## 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

Par	t I Annual Report	t Identification Information							
For ca	alendar plan year 2016 or f	fiscal plan year beginning 01/01/2	2017 and ending 0	9/01/20	)17				
<b>A</b> Th	nis return/report is for:	<ul><li>a single-employer plan</li><li>a one-participant plan</li></ul>	a multiple-employer plan (not multiemployer) list of participating employer information in a a foreign plan		-				
<b>B</b> Thi	is return/report is	the first return/report an amended return/report	the final return/report  a short plan year return/report (less than 12 m	nonths)	onths)				
	neck box if filing under:	Form 5558 special extension (enter descr	. ,	DF	VC program				
Par		ormation—enter all requested inf	formation						
	lame of plan MAN MEDICAL ASSOCIA	TES, PC			Three-digit plan number (PN)	002			
				1c	Effective date of 01/01	plan /2008			
N	lailing address (include roc	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O ce, country, and ZIP or foreign posta			Employer Identif (EIN) 11-25	ication Number 668647			
	MAN MEDICAL ASSOCIA		ar code (ir foreign, see instructions)		Sponsor's teleph 718-436	-3705			
	TH STREET (LYN, NY 11219-2919			2d	Business code (s	,			
<b>3a</b> P	lan administrator's name a	and address 🗵 Same as Plan Spor	nsor.		Administrator's E				
4	W 500 (4)					elephone number			
r	the name and/or FIN of the name, EIN, and the plan nu ponsor's name	the last return/report filed for this plan, enter the	4b EIN 4c PN						
		a at the haginning of the plan year		5a		1:			
_				-		<u> </u>			
C N	Number of participants with	s at the end of the plan year a account balances as of the end of t	the plan year (only defined contribution plans	5b 5c					
			an year	5d(	1)	1			
			ar	5d(	-				
e	Number of participants that than 100% vested	t terminated employment during the	plan year with accrued benefits that were less	5e	)				
			n/report will be assessed unless reasonable ca						
			ctions, I declare that I have examined this return/re as well as the electronic version of this return/repor						

bellet, it is t	irue, correct, and complete.							
SIGN	Filed with authorized/valid electronic signature.	09/07/2017	ROBERT SCHULMAN	AN				
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 sponso					
Preparer's name (including firm name, if applicable) and address (including		oom or suite number	r )	Preparer's telephone number				

Form 5500-SF 2016 Page **2** 

	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 and condit	ndent qualified public a	account	ant (IQ	PA)			Yes No Yes No
c	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					_	-	Пио П	Not determined
	rt III   Financial Information	isurarioo p	Mogram (See EINOA Se	oction 4	021):	····· L	103		140t acterminea
7	Plan Assets and Liabilities		(a) Beginning	of Year			-	(b) End of `	Year
a	Total plan assets	7a		371572			0		
b	Total plan liabilities	7b		5553					
	Net plan assets (subtract line 7b from line 7a)	7c	2	366019					0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt				(b) Tota	ıl
а	Contributions received or receivable from:		, ,						
	(1) Employers	8a(1)							
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)		61064					
	Other income (loss)	8b		01001					61064
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							01004
	to provide benefits)	8d	2	424993					
е	Certain deemed and/or corrective distributions (see instructions).	8e							
f	Administrative service providers (salaries, fees, commissions)	8f		2090					
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							2427083
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-	2366019
j	Transfers to (from) the plan (see instructions)	8j							
Pai	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 3D 2F	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the instruct	tions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	ic Cod	des in t	he instruction	ons:
Par	t V Compliance Questions								
10	During the plan year:				Yes	No	N/A	ļ	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				75000
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			
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	he require	d notice or one of the	10i					

Page 3-	1	
---------	---	--

Part	VI	Pension Funding Compliance							
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c m 5500) and line 11a below)						Yes	No
	Ente	er 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	Ιп	Yes X	No
	(If "	SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а		vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see insting the waiver.		is, and	d enter t Day		of the le Yea	-	1
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.						
b	Enter	the minimum required contribution for this plan year			12b				
С	<b>c</b> Enter the amount contributed by the employer to the plan for this plan year								
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the lative amount)	eft of a		12d				
<u>e</u>	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A	4
Part	VII	Plan Terminations and Transfers of Assets							
13a	Has	a resolution to terminate the plan been adopted in any plan year?				X Yes	3	No	
	If "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a			242	24993
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug rol of the PBGC?					X Yes	☐ No	
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi h assets or liabilities were transferred. (See instructions.)	ify the p	olan(s)	) to				
1	3c(1)	Name of plan(s):	1	13c(2)	EIN(s)		130	<b>(3)</b> PN(s)	)
<u> </u>									
Part	VIII	Trust Information							
14a	Name	of trust			14b	Trust's E	EIN		
14c	Name	e of trustee or custodian					s or cust ne numb		
Part	: 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:		safe h	n-based narbor	L	] "Prior test	year" AD	)P
	,		ΙП	"Curre	ent 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:		Ratio perce test	entage		verage enefit tes	.t 📗 1	N/A
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e 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 etter/ and the serial number	opinior						of
	letter		nter the	date	of the n	nost rec	ent deter	mination	
	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 sepace?		rom	Ye	s [	No		
19	Was	any plan participant a 5% owner who had attained at least age 70 $^{1\!\!2}$ during the prior plan year?			Ye	s [	No		

