## Form 5500-SF

Department of the Treasury

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

**Benefit Plan** Internal Revenue Service 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).

**Short Form Annual Return/Report of Small Employee** 

▶ 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		Identification Information scal plan year beginning 01/01.		and ending 12/	/31/2014								
FOI Calefic	iai pian year 2014 or ne			<u> </u>									
A This re	eturn/report is for:	a single-employer plan		plan (not multiemployer) loyer information in accord									
		a one-participant plan	a foreign plan										
<b>B</b> This ret	turn/report is	the first return/report	the final return/report	ŧ									
		an amended return/report	a short plan year retu	urn/report (less than 12 m	2 months)								
C Check	box if filing under:	Form 5558	automatic extension	I	DFVC pro	gram							
	3	special extension (enter des	scription)										
Part II	Basic Plan Info	rmation—enter all requested	information										
1a Name	of plan				1b Three-digit								
I & R MEDI	CAL PC PROFIT SHAF	RING PLAN			plan number								
					(PN) •	001							
					1c Effective dat	/01/2010							
2a Plan s		dress; include room or suite num	iber (employer, if for a single	e-employer plan)		entification Number -0363129							
0744 404 <b>T</b> U	LOTDEET				2c Sponsor's te	lephone number -762-4500							
6711 164TH FLUSHING,					2d Business coo	de (see instructions)							
		🗔			_	1111							
<b>3a</b> Plan a	3a Plan administrator's name and address \(\times\)Same as Plan Sponsor.				<b>3b</b> Administrator	r's EIN							
					3c Administrator's telephone number								
						·							
4 If the	name and/or FIN of the	e plan sponsor has changed sinc	e the last return/report filed	for this plan, enter the	4b EIN								
		mber from the last return/report.	o the last retain, report mea	ior and plan, officer are	TO LIN								
				a Sponsor's name									
<b>5a</b> Total	number of participants	at the beginning of the plan year	5a Total number of participants at the beginning of the plan year										
<b>b</b> Total	number of participants	<b>b</b> Total number of participants at the end of the plan year				10							
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)					4c PN 5a 5b								
comp		account balances as of the end of	of the plan year (defined ber	nefit plans do not	5a								
	lete this item)	account balances as of the end of	of the plan year (defined ber	nefit plans do not	5a 5b 5c	10							
<b>d(1)</b> To	lete this item)tal number of active par	account balances as of the end o	of the plan year (defined ber	nefit plans do not	5a 5b 5c 5d(1)	10 8 7							
<b>d(1)</b> Tot <b>d(2)</b> To <b>e</b> Number	lete this item)tal number of active parental number of active parental number of active parent of participants that te	account balances as of the end of the end of the end of the plan yerminated employment during the	of the plan year (defined ber plan year year	nefit plans do not	5a 5b 5c	10 8 7 7							
d(1) To d(2) To e Number less th	lete this item)tal number of active parental number of active parent of participants that te han 100% vested	account balances as of the end of the end of the end of the plan yerminated employment during the	plan year (defined ber plan year /eare plan year with accrued ber	nefit plans do not	5a 5b 5c 5d(1) 5d(2) 5e	10 8 7 7							
d(1) Tot d(2) To e Number less the	lete this item)tal number of active particular number of active parter of participants that te han 100% vested	account balances as of the end of the end of the end of the plan yerminated employment during the control of the plan yerminated employmen	plan year (defined ber plan year e plan year with accrued ber	nefit plans do not  nefits that were  d unless reasonable cau	5a 5b 5c 5d(1) 5d(2) 5e use is established.	10 8 7 7 0							
d(1) Total d(2) To e Number less the Caution: A Under pen SB or Sch	lete this item)tal number of active paretal number of active paret of participants that te han 100% vested	account balances as of the end of the end of the plan y erminated employment during the correct incomplete filing of this returned by an enrolled actuary	plan year (defined ber plan year e plan year with accrued ber purn/report will be assesser	nefit plans do not  nefits that were  d unless reasonable cau	5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if app	10 8 7 7 0  Dilicable, a Schedule							
d(1) Tot d(2) To e Number less the Caution: A Under pen SB or Sch belief, it is	lete this item)tal number of active particular number of active parter of participants that te han 100% vested	account balances as of the end of the end of the plan y erminated employment during the correct incomplete filing of this returned by an enrolled actuary	plan year (defined ber plan year e plan year with accrued ber purn/report will be assesser	nefit plans do not  nefits that were  d unless reasonable cau	5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if app	10 8 7 7 0  Dilicable, a Schedule							
d(1) Total d(2) To e Number less the Caution: A Under pen SB or Sch	tal number of active paretral number of participants that tender number of perjury and other number of perjury and other number of perjury and other number of perjury and comparetral number of active paretral number of act	account balances as of the end of the end of the plan y erminated employment during the complete filing of this returned signed by an enrolled actuary polete.	plan year (defined ber plan year	nefit plans do not  nefits that were  d unless reasonable cau re examined this return/report  I. BANGY	5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if appt, and to the best of	10 8 7 7 0 oblicable, a Schedule my knowledge and							
d(1) Tot d(2) To e Numbe less th  Caution: A Under pen SB or Sch belief, it is  SIGN HERE	lete this item)tal number of active particular number of active parter of participants that te han 100% vested	account balances as of the end of the end of the plan y erminated employment during the complete filing of this returned signed by an enrolled actuary polete.	plan year (defined ber plan year with accrued ber plan year will be assessed ructions, I declare that I have as well as the electronic ver	nefit plans do not  nefits that were  d unless reasonable cau re examined this return/report	5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if appt, and to the best of	10 8 7 7 0 oblicable, a Schedule my knowledge and							
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d(1) Total d(2) Total e Number less the Caution: A Under pen SB or Sch belief, it is SIGN HERE SIGN HERE	lete this item)tal number of active paretal number of active paret of participants that techan 100% vested  A penalty for the late of nalties of perjury and other dedule MB completed are true, correct, and completed with authorized.  Signature of plan and Signature of emplo	account balances as of the end of the end of the plan yerminated employment during the her penalties set forth in the instruction of the plan yend signed by an enrolled actuary plete.  valid electronic signature.  dministrator  eyer/plan sponsor	plan year (defined ber plan year	nefit plans do not  nefits that were  d unless reasonable cause examined this return/report  I. BANGY  Enter name of individ  Enter name of individ	5a 5b 5c 5d(1) 5d(2) 5e see is established. port, including, if appt, and to the best of ual signing as plan and a signing as employed.	10 8 7 7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0							
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d(1) Tot d(2) To e Number less th  Caution: A Under pen SB or Sch belief, it is  SIGN HERE  SIGN HERE	lete this item)tal number of active paretal number of active paret of participants that techan 100% vested  A penalty for the late of nalties of perjury and other dedule MB completed are true, correct, and completed with authorized.  Signature of plan and Signature of emplo	account balances as of the end of the end of the plan yerminated employment during the her penalties set forth in the instruction of the plan yend signed by an enrolled actuary plete.  valid electronic signature.  dministrator  eyer/plan sponsor	plan year (defined ber plan year	nefit plans do not  nefits that were  d unless reasonable cause examined this return/report  I. BANGY  Enter name of individ  Enter name of individ	5a 5b 5c 5d(1) 5d(2) 5e see is established. port, including, if appt, and to the best of ual signing as plan and a signing as employed.	10 8 7 7 0 blicable, a Schedule my knowledge and administrator							

