For	m 5500-SF	Short Form Annua	l Return/Report Benefit Plan	of Small Empl	oyee	0	MB Nos. 1210-0110 1210-0089			
	rtment of the Treasury nal Revenue Service	This form is required to be filed		4065 of the Employee R	etirement		2016			
Employee B	epartment of Labor enefits Security Administration	Income Security Act of 1974 (E		57(b) and 6058(a) of the			orm is Open to c Inspection			
	enefit Guaranty Corporation	Complete all entries in ac	cordance with the instr	ructions to the Form 5	500-SF.	T UDI				
For calenda	Annual Report Ic ar plan year 2016 or fisc	dentification Information al plan year beginning 01/01/20	16	and ending 12	2/31/2016					
		a single-employer plan		an (not multiemployer) (king this box	must attach a			
A This ref	turn/report is for:	a one-participant plan	list of participating en a foreign plan	nployer information in ac	cordance v	with the form	instructions.)			
B This retu	urn/report is	the first return/report	the final return/report							
	Ī	an amended return/report	a short plan year retur	n/report (less than 12 m	onths)					
C Check	box if filing under:	K Form 5558	automatic extension		DFVC p	orogram				
	[special extension (enter descrip	tion)							
Part II	Basic Plan Inform	mation—enter all requested info	mation							
1a Name WESTCHES		CINE, PC 401(K) PROFIT SHARIN	IG PLAN & TRUST		1b Thre plan (PN)	number	001			
						ctive date of				
Mailing	 Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 					loyer Identifi	cation Number 89024			
	ESTCHESTER PODIATRIC MEDICINE, PC				2c Sponsor's telephone number 914-424-8338					
984 NORTH YONKERS, I	BROADWAY NY 10701				2d Busi	ness code (s 62139	see instructions) 91			
3a Plan a	dministrator's name and	address 🛛 Same as Plan Spons	or.			inistrator's E inistrator's te	IN elephone number			
name	, EIN, and the plan numb	plan sponsor has changed since th per from the last return/report.	e last return/report filed f	or this plan, enter the	4b EIN					
·	or's name				4C PN					
		t the beginning of the plan year			5a 5b		3			
C Numb	er of participants with ac	t the end of the plan year count balances as of the end of th	e plan year (only defined	contribution plans	50 50		1			
	,	cipants at the beginning of the plar								
d(2) Tot	al number of active parti	cipants at the end of the plan year	•							
		rminated employment during the p			5e		C			
		incomplete filing of this return/								
SB or Sche		er penalties set forth in the instructi signed by an enrolled actuary, as ete.								
SIGN	Filed with authorized/va	lid electronic signature.	09/14/2017	JOHN MARZANO						
HERE	Signature of plan ad	ministrator	Date	Enter name of individ	ual signing	as plan adm	ninistrator			
SIGN HERE										
	Signature of employed name (including firm nar	er/plan sponsor ne, if applicable) and address (incl	Date ude room or suite numbe	Enter name of individ er)		as employe s telephone				

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6a b c	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 a 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 cann If the plan is a defined benefit plan, is it covered under the PBGC in	an indeper and conditi ot use Fo	ndent qualified public accountant (IQ ions.) rm 5500-SF and must instead use	PA) [1] Yes [1] No Form 5500.
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	112592	119029
b	Total plan liabilities	7b	0	0
С	Net plan assets (subtract line 7b from line 7a)	7c	112592	119029
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	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	6437	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		6437

8d

8e

8f

8g

8h

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

Part V Compliance Questions

to provide benefits)....

d Benefits paid (including direct rollovers and insurance premiums

e Certain deemed and/or corrective distributions (see instructions).

f Administrative service providers (salaries, fees, commissions)....

g Other expenses.....

h Total expenses (add lines 8d, 8e, 8f, and 8g).....