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Short Form Annual Return/Report of Small Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2016

sellis Security Administration

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).

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation > Complete all entries in accordance with the instructions to the Form 5500-SF. Part I Annual Report Identification Information 01/01/2017 For calendar plan year 2016 or fiscal plan year beginning 09/01/2017 and ending a multiple-employer plan (not multiemployer) (Filers checking this box must attach a X a single-employer plan A This return/report is for. list 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) C Check box if filing under: Form 5558 automatic extension DFVC program special extension (enter description) Part II Basic Plan Information—enter all requested information 1b Three-digit 1a Name of plan clen number 000 Schulman Medical Associates, PC (PN) > 1c Effective date of plan 01/01/2008 2a Plan sponsor's name (employer, if for a single-amployer plan) 2b Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) (EIN)11-2568647 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Sponsor's telephone number Schulman Medical Associates, PC 718-436-3705 2d Business code (see instructions) 901 48th Street 621111 Brooklyn 11219-2919 3a Plan administrator's name and address 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 refurn/report. a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year 5a 11 b Total number of participants at the end of the plan year. 0 c. Number of participants with account balances as of the end of the plan year (only defined contribution plans 5c complete this item) 0 5d(1) d(1) Total number of active participants at the beginning of the plan year 11 5d(2) d(2) Total number of active participants at the end of the plan year 0 Number of participants that terminated employment during the plan year with accrued benefits that were less 58 than 100% vested 0 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 09/01/2017 Robert Schulman SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN Signature of employer/plan sponsor Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address (include mom or suite number) Preparer's telephone number

m.	-	-	-
m		w	-4

Form	ERA	B 4049	254	di
PORTE	DOU	いっつに	<b>AUT</b>	O

C	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 2520.104-487 (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 independ and conditio ot use Form	ent qualified public ns.) n 5500-SF and mus	accoun st inste	ad use	PA) Fom	n 5500.	.p	Yes	No   No   No
Pa	rt III   Financial Information					-	4			
7	Plan Assets and Liabilities		(a) Beginning	of Year	,		-	(b) End	of Year	
a	Total plan assets	7a	2,	371,	572					0
b	Total plan liabilities	7b		5,	553					
c	Net plan assets (subtract line 7b from line 7a)	7c	2	, 366,	019					0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	nt				(b) T	fotal	
a	Contributions received or receivable from: (1) Employers	8a(1)								
	(2) Participants	Ba(2)								***************************************
	(3) Others (including rollovers)	8a(3)	· · · · · · · · · · · · · · · · · · ·						***************************************	
b	Other income (loss)	8b		61,	064					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							-	51,064
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2,	424,	993					
0	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		2,	090					
g	Other expenses	8g								
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					*******		2,4	27,083
i	Net income (loss) (subtract line 8h from line 8c)	81							-2,3	56,019
j	Transfers to (from) the plan (see instructions)	81		-						
Par	t IV Plan Characteristics		• • • • • • • • • • • • • • • • • • • •						······································	
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 3D 2F	feature code	s from the List of Pl	an Cha	racteri	stic Co	odes in	the inst	ructions:	
b				01						
	If the plan provides welfare benefits, enter the applicable welfare fe	enture codes	from the List of Pla	n Chan	ecteris	tic Cod	des in t	he instru	actions:	
		eture codes	from the List of Pla	n Chan	ecteris	tic Cod	des in ti	he instru	ections:	
Pari		eture codes	from the List of Pla	n Chan	Yes	No	des in t	he instru	Amount	
Pari	t V Compliance Questions  During the plan year:  Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-1027 (See instructions and DOL's V	ions within t	he time period uciery Correction	10a				he instru		
Pan 10 a	t V Compliance Questions  During the plan year:  Was there a failure to transmit to the plan any participant contribut	tions within toluntary Fide	he time period uciary Correction			No		he instru		
Pan 10 a b	During the plan year:  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)  Were there any nonexempt transactions with any party-in-interest.	ions within to oluntary Fid 7 (Do not inc	he time period uciary Correction	10a		No		he instru		75,000
Pari 10 a b	During the plan year:  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)  Were there any nonexempt transactions with any party-in-interest reported 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	tions within toluntary Fid 7 (Do not inc	he time period uciary Correction	10a	Yes	No		he instru		75,000
Pan 10 a b	During the plan year:  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)  Were there any nonexempt transactions with any party-in-interest reported 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 by fraud or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some	ions within tooluntary Fid  ? (Do not income fidelity bond er persons to be or all of the	the time period uciary Correction stude transactions that was caused by an insurance abenefits under	10a 10b 10c	Yes	No X		he instru		75,000
Pari 10 a b	During the plan year:  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)  Were there any nonexempt transactions with any party-in-interest reported 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 by fraud or dishonesty?  Were any fees or commissions paid to any brokers, agents, or other plan to the plan's by fraud or dishonesty?	ions within tooluntary Fid ? (Do not inc fidelity bond er persons to or all of the	he time period uciary Correction dude transactions that was caused by an insurance benefits under	10a 10b 10c 10d	Yes	No X X		he instru		75,000
Pari 10 a b c d	During the plan year:  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)  Were there any nonexempt transactions with any party-in-interest reported 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 by fraud or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth carrier, insurence service, or other organization that provides some the plan? (See instructions.)	ions within toluntary Fide Property of the Pro	he time period uciary Correction lude transactions that was caused by an insurance	10a 10b 10c 10d	Yes	No X X X		he instru		75,000
Part 10 a b c d	During the plan year:  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)  Were there any nonexempt transactions with any party-in-interest reported 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 by fraud or dishonesty?  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.).	ions within to oluntary Fid (Do not income fidelity bond er persons to e or all of the come fidelity bond fidelity	the time period uciery Correction  Under transactions  I that was caused by an insurance a benefits under	10a 10b 10c 10d	Yes	X X X X		he instru		75,000