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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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility as the first subject of the plan cannot be under the plan be under the	an indeper and condit	ndent qualified public accounta ions.)	int (IQ	PA)				ш П	es [	No No
C	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40	21)?		Yes	No	_ N	lot de	ermi	ned
Par	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) Er	nd of	Year		
a	Total plan assets	7a	1479	993					14	7948	
b	Total plan liabilities	7b		0							
C	Net plan assets (subtract line 7b from line 7a)	7c	1479	993	_				14	7948	
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b	) Tot	al		
	Contributions received or receivable from: (1) Employers	8a(1)		0							
	2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b		-45							
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								-45	
	Benefits paid (including direct rollovers and insurance premiums oprovide benefits)	8d									
	Certain deemed and/or corrective distributions (see instructions)	8e									
	Administrative service providers (salaries, fees, commissions)	8f									
	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								0	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i								-45	
j	Transfers to (from) the plan (see instructions)	8j									
b	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 3D  If the plan provides welfare benefits, enter the applicable welfare fe  V Compliance Questions										
10	During the plan year:				Yes	No		Α	moun	t	
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	nclude transactions reported	10b		X					
С	Was the plan covered by a fidelity bond?			10c	Χ					2	20000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Χ					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	ner person of the ben	s by an insurance carrier, 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 year e	nd.)	10g		X					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		Χ					
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			10i							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Y	es 🔀	No No
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	ule 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?		Υ	es 🔀	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,		•				L				
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and 6	enter th Day			letter ear _	rulin	g 