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		
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 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		x		
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				

Part	VI	Pension Funding Compliance						
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c m 5500) and line 11a below)					🗌 Y	es 🗙 No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a			
12		his a defined contribution plan subject to the minimum funding requirements of section 412 of the Co					ΓY	es 🗙 No
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а		vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst	tructior	ns, and	l enter t	he date	of the lette	r ruling
	<u> </u>	ting the waiver			_ Day	′	Year _	
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.			1		
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		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the least of the matter 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?				X Yes	s N	C
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a			0
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug rol of the PBGC?	-				Yes X	No
C		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th assets or liabilities were transferred. (See instructions.)	fy the p	olan(s)	to			
1	3c(1)	Name of plan(s):		13c(2)	EIN(s)		13c(3)	PN(s)
Part	VIII	Trust Information						
		of trust			14b 1	Frust's E	EIN	
14c	Name	e of trustee or custodian					s or custodi	an's
						leiepho	ne number	
Par	ı ıv	IRS Compliance Questions						
rai								
15a	Is the	plan a 401(k) plan? If "No," skip b	□	Yes			No	
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section)(3) for the plan year? Check all that apply:		Desig safe h	n-basec arbor	1	Prior ye test	ar" ADP
				"Curre ADP t	ent year' est		N/A	
16a		t testing method was used to satisfy the coverage requirements under section 410(b) for the plan ? Check all that apply:		Ratio perce test	entage		verage enefit test	□ N/A
16b		he plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No	
	the le		-					
	letter		nter the	e date	of the m	ost rec	ent determi	nation
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa ce?		from	Yes	s [No	
19	Was	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Yes	s	No	

	Form 5500-SF	Short Form Annual R	eturn/Report o Benefit Plan	of Small Employ	/ee		OMB Nos. 1210-0110 1210-0089
	Internal Revenue Service	This form is required to be file				2	2016
	Department of Labor ployee Benefits Security Administration Pension Benefit Guaranty Corporation	•	nal Revenue Code (the	Code).			is Open to Public spection
	• •	Complete all entries in accord	dance with the instru	ctions to the Form 550	0-SF.		
	art I Annual Report I calendar plan year 2016 or fisc	dentification Information	01/01/2016	and ending	12	/31/2016	
<u></u>		x a single-employer plan	-	plan (not multiemployer)			x must attach
_	This return/report is for:	a one-participant plan		employer information in a			
-		an amended return/report		rn/report (less than 12 m	nonths)		
С	Check box if filing under:	x Form 5558	automatic extension] DFVC progra	m
þ	art II Basic Plan Infor	mation enter all requested info	rmation				
1.000	Name of plan	ic Medicine, PC 401(k) Pr		lan & Trust	p p	Three-digit blan number PN) ►	001
			1c E	Effective date o	f plan		
2a	Plan sponsor's name (employ Mailing Address (include roon City or town, state or province	1	Employer Identi EIN) 55-07	fication Number 39024			
	Westchester Podiatri		ļ	Sponsor's telep (914) 424-1	8338		
984 North Broadway 2d Business code (see 621391							(see instructions)
	US Yonkers NY 10701						
3a	Plan administrator's name and	d address 🗵 Same as Plan Sponse	or		36 A	Administrator's	EIN
					3c /	Administrator's	telephone number
4	If the name and/or EIN of the name, EIN, and the plan num	plan sponsor has changed since the ber from the last return/report.	last return/report filed	for this plan, enter the	4b E		
	Sponsor's name				4c F	<u>PN</u>	
	•	at the beginning of the plan year			5a		3
b C		at the end of the plan year			5b		3
-	complete this item)	cipants at the beginning of the plan y			5c 5d(1)	1 3
		cipants at the end of the plan year		******	5d(2	2)	3
e	Number of participants that te	rminated employment during the plan	n year with accrued be	nefits that were	5e		0
Ca	aution: A penalty for the late o	or incomplete filing of this return/re	eport will be assessed	d unless reasonable ca	use is e	established.	
Ur SE	der penalties of perjury and oth	ner penalties set forth in the instruction ad signed by an enrolled actuary, as w	ons, I declare that I hav	e examined this return/re	eport, in	cluding, if appli	cable, a Schedule y knowledge and
e	IGN Admin	tuo	09/14/2017	John Marzano			
	ERE Signature of plan admit		Date	Enter name of individua	al signin	g as plan admi	nistrator
S	IGN HUMMEN	Veran	9/14/201-	7			
1000 C	ERE Signature of employer/	plan sponsor	Date	Enter name of individua	al signin	g as employer	or plan sponsor
1	eparer's name (including tirm na kip this question	ame, if applicable) and address (inclu	ide room or suite numb	per)		rer's telephone this questi	
Fo	r Paperwork Reduction Act N	otice, see the instructions for For	m 5500-SF.			Fo	orm 5500-SF (2016) v.160205

