Form 5500-SF	Short Form Annual Return/Report of Small Emp Benefit Plan				•	OMB Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service	This form is required to be filed	under sections 104 and				2014		
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974 (E	ERISA), and sections 605 Revenue Code (the Code		Interna	This F	orm is Open to lic Inspection		
Pension Benefit Guaranty Corporation	Complete all entries in ac	cordance with the inst	ructions to the Form 5	500-SF.				
Part I Annual Report Id For calendar plan year 2014 or fisca	lentification Information al plan year beginning 01/01/201	4	and ending 12	/31/201	4			
A This return/report is for:		x must attach a list tructions)						
	the first return/report an amended return/report	the final return/report	rn/report (less than 12 m	onths)				
C Check box if filing under:	Form 5558 special extension (enter descrip	automatic extension		[DFVC progra	ım		
Part II Basic Plan Inform	mation—enter all requested infor	rmation						
1a Name of plan MAYER & COPE FAMILY PRACTIC					Three-digit plan number (PN) ▶	001		
				-	Effective date o			
2a Plan sponsor's name and addre MAYER & COPE FAMILY PRACTICE		(employer, if for a single	e-employer plan)		Employer Identi	fication Number 87288		
3768 STATE HIGHWAY 30, BOX 923	3			2c Sponsor's telephone number 518-883-8699				
BROADALBIN, NY 12025	·			2d	2d Business code (see instructions) 621111			
3a Plan administrator's name and	address XSame as Plan Sponso	r.		3b /	Administrator's	EIN		
 If the name and/or EIN of the p name, EIN, and the plan numb a Sponsor's name 	plan sponsor has changed since th per from the last return/report.	e last return/report filed f	for this plan, enter the	4b 4c	EIN	telephone number		
5a Total number of participants at	the beginning of the plan year			40 5a		21		
	t the end of the plan year			5b		20		
C Number of participants with ac	count balances as of the end of the	e plan year (defined ben	efit plans do not	50		20		
d(1) Total number of active partic	cipants at the beginning of the plar	ו year		5d(1	I)	18		
d(2) Total number of active partic	cipants at the end of the plan year.			5d(2)	15		
	ninated employment during the pla			5e)	0		
Caution: A penalty for the late or Under penalties of perjury and othe SB or Schedule MB completed and belief, it is true, correct, and completed	incomplete filing of this return/r r penalties set forth in the instruction signed by an enrolled actuary, as	report will be assessed ons, I declare that I have	examined this return/re	oort, ind	cluding, if applic			
SIGN Filed with authorized/va	lid electronic signature.	07/24/2015	KEVIN P. COPE					
HERE Signature of plan adm	ninistrator	Date	Enter name of individ	ual sigr	ning as plan adr	ninistrator		
SIGN HERE					·	·		
Preparer's name (including firm name		Date lude room or suite numbe	Enter name of individ er) (optional)			r or plan sponsor number (optional)		

-	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.								
	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	program (see ERISA section 40)21)?		Yes	No Not determined		
	t III Financial Information								
	Plan Assets and Liabilities		(a) Beginning of Yea		_		(b) End of Year		
	Total plan assets	7a	16299	948	_		1757986		
	Total plan liabilities	7b	16299	10	_		1757986		
	Net plan assets (subtract line 7b from line 7a)	7c		940	_				
-	Income, Expenses, and Transfers for this Plan Year		(a) Amount		_		(b) Total		
а	Contributions received or receivable from: (1) Employers	8a(1)	284	63					
	(2) Participants	8a(2)	349	81					
	(3) Others (including rollovers)	8a(3)							
-	Other income (loss)	8b	655	567					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					129011		
	Benefits paid (including direct rollovers and insurance premiums								
	to provide benefits)	8d	ç	973					
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f			_				
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				973			
i	Net income (loss) (subtract line 8h from line 8c)	8i			128038				
j	Transfers to (from) the plan (see instructions)	8j							
Par	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension $2E$ 2G 2J 3B 3D	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Coc	les in t	he instructions:		
_									
Par							1		
10	During the plan year:				Yes	No	Amount		
a 	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Cor	rection Program)	10a		x			
D	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		125000		
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 ben	efits under the plan? (See	10e		x			
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of vear e	end.)	10g		Х			
 h				iug		~			
<u> </u>	2520.101-3.)					Х			
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3								
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								
_11a	Enter the unpaid minimum required contribution for current year fr	om Schec	lule SB (Form 5500) line 39			11a			
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection	302 of	ERISA? Yes X No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								

