## 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.

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 MANHATTAN SURGICAL ASSOCIATES, LLP PROFIT SHARING PLAN plan number 003 (PN) • 1c Effective date of plan 07/01/1983 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) 13-3444726 (EIN) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) **2c** Sponsor's telephone number MANHATTAN SURGICAL ASSOCIATES, LLP 212-517-8600 2d Business code (see instructions) 25 EAST 69TH STREET 621111 NEW YORK, NY 10021 **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. a Sponsor's name 4c PN 5a 5a Total number of participants at the beginning of the plan year ...... 5b 6 **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 6 5c complete this item)..... 6 5d(1) d(1) Total number of active participants at the beginning of the plan year..... 5d(2) 6 d(2) Total number of active participants at the end of the plan year..... Number of participants that terminated employment during the plan year with accrued benefits that were 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. 05/30/2017 STEPHEN R GORFINE SIGN HERE 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 sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number ) Preparer's telephone number

Form 5500-SF 2016 Page **2** 

<ul> <li>Were all of the plan's assets during the plan year invested in a</li> <li>Are you claiming a waiver of the annual examination and repounder 29 CFR 2520.104-46? (See instructions on waiver eligible lifty you answered "No" to either line 6a or line 6b, the plane</li> </ul>	rt of an independ bility and condition	dent qualified public a	account	ant (IC	(PA)			X Yes	
C If the plan is a defined benefit plan, is it covered under the PBC					_		_	Not dete	ermined
Part III   Financial Information									
7 Plan Assets and Liabilities		(a) Beginning					(b) End		
a Total plan assets		5	550019					5816793	
<b>b</b> Total plan liabilities	7b		31163					15524	
C Net plan assets (subtract line 7b from line 7a)	7c	5	518856					5801269	)
8 Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) To	otal	
a Contributions received or receivable from:  (1) Employers	82(1)		117640						
(1) Employers			0						
(2) Participants	` ` '		0	_					
(3) Others (including rollovers)  b Other income (loss)	<del> </del>		377046						
								494686	
Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)      Benefits paid (including direct rollovers and insurance premiun								101000	
to provide benefits)			177755						
e Certain deemed and/or corrective distributions (see instruction	is). <b>8e</b>		0						
<b>f</b> Administrative service providers (salaries, fees, commissions)	8f		C						
g Other expenses	8g		34518						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	· • • • • • • • • • • • • • • • • • • •							212273	3
i Net income (loss) (subtract line 8h from line 8c)					282413			}	
j Transfers to (from) the plan (see instructions)	8i		C	)					
Part IV Plan Characteristics	1 3 1								
9a If the plan provides pension benefits, enter the applicable pen 2A 2E 3D	sion feature cod	les from the List of Pl	an Cha	racteri	stic Co	des in	the instr	uctions:	
<b>b</b> If the plan provides welfare benefits, enter the applicable welf	are feature code	s from the List of Pla	n Chara	acteris	tic Cod	les in t	he instru	ctions:	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amount	
Was there a failure to transmit to the plan any participant cordescribed in 29 CFR 2510.3-102? (See instructions and DO Program)	L's Voluntary Fig	duciary Correction	10a		X				
<b>b</b> Were there any nonexempt transactions with any party-in-int reported on line 10a.)	erest? (Do not ir	clude transactions	10b		X				
C Was the plan covered by a fidelity bond?			10c	X					50000
d Did the plan have a loss, whether or not reimbursed by the p by fraud or dishonesty?	lan's fidelity bon	d, that was caused	10d		X				
Were any fees or commissions paid to any brokers, agents, of carrier, insurance service, or other organization that provides the plan? (See instructions.)	or other persons s some or all of the	by an insurance he benefits under	10e		X				
f Has the plan failed to provide any benefit when due under the			10f		X				
g Did the plan have any participant loans? (If "Yes," enter amo		-	10g		X				
h If this is an individual account plan, was there a blackout peri 2520.101-3.)	· · · · · · · · · · · · · · · · · · ·		10h		X				
i If 10h was answered "Yes," check the box if you either provide exceptions to providing the notice applied under 29 CFR 252	•		10i						

