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.

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Part	Annual Report	Identification Information							
For cale	ndar plan year 2015 or fi	scal plan year beginning 01/01/2	2015 and ending 12	2/31/20	15				
A This	A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must a list of participating employer information in accordance with the form instruction a foreign plan								
B This	return/report is								
	ck box if filing under:		DFVC prog	ram					
Part I		ormation—enter all requested in	formation	1					
1a Name of plan UPTOWN MEDICAL, LLP RETIREMENT PLAN					Three-digit plan number (PN) ▶	001			
				1c	Effective date o	f plan 1/2000			
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box)				2b Employer Identification Number (EIN) 13-4031158					
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) PTOWN MEDICAL, LLP			2c Sponsor's telephone number 718-401-8030						
05 EAST 149TH STREET RONX, NY 10451-5623			2d Business code (see instructions) 621111						
3a Plai	n administrator's name a	nd address Same as Plan Spons	sor.	3b /	Administrator's	EIN			
	MEDICAL, LLP	-	T 149TH STREET	13-4031158					
1 101111	WEDTO/TE, EET		NY 10451-5623	3c Administrator's telephone number					
					718-40	01-8030			
		e plan sponsor has changed since mber from the last return/report.	the last return/report filed for this plan, enter the	4b	EIN				
a Spo	nsor's name			4c	PN				
5a Tot	al number of participants	at the beginning of the plan year		5a		8			
_	b Total number of participants at the end of the plan year			5b)	9			
C Nu	C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)			5c	;	9			
d(1) Total number of active participants at the beginning of the plan year			5d(1)	6				
d(2) Total number of active participants at the end of the plan year				5d(2	2)	2			
e Nu	imber of participants that an 100% vested	terminated employment during the	plan year with accrued benefits that were less	5e		0			
Caution	: A penalty for the late	or incomplete filing of this return	n/report will be assessed unless reasonable car						
			ctions, I declare that I have examined this return/re as well as the electronic version of this return/repor						

belief, it is true, correct, and complete SIGN Filed with authorized/valid electronic signature. 02/25/2016 YVETTE ORTIZ **HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator **SIGN HERE** Date Enter name of individual signing as employer or plan sponsor Signature of employer/plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number

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 Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cannot be a second or line 6b. 	an independ and condition	dent qualified public a	ccount	ant (IQ	PA)				Yes N
C If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No	Not d	etermined
Part III Financial Information	, ,								
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End	d of Yea	
a Total plan assets	. 7a		954	797				3	306287
b Total plan liabilities	. 7b		05.4	707					0
Net plan assets (subtract line 7b from line 7a) Income. Expenses, and Transfers for this Plan Year	. 7c	(a) A a		797			(1-)		306287
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(D)	Total	
(1) Employers	. 8a(1)		3	138					
(2) Participants	. 8a(2)		44	139					
(3) Others (including rollovers)	. 8a(3)								
b Other income (loss)	. 8b		-26	928					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c								20349
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		163	421					
e Certain deemed and/or corrective distributions (see instructions)	. 8e								
f Administrative service providers (salaries, fees, commissions)	. 8f		5	438					
g Other expenses	. 8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h								168859
i Net income (loss) (subtract line 8h from line 8c)								-1	148510
j Transfers to (from) the plan (see instructions)	· 8j								
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2H 2J 3B 3D	teature cod	les from the List of Pl	an Cha	racteris	stic Co	odes in t	the instru	ictions:	
B If the plan provides welfare benefits, enter the applicable welfare f	eature code	es from the List of Pla	n Chara	acterist	ic Coc	les in th	e instruc	tions:	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amo	unt
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's \Program)	/oluntary Fig	duciary Correction	10a		X				
b Were there any nonexempt transactions with any party-in-interest					V				
reported on line 10a.)			10b		X				
C Was the plan covered by a fidelity bond?			10c		Х				
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ne or all of t	ne benefits under	10e	X					543
f Has the plan failed to provide any benefit when due under the pla			10f		Χ				
			10g		X				
h If this is an individual account plan, was there a blackout period?	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR				X				
,	2520.101-3.)								
j Did the plan trust incur unrelated business taxable income?			10i						
Part VI Pension Funding Compliance			10j	<u> </u>					
11 Is this a defined benefit plan subject to minimum funding requirem								Ιп	Yes ∏ N
5500) and line 11a below) 11a Enter the unpaid minimum required contribution for all years from						11a		· L	103 1
12 Is this a defined contribution plan subject to the minimum funding							RISA?	ΙП	Yes X N

