Forr	n 5500-SF	Short Form Annua	al Return/Repor Benefit Plan	port of Small Employee OMB Nos. 1210-011/ 1210-008					
	ent of the Treasury I Revenue Service	This form is required to be filed		4065 of the Employee Re	etirement	2015			
Employee Ben	artment of Labor efits Security Administration efit Guaranty Corporation	Income Security Act of 1974	(ERISA), and sections 60 Revenue Code (the Cod	057(b) and 6058(a) of the de).	Internal		orm is Open to lic Inspection		
		Complete all entries in a dentification Information	ccordance with the ins	tructions to the Form 55	00-SF.		-		
		al plan year beginning 01/01/2	016	and ending 08	/31/2016				
A This retu	n/report is for:	X a single-employer plan a one-participant plan		plan (not multiemployer) mployer information in ac		-			
B This return	n/report is	the first return/report an amended return/report	\times the final return/report	urn/report (less than 12 mo	onths)				
C Check bo	x if filing under:	Form 5558	automatic extension			DFVC prog	ram		
		special extension (enter descri							
		mation—enter all requested inf	ormation						
1a Name of PEDIATRIC N		SON VALLEY P.L.L.C. PROFIT	SHARING PLAN		1b Thre plan (PN	number	002		
					1c Effe	ctive date of	f plan 1/1996		
Mailing a	address (include room,	er, if for a single-employer plan) apt., suite no. and street, or P.O			2b Emp (EIN	oloyer Identi	fication Number 949843		
		country, and ZIP or foreign posta SON VALLEY, P.L.L.C.	al code (if foreign, see ins	structions)	2c Spo	ponsor's telephone number 845-627-1806			
P.O.BOX 886					2d Business code (see instructions)				
NEW CITY, N	10956-8195				621111				
3a Plan administrator's name and address Same as Plan Sponsor.					3b Administrator's EIN				
					3C Adm	inistrator's t	elephone number		
	EIN, and the plan numb	blan sponsor has changed since t ber from the last return/report.	he last return/report filed	for this plan, enter the	4b EIN 4c PN				
		t the beginning of the plan year			5a		2		
		t the end of the plan year		ſ	5b		0		
C Number	of participants with ac	count balances as of the end of t	he plan year (defined be	nefit plans do not	5c		0		
•	,	cipants at the beginning of the pla		1	5d(1)		2		
d(2) Total	number of active partie	cipants at the end of the plan yea	۔ ۱۳		5d(2)		0		
e Numbe	r of participants that te	rminated employment during the	plan year with accrued b	enefits that were less	5e		0		
Caution: A	penalty for the late or	incomplete filing of this return	/report will be assesse	d unless reasonable cau					
SB or Sched		er penalties set forth in the instruc signed by an enrolled actuary, a ete.							
		alid electronic signature.	08/31/2016	ARIEL SHERBANY					
SIGN	Signature of plan ad	ministrator	Date	Enter name of individu	ual signing	as plan adn	ninistrator		
	Signature of employe	er/plan sponsor	Date	Enter name of individu	ual signing	as employe	r or plan sponsor		
		me, if applicable) and address (in	clude room or suite num	per)	Preparer	s telephone	number		
For Paperwor	k Reduction Act Notice	and OMB Control Numbers, see the	instructions for Form 550	0-SF.			Form 5500-SF (2015)		