						· · · · · · · · · · · · · · · · · · ·
Part VI					1	
	s this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c Form 5500) and line 11a below)	omplete Sc	hedule S	В		Yes [] N
	nter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a			
E	s this a defined contribution plan subject to the minimum funding requirements of section 412 of the Co RISA?		on 302 o	1		Yes X N
a If gr	a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst canting the waiver.	onth	nd enter Dar		of the lette Year	er ruling
If you	u completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5600), and akip to line 1	3.				
b En	ter the minimum required contribution for this plan year	10.1440-4	12b			
C Ent	ter the amount contributed by the employer to the plan for this plan year		12c			
	ubtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le egative amount)	eft of a	12d			
e w	fill 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 H	as a resolution to terminate the plan been adopted in any plan year?	on II formation		X Yes	1 [] a	Vo.
If	"Yes," enter the amount of any plan assets that reverted to the employer this year		13a		2	424,99
	vere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug ontrol of the PBGC?		9		Yes [	
C If,	, during this plan yeer, any assets or fiabilities were transferred from this plan to another plan(s), identif hich assets or liabilities were transferred. (See instructions.)		s) to			
130	13c(1) Name of plan(s):		2) EIN(s)		13c(	3) PN(s)
Part VI	II Trust Information	, <del>, , , , , , , , , , , , , , , , , , </del>	14h	Trust's E	=INI	
1 - Validadi	ile of Busi		1.45	110303	-114	
14c Nar	me of trustee or custodian				s or custoo ne number	
Part IX	IRS Compliance Questions		1			
15a is ti	he plan a 401(k) plan? If "No," skip b.	Yes		ĺ	No	
	w did the plan satisfy the nondiscrimination requirements for employee deferrals under section (k)(3) for the plan year? Check all that apply:	□ safe	gn-base harbor rent year	Ł	*Prior y	ear" ADP
		ADP		-	NA	
	nat testing method was used to satisfy the coverage requirements under section 410(b) for the plan ar? Check all that apply:	Rati percitest	o entage		verage enefit test	O NA
	the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) the plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes			∏ No	
	ne plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS of letter	opinion lette	er or advi	isory lett	er, enter th	ne date of
	ne plan is an individually-designed plan that received a favorable determination letter from the IRS, en	ter the date	of the n	nost rece	ant determ	ination
Wei	fined Benefit Plan or Money Purchase Pension Plan Only: re any distributions made during the plan year to an employee who attained age 62 and had not sepa vice?	rated from	[] Ye	s [	] No	
19 Wa	s any plan participent a 5% owner who had attained at least age 70 % during the prior plan year?		Ye	s [	No	

Page 3-

Form 5500-SF 2016