same of the second contracts of	
		3c Administrator	s telephone number
4 If the name and/or EIN of the plan sponsor has changed since t		4b Ein	
4 If the name and/or EIN of the plan sponsor has changed since t name, EIN, and the plan number from the last return/report.	ne ast retritivishour med for this bish, enter the	TU CIN	
a Sponsor's name		4c PN	
5a Total number of participants at the beginning of the plan year		5a	1
b Total number of participants at the end of the plan year	The state of the s	5b	0
Number of participants with account balances as of the end of the complete this item)		5c	
d(1) Total number of active participants at the beginning of the pla	1 year	5d(1)	ī
d(2) Total number of active participants at the end of the plan year	this self of the field of the tentions of desides before a resemble to the field of the tention of the field of the tention of t	5d(2)	0
Number of participants that terminated employment during the r			
less than 100% vested		58	0
Caution: A penalty for the late or incomplete filing of this return	/report will be assessed unless reasonable cau	se is established.	
Under penalties of perjury and other penalties set forth in the instruct SB or Schedule MB completed and signed by an enrolled actuary, a belief it in true, correct and penalties	tions, I declare that I have examined this return/rep s well as the electronic version of this return/report,	ort, including, if appl , and to the best of m	icable, a Schadule ly knowledge and
belief, it is true, correct, and complete.			
SIGN	Richard Klein		
HERE Signature of plan administrator 7 / /	Date Enter name of individual	l signing as plan adn	ninistrator
SIGN	7////// Richard Klein		
HERE Signature of employer/plan sponsor	Date / Enter name of individual	l signing as employe	r or plan sponsor
Preparer's name (including firm name A applicable) and address; in	clude room or suite number (optional)	Preparer's felephon	e number (optional)
'			
	ļ	·	irkan olaikod markan iki kali kain indimendirkan kali (marin ira).

Form 5500-SF (2014) v.140124

4.8232777	Form 5500-SF 2014			Page 2		-			
6a	Were all of the plan's assets during the plan year invested in eli	aibie	assets? (S	See instructions.)				XYe	s No
	Are you claiming a waiver of the annual examination and report				(IQP/	۹)			
	under 29 CER 2520 104-462 (See instructions on walver eligibil	ity eti	nd conditio	Π5.}	*******	E# X&A##X KE		Ye	s 🔲 No
	if you answered "No" to either line 8a or line 6b, the plan ca	mno	t use Forr	n 5500-SF and must instead u				y	
<u></u>	If the plan is a defined benefit plan, is it covered under the PBG	Ç inş	surance pr	ogram (see ERISA section 4021)?	[Yes	X No Not	determined
Pa	rt III Financial Information					<u> </u>			n
7	Plan Assets and Liabilities			(a) Beginning of Year				(b) End of Year	
a	Total plan assats	*****	7a	296,53		-			0
b	Total plan liabilities	*******	7b		0				0
	Net plan assets (subtract line 7b from line 7a)		7c	296,53 (a) Amount	56			(b) Total	U
8	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:			(a) Amount		+		(st) strains	
	(1) Employers		8a(1)	1 11 11 11 11	0	1			
***********	(2) Partidpants		8a(2)	*//> */// *****************************	0		************	anneanneandeanneanneanneanneanneanneanne	- A A A A A A A A A A A A A A A A A A A
_	(3) Others (including rollovers)	*****	8a(3)		0	-			
b	Other income (loss)	********	8b	53,59				part .	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premium		8c	NEW-CL-NEW-Chultungenousenousenousenousenousenousenousenous			************		3,595
***	to provide benefits)	+	84	350,13	31				
е	Certain deemed and/or corrective distributions (see instructions	<u> </u>	86		0	ļ			
f	Administrative service providers (salarles, fees, commissions)	****	8f		0				
g	Other expenses	*******	8g		0				* - 4 * -
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)		8h			+			0,131
	Net income (loss) (subtract line 8h from line 8c)	*******	8i		Ó		***************************************	(230	,536)
<u> </u>	Transfers to (from) the plan (see instructions)	******	8]		-	<u> </u>			
	rt IV Plan Characteristics	Fo	undura and	on from the Lint of Dlan Characte		Carde	e in the	imetriolismo	
Ja	If the plan provides pension benefits, enter the applicable pensi 1A 1D	orrie	alure cour	s non ne last of Figh Charace	i i isbilit	i Narlytyts	ito ui line	a mentatanas.	
b	If the plan provides welfare benefits, enter the applicable welfar	e fea	iture codes	from the List of Plan Character	istic (Codes	in the	instructions:	- 1 111
Pa	rt V Compliance Questions								
10	During the plan year:					Yes	No	Amoun:	t
8 1	29 CFR 2510.3-102? (See instructions and DOL's Voluntary F	Fiduc	iary Corra	ction Program)	10a		х		
b	Were there any nonexempt transactions with any party-in-inte on line 10a.)				10b		х		
	Was the plaп covered by a fidelity bond?	****	<u> </u>	is o zamani is diminiman i o banko so banko se banko se banko zo banko.	10c		х		
d	Did the plan have a loss, whether or not reimbursed by the pl or dishonesty?	******		740-17471 1017422AA1101.12710444AA170111.111.111.11	10d		ж		
e	Were any fees or commissions paid to any brokers, agents, o insurance service, or other organization that provides some o instructions.)	ralic	of the bene	riits under the plan? (See	10e		ж		
ţ	Has the plan failed to provide any benefit when due under the	plar	17	nakasin z namada a namamaka z namama na namama na hinginingining ya ham	10f	L	х		
9	Did the plan have any participant loans? (If "Yes," enter amou	ınt as	s of year e	nd.)	10g		х		
h	If this is an individual account plan, was there a blackout period 2520.101-3.)				10h			A de la dela de	
i	If 10h was answered "Yes," check the box if you either provid exceptions to providing the notice applied under 29 CFR 2520				101				
Pa	t VI Pension Funding Compliance					<i>I</i>	·		
11	Is this a defined benefit plan subject to minimum funding requ							Form X	res 🔲 No
11:	Enter the unpeid minimum required contribution for current ye					Т			Ů
12	Is this a defined contribution plan subject to the minimum fund		***********			***************************************)2 of EF	RISA? \	∕es 🗓 No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e be		•					EDWENN	
а	V-18-1-19-1-19-1-19-1-19-1-19-1-19-1-19-	beir	ıg amortize	ed in this plan year, see instructi				date of the letter Year	
				Tild)				(* '61	

