Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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.

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

| Part I | | t Identification Informatior | | | | | | |
|--------------------------|-------------------------------------|---|--------------------------------|---|--|----------------------------------|--|--|
| For calenda | ar plan year 2014 or | fiscal plan year beginning 01/01/2 | 201 <u>4</u> | and ending 12 | /31/2014 | | | |
| A This ret | turn/report is for: | X a single-employer plan ☐ a one-participant plan | | olan (not multiemployer) byer information in accord | | | | |
| P This rate | um/ranartia | the first return/report | the final return/report | | | | | |
| D This retu | urn/report is | | · | rn/ranart (laga than 12 m | antha) | | | |
| | | an amended return/report | a short plan year retu | rn/report (less than 12 m | ionins) | | | |
| C Check | box if filing under: | X Form 5558 | automatic extension | | DFVC pro | ogram | | |
| | | special extension (enter desc | cription) | | | | | |
| Part II | Basic Plan Inf | ormation—enter all requested in | formation | | | | | |
| 1a Name MAURICE J | | ROFIT SHARING PLAN | | | 1b Three-digit plan numbe (PN) ▶ | r 001 | | |
| | | | | | 1c Effective da | te of plan I/01/2000 | | |
| | ponsor's name and a DHNSON MD PC | ddress; include room or suite numb | per (employer, if for a single | e-employer plan) | ' ' | entification Number 3-4078474 | | |
| 1985 CROMF | POND ROAD | | | | - | elephone number -739-7505 | | |
| | Γ MANOR, NY 10567 | , | | | 2d Business code (see instructions) 621111 | | | |
| 3a Plan a | dministrator's name | and address XSame as Plan Spor | isor. | | 3b Administrate | r's EIN | | |
| 4 If the r | name and/or FIN of t | ne plan sponsor has changed since | the last return/report filed | for this plan, enter the | 4b EIN | | | |
| name | | umber from the last return/report. | and lact retains report mea | or and plan, error and | 4c PN | | | |
| 5a Total r | number of participant | s at the beginning of the plan year | | | 5a | 6 | | |
| b Total r | number of participant | s at the end of the plan year | | | 5b | 6 | | |
| | | account balances as of the end o | | | 5c | 6 | | |
| d(1) Tota | al number of active p | articipants at the beginning of the p | lan year | | 5d(1) | 3 | | |
| d(2) Tota | al number of active p | articipants at the end of the plan ye | ear | | 5d(2) | 3 | | |
| | | terminated employment during the | • | efits that were | 5e | 0 | | |
| Under pena SB or Sche | alties of perjury and o | e or incomplete filing of this return other penalties set forth in the instru- and signed by an enrolled actuary, applete. | ctions, I declare that I have | e examined this return/re | port, including, if ap | plicable, a Schedule | | |
| SIGN | Filed with authorized | d/valid electronic signature. | | | | | | |
| HERE | Signature of plan | administrator | Date | Enter name of individ | dividual signing as plan administrator | | | |
| SIGN | | | | | | | | |
| HERE | | oyer/plan sponsor | Date | Enter name of individ | lual signing as emp | oyer or plan sponsor | | |
| Preparer's | name (including firm | name, if applicable) and address (| nclude room or suite numb | er) (optional) | Preparer's teleph | one number (optional) | | |

