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).

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

 Complete all entries in accordance with the instructions to the Form 5500-SF Annual Report Identification Information For calendar plan year 2016 or fiscal plan year beginning and ending 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** This return/report is for: a one-participant plan a foreign plan the final return/report B This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: DFVC program Form 5558 automatic extension special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit PEDIATRIC ASSOCIATES OF SOUTHERN WESTCHESTER, PC 401K PROFIT SHARING PLAN & TRUST plan number 002 (PN) • 1c Effective date of plan 10/01/1986 2a Plan sponsor's name (employer, if for a single-employer plan) **2b** Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) (EIN) 13-2690091 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Sponsor's telephone number PEDIATRIC ASSOCIATES OF SOUTHERN WESTCHESTER, PC 914-235-1400 2d Business code (see instructions) 145 HUGENOT ST 621111 NEW ROCHELLE, NY 10801 **3a** Plan administrator's name and address X Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 5a 17 5a Total number of participants at the beginning of the plan year 5b 19 **b** Total number of participants at the end of the plan year..... Number of participants with account balances as of the end of the plan year (only defined contribution plans 19 5c complete this item)..... 14 5d(1) d(1) Total number of active participants at the beginning of the plan year..... 5d(2) 13 d(2) Total number of active participants at the end of the plan year.....

than 100% vested Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Number of participants that terminated employment during the plan year with accrued benefits that were less

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and

belief, it is true, correct, and complete.										
SIGN HERE	Filed with authorized/valid electronic signature.	12/19/2018	SUSAN MEISLER							
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator							
SIGN										
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sp							
Preparer's	name (including firm name, if applicable) and address (include i	room or suite numbe	r)	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	an indepe	ndent qualified public a	account	ant (IC	PA)			X Yes	□ No	
	If you answered "No" to either line 6a or line 6b, the plan cann								□ .00	⊔	
С	If the plan is a defined benefit plan, is it covered under the PBGC ir					_	-	_	Not deter	mined	
Pa	rt III Financial Information						-				
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	of Year		
а	Total plan assets	7a		486873			,		1733092		
b	Total plan liabilities	7b		0					0		
С	Net plan assets (subtract line 7b from line 7a)	7c	1	486873	i				1733092		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) T	otal		
а	Contributions received or receivable from:			71207							
	(1) Employers	8a(1)									
	(2) Participants	8a(2)		67760	_						
	(3) Others (including rollovers)	8a(3)		0 107277							
	Other income (loss)	8b		107277	_				0.400.44		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							246244		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0							
е	Certain deemed and/or corrective distributions (see instructions).	8e		0							
f	Administrative service providers (salaries, fees, commissions)	8f		25							
q	Other expenses	8g		0							
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						25			
i	Net income (loss) (subtract line 8h from line 8c)	8i							246219		
j	Transfers to (from) the plan (see instructions)	8i	0								
Pa	rt IV Plan Characteristics	, oj									
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 inst	ructions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	ictions:		
Par	t V Compliance Questions										
10	During the plan year:				Yes	No	N/A		Amount		
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X					
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c	X					175000	
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X					
е	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		X					
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g	X					16308	
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 the exceptions to providing the notice applied under 29 CFR 2520.10			10i							

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Part	VI	Pension Funding Compliance						
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)						Yes X No
		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40						
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?						Yes X No
	(If "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	grant	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	onth _	s, and	d enter t Day		of the lette Year _	er ruling
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		1		
<u>b</u>	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)					12d			
	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			1			
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				Yes	s X N	lo
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year			13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougout of the PBGC?		er the			Yes	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	lan(s)) to			
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3	B) PN(s)
Part	VIII	Trust Information			•			
14a	Name	of trust			14b ⁻	Trust's E	ΞIN	
14c	Name	of trustee or custodian					s or custod ne number	lian's
Par	t IX	IRS Compliance Questions						
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:	- LL ;		n-based narbor	d [Test	ear" ADP
			ΙП '	"Curre	ent year test	<u>"</u>	N/A	
16a 		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
	for the	be plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	'	Yes			No	
	the le							
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rec	ent determ	ination
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 e?		rom	Ye	s [No	
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			Ye	s	No	

