Form 5500-SF	rm 5500-SF Short Form Annual Return/Report of Small Employ Benefit Plan							
Department of the Treasury Internal Revenue Service	This form is required to be filed	This form is required to be filed under sections 104 and 4065 of the Employee Retirement						
Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Income Security Act of 1974 (ERISA), and sections 6 Revenue Code (the Co	057(b) and 6058(a) of the Inde).	nternal		orm is Open to ic Inspection		
	Complete all entries in a Identification Information	ccordance with the ins	structions to the Form 550	0-SF.		-		
For calendar plan year 2015 or f		015	and ending 09/3	30/2016				
A This return/report is for:	X a single-employer plan		plan (not multiemployer) (F employer information in acco		-			
B This return/report is	the first return/report	the final return/repor	t urn/report (less than 12 mor	nths)				
C Check box if filing under:	X Form 5558	automatic extension		<u> </u>	DFVC progr	am		
	special extension (enter descri							
	ormation—enter all requested info	ormation						
1a Name of plan PEDIATRIC ASSOCIATES OF S	OUTHERN WESTCHESTER, PC 40	1K PROFIT SHARING		1b Thre plan (PN)	number	002		
				1c Effect	tive date of	plan 1/1986		
Mailing address (include roc	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O.			2b Emp (EIN)	loyer Identif	ication Number 690091		
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) PEDIATRIC ASSOCIATES OF SOUTHERN WESTCHESTER, PC					2c Sponsor's telephone number 914-235-1400			
			:	2d Busir		see instructions)		
145 HUGENOT STREET NEW ROCHELLE, NY 10801					6211	11		
3a Plan administrator's name a	nd address Same as Plan Sponso	or.	:	3b Adm	inistrator's E	EIN		
4 If the name and/or EIN of th	e plan sponsor has changed since ti	he last return/report filec		3C Adm 4b EIN	inistrator's t	elephone number		
name, EIN, and the plan nu a Sponsor's name	imber from the last return/report.			4c pn				
5a Total number of participants	s at the beginning of the plan year			5a		17		
b Total number of participants	s at the end of the plan year			5b		17		
	account balances as of the end of the			5c		17		
d(1) Total number of active pa	articipants at the beginning of the pla	n year		5d(1)		15		
d(2) Total number of active pa	articipants at the end of the plan yea	r		5d(2)		14		
	t terminated employment during the			5e		0		
Under penalties of perjury and o	or incomplete filing of this return, ther penalties set forth in the instruct and signed by an enrolled actuary, as polete	tions, I declare that I hav	e examined this return/repo	ort, includi	ng, if applic			
SIGN Filed with authorized	I/valid electronic signature.	04/28/2017	SUSAN MEISLER					
HERE Signature of plan	administrator	Date	Enter name of individua	al signing	as plan adn	ninistrator		
SIGN HERE Signature of empl	oyer/plan sponsor	Date	Enter name of individua	al signing	as emplove	r or plan sponsor		
	name, if applicable) and address (inc				telephone			
For Paperwork Reduction Act Noti	ce and OMB Control Numbers, see the	instructions for Form 550	1U-3F.			Form 5500-SF (2015)		

Form 5500-SF 2015		Page 2							
 6a Were all of the plan's assets during the plan year invested in eligi b 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 can c If the plan is a defined benefit plan, is it covered under the PBGC 	f an indeper / and condit not use Fo	ndent qualified public a ions.) rm 5500-SF and must	iccount t instea	ant (IC Id use	PA)	5500.		Yes No	
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning	g of Yea	ar	_		(b) En	d of Year	
a Total plan assets	7a		1329	302	_			1486873	
b Total plan liabilities	7b			0	_			0	
C Net plan assets (subtract line 7b from line 7a)	7c		1329	302	_			1486873	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amoເ	Int				(b)	Total	
a Contributions received or receivable from:	80(1)		69	833					
(1) Employers			35870						
(2) Participants			0						
b Other income (loss)			63017						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)			03017				168720		
d Benefits paid (including direct rollovers and insurance premiums	00							100720	
to provide benefits)	8d		11149						
e Certain deemed and/or corrective distributions (see instructions)	8e			0					
f Administrative service providers (salaries, fees, commissions)	8f			0					
g Other expenses	8g			0					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							11149	
i Net income (loss) (subtract line 8h from line 8c)	8i							157571	
j Transfers to (from) the plan (see instructions)	8i			0					
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 3D	n feature co	odes from the List of Pla	an Cha	racteri	stic Co	odes in t	the instr	uctions:	
B If the plan provides welfare benefits, enter the applicable welfare	feature cod	les from the List of Pla	n Chara	acteris	tic Coc	les in th	ne instru	ctions:	
Part V Compliance Questions									
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		×				
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)		? (Do not include transactions			x				
C Was the plan covered by a fidelity bond?			10c	х				150000	
d Did the plan have a loss, whether or not reimbursed by the plan' by fraud or dishonesty?			10d		x				

Part	VI	Pension Funding Compliance					
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sched)) and line 11a below)	ule SB	(Form	П	Yes	× No
11a	Ente	er the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40	11a				
12	ls th	nis a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 3	02 of E	RISA?	`	Yes	K No

Х

Х

Х

0

Х

10e

10f

10g

10h

10i

10j

e 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

f

g

h

i.

j

the plan? (See 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 of year end.)