62 Ware all of the plan's assets during the plan year invested in aligi	blo opporto?	(See instructions)					X Yes No
Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)							
under 29 CFR 2520.104-46? (See instructions on waiver eligibility		,					X Yes No
If you answered "No" to either line 6a or line 6b, the plan can							
C If the plan is a defined benefit plan, is it covered under the PBGC i	insurance p	orogram (see ERISA se	ection 4	021)?.		res	No Not determined
Part III Financial Information							
7 Plan Assets and Liabilities	_	(a) Beginning			_		(b) End of Year
a Total plan assets			1275	623	_		0
b Total plan liabilities			4075	600	_		0
C Net plan assets (subtract line 7b from line 7a)	7c		1275	623	_		0
Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amou	unt		_		(b) Total
a Contributions received or receivable from: (1) Employers	8a(1)			0			
(2) Participants	8a(2)			0			
(3) Others (including rollovers)				0			
b Other income (loss)			69	610			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						69610
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		1345	233			
e 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						1345233
i Net income (loss) (subtract line 8h from line 8c)	8i						-1275623
j Transfers to (from) the plan (see instructions)							
Part IV Plan Characteristics	1 1						
9a If the plan provides pension benefits, enter the applicable pension	n feature co	odes from the List of PI	an Cha	racteris	stic Co	odes in t	the instructions:
B If the plan provides welfare benefits, enter the applicable welfare	feature coo	les from the List of Pla	n Chara	acterist	ic Coc	les in th	ne instructions:
Part V Compliance Questions						1	1
10 During the plan year:				Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contrib described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary F	iduciary Correction	10a		х		
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	•		10b		х		
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		х		
e Were any fees or commissions paid to any brokers, agents, or of carrier, insurance service, or other organization that provides so the plan? (See instructions.)	me or all of	the benefits under	10e		Х		
f Has the plan failed to provide any benefit when due under the plan	an?		10f		Х		
g Did the plan have any participant loans? (If "Yes," enter amount	as of year e	end.)	10g		Х		
h If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Х		
 If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10 	the require	d notice or one of the	10i				
j Did the plan trust incur unrelated business taxable income?			10i		х		
Part VI Pension Funding Compliance			,			8	1

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

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		(es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instituting the waiver.		enter t Dav		of the l Ye		ing	
lf	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
b	Ente	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		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)		12d					
e	e Will the minimum funding amount reported on line 12d be met by the funding deadline?						No	N/A	
Part	VII	Plan Terminations and Transfers of Assets			innet				
13a	13a Has a resolution to terminate the plan been adopted in any plan year?						No		
If "Yes," enter the amount of any plan assets that reverted to the employer this year								0	
	of th	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug e PBGC?	-			XY	es 🗌 I	No	
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi h assets or liabilities were transferred. (See instructions.)	fy the plan(s) to						
	13c(1)	Name of plan(s):	13c(2)	EIN(s)		I 3c(3) P	N(s)	
Part		Trust Information							
14a Name of trust PEDIATRIC NEUROLOGY OF HUDSON VALLEY P.L.L.C. PROFIT SHARING PLAN						14b Trust's EIN 133934638			
14c Name of trustee or custodian					14d Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions							
15a	Is th	e plan a 401(k) plan?		ו 🗌	'es		No		
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based safe harbor method			ADP/ACP test		
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?		י []	′es		No		
16a	Cheo	k the box to indicate the method used by the plan to satisfy the coverage requirements under secti	ion 410(b):		Ratio percenta test	ge		rage efit test	
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by com plan with any other plans under the permissive aggregation rules?	•	ו 🗌	′es		No		
17a	Has	the plan been timely amended for all required tax law changes?		ו 🗌 א	'es		No	N/A	
17b		the last plan amendment/restatement for the required tax law changes was adopted///	Enter the ap	plicat	le code	(See inst	ructions	
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pla sory letter, enter the date of that favorable letter/ and the letter's serial r		t to a	favorable	e IRS (opinion o	or	
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/	nter the date of	the pl	an's last	favora	ble		
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		ΓY	es	[No		
19	Were	in-service distributions made during the plan year?		۲ []	′es		No		
	lf "Y€	es," enter amount		19					
20		e required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wed), as required under section 401(a)(9)?		ו 🏾	′es		No	N/A	

