## 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. OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

Part I		rt identification information	<u>n</u>						
For calend	dar plan year 2014 or	fiscal plan year beginning 01/01/	<u>2014</u>	and ending 12	2/31/2014				
<b>A</b> This re	eturn/report is for:	X a single-employer plan	a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions)						
		a one-participant plan	a foreign plan						
<b>B</b> This ref	turn/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year retu	rn/report (less than 12 m	nonths)				
C Check	box if filing under:	Form 5558	automatic extension		DFVC pro	ogram			
		special extension (enter des	cription)						
Part II		formation—enter all requested in	nformation		T -				
1a Name	e of plan MEDICAL, LLP RETII	REMENT PLAN			<b>1b</b> Three-digit plan numbe (PN) ▶	or 001			
					1c Effective da	te of plan 1/01/2000			
	sponsor's name and a	address; include room or suite num	ber (employer, if for a single	e-employer plan)	' '	lentification Number 3-4031158			
305 EAST 1	49TH STREET					elephone number 3-401-8030			
BRONX, NY	/ 10451-5623					ode (see instructions) 21111			
3a Plan a	administrator's name	and address Same as Plan Spor	nsor.		<b>3b</b> Administrato	or's EIN 3-4031158			
OI TOWN IV	MEDICAL, LLP		ST 149TH STREET , NY 10451-5623			or's telephone number 3-401-8030			
		the plan sponsor has changed since	e the last return/report filed	for this plan, enter the	4b EIN				
	e, EIN, and the plan r sor's name	number from the last return/report.			<b>4c</b> PN				
<b>5a</b> Total	I number of participan	ts at the beginning of the plan year			. 5a	9			
<b>b</b> Total	I number of participan	ts at the end of the plan year			. 5b	3			
		h account balances as of the end o			5c	8			
<b>d(1)</b> To	otal number of active p	participants at the beginning of the p	olan year		5d(1)	(			
<b>d(2)</b> To	otal number of active p	participants at the end of the plan ye	ear		5d(2)	(			
		terminated employment during the	. ,		5e	(			
Under per SB or Sch	nalties of perjury and	e or incomplete filing of this retu other penalties set forth in the instru and signed by an enrolled actuary, mplete.	uctions, I declare that I have	e examined this return/re	port, including, if ap	plicable, a Schedule			
SIGN	Filed with authorize	d/valid electronic signature.	10/14/2015	YVETTE ORTIZ					
HERE	Signature of plan	administrator	Date	Enter name of individ	dual signing as plan	administrator			
SIGN									
HERE	Signature of emp	loyer/plan sponsor	Date	Enter name of individ	dual signing as emp	loyer or plan sponsor			
Preparer's	s name (including firm	n name, if applicable) and address (	include 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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility a f you answered "No" to either line 6a or line 6b, the plan cannot be a controlled to th	an indepe and condit ot use Fo	ndent qualified public accounta tions.) orm 5500-SF and must instead	nt (IQ	PA)  <b>Form</b>	5500.	X Yes
	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						
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End of Year
<u>a</u>	Total plan assets	7a	9367				954797
	Total plan liabilities	7b		0			0
	Net plan assets (subtract line 7b from line 7a)	7c	9367	′43			954797
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from:  1) Employers	8a(1)					
	2) Participants	8a(2)	230	000			
	3) Others (including rollovers)	8a(3)					
	Other income (loss)	8b	-22	277			
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					20723
	Benefits paid (including direct rollovers and insurance premiums						
1	o provide benefits)	8d					
е	Certain deemed and/or corrective distributions (see instructions)	8e					
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f	26	669			
g	Other expenses	8g					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					2669
	Net income (loss) (subtract line 8h from line 8c)	8i					18054
<u>j</u> .	Fransfers to (from) the plan (see instructions)	8j					
9a	If the plan provides pension benefits, enter the applicable pension to 2A 2E 2H 2J 3B 3D	feature co	odes from the List of Plan Chara	acteris	stic Co	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Charac	cterist	ic Cod	les in t	he instructions:
Part	V Compliance Questions						
10	During the plan year:				Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contribut						
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			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	efits under the plan? (See	10e	X		2669
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			10g		Χ	
	If this is an individual account plan, was there a blackout period? (		·	iug			
i	2520.101-3.)			10h		X	
	exceptions to providing the notice applied under 29 CFR 2520.101			10i			
Part	<u> </u>						
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	dule SB (Form 5500) line 39			11a	<u> </u>
12	Is this a defined contribution plan subject to the minimum funding	requirem	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 :	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?		🔲 Y	′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

## Department of the Transpiry Internal Havenine Service

Department of Labor Employee Bereith Socurity Advantation Pension Benefit Gueranty Corporation