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lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 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 negative amount)	-	1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g 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?		D	′es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer the	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		inder the control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify th	e plan(s) to		
1	3c(1) Name of plan(s):		<b>13c(2)</b> EI	N(s)	<b>13c(3)</b> PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

## Form 5500-SF

Department of the Transury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Persolan Benefit Gussenty 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(s) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5600-SF.

CMB Nos. 1210-0110 1210-0069

2014

This Form is Open to Public Inspection

Part!	Annual Repon	identification information											
For calenda	ar plan year 2014 or I	iscal plan year beginning	01/01/2014	and ending	12/31/20	1.4							
A This ret	um/report is for:	a single-employer plan	a multiple employer pix of participating employ	n (not multiemployer) ( or information in accord	Filers checking this	oox must attach a list							
B This retu	m/report la	u one-participant plan the first return/report	a foreign plan the final return/report			·							
		an amended return/report	e short plan year return	report (less than 12 m	2 months)								
C Check b	cx If filing under:	Form 5558 Special extension (enter descri	automatic extension		☐ DFVC prog	ram							
March 10			•										
Part II		rmation enter all requested inf	ormation										
1a Name	•		1b Three-digit plan number										
1 6 17 1	sedical PC PI	ofit Sharing Plan			(PN) Þ	001							
<u>-</u>					1c Effective date 01/01/201	•							
	oonsor's name and ad Medical PC	dress; include room or suite numbe	r (employer, if for a single-e	mployer plan)	2b Employer Iden (EIN) 20-03	tification Number							
					2c Sponsor's tale								
					(718) 762	-							
6711 16	64th Street				2d Business code								
Flushir				11365	621111	_							
3a Plan ac	iministrator's name a	nd address XSame as Plan Spons	or.		3b Administrator's	EIN							
name,	EIN, and the plan nu	e plan sponsor has changed since to mber from the last return/report.	he last return/report filed for	this plan, enter the	4b EIN								
	sor's name				4c PN								
		at the beginning of the plan year			5a	10							
<b>b</b> Total n	rumber of participants	at the end of the plan year			5b	10_							
comple	ite this item)	account balances as of the end of i	*************************	it plans do not	5c	8							
d(1) Tota	i number of active pe	irticipants at the beginning of the pla	<b>in year</b>	24-1-060-4-0-2-1-0-2-1-1-1	5d(1)	-							
d(2) Tota	al number of active pa	urticipants at the end of the plan yes	T		6d(2)	7							
e Number leas the	r of participants that tan 100% vested	arminated employment during the p	ian year with accrued benef	ita that were	5e								
		or incomplete filing of this return			ee la established	0							
Under pens SB or Sche	alties of perjury and of	ther penalties set forth in the instruc- nd algned by an enrolled actuary, a	tions, I declare that I have s	xamined this return/rer	ort hekiding Ifann	icable, a Schedule ny knowledge and							
SIGN	I SI	an , ranc	7//3//5	I. BANGY									
HERE	Signature of plan		Date	Enter name of individ	usi sinninn se nien e	riministrator							
SIGN				Harrie of High	ਕਰ। ਕਰੈ।।ਜ਼ਮੀ <b>ਰ</b> ੁਨਾਲ।। ਰ	WILLIU NOR OT AL							
HERE	Cianatum of ample		Parts	E-1									
Preparer's	Signature of emplo name (including firm)	name, if applicable) and address (In	Clude mom or suite number	Enter name of individ	uai signing as emplo	yer or plan sponsor le number (optional)							
. repare o	Antonia Milli		arama Lamiii Ai offico Iffiifficol	) (obtained	ा प्रकृता चा ३ (टाळ) <b>ग</b> ारी	e minos (donousi)							

