Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

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

This Form is Open to **Public Inspection**

OMB Nos. 1210-0110

1210-0089

	odioridai pidir yodi 2011 C	or fiscal plan year beginning 01/01/	2014	and ending 12	2/31/2014					
Α -	This return/report is for:	r) (Filers checking this box must attach a list ordance with the form instructions)								
	·	a one-participant plan	a foreign plan	•		,				
Вт	his return/report is	the first return/report	the final return/repor	t						
		an amended return/report	a short plan year ret	urn/report (less than 12 n	eport (less than 12 months)					
C	Check box if filing under:	X Form 5558	automatic extension	1	☐ DFVC ;	program				
		special extension (enter des	cription)							
Pa	rt II Basic Plan II	nformation—enter all requested i	information							
1a Name of plan OBOSA MEDICAL SERVICES, PC PROFIT SHARING PLAN					1b Three-diging plan number (PN) ▶					
					1c Effective of	date of plan 01/01/2002				
2a OBOS	Plan sponsor's name and SA MEDICAL SERVICES,	l address; include room or suite num PC	ber (employer, if for a sing	le-employer plan)	2b Employer Identification Number (EIN) 13-4175816					
	DLDEN ROAD				2c Sponsor's telephone number 845-369-0105					
MONT	TEBELLO, NY 10901				2d Business code (see instructions) 621111					
3a Plan administrator's name and address Same as Plan Sponsor.					3b Administra	ator's EIN				
						ator's telephone number				
4		f the plan sponsor has changed since	e the last return/report filed	I for this plan, enter the	4b EIN					
		f the plan sponsor has changed sinconumber from the last return/report.	e the last return/report filed	I for this plan, enter the	4b EIN 4c PN					
a	name, EIN, and the plan Sponsor's name			· 	4c PN	5				
a	name, EIN, and the plan Sponsor's name Total number of participa	number from the last return/report.	·		4c PN 5a	E.				
5a b	name, EIN, and the plan Sponsor's name Total number of participa Total number of participa Number of participants w	number from the last return/report. Into at the beginning of the plan year Into at the end of the plan year	of the plan year (defined be	nefit plans do not	4c PN 5a 5b 5c	5				
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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 a lift you answered "No" to either line 6a or line 6b, the plan cannot be a contraction of the contracti	an indepe and condit ot use Fo	ndent qualified public accounta tions.) rm 5500-SF and must instead	nt (IQ	PA) Form	5500.	Xes No
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	program (see ERISA section 40)21)? .		Yes	No Not determined
Par	t III Financial Information		1				
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End of Year
a	Total plan assets	7a	4901				500675
	Total plan liabilities	7b		0	_		0
С	Net plan assets (subtract line 7b from line 7a)	7c	4901	45	_		500675
8	ncome, Expenses, and Transfers for this Plan Year		(a) Amount		\perp		(b) Total
	Contributions received or receivable from: (1) Employers	8a(1)	30	28			
	2) Participants	8a(2)	76	886			
	,	8a(3)					
	3) Others (including rollovers)	8b	73	320			
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)						18034
	Benefits paid (including direct rollovers and insurance premiums	8c					10034
	o provide benefits)	8d					
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f	75	504			
g	Other expenses	8g					
h	Fotal expenses (add lines 8d, 8e, 8f, and 8g)	8h					7504
i	Net income (loss) (subtract line 8h from line 8c)	8i					10530
	Fransfers to (from) the plan (see instructions)	8j					
Par	IV Plan Characteristics	٠,					
b Part	2A 2E 2G 2J 3D If the plan provides welfare benefits, enter the applicable welfare fe V Compliance Questions	eature cod	les from the List of Plan Charac	cterist	ic Coc	les in t	he instructions:
10	During the plan year:				Yes	No	Amount
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Cor	rection Program)	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		Χ	
e	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		1919
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	end.)	10g	Χ		1963
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X	
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101			10i			
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)						
11a	Enter the unpaid minimum required contribution for current year fro					11a	
12	Is this a defined contribution plan subject to the minimum funding					302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						
а	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	ng amortiz	ed in this plan year, see instruc		and e	enter th Day	

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

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Bonefit 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

