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

2016

This Form is Open to Public Inspection

_ F	arti Annuai Kepor	t identification information			
For	calendar plan year 2016 or t	fiscal plan year beginning 01/01/2	2016 and ending	12/31/2016	
Α	This return/report is for:	a single-employer plan	a multiple-employer plan (not multiemploye list of participating employer information in		
		a one-participant plan	a foreign plan		
B ⁻	This return/report is	the first return/report	the final return/report		
		an amended return/report	a short plan year return/report (less than 12	? months)	
С	Check box if filing under:	Form 5558	automatic extension	DFVC program	
		special extension (enter desc	• /		
Pa	art II Basic Plan Info	ormation—enter all requested in	formation		
	Name of plan			1b Three-digit	
THE	CENTER FOR RHEUMATO	LOGY, LLP PROFIT SHARING PL	AN	plan number	
				(PN) •	001
				1c Effective dat	te of plan 1/01/1987
2a		oyer, if for a single-employer plan)	O. David	· ·	entification Number
		om, apt., suite no. and street, or P.0 ce, country, and ZIP or foreign pos	J. Box) tal code (if foreign, see instructions)	(=114)	4-1647576
THE	CENTER FOR RHEUMATO		,	2c Sponsor's te	elephone number 489-4471
				2d Business co	de (see instructions)
	WER PLACE				21111
	FLOOR NY, NY 12203				
3a	Plan administrator's name a	and address X Same as Plan Spo	nsor.	3b Administrato	r's EIN
				3c Administrato	r's telephone number
4	If the name and/or FIN of th	ne nlan snonsor has changed since	the last return/report filed for this plan, enter the	4b EIN	
•		umber from the last return/report.	The last rotally report med for this plan, enter the		
<u>a</u>	Sponsor's name			4c PN	
5a	Total number of participant	s at the beginning of the plan year.			78
b	·	• •		5b	79
С			the plan year (only defined contribution plans	5c	67
d			lan year	F 1(4)	57
	• •		ear	- (a)	60
е			e plan year with accrued benefits that were less	5e	(
	ution: A penalty for the late	or incomplete filing of this retur	n/report will be assessed unless reasonable		
SB		and signed by an enrolled actuary,	actions, I declare that I have examined this return as well as the electronic version of this return/rep		
SIG		d/valid electronic signature.	06/21/2017 NEAL S GREENST	EIN, MD	

Date

Dat<u>e</u>

Signature of plan administrator

Signature of employer/plan sponsor

Preparer's name (including firm name, if applicable) and address (include room or suite number)

HERE

SIGN HERE Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

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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	an indeper and conditi	ndent qualified public a	ccount	ant (IC	(PA)			X Ye	
С	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes	No	Not det	termined
Par	t III Financial Information	•								
7	Plan Assets and Liabilities		(a) Beginning	of Year			((b) End	of Year	
a	Total plan assets	7a	7	412773					838750	2
b	Total plan liabilities	7b		0	ı					0
С	Net plan assets (subtract line 7b from line 7a)	7c	7-	412773					838750	2
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt				(b) T	otal	
	Contributions received or receivable from:	0-(4)		146526						
	(1) Employers	8a(1)		285345						
	(2) Participants	8a(2)	•	18668	_					
	(3) Others (including rollovers)	8a(3)		652501						
	Other income (loss)	8b							110304	0
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c							110004	
	to provide benefits)	8d		127220						
е	Certain deemed and/or corrective distributions (see instructions).	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f		1091						
g	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							12831	1
i	Net income (loss) (subtract line 8h from line 8c)	8i				974729				9
j	Transfers to (from) the plan (see instructions)			C						
Par	Part IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 3D 2A 2T 2F 3B	feature co	des from the List of Pl	an Cha	racteri	stic Co	odes in	the insti	uctions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es 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 contributescribed 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				
С	Was the plan covered by a fidelity bond?			10c	X					500000
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					38894
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	s of year-e	end.)	10g	X					36350
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)					[] `	∕es X No
		the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a			
12		s a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?					│	res X No
	(lf "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	grant	aiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	/lonth _	s, and	d enter t Day		of the lette Year _	er ruling
If	you co	empleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		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		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the live amount)			12d			
		ne 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	s X N	lo
	If "Y€	s," 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 brougol 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	olan(s)) to			
	13c(1)	Name of plan(s):	1	3c(2)	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			14d Trustee's or custodian's telephone number			
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No	
		lid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	IШ		n-based narbor	d [Prior ye test	ear" ADP
				"Curre	rent year" N/A test			
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply: Ratio perce test					centage Average N			□ 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?							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 rece	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 e?		rom	Ye	s [No	
19	Was a	any plan participant a 5% owner who had attained at least age 70 $^{1\!\!/}$ 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.