If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

2520.101-3.)

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.....

Did the plan trust incur unrelated business taxable income?

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					1					
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
a	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver									
lf	you c	ompleted 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						
-		the amount contributed by the employer to the plan for this plan year		12c						
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative 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?			Ye	es X No				
		es," enter the amount of any plan assets that reverted to the employer this year		13a						
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou								
	of th	e PBGC?	-			Yes X	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							
1	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)			
Part	VIII	Trust Information	-							
14a	Name	of trust		14b Trust's EIN						
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?		Ye	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)?		b h	esign- ased safe arbor nethod	e ADF test	P/ACP			
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))?		Y	es	No				
16a	Chec	k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):	Цр	atio ercentag est		erage nefit test			
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con lan with any other plans under the permissive aggregation rules?	0	Ye	es	No				
17a	Has	he plan been timely amended for all required tax law changes?		Ye	es	No	N/A			
	for ta	the last plan amendment/restatement for the required tax law changes was adopted///x law changes and codes).	•				tructions			
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placer letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable 	IRS opinion	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 pla	in's last fa	avorable				
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. Virgir		Ye	S	No				
19	Were	in-service distributions made during the plan year?		Ye	es	No				
	lf "Y€	es," enter amount		19						
20	Were	required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w d), as required under section 401(a)(9)?		Y	es	No	N/A			

Form 5	500-SF	Short Form Ann		eturn/Report Benefit Plan	of Small Emp	loyee	OMB Nos. 1210-0110 1210-0089			
Department of the Internal Reven		This form is required to be fi	Retirement	2015						
Department Employee Benefits Sec		Income Security Act of 197	4 (ERISA		7(b) and 6058(a) of the		This Form is Open to Public Inspection			
Pension Benefit Guar	anty Corporation	Complete all entries in	accord	ance with the instr	uctions to the Form 5	500-SF.	rubic inspection			
Part I Ann	ual Report I	dentification Informatio	n							
For calendar plan y	ear 2015 or fis	cal plan year beginning 10/01/20	015		and ending 09/	30/2016				
A This return/repo	ort is for:	X a single-employer plan	lis	st of participating em			king this box must attach a ith the form instructions)			
		a one-participant plan		foreign plan						
B This return/repo	rt is	the first return/report	the	final return/report						
		an amended return/report	∐as	hort plan year return	n/report (less than 12 n	nonths)				
C Check box if fili	ng under:	Form 5558	∏ au	Itomatic extension)FVC program			
		Special extension (enter des	L]				, 0			
Part II Basi	c Plan Infor	mation-enter all requested in	<u>, , ,</u>							
1a Name of plan		JTHERN WESTCHESTER, PC			AN & TRUST	1 .	number			
						(PN)				
		······				1	tive date of plan //1986			
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)							over Identification Number			
City or town, st	tate or province	, country, and ZIP or foreign pos JTHERN WESTCHESTER, PC		(if foreign, see instri	uctions)	(EIN) 13-2690091 2c Sponsor's telephone number				
						0.1	(914) 235-1400			
145 HUGENOT STR	EET					20 Busin 62111	ess code (see instructions) 1			
NEW ROCHELLE, N	IY 10801									
		l address XSame as Plan Spor	isor.			3b Admin	histrator's EIN			
4 If the name an				and the second file of f	a daise and an and an adda		nistrator's telephone number			
	id the plan num	plan sponsor has changed since ber from the last return/report.	9 UIE 1881	return/report nieu ru	a uns plan, enter the	4b EIN 4c PN				
_		t the beginning of the plan year.								
		t the end of the plan year				5b	17			
c Number of par	ticipants with a	ccount balances as of the end of	f the plan	n year (defined bene	fit plans do not	5c	17			
		icipants at the beginning of the p				5d(1)	15			
		icipants at the end of the plan ye				5d(2)	14			
e Number of pa	rticipants that te	erminated employment during th	e plan ye	ear with accrued ben	efits that were less	5e	0			
Caution: A penalty	/ for the late o	r incomplete filing of this retur	rn/report	t will be assessed i	unless reasonable ca					
	completed and	er penalties set forth in the instru I signed by an enrolled actuary, ete								
	1 Man V	// 4		UNID	Susan Meisler					
HERE	ture of plan ad			Date	Enter name of individ	ual signing o	s plan administrator			
	and of pidli du	IIIIBƏHQIVI				ଦ୍ୟା ବାସ୍ତ୍ରୀମାମସ୍ତ୍ର ଅ	-> γιατι αυτπβπβμβμβμβ			
SIGN HERE										
Signal		er/plan sponsor me, if applicable) and address (i	include -	Date			s employer or plan sponsor telephone number			
n ioparor o name (n	icidang <u>ai</u> n na			oom of Sate Hamber	1	r iopaici si				