For calendar plan year 2014 or	t Identification Information	·									
For calcingar plant year 2017 or		01/01/2014	and ending	12/31/2014							
A This return/report is for;	x a single-employer plan) (Filers checking this box must attach a list							
A This remarklebott is for:	a one-participant plan		er information in acco	rdance with the form instructions)							
B This return/report is	the first return/report	a foreign plan									
D This return/report is	<u>'</u>	the final return/report	a short plan year return/report (less than 12 months)								
	an amended return/report	a short plan year return	/report (less than 12)	months)							
C Check box if filing under:	Form 5558	automatic extension	☐ DFVC program								
- these son it milig ander.	special extension (enter descr	ription)		<u> </u>							
	ormation —enter all requested int	formation									
1a Name of plan		1b Three-digit									
OBOSA MEDICAL SERVI		plan number (PN) ▶ 001									
PROFIT SHARING PLAN	1			1c Effective date of plan							
				01/01/2002							
2a Plan sponsor's name and ar	ddress; include room or suite numbe	er (employer, if for a single-e	mployer plan)	2b Employer Identification Number							
OBOSA MEDICAL SERVI	ICES, PC			(EIN) 13-4175816							
				2c Sponsor's telephone number							
11 GOLDEN ROAD				(845) 369-0105							
·				2d Business code (see instructions)							
MONTEBELLO	and address XSame as Plan Spons		10901	621111 3b Administrator's EIN							
Agruen edititionator succes	ud address Klosme se Littli ekons	ЮГ.		OD Additionators cut							
				3C Administrator's telephone number							
				· ·							
-				1							
	he plan sponsor has changed since to umber from the last return/report.	the last return/report filed for	this plan, enter the	4b EIN							
a Sponsor's name	Amber from the 1830 teterrise born			4c PN							
	s at the beginning of the plan year										
	s at the end of the plan year										
•	account balances as of the end of										
	account agignings as of the end of			. 5c 5							
d(1) Total number of active pa	articipants at the beginning of the pl	an year		54/4)							
4/2) **-t-1t t											
· •	participants at the end of the plan yea			5d(2) 3							
e Number of participants that t less than 100% vested	terminated employment during the p	Man year with accrued benen	ts that were	5e							
	or incomplete filing of this return	n/report will be accessed in	oless reasonable ca								
Under penalties of periury and o	other penalties set forth in the instruc	ctions. I declare that I have e	xamined this return/re	eport, including, if applicable, a Schedule							
SB or Schedule MB completed a	and signed by an enrolled actuary, a	as well as the electronic versi	ion of this return/repo	rt, and to the best of my knowledge and							
belief, it is true, correct, and com	- 1	0000									
SIGN	1 /50 DENCEMO	9/3915	FRANCIS AGBO								
HERE Signature of plan	administrator	Date	Enter name of indivi	dual signing as plan administrator							
SIGN											
HERE Signature of empl	loyer/plan sponsor	Date		dual signing as employer or plan sponsor							
Preparer's name (including firm	name, if applicable) and address (in			Preparer's telephone number (optional)							
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