Page 2

	Form 5500-SF 2014	Page 3					
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Sche	dule MB (Form 5500), and skip to line 13.				***************************************	
b	Enter the minimum required contribution for this plan year		nezekalılıka faşlıqıyı	12b			
c	Enter the amount contributed by the employer to the plan for	this plan year		12c			
đ	Subtract the amount In line 12c from the amount in line 12b. and an amount in line 12b. and an amount in line 12b. and a subtract the amount in line 12c from the amount i	,		12d			
8	Will the minimum funding amount reported on line 12d be me	t by the funding deadline?			Yes 🗀	<u> No □ N⁄A</u>	
Part	VII Plan Terminations and Transfers of Ass	sets					
13a	Has a resolution to terminate the plan been adopted in any pl	an year? ************************************	***************************************	X Ye	es □ No)	
	If "Yes," enter the amount of any plan assets that reverted to	the employer this year		13a			C
b	Were all the plan assets distributed to participants or benefici of the PBGC?			ntrol		₹ Yes □ No	
C	If during this plan year, any assets or liabilities were transfern which assets or liabilities were transferred. (See instructions.)	ed from this plan to another plan(s), identify the	ne plan(s) to				
1:	3c(1) Name of plan(s):		130	(2) EIN(s)	13c(3) PN(s)	
Part	VIII Trust Information (optional)	A A A A A A A A A A A A A A A A A A A	***************************************	***************************************		······································	MORE
14a N	lame of trust			14b ⊤	ust's EIN		

Schedule SB, line 22 - Description of Weighted Average Retirement Age

Northern Westchester Internal Medicine PC Defined Benefit Plan 13-4152356 / 001 For the plan year 01/01/2014 through 12/31/2014

The age reported is the average of the assumed retirement ages for all active participants as of the valuation date rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

^{**}Warning** Plan does not meet top-heavy minimum contribution requirements. See Notes and Warnings report.

Schedule SB, Part V Summary of Plan Provisions

Northern Westchester Internal Medicine PC Defined Benefit Plan 13-4152356 / 001

For the plan year 01/01/2014 through 12/31/2014

Employer: Northern Westchester Internal Medicine PC

Type of Entity - C-Corporation

EIN: 13-4152356 TIN: 27-4284295 Plan #: 001 Plan Type: Defined Benefit

Dates: Effective - 01/01/2011 Year end - 12/31/2014 Valuation - 01/01/2014

Top Heavy Years - 2012, 2013, 2014

Eligibility: All employees excluding non-resident aliens, members of an excluded class and union

Minimum age - 21 Months of service - 12

Hours Required for - Eligibility - 1000 Benefit accrual - 500 Vesting - 1000

Plan Entry - First day of 1st or 7th month of plan year on or next following eligibility satisfaction