	F	orm 5500-SF 2015 Page 3 - 1								
	(If "Ye	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see in ng the waiver		enter the Day	e date of	the letter ru Year	ling			
If		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_		Toal				
b	Enter th	ne minimum required contribution for this plan year	12b							
С	Enter th	ne amount contributed by the employer to the plan for this plan year	12c							
	Subtra	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the	12d							
		ve amount)			Yes	No	N/A			
Part		e minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets		163	NO	IN/A				
		resolution to terminate the plan been adopted in any plan year?			X Ye	s \square No				
		," enter the amount of any plan assets that reverted to the employer this year		13a		<u> П</u>	(
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou	ght under the co			Yes X	No			
С	If durin	PBGC? ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi				<u> </u>				
		assets or liabilities were transferred. (See instructions.) lame of plan(s):	13c(2)	FIN(e)		13c(3) F	PN(e)			
	100(1)	uno oi piuntoj.	130(2)	L114(3)		130(3)	· V (3)			
Dant		Turnet hafe amount on								
Part	Name o	Trust Information		14h 1	Γrust's Ell	N				
ı T a	Name 0	ii iiust		140	iusi s Lii	14				
14c Name of trustee or custodian						14d Trustee's or custodian's telephone number				
					tolophon	o mambon				
Par	t IX	IRS Compliance Questions								
15a	Is the	plan a 401(k) plan?		Ye	s	No				
					esign-					
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		based safe ADP/A						
450				method						
150		DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(k)-2(a)(2)(ii) and 1.401(k)-2(a)(b) and 1.401(k)		Ye	S	No				
	2(a)(2)	(ii))?		□ Ra	atio					
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under section	on 410(b):		ercentage		erage efit test			
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by comin with any other plans under the permissive aggregation rules?		Ye	s	No				
17a		e plan been timely amended for all required tax law changes?		Ye	s	No	N/A			
17b Date the last plan amendment/restatement for the required tax law changes was adopted// Enter the ap for tax law changes and codes).						(See ins	tructions			
17c	If the p	lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play letter, enter the date of that favorable letter/ and the letter's serial r		t to a fa	vorable I	RS opinion	or			
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fa	vorable				
18	Is the I	Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	\$	No				
19	Were in	n-service distributions made during the plan year?		Ye	s	No				
	If "Yes	" enter amount		19						
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?	Ye	S	No	N/A				

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

2015

This Form is Open to Public Inspection

	nnual Report Ide an year 2015 or fiscal	entification Information	01/01/2015	and ending	12/31/2015					
r calcildar pi	an year 2010 or nocal	X a single-employer plan	· · · · · · · · · · · · · · · · · · ·	er plan (not multiemploy	The transfer of the transfer o	The state of the s				
A This return/report is for: a one-participant plan list of participating employer information in acceptance a foreign plan										
B This return/report is the first return/report the final return/report the final return/report an amended return/report a short plan year return/report (less than 12)										
C Check box if filing under: Form 5558 automatic extension special extension (enter description)						rogram				
Part II	Basic Plan Info	rmation—enter all requested	information							
1a Name of plan UPTOWN MEDICAL, LLP RETIREMENT PLAN						001				
					1c Effective dat 01/01/2					
Mailing	address (include rooi	yer, if for a single-employer plar m, apt., suite no. and street, or F	P.O. Box)		2b Employer Ide (EIN) 13-4	entification Number 1031158				
-	Medical, LLI	e, country, and ZIP or foreign po P	ostal code (if foreign, see	instructions)	2c Sponsor's to 718-401-					
305 East 149th Street					2d Business co 621111	2d Business code (see instructions) 621111				
Bronx		NY 10451-5	5623							
3a Plan administrator's name and address Same as Plan Sponsor. Uptown Medical, LLP					3b Administrato					
	st 149th Stre				718-401-	r's telephone number 8030				
Bronx NY 10451-5623 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the				e 4b EIN						
	EIN, and the plan nu	mber from the last return/report.			4c PN	72 81				
5a Total n	umber of participants	at the beginning of the plan year	ar		5a	8				
		at the end of the plan year			9° 2	9				
C Numbe	er of participants with	account balances as of the end	of the plan year (defined	benefit plans do not	5c	9				
d(1) Tota	al number of active pa	rticipants at the beginning of the	plan year		5d(1)	6				
		articipants at the end of the plan				. 2				
e Numb	er of participants that	terminated employment during	the plan year with accrue	d benefits that were less	5e	0				
Caution: A Under pena SB or Sche	penalty for the late	or incomplete filing of this ret her penalties set forth in the ins nd signed by an enrolled actuar	urn/report will be assest tructions, I declare that I	sed unless reasonable have examined this retur	n/report, including, if a	oplicable, a Schedule				
SIGN	Chille		2/25/	16 Yvette Orti	Z	41				
HERE	Signature of plan	administrator	Date	Enter name of inc	dividual signing as plan	administrator				
SIGN HERE										
	Signature of emple	oyer/plan sponsor name, if applicable) and address	Date Date		dividual signing as emp Preparer's teleph					
i reparer s	name (moderny mm)	and, it approads) and address	VINORAGE INVITOR STILLE II	anoct j	r reputer s teleph	one management				