ı	Form	550	0-SF	201	16

Page 3-	1	
Page 3-	1	

Part	VI	Pension Funding Compliance					
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 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		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co			f	ΠY	es X No
	ERIS (If "\	A?				🖰	
а		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ing the waiver		nd enter i		of the letter Year _	ruling
lf	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.				
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			
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the letive amount)	eft of a	12d			
е	Will t	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					
13a	Has a	a resolution to terminate the plan been adopted in any plan year?			Yes	s X No	)
	If "Y€	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 broug				Yes X	No
С		rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif h assets or liabilities were transferred. (See instructions.)	fy the plan(	s) to			
	13c(1)	Name of plan(s):	13c(	<b>2)</b> EIN(s)		13c(3)	PN(s)
Part	VIII	Trust Information					
14a	Name	of trust		14b	Trust's E	EIN	
14c	Name	of trustee or custodian				s or custodia ne number	an's
Par	t IX	IRS Compliance Questions		•			
15a	Is the	plan a 401(k) plan? If "No," skip b	Yes			No	
15b		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		gn-based harbor	d [	Test	ar" ADP
				rent year test	,"	N/A	
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	Rat	centage		verage enefit test	□ N/A
16b		ne 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		<u>'</u>				
	letter		nter the date	e of the n	nost rec	ent determir	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		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?			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.

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection** 

Part I		t Identification Information				
For calenda	ar plan year 2016 or	fiscal plan year beginning	01/01/2016	and ending	12/31/2	
A ~		X a single-employer plan	a multiple-employer pla	an (not multiemployer) ( aployer information in ac		
A This ret	urn/report is for:	a one-participant plan	a foreign plan	s torri iristi delloris.)		
D This sale	andreas and the	the first return/report	the final return/report			
B This retu	irn/report is	an amended return/report	a short plan year return	a/rapart (lace than 12 m	onthe)	
		an amended return/report	a short plan year return	meport (less than 12 m	iontris)	
C Check t	oox if filing under:	Form 5558	automatic extension		DFVC program	n
	B 1 B1 1 6	special extension (enter desc	50 CONSECUTION -			
Part II		ormation—enter all requested in	formation		1h Three digit	
1a Name	AND A MANAGEMENT OF	ASSOCIATES, LLP PROFIT	SHARING PLAN		1b Three-digit plan numb	
					1c Effective d 07/01/1	
2a Plan sp Mailing	oonsor's name (empl	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.C	D. Box)		VICE SUPPLIES S	dentification Number 3444726
City or	town, state or provin	ASSOCIATES, LLP		ructions)		telephone number
05 77.05	COMIL CARRIED					ode (see instructions)
25 EAST	69TH STREET				621111	
NEW YOR	V-55	NY 10021			2h Administra	LAZ EIN
3a Plan a	dministrator's name	and address X Same as Plan Spo	nsor.		3b Administra	TOT'S EIN
4 1611-			the less set universe of filed f	or this plan aptor the	45 500	
		he plan sponsor has changed since umber from the last return/report.	the last return/report filed to	or this plan, enter the	4b EIN	
a Spons	9.54.754.1867.0241.859.0				4c PN	
5a Total	number of participant	ts at the beginning of the plan year.			5a	7
		ts at the end of the plan year			5b	6
		h account balances as of the end of			5c	6
d(1) Tota	al number of active p	participants at the beginning of the p	lan year		5d(1)	6
d(2) Tota	al number of active p	participants at the end of the plan ye	ar	*******	5d(2)	6
		at terminated employment during the			5e	0
Caution: A	penalty for the late	e or incomplete filing of this retur	n/report will be assessed	unless reasonable ca	use is establishe	d.
SB or Sche	alties of perjury and or edule MB completed true, correct, and cor	other penalties set forth in the instru and signed by an enrolled actuary,	ctions, I declare that I have as well as the electronic ver	examined this return/re rsion of this return/repo	eport, including, if rt, and to the best	applicable, a Schedule of my knowledge and
SIGN	1 Steller	1 R. Tolling or	15/25/17	STEPHEN R GOR	FINE	
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing as pla	n administrator
SIGN	Values	CR. Torfuce, ord	5/25/17	STEPHEN R. GO	RFINE	
HERE	Signature of emp	loyer/plan sponsor	Date /			ployer or plan sponsor
Preparer's	name (including firm	name, if applicable) and address (i	nclude room or suite numbe	er)	Preparer's telep	shone number