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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 runder 29 CFR 2520.104-46? (See instructions on waiver eligibility a figure of you answered "No" to either line 6a or line 6b, the plan cannot with the plan cannot want to the pl | an indeper and condit ot use Fo | ndent qualified public accounta ions.) rm 5500-SF and must instead | nt (IQ d use | PA) Form | 5500. | X Yes No |
| | f the plan is a defined benefit plan, is it covered under the PBGC in | surance p | orogram (see ERISA section 40 |)21)? | | Yes | No Not determined |
| Par | III Financial Information | | <u> </u> | | | | |
| 7 | Plan Assets and Liabilities | | (a) Beginning of Yea | | | | (b) End of Year |
| | Fotal plan assets | 7a | 4129 | | | | 456030 |
| | Total plan liabilities | 7b | 4406 | 0 | _ | | 0 |
| | Net plan assets (subtract line 7b from line 7a) | 7c | 4129 | 971 | - | | 456030 |
| | ncome, Expenses, and Transfers for this Plan Year | | (a) Amount | | | | (b) Total |
| | Contributions received or receivable from: 1) Employers | 8a(1) | 100 | 000 | | | |
| | 2) Participants | 8a(2) | | 0 | | | |
| | 3) Others (including rollovers) | 8a(3) | | 0 | | | |
| | Other income (loss) | 8b | 370 |)82 | | | |
| | Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | 47082 |
| | Benefits paid (including direct rollovers and insurance premiums | | | _ | | | |
| t | o provide benefits) | 8d | | 0 | | | |
| _ e (| Certain deemed and/or corrective distributions (see instructions) | 8e | | 0 | | | |
| <u>f</u> | Administrative service providers (salaries, fees, commissions) | 8f | | 0 | | | |
| <u>g</u> (| Other expenses | 8g | 40 |)23 | | | |
| | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | 4023 |
| | Net income (loss) (subtract line 8h from line 8c) | | | | | | 43059 |
| _ J | Fransfers to (from) the plan (see instructions) | 8j | | 0 | | | |
| b | 2A 2E 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 Cod | les in t | he instructions: |
| 10 | During the plan year: | | | | Yes | No | Amount |
| a b | Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest' | iciary Cor | rection Program) | 10a | | X | |
| | on line 10a.) | ` | • | 10b | | X | |
| С | Was the plan covered by a fidelity bond? | | | 10c | X | | 50000 |
| 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 | | X | |
| g | Did the plan have any participant loans? (If "Yes," enter amount as | s of year e | end.) | 10g | | X | |
| h | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | | | | | 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 from | om Sched | lule SB (Form 5500) line 39 | | | 11a | <u> </u> |
| 12 | Is this a defined contribution plan subject to the minimum funding | requireme | ents of section 412 of the Code | or se | ction (| 302 of | ERISA? Yes X No |
| | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, | | | | | | |
| а | If a waiver of the minimum funding standard for a prior year is bein granting the waiver. | - | | | , and e | enter th Day | |

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|------|---|----------------------------|----------------------|---------|---------|-----------------|------|
| lf : | you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For | m 5500), and skip to lin | e 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) | | | 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? | | | Y | es X No | | |
| | If "Yes," enter the amount of any plan assets that reverted to the employer the | nis year | | 13a | | | |
| b | Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC? | | • | ontrol | | Yes | (No |
| С | If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.) | in to another plan(s), ide | ntify the plan(s) to |) | | | |
| 1 | 3c(1) Name of plan(s): | | 130 | c(2) EI | N(s) | 13c(3) P | N(s) |
| | | | | | | | |
| | | | 1 | | | l | |

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 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).