	2.1				
	" A L		×		
					A .
Form 5500-SF	Short Form Annua	l Return/Report o Benefit Plan	of Small Employee		OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be	e filed under sections 104 a	and 4065 of the Employee		2015
Department of Labor Employee Benefits Security Administration	Retirement Income Security		ection 6057(b) and 6058(a) of	This For	m is Open to Public
Pension Benefit Guaranty Corporation	► Complete all entries in ac		ctions to the Form 5500-SF.		Inspection
Part I Annual Report Ic For calendar plan year 2015 or fisca	dentification Information		and and ing	0 / 21 / 201 /	
	x a single-employer plan		·	8/31/2016	
A This return/report is for:	a one-participant plan		lan (not multiemployer) (Filers employer information in accord		
3 This return/report is:	the first return/report	x the final return/report			
	an amended return/report	🕱 a short plan year retu	rn/report (less than 12 months	5)	
Check box if filing under:	Form 5558	automatic extension			aram
,	special extension (enter desc				9.4.11
Part II Basic Plan Infor	mation enter all requested	information			T.
a Name of plan			1b	Three-digit	
PEDIATRIC NEUROLOGY	OF HUDSON VALLEY P.L.	L.C. PROFIT SHARI	IG PLAN	plan number (PN) ►	002
			1c	Effective dat	
a Plan sponsor's name (employed	er, if for a single-employer plan)		2b	01/01/19 Employer Id	96 entification Number
Mailing Address (include room City or town, state or province	n, apt., suite no. and street or P.(e, country, and ZIP or foreign pos	O. Box) stal code (if foreign, see ins		(EIN) 13-	
PEDIATRIC NEUROLOGY	OF HUDSON VALLEY, P.L	L.C.	20		lephone number
	(845) 627–1806 2d Business code (see instruction				
P.O.BOX 886				621111	
US NEW CITY NY 10956-8195 a Plan administrator's name and					
	address 🖾 Same as Plan Sp	oonsor Name	30	Administrato	r's EIN
			3c	Administrato	r's telephone number
If the name and/or EIN of the	plan sponsor has changed since	the last return/report filed	for this plan, on tax the		
name, EIN, and the plan numl	ber from the last return/report.	e the last return/report filed	ior this plan, enter the	EIN	
a Sponsor's name				PN	
a Total number of participants a					2
	at the end of the plan year		ofit plana da nat		0
complete this item)					0
d(1) Total number of active partic				(1)	2
d(2) Total number of active partie Number of participants that te	cipants at the end of the plan yea rminated employment during the			(2)	0
				ie	0
Caution: A penalty for the late o					
Under penalties of perjury and oth SB or Schedule MB completed an belief, it is true, correct, and comp	nd signed by an enrolled actuary,	uctions, I declare that I hav as well as the electronic v	e examined this return/report, ersion of this return/report, and	including, if a d to the best c	pplicable, a Schedule f my knowledge and
SIGN Vala	Mil	V8/31/2016	ARIEL SHERBANY		
HERE Signature of plan admin	nistrator/	Date	Enter name of individual sign	ning as plan a	dministrator
SIGN MAN	The	V8/31/2016	ARIEL SHERBANY		
HERE Signature of employer/	plan sponsor	Date	Enter name of individual sign	ning as emplo	yer or plan sponsor
Preparer's name (including firm na	ame, if applicable) and address;	include room or suite num		parer's telepho	

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Page 2

Yes No

х

х

X

х

х

X

х

х

N/A

Amount

6a b	and plan a second daming the plan year interested in origina			•••••	XYes No				
D	Are you claiming a waiver of the annual examination and report of an	n independ	ent qualified public accountant (IQPA)		XYes No				
	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.								
C	If the plan is a defined benefit plan, is it covered under the PBGC ins	surance pro	ogram (see ERISA section 4021)?	Yes No	Not determined				
P	Part III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End	of Year				
а	Total plan assets	7a	1,275,623		0				
b	Total plan liabilities	7b			0				
С	Net plan assets (subtract line 7b from line 7a)	7c	1,275,623		0				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) T	otal				

