## 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

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection** 

**Annual Report Identification Information** For calendar plan year 2014 or fiscal plan year beginning and ending 12/31/2014 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the first return/report the final return/report **B** This return/report is an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Part II 1a Name of plan **1b** Three-digit THE CENTER FOR RHEUMATOLOGY, LLP PROFIT SHARING PLAN plan number (PN) ▶ 001 1c Effective date of plan 01/01/1987 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number THE CENTER FOR RHEUMATOLOGY, LLP (EIN) 14-1647576 Sponsor's telephone number 518-489-4471 1367 WASHINGTON AVE. SUITE 101 Business code (see instructions) ALBANY, NY 12206 621111 **3a** Plan administrator's name and address XSame as Plan Sponsor. Administrator's EIN **3c** Administrator's telephone number 4b EIN If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name Total number of participants at the beginning of the plan year ..... 5a 70 **b** Total number of participants at the end of the plan year..... 5b 66 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c complete this item) d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 56 d(2) Total number of active participants at the end of the plan year..... 5d(2) 50 e Number of participants that terminated employment during the plan year with accrued benefits that were 0 5e less than 100% vested. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 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 Filed with authorized/valid electronic signature **SIGN HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN **HERE** 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 ) (optional) Preparer's telephone number (optional)

	Form 5500-SF 2014		Page <b>2</b>							
b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)									
С	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA section 40	21)?		Yes	No	Not deter	mined	
Par	t III Financial Information	1								
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End o	f Year		
a	Total plan assets	7a	64050	060		7158976				
b	Total plan liabilities	7b						0		
	Net plan assets (subtract line 7b from line 7a)	7c		6405060			7158976			
	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total				
	Contributions received or receivable from: (1) Employers	8a(1)	2176	611						
	(2) Participants	8a(2)	2227	715						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b	3808	325						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						8211	51	
	Benefits paid (including direct rollovers and insurance premiums	8d	668	319						
	to provide benefits)  Certain deemed and/or corrective distributions (see instructions)	8e		0						
	Administrative service providers (salaries, fees, commissions)	8f		116						
	Other expenses	8g		0						
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						672	35	
	Net income (loss) (subtract line 8h from line 8c)							7539	16	
j	Transfers to (from) the plan (see instructions)	8i		0						
Par	t IV Plan Characteristics									
	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									
10	During the plan year:				Yes	No	,	Amount		
	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)					Χ				
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X				
C	Was the plan covered by a fidelity bond?			10c	Χ				500000	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X				
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 the plan? (See instructions.)				X				35239	
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)				X				9393	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					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						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Yes	X No	
_11a	Enter the unpaid minimum required contribution for current year fr	om Sched	lule SB (Form 5500) line 39			11a				
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection :	302 of	ERISA?	Yes	X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,									
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter tl Day		e letter ru Year	lling	

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lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 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 negative amount)		1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g 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?		🔲 Y	′es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer the	his year	13a		
b	<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?				Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify th	e plan(s) to		
1	3c(1) Name of plan(s):		<b>13c(2)</b> EI	N(s)	<b>13c(3)</b> PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

## 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

2014

This Form is Open to Public Inspection

Part I		t Identification Information			•					
For calenda	ar plan year 2014 or i	fiscal plan year beginning 01/01/2014  X a single-employer plan		and ending 1	2/31/2014					
A This ret	turn/report is for:	Filers checking this lance with the form	box must attach a list instructions)							
☐ a one-participant plan ☐ a foreign plan ☐ the first return/report ☐ the final return/report										
an amended return/report a short plan year return/report (less than 12 r					neathe)					
			non plan year retuin	meport (less than 12 mi						
C Check box if filing under:					DFVC pro	gram				
special extension (enter description)										
Part II	Rasic Plan Inf	ormation—enter all requested information	ın.		***************************************					
<del></del>		ormation—enter all requested infolmation	154		1b Three-digit					
1a Name of plan THE CENTER FOR RHEUMATOLOGY, LLP PROFIT SHARING PLAN				plan number	. 001					
					1c Effective date of plan 01/01/1987					
	ponsor's name and a ER FOR RHEUMATO	ddress; include room or suite number (emp DLOGY, LLP	loyer, if for a single-e	employer plan)	2b Employer Identification Number (EIN) 14-1647576					
					2c Sponsor's telephone number (518) 489-4471					
1367 WASH SUITE 101	IINGTON AVE.				2d Business co	de (see instructions)				
ALBANY, N					621111					
3a Plan a	dministrator's name	and address XSame as Plan Sponsor.			3b Administrate	r's EIN				
					3C Administrato	r's telephone number				
					OG Administrate	i a telephone number				
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.			4b EiN							
	or's name	ander non the last retains apply,			4c PN	•				
5a Total	number of participan	ts at the beginning of the plan year			5a	70				
b Total number of participants at the end of the plan year					5b	66				
		h account balances as of the end of the plan			5c	66				
d(1) Total number of active participants at the beginning of the plan year				5d(1)	56					
d(2) Total number of active participants at the end of the plan year					5d(2)	50				
Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested					5e	0				
					use is established					
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.  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.										
	The all	A - M	6/29/15	NEAL GREENSTEIN,	MD					
SIGN HERE	2									
-	Signature of plan	administrator	Date .	A	idual signing as plan administrator					
SIGN HERE	- A read	* preincen///	6129/15	·	enstein n					
<u> </u>		loyer/plan sponsor name, if applicable) and address (include i	Date	Enter name of individ		loyer or plan sponsor				
Preparers	name (including firm	name, ir applicable) and address (include i	room or suite numbe	r ) (optional)	Preparer's telepri	one number (optional)				
					1	•				