Retirement: Normal - Attainment of age 65 and completion of 10 years of participation

Early - Not provided

Average Compensation: Highest 3 consecutive years of service

Top Heavy Minimum Benefit - Highest 5 consecutive top heavy years of participation

Plan Benefits: Retirement - Derived from the graded benefit formula below rounded to the nearest dollar:

Employee Classification Benefit Formula

not less than 3.495% of average monthly compensation per

year of service limited to 10 year(s)

Accrued Benefit - Unit credit based on service. Service prior to 01/01/2009 is excluded

Minimum Benefit - None Maximum Benefit - None

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or

b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum

Death Benefit - Present Value of Accrued Benefit

Top Heavy Minimum: 2% of average compensation per top heavy year of participation excluding years prior to the adoption date of

the plan and 1984 (if earlier), limited to 10 years

IRS Limitations: 415 Limits - Percent: 100 Dollar: \$210,000

Maximum 401(a)(17) compensation - \$260,000

Normal Form: Life Annuity

Optional Forms: Lump Sum

Life Annuity Guaranteed for 10 Years

Joint with 50%, 75% or 100% Survivor Benefit

<u>Vesting Schedule:</u> Years Percent

0-1 0% 2 20% 3 40% 4 60% 5 80% 6 100%

Service is calculated using all years of service

^{**}Warning** Plan does not meet top-heavy minimum contribution requirements. See Notes and Warnings report.

Schedule SB, Part V Summary of Plan Provisions

Northern Westchester Internal Medicine PC Defined Benefit Plan 13-4152356 / 001

For the plan year 01/01/2014 through 12/31/2014

<u>Present Value of Accrued Benefit:</u> Based on the greater of 417(e) or Actuarial Equivalence 417(e):

Interest Rates -

Segment #	Years	Rate %
Segment 1	0 - 5	1.25
Segment 2	6 - 20	4.57
Segment 3	> 20	5.60

Mortality Table - 14E - 2014 Applicable Mortality Table for 417(e) (unisex)

Actuarial Equivalence:

Pre-Retirement - Interest - 5%

Mortality Table - None

Post-Retirement - Interest - 5%

Mortality Table - 14E - 2014 Applicable Mortality Table for 417(e) (unisex)

^{**}Warning** Plan does not meet top-heavy minimum contribution requirements. See Notes and Warnings report.

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Northern Westchester Internal Medicine PC Defined Benefit Plan 13-4152356 / 001

For the plan year 01/01/2014 through 12/31/2014

Valuation Date: 01/01/2014

Funding Method: As prescribed in IRC Section 430

Age - Eligibility age at last birthday and other ages at last birthday

New participants are included in current year's valuation

Retrospective Compensation - Highest 3 consecutive years of service

Form of Payment - Assumed form of payment for funding is lump sum equivalent of normal form. Funding Target for lump sum is

the greater of the present value of accrued benefit computed using funding segment rates and 417(e) Applicable Mortality Table or lump sum at the assumed retirement date of accrued benefit using plan actuarial equivalence discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) the greater of plan actuarial equivalence interest and mortality or 417(e)

Minimum

Interest Rates -

Segment rates for the First Month Prior to Val Date as permitted under IRC 430(h)(2)(C)

Segment #	Year	Rate %
Segment 1	0 - 5	1.28
Segment 2	6 - 20	4.05
Segment 3	> 20	5.07

Segment rates as of September 30, 2013 As permitted under IRC 430(h)(2)(C)(iv)(II) - HATFA

Segment # Year Rate %

Segment #	Year	Rate %			
Segment 1	0 - 5	4.99			
Segment 2	6 - 20	6.32			
Segment 3	> 20	6.99			

Pre-Retirement - Mortality Table - None

Turnover/Disability - None
Salary Scale - None
Expense Load - None
Ancillary Ben Load - None

Post-Retirement - Mortality Table - 14C - 2014 Funding Target - Combined - IRC 430(h)(3)(A)

Cost of Living - None

Lump Sum - 14E - 2014 Applicable Mortality Table for 417(e) (unisex) at 5%

Asset Valuation Method: Fair market value of assets adjusted for contributions under IRC 430(g)(4)

Discrimination Test Assumptions:

HCE Determination - Based on all employees

Otherwise Excludable - Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees

410(b)/401(a)(4) Testing:

Pre-Retirement - Interest - 8%

Post-Retirement - Interest - 8%

Mortality Table - U84 - 1984 Unisex

Permissively Aggregated Plans - Tested as a Single Plan

Compensation - Use average compensation to calculate the benefit accrual rate (annual method)

Testing Age - Normal retirement age or attained age, if older

Testing Service - Separate benefiting service for DC and for DB for Accrued-to-Date Method

Normal Form for MVAR - Joint with 50% Survivor Benefits

^{**}Warning** Plan does not meet top-heavy minimum contribution requirements. See Notes and Warnings report.