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lf	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b	Enter the minimum required contribution for this plan year	12b			
С	Enter the amount contributed by the employer to the plan for this plan year	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?	X	Yes No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to			
1	3c(1) Name of plan(s): 1	3 c(2) El	IN(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust	14b ⊺	rust's EIN		

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Depart	m 5500-SF	Short Form Ann	oyee	OMB Nos. 1210-0110 1210-0089				
	nal Revenue Service	This form is required to be fil	ed under sections 104 and 4	065 of the Employee Re	tirement	2014		
Employee Be	methe Boounty Administration	anconie Security Act of 197	4 (ERISA), and sections 6057 Revenue Code (the Code)	(b) and 6058(a) of the	internal	orm is Open to ic inspection		
	naft Guaranty Corporation	Complete all entries in	Complete all entries in accordance with the instructions to the Form 5500					
Part I For calenda	r plan year 2014 or fis	dentification Information cal plan year beginning		:				
		a single-employer plan	01/01/2014	and ending		/31/201		
A This relu B This retu	um/report is for:	X a single-employer pain a one-participant plan the first return/report	a multiple-employer pla of participating employ a foreign plan the foreign plan	in (not muitlemployer) (er informistion in accord	Fliers check lance with th	ting this bo ne form in s i	x must attach a list Iructions)	
	ana por re		the final return/report a short plan year return	/report (less than 12 m	onths)			
C Check b	ox if filing under:	Form 5558	automatic extension			VC progra	'n	
Part'll	Basic Dian Infor	motion automation and the						
1a Name o		mation-enter all requested in	tomation	• • •	1b Three	diait		
	•					number		
Mayer &	& Cope Family	Practice, LLP Profi	c Sharing		(PN)	>	001	
Plan ar	nd 401(k)				1c Effect 01/0	tive date of 01/1996	•	
		ress; include room or suite num	ber (employer, if for a single-	employer plan)	2b Empl	oyer identif	Ication Number	
Mayer a	& Cope Family	Practice, LLP				14-178		
					-	8018 (619) 3) 883-	hone number	
3768 St	tate Highway 3	0, Box 923					see instructions)	
Broadal	lbin		NY	12025	6211			
3a Plan ad	dministrator's name an	d address XSame as Plan Spor	1601.	1	3b Adml	nistrator's l	ĘIN	
					90		elephone number	
							·	
4 if the n	ame and/or EIN of the	plan sponsor has changed since	a the last return/report filed fo	this plan, enter the	4b EIN			
name,	, EIN, and the plan num	ber from the last return/report.			4C PN			
	sor's name							
	• •	at the beginning of the plan year			5a 5b		21	
		at the end of the plan year					20_	
C Numb comple	er of participants with a ate this item)	coount balances as of the end o	i the plan year (defined benef	it biana oo sor	5c		20	
d(1) Tota	al number of active par	licipants at the beginning of the j	2 'an year	****	5d(1)		18	
d(2) Tota	al number of active par	licipants at the end of the plan y		* * * * * * * * * * * * * * * * * * * *	5d(2)		15	
e Numbe	er of participante that te	rminated employment during the	plan year with accrued benef	its that were	5e		0	
					L	lichad		
Lindor non	allies of periusy and oth	or incomplete filing of this retu ar penalties set forth in the instru	uctions. I declare that I have d	xamined this return/ret	port, includir	ia, if apolic	able, a Schedule	
SB or Sche	dula MB completed an	d signed by an envolled actuary,	as well as the electronic vers	ion of this return/report	and to the	best of my	knowledge and	
· ·	true, correct, and comp	Here.		KEVIN P. COPE, MD				
SIGN. HERE		Anto	Date 7 [23]15	Enter name of individ		o plan adr	sinleirator	
	Signature of plan ag			KEVIN P. COPE, MD				
Sign Here					unt otening a			
HERE Signature of employed plan sponsor Date 777 (Senter name of individe Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)					Preparer's	telephone	number (optional)	
a reference a results faranaming unus references a new analysis function in anno regular. A function of								
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For Paperw	ork Reduction Act Notic	a and OMB Control Numbers, see t	he instructions for Form 6600-	58.			Form 6600-SF (2014) v. 140124	
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	Form 5500-SF 2014		Page 2	÷
c	Were all of the plan's assets during the plan year Invested in eligibil Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either line 6a or line 6b, the plan cannel of the plan is a defined benefit plan, is it covered under the PBGC in int III Financial Information	an Independ and conditio ot use Form	ent qualified public;eccountant (IQPA) ms.) n 5500-SF and must instead use Form (
7	Plan Assets and Liabilities	· · · ·	(a) Beginning of Year	AN Cad at Mass
a	Total plan assets		1,629,948	(b) End of Year 1,757,986
b		7b		
C	Net plan assets (subtract line 7b from line 7a)	7c	1,629,948	1,757,986
8	Income, Expenses, and Transfers for this Plan Year	•	(a) Amount	(b) Total
a	Contributions received or receivable from:			