	Form 5500-SF 2016		Page 2			-			
6a	Were all of the plan's assets during the plan year invested in eligibl	e assets?	(See instructions.)					XYes N	lo
	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 If you answered "No" to either line 6a or line 6b, the plan canne If the plan is a defined benefit plan, is it covered under the PBGC in	and conditi ot use For	ons.) m 5500-SF and must in	stead	use l	Form	5500.		
	art III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning o	of Yea	r	1		(b) End of Year	
a	Total plan assets	. 7a		12,5		1		119,029	
b	Total plan liabilities	. 7b		/-	0			0	
<u> </u>	Net plan assets (subtract line 7b from line 7a)	. 7c	1:	12,5	92	1	119,029		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			-	(b) Total	n	
а	Contributions received or receivable from:				•				
	(1) Employers	. 8a(1)			0				
	(2) Participants	8a(2)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0	-			
b	(3) Others (including rollovers)	8a(3) 8b		<u> </u>					
	Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)			6,4	37			C 107	
c d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0			6,437	
е	Certain deemed and/or corrective distributions (see instructions)				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)	1		1	10			0	
i	Net income (loss) (subtract line 8h from line 8c)	. 8i		1				6,437	
j	Transfers to (from) the plan (see instructions)	8j			0		1		
Pa	Int IV Plan Characteristics								
T	If the plan provides pension benefits, enter the applicable pension f	eature cod	les from the List of Plan C	harad	teristi	ic Coc	des in t	he instructions:	
	2E 2J 2R								
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature code	s from the List of Plan Ch	aract	eristic	Code	es in th	e instructions:	
Pa	rt V Compliance Questions								
10	During the plan year:		· · · · · · · · · · · · · · · · · · ·		Yes	No	N/A	Amount	
a		itions within	n the time period						
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	oluntary Fid	duciary Correction						
	Program)			10a		x			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		x			
	Was the plan covered by a fidelity bond?			10c		x			
d		fidelity bor	nd, that was caused	10d		x			
e		ner person ne or all of	s by an insurance the benefits under	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 a	s of year e	end.)	10g		x			
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		x			
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10			10i					

Form 5500-SF 2016

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Par	t VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions a (Form 5500 and line 11a below)	•				Yes [K No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 4		11a				
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of th ERISA?					Yes [No
•••••••••••••••••••	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						····
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see granting the waiver		and ente		e of the Ye		uling
lfy	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to li			·1			
b	Enter the minimum required contribution for this plan year		12b				
c	Enter the amount contributed by the employer to the plan for the plan year		12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to negative amount)		12d				
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes 🗌] No		1/A
Par	VII Plan Terminations and Transfers of Assets						
_13a	Has a resolution to terminate the plan been adopted in any plan year?			Yes		No	
	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 brought under the control of the PBGC?						X No	0
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), id which assets or liabilities were transferred. (See instructions.)	entify the plan	(s) to				
1	3c(1) Name of plan(s):	13c(2) E	EIN(s)		13	c(3) PN	(5)
Devi	Will Truck Information Skin Theory Questions						
Parl			441				
14a	Name of trust		140	Trust's E	IN		
14c	Name of trustee or custodian			Trustee d telephon			
Parl	IX IRS Compliance Questions - Skip These Questions						
15a	Is the plan a 401(k) plan? If "No," skip b.	Y	'es			No	
15b	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply	s	Design-ba afe harb Current y DP test	or		"Prior y test N/A	ear" ADP
16a	What testing method was used to satisfy the coverage requirements under section 410(b) for the playear? Check all that apply:	р	atio ercentag est	je 🗌	Avera benef		□ N/A
16b	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a) for the plan year by combining this plan with any other plan under the permissive aggregation rules?		es			No	
17a	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable the letter/ and serial number	IRS opinion le	tter or a	lvisory le	etter, er	nter the	date of
17b	If the plan is an individually-designed plan that received a favorable determination letter from the IR letter	S, enter the da	te of the	most re	cent de	etermina	tion
18	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not service?	•] Yes		No	
19	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?	,	[] Yes		No	