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Northern Westchester Internal Medicine PC Defined Benefit Plan 13-4152356 / 001

For the plan year 01/01/2014 through 12/31/2014

401(a)(26) Testing:

Compensation - Use average compensation to calculate the benefit accrual rate for 401(a)(26)

Testing Age - Normal retirement age or attained age, if older

^{**}Warning** Plan does not meet top-heavy minimum contribution requirements. See Notes and Warnings report.

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

	File as an attachm						-
		/2014	and ending	g 12/	31/20	14	
	ound off amounts to nearest dollar.						
	aution: A penalty of \$1,000 will be assessed for late filing of this report	t unless reasonable ca					, , , , , , , , , , , , , , , , , , ,
	ame of plan		B Three-digi				
Nort	thern Westchester Internal Medicine PC Defined	Benefit Plan	plan numb	er (PN)	>		001
СР	an sponsor's name as shown on line 2a of Form 5500 or 5500-SF		D Employer Id	entification	on Num	ber (EIN	J)
Nort	hern Westchester Internal Medicine PC		13	3-4152	356		
	200 Pings C					***	
ET	pe of plan: X Single Multiple-A Multiple-B	Prior year plan size:	x 100 or fewer	101-50	0 🗌	More th	an 500
Pa	rt I Basic Information						
1	Enter the valuation date: Month 01 Day 01	Year <u>2014</u>					
2	Assets:						
	a Market value			2a			296,536
	b Actuarial value			2b			296,536
3	Funding target/participant count breakdown:	(1) Number of	(2) Vested	-	1	(3	3) Total Funding
		participants	Targ	get			Target
	a For retired participants and beneficiaries receiving payment	C)		0		0
	b For terminated vested participants	C			0		0
	C For active participants	1	247,054			247,054	
	d Total	1	247,054				247,054
4	If the plan is in at-risk status, check the box and complete lines (a) and	d (b)					
	a Funding target disregarding prescribed at-risk assumptions			4a			
	b Funding target reflecting at-risk assumptions, but disregarding transfat-risk status for fewer than five consecutive years and disregarding		t have been in	4b			
5	Effective interest rate			5			6.17 %
6	Target normal cost			6			49,452
	ement by Enrolled Actuary						
To t	ne best of my knowledge, the information supplied in this schedule and accompanying schedul ordance with applicable law and regulations. In my opinion, each other assumption is reasonab	les, statements and attachme le (taking into account the ex	nts, if any, is complete a perience of the plan and	and accurat d reasonabl	e. Each pr e expecta	esribed as tions) and	ssumption was applied in such other assumptions, in
com	bination, offer my best estimate of anticipated experience under the plan.						
					/	/	
Н	ERE · \mathcal{U}					/2015	
	Signature of actuary					ate	
	THEODORE ANDERSEN, M.A.A.A., MSPA		-		14-02		
	Type or print name of actuary					rollmen 6-030	t number
	PENSION ASSOCIATES		<u> </u>				
	Firm name		re	iepnone	number	(includi	ing area code)
	2001 WEST MAIN STREET, SUITE 230						
	US STAMFORD CT 06902		_				
	Address of the firm						
	actuary has not fully reflected any regulation or ruling promulgated und	ler the statute in comp	oleting this schedu	ile, check	k the bo	x and se	ee 🗌
instri	ctions						