6a			Page 2							
þ	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 2520.104-46? (See instructions on waiver eligibility	ant (IC	2PA)				Yes No			
C	If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in							□ Not c	letermined	
	till Financial Information	***************************************]	<u></u>	□		
7	Plan Assets and Liabilities	Togali Mari di Salah Mari	(a) Beginning of Ye	.S. P			(b) E	nd of Yea	37	
a	Total plan assets	7a		0,14	15	,	(27.5	ild OI 7 C	500,67	
	Total plan liabilities	7b		<u> </u>	0	•				
C	Net plan assets (subtract line 7b from line 7a)	7c	49	0,14	15				500,67	
8	Income, Expenses, and Transfers for this Plan Year	and the control of	(a) Amount	<u> </u>			(b) Total	000,0	
a	Contributions received or receivable from: (1) Employers	8a(1)		3,02	28		A CONTRACTOR OF THE CONTRACTOR	nara.		
	(2) Participants	8a(2)		7,68		e e e e Caralle		Alama di Siri		
	(3) Others (including rollovers)	8a(3)				Clare			2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	
b	Other income (loss)	. 8b		7,32	0	, ; <u> </u>	oriente Oriente	on the second se		
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							18,03	
ď	Benefits paid (including direct rollovers and Insurance premiums to provide benefits)	8d				e e te	9	1 (See, b) of a second		
e	Certain deemed and/or corrective distributions (see instructions)	8e			100	PARAMETER STATE ST				
f	Administrative service providers (salaries, fees, commissions)	8f		7,50	4	A SECTION OF THE PROPERTY OF T	99		ACT OF CALL	
ġ	Other expenses	8g			132					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	1				, ,		7,50	
i	Net income (loss) (subtract line 8h from line 8c)	81	the second production of the second second	The state of the s						
	, , , , , , , , , , , , , , , , , , , ,	8j	Supplied the supplied to the s						10,53	
	Transfers to (from) the plan (see instructions)	8]				. 4	and should be a second of the	County 2	10,53	
9a b	Transfers to (from) the plan (see instructions) Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 3D If the plan provides welfare benefits, enter the applicable welfare for	8j feature co	des from the List of Plan Chai						10,53	
9a b ar	Transfers to (from) the plan (see instructions) Transfers to (from) the plan (see instructions) Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 3D If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits.	8j feature co	des from the List of Plan Chai		ic Cod	les in t		uctions:		
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9a b ar a	Transfers to (from) the plan (see instructions) If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 3D If the plan provides welfare benefits, enter the applicable welfare fellows Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contributions and DQL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	feature codesture codestur	des from the List of Plan Chars es from the List of Plan Chars in the time period described in ection Program)	10a	ic Cod	No X		uctions:		
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b ar o a b	Transfers to (from) the plan (see instructions) IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 3D If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan provides welfare for the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	feature code tions within ciary Com? (Do not interpersons of the ben	des from the List of Plan Charses from the List of Plan Charses from the List of Plan Charses from the time period described in ection Program)	10a 10b 10c 10d	ic Cod	No X X X		uctions:		
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b Pario a b c d f g	Transfers to (from) the plan (see instructions) IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 3D If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan provides welfare for the plan any participant contributions and DOL's Voluntary Fidure there are any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as lift this is an individual account plan, was there a blackout period?	feature code tions within ciary Com (Do not in fidelity bor fidelity bor fidelity bor of the ben for persons of the ben for persons for the ben for the ben for persons for persons for the ben for persons for pe	des from the List of Plan Charses from the List of Plan Charses from the List of Plan Charses from the time period described in ection Program)	10a 10b 10c 10d 10e 10g	Yes	No X X X	the instr	Amou	1, 91	
b ar 10 a b c	Transfers to (from) the plan (see instructions) IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 3D If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan any participant contributions and DOL's Voluntary Fidure there are any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as	feature code tions within tions	des from the List of Plan Charses from the List of Plan Charses from the List of Plan Charses from the time period described in ection Program)	10a 10b 10c 10d 10e	Yes X	No X X X		Amou	1,91	

	Form 5500-SF 2014		Page 3 - 🗌							
<u>If</u>	you completed line 12a, complete lines 3, 9, and	10 of Schedule MB (F	orm 5500), and :	skip to line 13.		·				
<u>b</u>	Enter the minimum required contribution for this pl	an year		77-3137111411114117777118		12b				
<u> </u>	Enter the amount contributed by the employer to the	se nian for this nian va-	ar			12c	Т			
d	Subtract the amount in line 12c from the amount in negative amount).	line 12b. Enter the res	ult (enter a minus	sign to the left		12d				
e	Will the minimum funding amount reported on line						Ye	в [No	N/A
Part	Cond Title 10:									
13a	Has a resolution to terminate the plan been adopted	in any pian year?	***************************************			X.	Yes	No	1	
	If "Yes," enter the amount of any plan assets that r					13a				0
b	Were all the plan assets distributed to participants of the PBGC?	or beneficiaries, transf	erred to another p	lan, or brought (inder the c	ontrol			Yes	Mo No
	If during this plan year, any assets or liabilities were which assets or liabilities were transferred. (See in	e transferred from this	plan to another pl	lan(s), identify th	e plan(s) t	0				
	13c(1) Name of plan(s):				13	c(2) E	IN(s)		13c(3)	PN(s)
Par	Trust Information (optional)			, , ,,		, i				
	Name of trust					14b T	rust's E	IN.		