## Benetit Plan

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2014

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Pa	rt I Annual Repo	Complete all entries	in accordance with the	instructions to the Fo	orm 5500-SF	This Form is Open to Public Inspection	
Ford	alendar plan year 2014 o	fiscal plan year beginning	01/01/2014				
		a single-employer plan		and ending	12/	31/2014	
	his return/report is for	a one-participant plan the first return/report	of participating e a foreign plan the final return/re	ye are	ACCESS VALUE		
		an amended return/report	a short plan year	return/report (less than	12		
-	hook box if filing under:	Form 5558 special extension (enter des	automatic extens			VC program	
Pari	Basic Plan Inf	ormation —enter all requested in	form 15				
la N UPTC		RETIREMENT PLAN	ecession		1b Throe- plan m	digit	
					(PN)		
2a PI	an sponsor's name and a	Idean T. d. v.			1c Effective	ve date of plan	
	wn Medical, LLP Bast 149th Stree	ddress, include room or suite numb	er (employer, if for a sin	gle-employer plan)	2b Employ	1/2000 er identification Number 3-4031158	
Bron					2c Sponse 718-4	r's telephone number 01-8030	
	n administrator's name an	NY 10451-562			2d Busines	5 Code (see instructions)	
Uptov	on Medical, LLP	id address Same as Plan Spons	or		3b Adminis	rator's FIN	
A.s.e	ast 149th Stree				13-40	31158 rator's telephone number	
Bronx 4 If th	e name and/or FIN of the no, EIN, and the plan num	NY 10451-5623 plan sponsor has changed since the form the last return/report.	ac last return/report filed	for this plan enter the		01-8030	
as astron	save a training	The state of the s		E TO (S) DIE	4b EIN		
28 19(9	If number of participants a	t the beginning of the plan year			4c PN		
	A businessing 3	the end of the Nan weer			- 5a	-	
					5b		
d(1) To	yal number of active parts	count balances as of the end of the	e plan year (defined ber	efit plans do not	5c		
d(2) To	dal number of active partic	sipants of the end of the plan year.	Jest Management		5d(1)		
e Numb	er of participants that form	instad			5d(2)	6	
less t	nan 100% vested	finated employment during the plan	n year with accrued ben-	efits that were		6	
Sution:	penalty for the late or	incomplete filling of this return/re penalties set forth in the instruction signed by an enrolled actuary, as we	eport will be access	A CONTRACTOR OF THE PARTY OF TH	se is established	d.	
polief, it is	true, correct, and complet	e.	vell as the electronic ver	sion of this return/report	PORT, including, if a	pplicable, a Schedule	
IGN ERE	The state of the s		10/13/15	Yvet			
Signature of plan administrator		inistrator	Date		tte Orb's Widual signing as plan administrator		
RE				and hante or mayor.	al signing as plan	administrator	
sparer's	Signature of employer	plan sponsor	Date				
	serve faremond (Au) utility	plan sponsor e. if applicable) and address (include	in room or suite number	Enter name of individu ) (optional)	al signing as emp Preparer's teleph	loyer or plan sponsor one number (optional)	
				I I			

P	aq	е	2

	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 at the your answered "No" to either line 6a or line 6b, the plan cannot be a set of the plan be a set of the plan cannot be a set o	an indepen and conditi	dent qualified public accountar ons.)	nt (IQF	PA)			X	_	_ и _ и	
С	If the plan is a defined benefit plan, is it covered under the PBGC in:						]No [	No	t detern	nined	
Pa	t III Financial Information										_
7	Plan Assets and Liabilities		(a) Beginning of Year	r			(b) En	d of Y	ear		_
а	Total plan assets	7a	93	674	3				9	5479	97
b	Total plan liabilities	7b			0						0
С	Net plan assets (subtract line 7b from line 7a)	7c	93	674	3				9	547	97
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total			_
а	Contributions received or receivable from:	0-(4)									
	(1) Employers	8a(1)	2	2300		-					_
	(2) Participants	8a(2)		.300		-		_			_
	(3) Others (including rollovers)	8a(3)		227	7		_			_	_
	Other income (loss)	8b		-227	/	_				207	23
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			4-					207.	23
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d									
-	Certain deemed and/or corrective distributions (see instructions)	8e									
-	Administrative service providers (salaries, fees, commissions)	8f		266	9						
g	Other expenses	8g									
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								26	69
<del>"</del>	Net income (loss) (subtract line 8h from line 8c)									180	54
-	Transfers to (from) the plan (see instructions)										
,	rt IV Plan Characteristics	8j			-						_
Pai	If the plan provides welfare benefits, enter the applicable welfare for the two compliance Questions										_
10	During the plan year:				Yes	No		An	nount		
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	itions withi	n the time period described in	10a		Х					
	Were there any nonexempt transactions with any party-in-interes on line 10a.)	t? (Do not	include transactions reported	10b		Х					
	Was the plan covered by a fidelity bond?			10c		Χ					
	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	ond, that was caused by fraud	10d		Х					
•	<ul> <li>Were any fees or commissions paid to any brokers, agents, or ot insurance service, or other organization that provides some or all instructions.)</li> </ul>	her persor I of the ber	ns by an insurance carrier, nefits under the plan? (See	10e	Х					26	69
1	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	as of year	end.)	10g		Х					
	If this is an individual account plan, was there a blackout period?	(See instr	uctions and 29 CFR			Х					
_	2520.101-3.)  If 10h was answered "Yes," check the box if you either provided to	the require	ed notice or one of the	10h							
	exceptions to providing the notice applied under 29 CFR 2520.10	01-3		10i							_
Pai	t VI Pension Funding Compliance										_
11	Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)	ments? (If	"Yes," see instructions and con	nplete	Sched	dule SE	3 (Form	-000 S	Yes		No
_11	a Enter the unpaid minimum required contribution for current year					11a		-	_		_
12	Is this a defined contribution plan subject to the minimum funding	g requirem	ents of section 412 of the Code	e or s	ection	302 of	ERISA?		Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	v, as applic	cable.)								_
0	If a waiver of the minimum funding standard for a prior year is be granting the waiver.				, and	enter tl Day			letter ru ∋ar	uling	

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If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (F	orm 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	r			12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the res				12d			
е	Will the minimum funding amount reported on line 12d be met by the fund	ling 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 employe	r this year			13a			
b	Were all the plan assets distributed to participants or beneficiaries, transfor the PBGC?						Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this which assets or liabilities were transferred. (See instructions.)	plan to another	plan(s), ident	ify the plan(s)	to			
- 1	13c(1) Name of plan(s):			1	3c(2) El	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)							
14a	Name of trust				14b T	rust's EIN		