Schedule SB (Form 5500) 2014	Page 2
	·

	4 11	5	0 15 (!!	- ·							
Ра	rt II	Beginning of Year	Carryover and Prefundin	g Balances	(a) (Carryover balance	T	(b) F	Prefund	ing balance	
7	Raland	se at heginning of prior yea	r after applicable adjustments (line	a 13 from prior	(α) (Sarry Over Balarioc		(6)	TOTATIO	ing balance	
	year) •			·····			0				0
8	_										
							0				0
9	Amour	nt remaining (line 7 minus l	ine 8)	•••••			0				0
_10	Interes	st on line 9 using prior year	's actual return of0.00%	•••••			0				0
11	Prior y	ear's excess contributions	to be added to prefunding balance	e:							
	a Pre	sent value of excess contr	ibutions (line 38a from prior year)	•••••			_				0
			ny, of line 38a over line 38b from p								
	,	Schedule SB, using prior y	ear's effective interest rate of	4.98 %							0
	b(2)	Interest on line 38b from pr	rior year Schedule SB, using prior	year's actual			-				
	1	return		• • • • • • • • • • • • • • • • • • • •							0
	C Total	al available at beginning of	f current plan year to add to prefur	nding balance .							0
			refunding balance	-							0
12			e to elections or deemed elections				0				0
			rear (line 9 + line 10 + line 11d - lir				0				0
Pa	art III	Funding Percent	tages								_
			ntage						14	120.02	
			nt percentage						15	120.02	
			or purposes of determining whether						16		
			nt							141.49	%
_17	If the c	current value of the assets	of the plan is less than 70 percent	of the funding ta	rget, enter s	such percentage	••••	•••••	17		%
Pa	art IV	Contributions ar	nd Liquidity Shortfalls								
18	Contrib	outions made to the plan fo	or the plan year by employer(s) an	d employees:							
(1)	(a) Dat M-DD-Y) Date D-YYYY)	(b) Amoun employ		'		ount paid by bloyees	
(101	W DD 1	111) employen	(d) employees	(IVIIVI B	<i>D</i> 1111)	стірісу	01(0)		Oniț	noyees	
-											
				Totals	▶ 18(b)			₀ 18(c)			0
10	Discou	untad amplayar contribution	ns see instructions for small plar			ha haginaing of th	0 1/00r:	0 1.5(5)			
19			•			, ,	19a				0
							19b				0
20	Contribution discount toward minimum required contribution for carried source to variation date.										
20	20 Quarterly contributions and liquidity shortfalls: a Did the plan have a "funding shortfall" for the prior year?										
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?										
	C If lin	ie 20a is "Yes," see instruc				. voor					
		(1) 1st	Liquidity shortfall as (2) 2nd	or end or quarter	of this plar	n year 3rd	1		(4) 4	th	
		\.,	(=) 2110		νο)	-:-		·	· · / · ·	-	
			1								

Pa	art V	Assumption	ons Used To Determine	Funding Target and Targ	jet Normal Cost			
21	Disco	unt rate:						
	a Se	gment rates:	1st segment: 4.99 %	2nd segment: 6.32 %	3rd segment: 6.99 %		N/A, full yield curve used	
	b Ap	plicable month	(enter code)			21b	1	
22	Weigh	nted average re	tirement age			22	65	
23	Morta	lity table(s) (see	e instructions) X Pr	escribed - combined Pres	scribed - separate	Substitu	te	
Pa	rt VI	Miscellane	eous items					
24	Has a	change been r	made in the non-prescribed act	tuarial assumptions for the current	plan year? If "Yes," see	instructions	s regarding required	
				an year? If "Yes," see instructions				
				Participants? If "Yes," see instruct		attachmen	t Yes X No	
			•	ter applicable code and see instruc		27		
Pa	rt VII	Reconcili	ation of Unpaid Minimu	um Required Contribution	s For Prior Years			
28	Unpai	d minimum req	uired contributions for all prior	years		28	0	
29				d unpaid minimum required contrib		29	0	
30				ntributions (line 28 minus line 29)		30	0	
Pa	rt VIII	Minimum	Required Contribution	For Current Year				
31	Targe	t normal cost a	nd excess assets (see instruct	ions):				
	a Targ	get normal cost	(line 6)			31a	49,452	
	b Exc	ess assets, if a	pplicable, but not greater than	line 31a		31b	49,452	
32	Amort	tization installm	ents:		Outstanding Bala	ance	Installment	
	a Net	shortfall amorti	ization installment			0	0	
	b Wai	ver amortizatio	n installment			0	0	
33				ter the date of the ruling letter gran		33	0	
34	Total f	funding requirer	ment before reflecting carryove	r/prefunding balances (lines 31a - 3	1b + 32a + 32b - 33)	34	0	
				Carryover balance	Prefunding Bala	ance	Total balance	
35	Balan	ces elected for	use to offset funding					
	requir	ement	• • • • • • • • • • • • • • • • • • • •	0		0	0	
36	Addition	onal cash requi	rement (line 34 minus line 35)	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • •	36	0	
37				ontribution for current year adjuste		37	0	
38	(line 19c)							
						38a	0	
	a Total (excess, if any, of line 37 over line 36)							
39	39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) 39					0		
40 Unpaid minimum required contributions for all years								
Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)								
41 If an election was made to use PRA 2010 funding relief for this plan:								
a Schedule elected								
	b Eligible plan year(s) for which the election in line 41a was made							
42	42 Amount of acceleration adjustment							
			-	d over to future plan years		43		
							•	