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

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

Part I		Identification Information				
For calenda	ar plan year 2016 or fi	scal plan year beginning 01/01/2	<u>016</u>	and ending 1	2/31/2016	
∆ This ret	urn/report is for:	a single-employer plan	a multiple-employer pla	an (not multiemployer) (aployer information in a		
74 THIS TOL	uni/report is ion.	a one-participant plan	a foreign plan	projet incimation in at		
B This retu	ırn/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 Check b	oox if filing under:	Form 5558	automatic extension		DFVC progra	ım
Part II	Rasic Plan Info	special extension (enter descr prmation—enter all requested inf	• •			
1a Name		mation—enter all requested ini	ormation		1b Three-dig	it
	HEN, M. D. PROFIT	SHARING PLAN			plan numl	
					1c Effective	date of plan 01/01/1997
	` '	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.C). Box)		2b Employer (EIN)	Identification Number 13-3515975
•	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) EEBER COHEN, M.D.				2c Sponsor's	s telephone number 12-777-1644
	1 FIFTH AVENUE IEW YORK, NY 10003					code (see instructions) 621111
3a Plan ad	dministrator's name a	nd address X Same as Plan Spor	nsor.		3b Administra	 ator's EIN
		<u> </u>			2	ator's telephone number
		e plan sponsor has changed since mber from the last return/report.	the last return/report filed for	or this plan, enter the	4b EIN	
a Sponso	•				4c PN	
5a Total r	number of participants	at the beginning of the plan year			5a	4
		at the end of the plan year			5b	4
		account balances as of the end of			5c	4
		articipants at the beginning of the plant			5d(1)	4
d(2) Tota	al number of active pa	articipants at the end of the plan yea	ar		5d(2)	3
than '	100% vested	terminated employment during the			5e	0
		or incomplete filing of this return				
SB or Sche		ther penalties set forth in the instruction and signed by an enrolled actuary, a plete.				
0.0.0	Filed with authorized	/valid electronic signature.	05/12/2017	LEEBER COHEN		
HERE	Signature of plan a	administrator	Date	Enter name of individ	lual signing as pla	an administrator
SIGN						
HERE	Signature of emplo		Date			mployer or plan sponsor
Preparer's	name (including firm ।	name, if applicable) and address (in	clude room or suite numbe	er)	Preparer's tele	phone 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	
	If you answered "No" to either line 6a or line 6b, the plan cann								<u>—</u>	_
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	Not dete	ermined
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year			((b) End	of Year	
a	Total plan assets	7a	1	085481					1132916	6
b	Total plan liabilities	7b		0)				(
С	Net plan assets (subtract line 7b from line 7a)	7c	1	085481					1132916	5
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) To	otal	
а	Contributions received or receivable from:	0-(4)		0						
	(1) Employers	8a(1)		0						
	(2) Participants	8a(2)		0	_					
	(3) Others (including rollovers)	8a(3)		66772						
	Other income (loss)	8b		00112					66772)
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							00112	-
u	to provide benefits)	8d		0						
е	Certain deemed and/or corrective distributions (see instructions).	8e		0)					
f	Administrative service providers (salaries, fees, commissions)	8f		C)					
g	Other expenses	8g		19337	'					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							19337	7
i	Net income (loss) (subtract line 8h from line 8c)	8i							47435	5
j	Transfers to (from) the plan (see instructions)	8i		C)					
Pa	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2H 2R 3B 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the instr	uctions:	
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	ctions:	
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 contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	iduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
C	Was the plan covered by a fidelity bond?			10c		X				
C	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	n?		10f		X				
9		-		10g	X					8792
h	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		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l tive amount)			12d				
		he 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			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				
				3c(2)	EIN(s)		13c(3) 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 Tressury Internal Revenue Service

Dapartment of Labor Employee Bonofits Security Administration Pension Benefit Gueraniy Corporation

Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filled 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).

QMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

Pension Ber	refit Guaraniy Corporation	Complete all entries		ance with the instru	etions to the Form 55	12-00i	<u></u>	
Part I	Annual Report	t Identification Informati	on		t and the six		70.4004	
For calenda	r plan year 2016 or f	fiscal plan year beginning		01/2016	and ending		12/31/201	
A This retu	ım/report is for:	a single-employer plan	me∐ ell_	nuitiple-employer pla it of participating emp	n (not multiemployer) (i ployer information in ac	Filers corda	cnecking this bo nce with the fon	n instructions.)
, ,		a one-participant plan	at	foreign þlátt				
B This retu	m/report is	the first return/report	==	final return/report	honor does then 12 m	anthe\		
^ O C C C C C C C C C C	15.4515	an amended return/report	Ц.	•	report (less than 12 m/	_	VC program	
C Check b	ox if filing under:	Form 5558		tomatic extension	,	□ "	VO program	
Part II	Basic Plan Info	ormation—enter all requeste		on				
1a Name o	of plan	PROFIT SHARING PLA				1b	Three-digit plan number (PN)	002
						1c	Effective date of 01/01/199	of plan
Mallina	address (include ro	loyer, if for a single-employer pla om, apt., suite no, and street, or	[,] P.O. Box)	44.6		2b		ification Number
City or	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) LEEBER COHEN, M.D.					2c	Sponsor's tele	
								(see instructions)
11 FIFTE	H AVENUE						~~~~	
NEW YOR				NY	10003	3h	Administrator's	FIN
3a Plan ad	3a Plan administrator's name and address 🛭 Same as Plan Sponsor.			Administrator 5 mil				
4 If the s	name and/or EIN of t	the plan sponsor has changed s number from the last return/repo	ince the las	t return/report filed fo	o r thi s plan, enter the	4b	EIN	
a Spons		militari interiori interiori in oper				4c	PN	
5a Total	number of participant	ts at the beginning of the plan y	еаг		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. 5	ia	4
b Total i	number of participan	ts at the end of the plan year ,					ib	4
Numb	er of participants wit	h account balances as of the en	id of the pla	in year (only defined	contribution plans		ic	4
•	•	participants at the beginning of t			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5 0	(1)	4
d(2) Tot	al number of active r	participants at the end of the pla	n year		·····	50	(2)	
than	100% vector	at terminated employment durin			,,	.4	Se Common Section 1	0
Caution: A	penalty for the lat	e or incomplete filing of this r other penalties set forth in the ir	eturn/répo	I doctore that I have	unjess reasonable ca	enort.	including, if son	licable, a Schedule
SB or Sche	aides or perjury and edule MB completed true, correct/andice	/and signed by an enrolled actua	ary, as well	as the electronic ver	rsion of this return/repo	rt, and	to the beat of r	ny knowledge and
SIGN	. //(Λ		51117	LEEBER COHEN			
HERE	Signature of plan	administrator		Date	Enter name of individ	dual s	ig⊓ing as plan a	dministrator
SIGN HERE	Cimmelina of anom	oloyer/plan sponsor	<u>. </u>	Date	Enter name of individ	dual s	igning as emplo	yer or plan sponsor
Preparer's	uame (including gu.	name, if applicable) and addre	ss (include				parer's telepho	
For Paperw	ork Reduction Act No	tice, see the instructions for Forn	1 5500-SF.					Form 5500-SF (2016)