er ĝi									
Form	5500-SF 2015		Page 2						
									П
	ne plan's assets during the plan year invested in eligib							X Ye	s No
	ning a waiver of the annual examination and report of a 2520.104-46? (See instructions on waiver eligibility							X Ye	s No
	ered "No" to either line 6a or line 6b, the plan cann							🗀	
C If the plan is	a defined benefit plan, is it covered under the PBGC in	surance prog	gram (see ERISA se	ection 40	21)? .		Yes N	o Not dete	rmined
Part III Fina	ancial Information	Access to the second se							
	and Liabilities		(a) Beginning	of Yea	ır	T	(b)	End of Year	700-107
	sets	7a			5479	7			806287
	bilities	7b				0			0
	ets (subtract line 7b from line 7a)	7c		95	5479	7			806287
	enses, and Transfers for this Plan Year		(a) Amou	ınt				(b) Total	
a Contributions	received or receivable from:	8a(1)	A		313	8			
	nts	8a(2)	4413			9			
	ncluding rollovers)	8a(3)							
	e (loss)	8b		-2	2692	8			
	(add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							20349
	(including direct rollovers and insurance premiums								
	nefits)	8d		16	5342	1			
e Certain deen	ned and/or corrective distributions (see instructions)	8e							
f Administrativ	e service providers (salaries, fees, commissions)	8f			543	8			
g Other expens	ses	8g							
h Total expens	es (add lines 8d, 8e, 8f, and 8g)	8h							168859
	loss) (subtract line 8h from line 8c)	8i						_	148510
j Transfers to	(from) the plan (see instructions)	8j	and the second s						
	n Characteristics								
START TO START OF START	rovides pension benefits, enter the applicable pension	feature code	s from the List of PI	an Char	acteris	tic Co	des in the i	nstructions:	
	2H 2J 3B 3D rovides welfare benefits, enter the applicable welfare f	oaturo codes	from the Liet of Pla	n Chara	ctarist	ic Coc	les in the in	etructions.	
in the plant p	ovides wehate beliefits, effect the applicable wehate t	cature codes	TOTAL CITE EIST OF FIG	ii Ollara	otoriot	000		ou double.	
Part V Com	pliance Questions								
10 During the					Yes	No	N/A	Amoun	t
	a failure to transmit to the plan any participant contribu	tions within t	he time period						
	in 29 CFR 2510.3-102? (See instructions and DOL's \		•	10a		Х			
	any nonexempt transactions with any party-in-interest					Х		Y	
reported or	line 10a.)			10b					
C Was the pl	an covered by a fidelity bond?			10c		X			

11a

No

X No

10	During the plan year:		Yes	No	N/A	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х		
С	Was the plan covered by a fidelity bond?	10c		Х		
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х		
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	Х			5
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		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	10i				
j	Did the plan trust incur unrelated business taxable income?	10j				

Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?

5500) and line 11a below)...

12

11a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40...

	Form 5500-SF 2015 Page 3 -				
3	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		T	***************************************	
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver	enter th	e date of t	he letter ruling Year	0.00000
If	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)	1			
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			<u> </u>	
13a	Has a resolution to terminate the plan been adopted in any plan year?		X Yes	No No	
127	If "Yes," enter the amount of any plan assets that reverted to the employer this year				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	ontrol		Yes X No	
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) twhich assets or liabilities were transferred. (See instructions.)	0			
1	3c(1) Name of plan(s): 13c(2	EIN(s)		13c(3) PN(s)	-
10 10 10 10 10 10 10 10 10 10 10 10 10 1		1-11/2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2			
Part	VIII Trust Information				
14c	Name of trustee or custodian	14d Trustee's or custodian's telephone number			
Part	IV IDS Compliance Overtime		Cicprione	number	
15a	Is the plan a 401(k) plan?	Yes	3	No	
	f "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	ba ha	esign- sed safe rbor ethod	ADP/ACP test	
1	f the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year esting method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	Yes	š	No	
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	Ra per tes	rcentage	Average benefit tes	t
ı	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining his plan with any other plans under the permissive aggregation rules?	Yes	;	No	
17a ⊦	las the plan been timely amended for all required tax law changes?	Yes	\$	No N	Α
f	Date the last plan amendment/restatement for the required tax law changes was adopted Enter the or tax law changes and codes).	165	(A)	(See instructi	ons
	the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject dvisory letter, enter the date of that favorable letter and the letter's serial number				-
(the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of letermination letter.	the plan	's last favo	orable	
18 i	s the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been nade), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	Yes		No	Proposition of the last of the
19 v	Vere in-service distributions made during the plan year?	Yes	i	No	
	"Yes," enter amount	19	***************************************		
20 v	Vere required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not etired), as required under section 401(a)(9)?	Yes		□No □N/A	4