8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a	Contributions received or receivable from:			
	(1) Employers	8a(1)	0	
	(2) Participants	8a(2)	0	
	(3) Others (including rollovers)	8a(3)	0	
b	Other income (loss)	8b	69,610	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		69,610
d	Benefits paid (including direct rollovers and insurance premiums			
	to provide benefits)	8d	1,345,233	and the second sec
е	Certain deemed and/or corrective distributions (see instructions)	8e	(A) = 45	
f	Administrative service providers (salaries, fees, commissions)	8f	×	
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		1,345,233
i	Net income (loss) (subtract line 8h from line 8c)	8i		(1,275,623)
j	Transfers to (from) the plan (see instructions)	8j	0	

Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Par	t V Compliance Questions	
10	During the plan year:	
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
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b
C	Was the plan covered by a fidelity bond?	10c
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
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
f	Has the plan failed to provide any benefit when due under the plan?	10f
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h
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?	Oj		x			
Par	rt VI Pension Funding Compliance						3
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)						
11a	a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 40	••••			11a		
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Co	de d	or sec	ction 3	302 of	ERISA?	Yes X No



	Form 5500-SF 2015 Page 3-					
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst granting the waiver.		d enter th ay	ne date of Yea		ruling
and the second se	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13		ay	100	ai	
b	Enter the minimum required contribution for this plan year		12b			
c	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 legative amount)	ft of a	12d			ч. "
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes 🗌] N/A
Par	t VII Plan Terminations and Transfers of Assets					
<u>13a</u>	Has a resolution to terminate the plan been adopted in any plan year?	X Ye	es 🗌 N	0		
	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 brough of the PBGC?			[X Yes] No
с 	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	the plan(s) to	o			
	13c(1) Name of plan(s):	130	:(2) EIN(s)	13c(3)	PN(s)
Par	t VIII Trust Information				L	
14a	Name of trust		14b T	rust's EIN		
	PEDIATRIC NEUROLOGY OF HUDSON VALLEY P.L.L.C. PROFIT SHARING PLAN		13-3934638			
140	Name of trustee or custodian		14d Trustee or custodian's telephone number			
Par	t IX IRS Compliance Questions		L			
15a	I Is the plan a 401(k) plan:		Ye:	s	No No	
15k	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	employer	bas bar	sign- sed safe bor thod	ADP/ test	ACP
150	testing method" for nonhighly compensated employees (Treas. Reg. section 1.401(k)-2(a)(2)(ii) and 1.401(2(a)(2)(ii))?	(m)-	Ye:	S	🗌 No	
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section		Rai Pei Tes	rcentage	Avera Bene	age fit Test
160	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combiting this plan with any other plans under the permissive aggregation rules?	ning	Ye:	S	🗌 No	
	I Has the Plan been timely amended for all required law changes?		Ye:	S	🗌 No	□ N/A
17k	Date of the last plan amendment/restatement for the required tax law changes was adopted/_/ instructions for tax law changes and codes).	Enter th	e applica	able code	(Se	е
170	If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volume submitter plan that	t is subject t	o a favo	rable IRS	opinion or	
170	advisory letter, enter the date of that favorable letter / / and the letter's serial numb If the plan is an individually-designed plan and recieved a favorable determination letter from IRS, please determination letter / / /	er. enter the dat	te of plar	n's last fav	orable	
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) ha made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Is	is been lands)?	Ye:	5	No No	
19	Were in-service distributions made during the plan year?	••••••	Ye:	5	No No	
	If Yes, enter amount		19			
20	Were minimum required distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of when not retired) as required under section 401(a)(9)?		T Yes	5	No No	□ N/A



5500-SF Electronic Filing Authorization

Plan Name:PEDIATRIC NEUROLOGY OF HUDSON VALLEY P.L.L.C. PROFIT SHARING PLANEIN/PN:13-3949843/002Plan Year:01/01/2016 - 08/31/2016

I hereby authorize Everett Berger./ to electronically file the above return with the US Department of Labor's Electronic Filing Acceptance System (EFAST).

I have signed Form 5500-SF for this return and understand a scanned copy of this return bearing my manual signature will be included in the electronic filing and posted on the US Department of Labor's internet site for public disclosure.

Plan Administrator 1/1 (sign) 8/31

Plan Sponsor (sign)

8/31/2016