	Form 5500-SF 2016		Page 2							
b.	Were all of the plan's assets during the plan year invested in eligib Are you claiming a walver of the annual examination and report of under 29 CFR 2520 104-467 (See instructions on walver eligibility	an indeper and condit	ndent qualified public a tions.)	ccount	ant (IQ	PA)			X Yes	3 ∏ No 3 ∏ No
	If you answered "No" to either line 6a or line 6b, the plan cann f the plan is a defined benefit plan, is it covered under the PBGC in							∏No I	☐ Not det	ermined
Part			2021-201				- 4	<u> </u>		
	Plan Assets and Liabilities		(a) Beginning o	of Year				b) End d	of Year	
	Total plan essets	7a		085,4	181		,			32,916
	Total plan liabilities	7b		'	Q					0
	Net plan assets (subtract line 7b from line 7a)	7c	1,	085,4	181				1,1	32,916
	ncome, Expenses, and Transfers for this Plan Year		(a) Amoun	t				(b) To	otal	
a	Contributions received or receivable from:	8a(1)			0	-				
	1) Employers	8a(2)			0			_		
	(3) Others (including rollovers)	8a(3)			0					
	Other income (loss)	8b		66,	772				· · ·	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	-	<u> </u>						66,772
d i	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			٥					
e	Certain deemed and/or corrective distributions (see instructions)	8e			0					
Ť,	Administrative service providers (salaries, fees, commissions)	8f			0					
g	Other expanses,	8g		19,	337	<u>.</u>				
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	â h		•						19,337
	Net income (loss) (subtract line 8h from line 8c)	8i								47,435
<u>j</u>	Transfers to (from) the plan (see Instructions)	8j			Q					
Par	t IV Plan Characteristics									
	If the plan provides pension benefits, enter the applicable pension 2A 2E 2H 2R 3B 3D									
b	If the plan provides welfare benefits, enter the applicable welfare t	eature cod	des from the List of Pla	n Chara	cteris	tic Cou	des in t	he instru	ictions:	
Раг	V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	<u> </u>
a	Was there a fallure to transmit to the plan any participant contributes described in 29 CFR 2510,3-102? (See instructions and DOL's N	itions with	in the time period		ŀ					
	Program)			10a		x				
b	Were there any nonexempt transactions with any party-in-interes reported on line 10e.)	t? (Do not	include transactions	10b		х				
c	Was the plan covered by a fidelity bond?		*************************	10c		x	1 1			
ď	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	and, that was caused	10d		х				
ė	Were any fees or commissions paid to any brokers, agents, or of carrier, insurance service, or other organization that provides sor the plan? (See instructions.)	her persor ne or all of	ns by an insurance f the benefits under	10e		х				
f	Has the plan failed to provide any benefit when due under the plan	an?		10f		х		L		
g	Did the plan have any participant loans? (If "Yes," enter amount of	as of year-	end.)	10g	х					8,79
_	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instr	ructions and 29 CFR	10h		х				
i	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	ed notice or one of the	101						

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				* * - 4	· · ·	
Part				· · · · · · · · · · · · · · · · · · ·	· · · · ·	
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co (Form 5500) and line 11a below)				Y	es X 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					es X No
	ERISA?	***************************************		**********		e2 V 140
	If a waíver of the minimum funding standard for a prior year is being amortized in this plan year, see instr granting the waiver	onth	enter t Day		of the letter Year	ruling
lf:	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3,				
þ	Enter the minimum required contribution for this plan year		12b			
Ċ	Enter the amount contributed by the employer to the plan for this plan year		12c			
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le negative amount)	eft of a	12d			
ė	Will the minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No	N/A
Part						₹
	Has a resolution to terminate the plan been adopted in any plan year?			☐ Yes	X No	· · · · ·
-136			42-		<u> </u>	-
	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 brough control of the PBGC?,				Yes X	No
¢	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.)	y the plan(s)	to			
1	3¢(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)
				1		
Part	VIII Trust Information	•				,
h	Name of trust		14b 3	rust's E	ÍN	
14c	Name of trustee or custodian				or custodi	an's
			1	elephon	e number	
Pari	IX IRS Compliance Questions					
		∏ Yeş		Г	No	*****
15a	Is the plan a 401(k) plan? If "No," skip b	- 1 103			-	
15b	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section	Design safe h		Γ	Prior ye	ar" ADP
	401(k)(3) for the plan year? Check all that apply:		ai boi nt year			
		ADP t		L,	N/A	
16a	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan	Ratio		A.,	orogo	
	year? Check all that apply:	perce	ntage		erage nefit test	N/A
46h	Did the plan satisfy the coverage and nondiscrimination regulrements of sections 410(b) and 401(a)(4)					
	Did the plan satisfy the coverage and nondiscrimination requirements of sections 4 10(o) and 40 f(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	_ Yes		L	_ No	
	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS of the letter and the serial number	pinion letter	or advi	sory lette	er, enter the	a date of
17b	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, ent letter	ter the date	of the m	ost rece	nt determir	nation
	Defined Benefit Plan or Money Purchase Pension Plan Only;		r*1	,	7	
	Were any distributions made during the plan year to an employee who attained age 62 and had not separ service?		Ye	š [No No	
19	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?	*,**************	Ye	3] No	