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

2016

This Form is Open to **Public Inspection**

Part I		Identification Information							
For calenda	ar plan year 2016 or fis	scal plan year beginning 10/01/201		and ending 09/3					
A :- and		X a single-employer plan	a multiple-employer pla						
A This rec	turn/report is for:	a one-participant plan	list of participating em	ployer information in a	ccordance with the	e form instructions.)			
		A Alta karantana haran	a loreign plan						
B This retu	urn/report is	the first return/report	the final return/report						
_		an amended return/report	a short plan year return	n/report (less than 12 m	nonths)				
C Chark	box if filing under:				_				
C Cileur,	DOX IT TIIII'I G UNGEL.	Form 5558	automatic extension		☐ DFVC progra	ım			
	T = 1 mi Ifo	special extension (enter descr	· ·						
Part II		prmation—enter all requested in	formation		AL Theodia	1			
1a Name	•	Mastabastar DC 401k Profit Sharir	Disa 9 Truet		1b Three-digi	ber			
Pediatiic Ast	SOCIATES OF SOCIALETTE &	Westchester, PC 401k Profit Sharin	ig Plan & Trust		(PN)	002			
					1c Effective d	date of plan			
					10/01/198				
		oyer, if for a single-employer plan)	O Desid			Identification Number			
		m, apt., suite no. and street, or P.C ≿, country, and ZIP or foreign post		ructions)	(EIN) 13-2				
•	sociates Of Southern V			,		s telephone number (914) 235-1400			
						code (see instructions)			
145 Hugenot	t St				621111	Jude (See Histiacus)			
-									
New Rochelle		El - Plan One			31	.			
3a Pian ad	dministrator's name ar	nd address K Same as Plan Spor	nsor.	•	3b Administra	itor's EIN			
					3c Administra	ator's telephone number			
					Tallimonator o telepriorio riamber				
		e plan sponsor has changed since	the last return/report filed fo	or this plan, enter the	4b EIN				
name,	, EIN, and the plan nur	mber from the last return/report.		·					
	or's name				4c PN				
		at the beginning of the plan year				17			
		at the end of the plan year			. 5b	19			
		account balances as of the end of			5c	19			
		rticipants at the beginning of the pl			5d(1)	14			
			•		5d(1)				
		articipants at the end of the plan year terminated employment during the				13			
than 1	100% vested				5e	0			
_Caution: A	A penalty for the late of	or incomplete filing of this return	n/report will be assessed ι	uniess reasonable ca	use is establishe	ed.			
		her penalties set forth in the instruction and signed by an enrolled actuary, a							
belief, it is t	true, correct, and comp	plete.			/t, dila (5	Of the Michigan			
SIGN	Jusan V	neull	12/19/17	Susan Meisler					
HERE	Signature of plan a		Date	Enter name of individ	dual signing as pla	an administrator			
SIGN									
HERE	Signature of emplo	wor/nlan snonsor	Date	Enter name of individ	dual eigning as en	nployer or plan sponsor			
Preparer's		name, if applicable) and address (in		Effet frame of more.	Preparer's telep				
				,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			

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b	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 cann If the plan is a defined benefit plan, is it covered under the PBGC in	an indeper and condit ot use Fo	ndent qualified public a ions.) rm 5500-SF and mus	ccount t instea	ant (IQ d use	PA) Form	5500.		_	Yes No	
Pai	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning (of Year				(b) End	of Year		
а	Total plan assets	7a		148687	'3				17	33092	
b	Total plan liabilities	7b			0					0	
c	Net plan assets (subtract line 7b from line 7a)	7c		148687	3				17	33092	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t		., ,		(b) .	Total		
a	Contributions received or receivable from: (1) Employers	8a(1)		7120	7			<u> </u>			
	(2) Participants				30		<u> </u>		7, 1	. 30	
	(3) Others (including rollovers)	8a(3)			<u> </u>			- No.	, 1	·	
b	Other income (loss)				7		·				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				,.	7-7-4		2	46244	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	<u>8</u> d			0	· ·	73 88 19.				
e	Certain deemed and/or corrective distributions (see instructions)	8e			0	<u> </u>	200				
f	Administrative service providers (salaries, fees, commissions)	<u>8f</u>		2	25	,			**** *********************************		
g	Other expenses	8g			0					·	
<u>h</u>	h Total expenses (add lines 8d, 8e, 8f, and 8g)										
<u>i</u>	i Net income (loss) (subtract line 8h from line 8c)						246219				
j_	Transfers to (from) the plan (see instructions)	[8			0),			<u>.</u>	
Par	t IV Plan Characteristics										
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 ins	tructions	s: 	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	cterist	tic Cod	les in t	the instr	ructions:		
Par								_			
10	During the plan year:				Yes	No	N/A		Amo	unt	
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		x					
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		х					
С	Was the plan covered by a fidelity bond?			10c	Х					175000	
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х					
е	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.)	her person ne or all of	s by an insurance the benefits under	10e		х					
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g	Х					1630	
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							

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Part	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and o (Form 5500) and line 11a below)				Y	es 🛛 No
11a	Enter the unpaid minimum required contributions 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 Co				D Y	es 🛛 No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				-CII - 1-11	
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins granting the waiver	lonth	and enter		Year	ruling
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13	T	_		
b	Enter the minimum required contribution for this plan year	···· <u>···</u> ····	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 I negative amount)	12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No L	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	s 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 broug control of the PBGC?				Yes 🛚	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi which assets or liabilities were transferred. (See instructions.)					
	13c(1) Name of plan(s):	130	(2) EIN(s)		13c(3)	PN(s)
N-website.						
Part	VIII Trust Information					
14a	Name of trust		14b	Trust's l	EIN	
14c	Name of trustee or custodian				s or custodia ne number	an's
Par	IRS Compliance Questions					
15a	Is the plan a 401(k) plan? If "No," skip b		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:	∐ sat	sign-based e harbor	, ["Prior yea	ar" ADP
		∏ "Ci	rrent year P test	<u>"</u> [N/A	
16a	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:		ntio rcentage st		verage enefit test	□ N/A
16b	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	Ye	s		☐ No	
	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS the letter and the serial number					
	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, eletter	nter the da	te of the n	nost rec	ent determin	ation
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 sepaservice?		n Ye	s [No	
19	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		🗌 Ye	s [No	