	Form 5500-SF 2014		Page 2						
	Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-467 (See instructions on waiver eligibility if you answered "No" to either line 6a or line 6b, the plan cannot the plan is a defined benefit about it is	- EEAn	Yea [] No						
De	If the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in	uenisuce i	program (see ERISA section 4	021)?		Yes	No [	Not dete	mined
7	Plan Assets and Liabilities		T		_				
a	Total plan assets		(a) Beginning of Yes		+-		(b) End	of Year	_
	Total plan liabilities	7a 7b	14	7,99				1	<u>47,948</u>
	Net plan assets (subtract line 7p from line 7a)		14	7 00	0				
	Income, Expenses, and Transfers for this Plan Year		(a) Amount	7,99	3		/b) 7		47,948
	Contributions received or receivable from: (1) Employers	8a(1)	(a) ranount		n		(b) T	Otal	
	(2) Participants	8a(2)			1				
	(3) Others (including rollovers)	8a(3)					<u>-</u>		
	Other income (loss)	86		-4	5				
đ	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c 8d							-45
	Certain deemed and/or corrective distributions (see instructions)	8e							
	Administrative service providers (salaries, fees, commissions)	85			+				
	Other expenses	6g			+-				
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			+				
									-45
j	Transfers to (from) the plan (see instructions)	81							- 30
9a	t IV Plan Characteristics  If the plan provides pension benefits, enter the applicable pension  2A 2E 2F 3D  If the plan provides welfare benefits, enter the applicable welfare fe								
Part	V Compliance Questions				_				
10	During the plan year:				Yes	No		Amount	
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510,3-102? (See Instructions and DOL's Voluntary Fidure)	ciary Corr	ection Program)	10a		Х			
<u> </u>	Were there any nonexempt transactions with any party-in-interest on line 10s.)	***********	***************************************	10ь		х			
G	——————————————————————————————————————			10c	x				20,000
d —	or dishonesty?	40000	***************************************	10d		Х			
	Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10a		x			
f	Has the plan falled to provide any benefit when due under the plan	n?	*************************	10f		Х		<del>-i</del>	
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g		х			
	If this is an individual account plan, was there a blackout period? (2520.101-3.)	* **************		10h		x			_
i	If 10h was enswered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	ne required	i notice or one of the	101					
Part			<u> </u>						
11	le this a defined benefit plan subject to minimum funding requirem 5500 and line 11a below)	***************************************	11.1 016.1 0 C	**********	******	*********	(Form	Yes	X No
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a			
12	ls this a defined contribution plan subject to the minimum funding	requireme	ints of section 412 of the Code	99 10 8	ction	302 of	ERISA?	Yes	X No

(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)

		Form 5500-8F 2014 Pa	ıge <b>3</b> -											
H	you	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 55)	00), and s	kip	to line	13.								
Ь	Ent	ter the minimum required contribution for this plan year		*****		***************************************	Т	12	न					
C		ter the amount contributed by the employer to the plan for this plan year						120						
d —	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)							120						_
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?									Ye	0	No		N/A
Part														
!3a	Has	a a resolution to terminate the plan been adopted in any plan year?		*****		~			Y	8	X No	,		
if "Yes," enter the amount of any pien assets that reverted to the employer this year								13a	T					
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?						18 C	ontro	1			∏ Ye	s [	No
c	lf d	during this plan year, any assets or liabilities were transferred from this plan to a nich assets or liabilities were transferred. (See instructions.)	lq radions	an(s	s), identi	fy the plan(	<b>s</b> ) t	0						
	13c(1	1) Name of plan(s):					13	c(2)	EIN	l(s)		13c	3) P	N(s)
													•	
						1								
Part	VII	Trust information (optional)	· · · · · ·					<del></del>						
_		ne of trust					Ŧ	14b	Tra	ıst's	EIN			
							ĺ							
							1							

(0.)