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

| P | ension Benefit Guaranty Corporation | ► Complete all entries in acco | rdance with the instructi | ons to the Form 5500- | SF. | | |
|------------|--|--|--|-----------------------------|--|---|--|
| P | Annual Report | Identification Information | | | 12/31/ | 2014 | |
| or | calendar plan year 2014 or fis | | 01/01/2014 | and ending | | | |
| | This return/report is for: This return/report is: | a single-employer plan a one-participant plan the first return/report an amended return/report | a multiple-employer plar of participating employe a foreign plan the final return/report a short plan year return/ | r information in accorda | ince with the | ng this box must attach a list form instructions) | |
| С | Check box if filing under: | Form 5558 | automatic extension | | DFV | /C program | |
| 9000 | David District | | | | | | |
| _ | Name of plan | rmation enter all requested inf | Omaton | | (PN) P | umber 001 | |
| | | | | | | 1/2000 | |
| 2a | Plan sponsor's name and ac MAURICE JOHNSON MD | ddress; include room or suite numbet PC | r (employer, if for a single- | employer plan) | (EIN) 2c Spons | oyer Identification Number 13-4078474 sor's telephone number 1 739-7505 | |
| | 1985 CROMPOND ROAD | , | | | | ess code (see instructions) | |
| 3a | US CORTLANDT MANOR NY 10 Plan administrator's name a | nnd address 🕱 Same as Plan Spor | nsor Name | | 3b Admir | nistrator's EIN | |
| | | | | | | nistrator's telephone number | |
| 4 | If the name and/or EIN of the name, EIN, and the plan nu | ne plan sponsor has changed since the plan sponsor has changed since the last return/report. | he last return/report filed fo | or this plan, enter the | 4b EIN | | |
| а | Sponsor's name | | | | 4c PN | 6 | |
| 5 a | Total number of participants | s at the beginning of the plan year | 9 4 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 | | 5b | 6 | |
| b | Total number of participants | s at the end of the plan year | he plan year (defined hene | fit plans do not | | | |
| С | complete this item) | account balances as of the end of the | | | 5c 5d(1) | 6 3 | |
| | | articipants at the beginning of the pla | | | 5d(2) | 3 | |
| d | Number of participants that | articipants at the end of the plan year t terminated employment during the p | olan year with accrued ben | | 5e | 0 | |
| _ | less than 100% vested | | | unless reasonable ca | use is esta | blished. | |
| L | 700 | e or incomplete filing of this return other penalties set forth in the instruc- and signed by an enrolled actuary, a implete. | ctions, I declare that I have as well as the electronic ve | e examined this return/repo | eport, includert, and to the | ITIU. II ADDIICADIE, A OCITOGOIO | |
| | | Maurice Johnson | on | | | | |
| | Signature of plan ad | ministrator | Date | Enter name of individu | al signing as | s plan administrator | |
| | | U | | | | | |
| | SIGN HERE Signature of employ | rer/plan sponsor | Date | | al signing a | s employer or plan sponsor | |
| F | Preparer's name (including firm | n name, if applicable) and address; i | nclude room or suite numb | eer (optional) | Preparer's | s telephone number (optional) | |
| 1 | | | | | Company of the Compan | 10-X代码目的特殊。 | |