	Income, Expenses, and Transfers for this Plan Year	ŀ	(a) Amount			(b) Total				
8	Contributions received or receivable from:									
	(1) Employers	<u> </u>		,46						
	(2) Participante	. 84(2)	34	<u>, 98</u>	1					
	(3) Others (including rollovars)	. 8a(3)				<u> </u>				
b	Other income (loss)	<u>8b</u>	65	<u>,56</u>	7	<u>an in sea</u>				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_		129,011			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		97	3	• <u> </u>				
e	Certain deemed and/or corrective distributions (see instructions)	. 8e			ŀ	······································				
ſ	Administrative service providers (salaries, fees, commissions)	. 8f				•				
g	Other expenses	. 8g				•				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h	•. •				973			
i	Net income (loss) (subtract line 8h from line 8c)	. 81		•			128,038			
3	Transfers to (from) the plan (see instructions)	· 81			ł	· · ·	.4			
Pa	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 3B 3D		•							
	If the plan provides welfare benefits, enter the applicable welfare t			(enst	ic Coa	es in the instru				
Par	V Compliance Questions									
10	During the plan year:				Yes	No	Amount			
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid	uciary Con	action Program)	10a		x				
b	Were there any nonexempt transactions with any parly-in-interes on line 10a.)			10b		x	4			
C	Was the plan covered by a fidelity bond?			100	х		125,000			
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	i fidelity bo	nd, that was caused by fraud	10d		x				
6	Were any fees or commissions paid to any brokers, agents, or of 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	an?		10f		x				
_	Did the plan have any participant loans? (if "Yes," enter amount a			10g		x				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		X	· · · · · · · · · · · · · · · · · · ·			
ī	If 10h was answared "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10	he require)1-3	d notice or one of the	10i						
Part	VI Pension Funding Compliance									

11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500 and line 11a below).	Yes 🛛 No
11a	a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?	Yes X No

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

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& If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling Day Year

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	Form 5500-SF 2014	Page 3 - [:		
If	you completed line 12a, complete lines 3, 9, and 10 of Schedute MB (For		skip to	line 13.		_				
b	Enter the minimum required contribution for this plan year			*****		121	1			
		_								
<u> </u>	Enter the amount contributed by the employer to the plan for this plan year	۲		******		12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the resunegative amount)	ult (enter a minu	is sian f	o the left of a		12d				
<u>e</u>	Will the minimum funding amount reported on line 12d be met by the fundi	ing deadline?					T Yes	П	No	
Part	VII Plan Terminations and Transfers of Assets									
13a	Has a resolution to terminate the plan been adopted in any plan year?					X	Yes	No		<u> </u>
	If "Yes," enter the amount of any plan assets that reverted to the employer	this year	•••••			138				
b	Were all the plan assets distributed to participants or beneficiaries, transfer of the PBGC?	rred to another	nlan, or	brought under	the o	ontrol] Yes	<u>v</u>
с 	If during this plan year, any assets or liabilities were transferred from this p which assets or liabilities were transferred, (See instructions.)	plan to another p	olan(s),	identify the plai	n(8) t	0				
	13c(1) Name of plan(s):				13	c(2) l	EIN(s)		13c(3) PN(8)
Part	VIII Trust Information (optional)									,
	Name of trust				1	1 4 b ⁻	rust's Ei	N		

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