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

	t Identification information			4.004.0				
For calendar plan year 2016 or t	fiscal plan year beginning 01/01/201		and ending 12/3					
A This return/report is for:	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.)						
71 ma recurring port to soi.	a one-participant plan	a foreign plan	•					
B This return/report is								
	an amended return/report	a short plan year return	/report (less than 12 m	onths)				
C Check box if filling under:	Form 5558	automatic extension		DFVC progran	n			
	special extension (enter descri	iption)						
Part II Basic Plan Info	ormation—enter all requested inf	ormation						
1a Name of plan				1b Three-digit				
•	LOGY, LLP PROFIT SHARING PLA	AN		plan numbe (PN) ▶				
				1c Effective da 01/01/1987	•			
	loyer, if for a single-employer plan)) Povi		, , ,	dentification Number			
City or town, state or provin	om, apt., suite no. and street, or P.O nce, country, and ZIP or foreign posta	al code (if foreign, see instr	uctions)	(EIN) 14-16 2c Sponsor's	telephone number			
THE CENTER FOR RHEUMATO	LOGY, LLP				518) 489-4471 ode (see instructions)			
4 TOWER PLACE				621111	ode (see instructions)			
8TH FLOOR								
ALBANY, NY 12203				3h Administrat	tore FIN			
3a Plan administrator's name a	and address K Same as Plan Spon	nsor.		3b Administrator's EIN				
				3c Administrat	tor's telephone number			
					•			
4 If the name and/or EIN of the	he plan sponsor has changed since	the last return/report filed fo	r this plan, enter the	4b EIN				
name, EIN, and the plan no a Sponsor's name	umber from the last return/report.			4c PN				
	s at the beginning of the plan year			5a 7				
	is at the end of the plan year			5b	79			
c Number of participants with	n account balances as of the end of i	the plan year (only defined	contribution plans	5c	67			
• •	articipants at the beginning of the pla			5d(1)	57			
` ·	participants at the end of the plan year			5d(2)	60			
e Number of participants that	at terminated employment during the	plan year with accrued ber	nefits that were less	5e	0			
than 100% vested	or incomplete filing of this return	drenort will be assessed	unless reasonable car	use is establishe	d.			
Under negaties of perium and o	other penalties set forth in the instruc- and signed by an enrolled actuary, a	ctions. I declare that I have	examined this return/re	port, including, if a	applicable, a Schedule			
belief, it is true, correct, and cor	nplete.							
01014								
HERE Signature of plan	Signature of plan administrator Date Enter name of individual signing as plan administrator							
SIGN			<u></u>					
HERE Signature of empl	loyer/plan sponsor	Date			ployer or plan sponsor			
Preparer's name (including firm	Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number							

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b c	Were all of the plan's assets during the plan year invested in eligible 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 lif 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 indepe and condi ot use Fo	ndent qualified public accountations.) tions.) orm 5500-SF and must instea	ant (IQ d use	PA) Form	5500.		X Yes X Yes Not determin	No
_ Pa	rt III Financial Information		(a) Basinning of Voor	Т			b) End	of Year	
	Plan Assets and Liabilities	7a	(a) Beginning of Year 741277				D) LIIU (8387502	
<u>a</u> b	Total plan assets	7b		0				0	
	Total plan liabilities	7c	741277	'3				8387502	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			•••	(b) To	otal	
a	Contributions received or receivable from: (1) Employers	8a(1)	14652	:6					
	(2) Participants	8a(2)	28534	5	<u> </u>	11,711			
	(3) Others (including rollovers)	8a(3)	1866	8					
b	Other income (loss)	8b	65250)1					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1103040	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	12722	- -					- : : : - : : :
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		0	<u> </u>				
f	Administrative service providers (salaries, fees, commissions)	8f	109		<u> 1799 - 9</u> 50 - 94				11.11.11.11.11.11.11.11.11.11.11.11.11.
<u>g</u>	Other expenses	8g		0	N.4.11			400044	
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		375. T				128311	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i				. 1 1 2 1 2		974729	
<u>j</u> _	Transfers to (from) the plan (see instructions)	8j		0		3-55 1	- 10 (10 (10 h)		
Pa	rt IV Plan Characteristics						Mara Inc.		
9a 	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 3D 2A 2T 2F 3B								
b	b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:								
Pa	rt V Compliance Questions								
10	During the plan year:			Yes	No	N/A		Amount	
6	Was there a failure to transmit to the plan any participant contributions described in 29 CFR 2510.3-102? (See instructions and DOL's Nergoram)	/oluntary	Fiduciary Correction		х				

10	ouring the plan year:				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	٠	х			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х			
С	Was the plan covered by a fidelity bond?	10c	Х			500000	
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	х			38894	
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			36350	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		х			
í	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					

	2	
age'	J-	1

Part '						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com (Form 5500) and line 11a below)	plete Sche	edule SI	3	Ye:	No X
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a		1	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code ERISA?	or section	302 of		. Ye	s X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				of the letter r	uling
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions the waiver	ctions, and th	enter ti Day	ne date	Year _	unng
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	Т	401			
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		126			
d		ofa	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	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			
b		under the			Yes X	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t which assets or liabilities were transferred. (See instructions.)					
1	13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) i	PN(s)
1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2						
Part	VIII Trust Information		4.41. =			
14a	Name of trust	***************************************	146 7	Trust's E	EIN	
14c	Name of trustee or custodian				s or custodia ne number	n's
Par	t IX IRS Compliance Questions					
•	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 section	Design safe h	n-based arbor		"Prior yea	r" ADP
	401(k)(3) for the plan year? Check all that apply:	Curre ADP t	ent year' est	a] 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:	Ratio perce test	entage		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?	Yes			No	
	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opi the letter and the serial number					
17b	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter	r the date	of the m	ost rece	ent determina	ition
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 separa service?	ted from	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	