Form	5500-SF	2015
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	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 If you answered "No" to either line 6a or line 6b, the plan cann	an indeper and condit	ndent qualified public a tions.)	account	ant (IC	PA)			X Yes X Yes	□ No □ No
c	If the plan is a defined benefit plan, is it covered under the PBGC in					-		<u> </u>	Not detern	nined
Pa	rill Financial Information	2				-	-d. y			
7	Plan Assets and Liabilities	jusius a	(a) Beginnin	a of Ye	ar			(b) End	of Year	
a	Total plan assets	. 7a	(4) 509.000	132930		-		(10)	1486873	
		. 7b			0			····	0	
	Net plan assets (subtract line 7b from line 7a)			132930)2		1486873			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amo	unt				(b) T	otal	
	Contributions received or receivable from:	CONTRACTOR STOCKED		unt		(b) Total				
	(1) Employers	. 8a(1)		6983	33					
1012112_1010 12	(2) Participants	. 8a(2)		358	70					
	(3) Others (including rollovers)	. 8a(3)			0					
b	Other income (loss)	8b		6301	17					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						168720		
	Benefits paid (including direct rollovers and insurance premiums									u de com
	to provide benefits)	8d		1114	19					
e	Certain deemed and/or corrective distributions (see instructions)	8e			0					dom (Ch.)
f	Administrative service providers (salaries, fees, commissions)	. 8f			0					
g	Other expenses	8g	0							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				11149				
i	Net income (loss) (subtract line 8h from line 8c)	8i							157571	
j	Transfers to (from) the plan (see instructions)	- 8j					energi sest			
Pai 9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the instruc	tions:	
B	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	acterist	tic Cor	des in th	ne instructi	ons:	
Par					N		bu a	1	• •/••	
10	During the plan year:		- B Aline		Yes	No	N/A		Amount	
a	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	/oluntary F	iduciary Correction	10a		х				
b						x				
	reported on line 10a.)			10b	<u> </u>			19 million (19 mil		
C	Was the plan covered by a fidelity bond?			10c	X				1	50000
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 oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		х			12 YO 22 MAY 2012 YO 2 YO	
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	is of year e	ənd.)	10g	Х					0
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		х				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i						
j	Did the plan trust incur unrelated business taxable income?			10j						-
Part	VI Pension Funding Compliance			- INF - INF					1111X79	
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	nents? (If "	Yes," see instructions	and cor	nplete	Scheo	dule SB	(Form	Yes	X No
11a	Enter the unpaid minimum required contribution for all years from	Schedule	SB (Form 5500) line 4	0			11a			12.00

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

Form 5500-SF 2015 Page 3 - 1					
(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 instructions, and granting the waiver	enter the Day		e letter ru Year	ing	
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				
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 left of a negative amount)	12d				
e 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?		Yes	X 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 co of the PBGC?			Yes 🛛	No	
c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)	P				
13c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3) F	N(s)	
Part VIII Trust Information		<u> </u>			
4a Name of trust	14h T	rust's EIN			
14c Name of trustee or custodian	14d Trustee's or custodian's telephone number				
Part IX IRS Compliance Questions				<u> </u>	
15a Is the plan a 401(k) plan?	Yes		No		
15b If "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)?	bas bar	sign- sed safe bor thod	ADP/ACP test		
15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)- 2(a)(2)(ii))?	Yes		No		
6a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	Ratio		Average benefit test		
6b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	Yes		∏ No		
7a Has the plan been timely amended for all required tax law changes?	Yes		No	N/A	
7b Date the last plan amendment/restatement for the required tax law changes was adopted Enter the a for tax law changes and codes).	pplicable	code	(See ins	tructions	
7c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subjec advisory letter, enter the date of that favorable letter and the letter's serial number	t to a fav	orable IRS	opinion c	ır	
7d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of determination letter	the plan'	s last favo	rable		
8 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	Yes		No		
9 Were in-service distributions made during the plan year?	Yes		No		
If "Yes," enter amount	19				
Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)?	Yes		No	□ N/A	