	Were all of the plan's assets during the plan year invested in eligib					• • • • • • • • • • • • • • • • • • • •	X Yes No		
a	b 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 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 in	nsurance p	rogram (see ERISA section 40	21)? .	🛚	Yes	No Not determined		
Pai	rt III Financial Information								
7	Plan Assets and Liabilities						(b) End of Year		
a	Total plan assets	7a	6405060		1	7158976			
	Total plan liabilities	-	(	)	1		0		
-	Net plan assets (subtract line 7b from line 7a)		6405060	)		7158976			
	Income, Expenses, and Transfers for this Plan Year		(a) Amount		$\top$	(b) Total			
	Contributions received or receivable from:			(a) Amount					
	(1) Employers	. 8a(1)	217611		$\bot$				
	(2) Participants	8a(2)	22271	5	<u> </u>				
	(3) Others (including rollovers)	. 8a(3)	(	)		•			
b	Other income (loss)	. 8b	380825	5					
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c					821151		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	66819	)		<u> </u>			
e	Certain deemed and/or corrective distributions (see instructions)	. 8e	(	)		-			
f	Administrative service providers (salaries, fees, commissions)	. 8f	416	)					
<u>g</u>	Other expenses	. 8g		)					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h				67235			
	Net income (loss) (subtract line 8h from line 8c)		· · · · · · · · · · · · · · · · · · ·		753916				
	Transfers to (from) the plan (see instructions)	· 8j	(	)					
	t IV Plan Characteristics  If the plan provides pension benefits, enter the applicable pension								
b	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								
10	During the plan year:								
a	a Was there a failure to transmit to the plan any participant contributions within the time period described in					No	Amount ·		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)				Yes	No	Amount		
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	uciary Corr	ection Program)	10a	Yes	No X	Amount		
_		uciary Corr t? (Do not i	ection Program)include transactions reported	10a 10b	Yes		Amount		
C	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)	uciary Corr t? (Do not i	ection Program)include transactions reported		Yes X	Х	Amount 500000		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)	uciary Corr t? (Do not	rection Program)	10b		Х			
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)	t? (Do not in the fidelity both fidelity bot	nction Program)	10b 10c	X	x			
d	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidic Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	t? (Do not in the fidelity both fidelity bot	nction Program)	10b 10c		x			
d	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)	t? (Do not fidelity bother person of the ben	nection Program)	10b 10c 10d	X	x	500000		
e	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or other organization that provides some or all instructions.)	uciary Corr t? (Do not fidelity bo her person of the ben	rection Program)	10b 10c 10d 10e 10f	X	x x	500000		
e f g	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)	tree to the control of the ben of the ben of the ben of the sea of year of the instru	nction Program)	10b 10c 10d	x	x x	500000 35239		
e f g	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or other organization that provides some or all 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 a	trick the person of the ben eas of year e (See instru	nction Program)	10b 10c 10d 10e 10f 10g	x	x x	500000 35239		
e f g h	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all 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 at If this is an individual account plan, was there a blackout period? 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided texceptions to providing the notice applied under 29 CFR 2520.10	trick the person of the ben eas of year e (See instru	nction Program)	10b 10c 10d 10e 10f 10g 10h	x	x x	500000 35239		
e f g	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)	tribular control contr	rection Program)	10b 10c 10d 10e 10f 10g 10h 10i	X X X Scheen	X X X X Authorized Section 1	500000 35239 9393		
f g h i Part	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or off insurance service, or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the plat Did the plan have any participant loans? (If "Yes," enter amount at if this is an individual account plan, was there a blackout period? 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	tree required the	rection Program)	10b 10c 10d 10e 10f 10g 10h 10i	X X X	X X X X Authorized Section 1	500000 35239 9393		
f g h i Part	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or other organization that provides some or all 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 at this is an individual account plan, was there a blackout period? 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101.  VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below).	trom Sched	ection Program)	10b 10c 10d 10e 10f 10g 10h 10i	X X X Schee	X X X X A A A A A A A A A A A A A A A A	500000  35239  9393  9 (Form Yes X No		
f g h i Part 11 11a	Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or off insurance service, or other organization that provides some or all 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 at If this is an individual account plan, was there a blackout period? 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101.  VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below).  Enter the unpaid minimum required contribution for current year for the string and the plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below.	trom Sched	ection Program)	10b 10c 10d 10e 10f 10g 10h 10i	X X X Schection	X X X X A A A A A A A A A A A A A A A A	500000  35239  9393  6 (Form Yes X No		

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if y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 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 negative amount)			12d			
e	Will the minimum funding amount reported on line 12d be met by the funding	g 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?	Т	es X No				
	If "Yes," enter the amount of any plan assets that reverted to the employer the	nis year	***********	13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferre of the PBGC?	the control		Yes	X No		
C	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)						
13c(1) Name of plan(s):				13c(2) Ell	V(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)					<u> </u>	
14a Name of trust				<b>14b</b> Tr	ust's EIN		