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|--|----------------------------------|---|---------|---------|---------------|-----------------|------------|----------|
| | n constr? (Se | e instructions.) | | | | 2 | Yes | No |
| a Were all of the plan's assets during the plan year invested in eligible | n independer | t qualified public accountant (| | | | | | |
| Are you claiming a waiver of the annual examination and report of a | | | | | | [2 | Yes [|]No |
| under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cannot | | | e For | m 55 | 00. | | | |
| of the plan is a defined benefit plan, is it covered under the PBGC in | nsurance prog | ram (see ERISA section 4021) | ? | | Yes | □ No □ | _ Not det | ermine |
| Part III Financial Information | | | | | | | | |
| Man and Control of the Control of th | | (a) Beginning of Year | | | (| b) End of ' | Year | |
| Plan Assets and Liabilities Total plan assets | . 7a | 412,971 | | | | | 456,0 | 30 |
| | . 7b | 0 | | | | | | 0 |
| 11 11 11 17 5 5 1 1 1 2 7 2 1 1 1 2 7 2 1 1 2 1 2 2 2 2 | . 7c | 412,971 | _ | | | | 456,0 | 130 |
| Net plan assets (subtract line 75 from line 7a) Income, Expenses, and Transfers for this Plan Year | | (a) Amount | | | E TARREST | (b) Tota | | EN SERV |
| Contributions received or receivable from: | 90/4) | 10,000 | | | | | | |
| (1) Employers | 8a(1) | | - 1 | | | | | |
| (2) Participants | 1 - 1-1 | | | | W. E | | | |
| (3) Others (including rollovers) | | 37,082 | 2 | | | | | |
| Other income (loss) | | | | | | | 47,0 | 082 |
| Total income (add lines 8a(1), 8a(2), 6a(3), and 6b) Benefits paid (including direct rollovers and insurance premiums | | THE REPORT OF THE PARTY OF THE | 0 | | | | | |
| to provide benefits) | 8d | | | | 112 4 7 10 | | | |
| Certain deemed and/or corrective distributions (see instructions) | 8e | | | | | 2000 | | |
| Administrative service providers (salaries, fees, commissions) | 8f | 4,02 | _ | | | | | |
| g Other expenses | | | | te lije | | - 23 IS 1931 IN | 4, | 023 |
| h Total expenses (add lines 8d, 8e, 8f, and 8g) | | | | | | | 43, | 059 |
| Net income (loss) (subtract line 8h from line 8c) | | | 0 | | | | | |
| Transfers to (from) the plan (see instructions) Plan Characteristics | 8j | | | | | | | |
| b If the plan provides welfare benefits, enter the applicable welfare t | | | | | | | | |
| Part Compliance Questions | | | Т | Yes | No | P | mount | |
| During the plan year: Was there a failure to transmit to the plan any participant contri | hutione within | the time period described in | | | | | | |
| Was there a failure to transmit to the plan any participant contains 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fig. Were there any nonexempt transactions with any party-in-interest | dicially Confec | don't rogram, minimum | 10a | | х | | | |
| on line 10a.) | | | 10Ь | | Х | | | 50.0 |
| C Was the plan covered by a fidelity bond? | | | 10c | Х | | | _ | 50,0 |
| d Did the plan have a loss, whether or not reimbursed by the plan | n's fidelity bon | d, that was caused by fraud | 10d | | х | | | |
| e Were any fees or commissions paid to any brokers, agents, or | other persons all of the bene | by an insurance carrier, fits under the plan? (See | 10e | | x | | | |
| instructions.) | ••••• | *************************************** | 10f | - | х | | | |
| f Has the plan failed to provide any benefit when due under the p | | | | _ | +- | | | |
| g Did the plan have any participant loans? (If "Yes," enter amour | it as of year e | nd.) | 10g | | X | | | 当 |
| h If this is an individual account plan, was there a blackout period | d? (See instru | ctions and 29 CFR | 10h | | x | | | |
| i If 10h was answered "Yes," check the box if you either provide exceptions to providing the notice applied under 29 CFR 2520. | d the required | notice or one of the | 10i | | | | | |
| Pension Funding Compliance | | | | | | | 1 | |
| 11 Is this a defined benefit plan subject to minimum funding requi 5500) and line 11a below) | rements? (If " | Yes," see instructions and com | plete | Sche | dule S | B (Form | ☐ Ye | es 🔲 |
| 44c. Estes the unneid minimum required contribution for current year | ar from Sched | ule SB (Form 5500) line 39 | ******* | ***** | | | T | |
| 12 Is this a defined contribution plan subject to the minimum fund | ling requireme | nts of section 412 of the Code | or se | ction | 302 of | ERISA? | _ | es X |
| | low ac annlic | able) | | | | | | |
| | | | ctions | , and | enter | the date of | the letter | ruling |
| a If a waiver of the minimum funding standard for a prior year is granting the waiver | | MC | mui . | | | м у | 1 901 | |

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|---------------|--|-----------------------|---|---------|--------|--------------|--|
| If y | you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to I | ine 13. | | | | | |
| b | Enter the minimum required contribution for this plan year | | 12b | | | | |
| | Enter the amount contributed by the employer to the plan for this plan year | | 12c | | | | |
| <u>c</u> 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 | 12d | | | | |
| e | negative amount) | |] <u></u> _ | Yes | □ No □ |] N/A | |
| Pari | Plan Terminations and Transfers of Assets | | | , Str | 1 | | |
| I3a | Has a resolution to terminate the plan been adopted in any plan year? | | Ш | es X | J No | | |
| | 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 o | 111111111111111111111111111111111111111 | | Yes | X No | |
| С | tightilities were transferred from this plan to another plan(s). | dentity the plan(s) t | 0 | | | Sales Verse | |
| | 13c(1) Name of plan(s): | 130 | c(2) EIN | l(s) | 13c(3) | 13c(3) PN(s) | |
| | Trust Information (optional) | | 146 | Trust's | EIN | | |
| 14a | Name of trust | | 140 | nusts | EIN | | |