	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	an independ	lent qualified public a	ccount	ant (IQ	PA)			X Yes	□ No
	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								A 100	
C	If the plan is a defined benefit plan, is it covered under the PBGC in							-	Not deter	mined
Pai	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year	6		(	(b) End	of Year	
а	Total plan assets	7a		550,					5,81	6,79
b	Total plan liabilities	7b		31,	163				1	5,52
С	Net plan assets (subtract line 7b from line 7a)	7c	5,	518,	856				5,80	1,269
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	it				(b) <sup>7</sup>	Total	
а	Contributions received or receivable from: (1) Employers	8a(1)		117,	640					
	(2) Participants	8a(2)			0					
	(3) Others (including rollovers)	8a(3)			0					
b	Other income (loss)	8b		377,	046	ЩШ				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	TIN TIL TIL						49	4,68
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		177,	755					
е	Certain deemed and/or corrective distributions (see instructions)	8e			0					
f	Administrative service providers (salaries, fees, commissions)	8f			0					
g	Other expenses	8g		34,	518					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							21	2,27
i_	Net income (loss) (subtract line 8h from line 8c)	8i							28	2,41
j	Transfers to (from) the plan (see instructions)	8j			0					
Pai	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 3D	feature cod	es from the List of Pl	an Cha	racteri	stic Co	odes in	the ins	tructions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature code	s from the List of Pla	n Char	acterist	ic Cod	des in t	he instr	ructions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
а		oluntary Fig	duciary Correction	10a		х				
b	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	t? (Do not in	clude transactions	10b		х				
С	Was the plan covered by a fidelity bond?			10c	Х				50	00,00
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 other carrier, insurance service, or other organization that provides son the plan? (See instructions.)	her persons ne or all of t	by an insurance ne benefits under	10e		х				
f	Has the plan failed to provide any benefit when due under the pla	in?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-er	nd.)	10g		Х				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	Table Control of the	Control of the Contro	10h		Х				
j	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10	he required	notice or one of the	10i						

Page 2

Form 5500-SF 2016

	Form 5500-SF 2016 Page <b>3</b> -						
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instruc (Form 5500) and line 11a below)					Ye	s No
110	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500				************	1	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 41 ERISA?  (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	12 of the C	ode or sectio	n 302 of		Ye	s X No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan ye granting the waiver.	ear, see ins	structions, and	d enter t Day		of the letter Year	ruling
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and sk						
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			
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sine amount)	sign to the	left of a	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?		***************************************		Yes	X No	8
	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 placentrol of the PBGC?	an, or brou	ght under the		]	Yes X	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another pla which assets or liabilities were transferred. (See instructions.)						
	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 E	IN	
14c	Name of trustee or custodian					or custodia e number	in's
Par	t IX IRS Compliance Questions						
152	Is the plan a 401(k) plan? If "No," skip b		Yes			No	
15b	How did the plan satisfy the nondiscrimination requirements for employee deferrals under set 401(k)(3) for the plan year? Check all that apply:		☐ safe	n-based harbor ent year	_	Prior yea test	ar" ADP
16a	What testing method was used to satisfy the coverage requirements under section 410(b) for year? Check all that apply:		Ratio			erage nefit test	□ N/A
16b	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and for the plan year by combining this plan with any other plan under the permissive aggregation		Yes		[	No	
17a	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a fave the letter and the serial number.			r or advi	sory lette	er, enter the	date of
	If the plan is an individually-designed plan that received a favorable determination letter from letter	the IRS, e	enter the date	of the n	nost rece	nt 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 h service?	ad not sep	parated from	Ye	s [	] No	
19	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior pla	n year?		Ye	s	] No	