-	m 5500-SF	Short Form Annu	al Return/Repo Benefit Plan		oyee	OMB Nos. 1210-01 1210-008	
	rtment of the Treasury nal Revenue Service	This form is required to be file	d under sections 104 an	d 4065 of the Employee Re		2016	
Employee B	epartment of Labor enefits Security Administration	Income Security Act of 1974	(ERISA), and sections 6 Revenue Code (the Co		Internal	This Form is Open to Public Inspection	
	enefit Guaranty Corporation	Complete all entries in a	accordance with the in	structions to the Form 55	00-SF.		
For calenda	Annual Report Ic Ar plan year 2016 or fisc	dentification Information al plan year beginning 01/01/2	016	and ending 12	/31/2016		
		a single-employer plan		plan (not multiemployer) (F		king this box must attach a	
A This ret	urn/report is for:	a one-participant plan		employer information in acc		-	
B This retu	urn/report is	the first return/report an amended return/report	the final return/repor	t urn/report (less than 12 mc	onths)		
C Check	box if filing under:	Form 5558	automatic extension	г Г	DFVC p	rogram	
	[special extension (enter descr	iption)				
Part II		mation—enter all requested inf	ormation				
1a Name DAVID SEIN	of plan FELD, MD, PLLC 401K	PLAN		_	(PN)	number 001	
					1c Effec	tive date of plan 01/01/2008	
Mailing	address (include room,	r, if for a single-employer plan) apt., suite no. and street, or P.C country, and ZIP or foreign posta		structions)	2b Empl (EIN)	oyer Identification Number 20-3697260	
	FELD, MD, PLLC		ai code (il loreign, see il	structions	2c Spor	isor's telephone number 212-288-1538	
	TH STREET, SUITE 214 NY 10065-5841			-	2d Busir	ess code (see instructions) 621111	1
3a Plan a	dministrator's name and	address X Same as Plan Spor	isor.		3b Admi	nistrator's EIN	
				_	3c Admi	nistrator's telephone numbe	Эr
A 16.0					41		
name	, EIN, and the plan numb	blan sponsor has changed since per from the last return/report.	the last return/report file	d for this plan, enter the	4b EIN		
	or's name	the basis is a file at a second			4c PN 5a		4
_		t the beginning of the plan year			5a 5b		4
C Numb	er of participants with ac	t the end of the plan year	the plan year (only defin	ed contribution plans	50 50		4
	,	einente et the heatinging of the pl			5d(1)		4
• •		cipants at the beginning of the plan	-		5d(1)		3
e Numb	per of participants that te	cipants at the end of the plan yea rminated employment during the	plan year with accrued	benefits that were less	5e		C
		incomplete filing of this return			se is estal	olished.	
Under pena SB or Sche	alties of perjury and othe	r penalties set forth in the instruct signed by an enrolled actuary, a	tions, I declare that I ha	ve examined this return/rep	ort, includi	ng, if applicable, a Schedule	
SIGN		lid electronic signature.	10/03/2017	JOANNE PAGLIARO			
HERE	Signature of plan ad	ninistrator	Date	Enter name of individu	al signing	as plan administrator	
SIGN							
HERE	Signature of employe		Date			as employer or plan sponso	or
Preparer's	name (including firm nar	ne, if applicable) and address (in	clude room or suite num	lber)	Preparer's	telephone number	
		see the Instructions for Form 5500	05			Form 5500-SF (201	

6a b	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 indepe and condit ot use Fo	ndent qualified public accountant (tions.) rm 5500-SF and must instead u	(IQPA) Se Form 5500.
<u>с</u>	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	program (see ERISA section 4021))? Yes No Not determined
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	522412	559524
b	Total plan liabilities	7b		
С	Net plan assets (subtract line 7b from line 7a)	7c	522412	559524
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	2602	
	(2) Participants	8a(2)	26602	
	(3) Others (including rollovers)	8a(3)		
b		8b	27213	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		56417
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	18970	
e	Certain deemed and/or corrective distributions (see instructions).	8e		
f	Administrative service providers (salaries, fees, commissions)	8f	335	
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		19305
i	Net income (loss) (subtract line 8h from line 8c)	8i		37112

Part IV Plan Characteristics

j

Transfers to (from) the plan (see instructions)

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 3B 3D

8j

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	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		Х		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х		
C	Was the plan covered by a fidelity bond?	10c	Х			55000
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		
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		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х		
i	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				

Part	VI	Pension Funding Compliance						
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co m 5500) and line 11a below)						Yes 🗙 No
11a	Ente	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a			
12		his a defined contribution plan subject to the minimum funding requirements of section 412 of the Co						Yes 🗙 No
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					-	
а	,	valver of the minimum funding standard for a prior year is being amortized in this plan year, see instr	uctior	ns, and	d enter t	he date	of the lett	er ruling
	gran	ting the waiver	onth _		_ Day		_ Year	
lf	you c	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			
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le ative amount)			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	s XI	No
		es," enter the amount of any plan assets that reverted to the employer this year			13a			
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough rol of the PBGC?	nt und	er the			Yes	X No
c	lf, d	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)			to			
1		Name of plan(s):		13c(2)	EIN(s)		13c(3) PN(s)
Part	VIII	Trust Information						
14a	Name	e of trust			14b ⊺	Frust's E	IN	
14c	Name	e of trustee or custodian					s or custo ne number	
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:		Desig safe h	n-basec arbor	ł	"Prior y test	ear" ADP
				"Curre ADP t	ent year est	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	N/A	
16a		t 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
16b		he 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	
	the le		-			-		
	letter		er the	e date	of the m	nost rece	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 separce?		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	

			<u> </u>				A COMPANY OF A COMPANY
Form 5500-SF	Short Form Annu			of Small Empl	фуее	c	MB Nos. 1210-0110 1210-0089
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Pension Benefit Guarenty Corporation	Complete all entries in a	accordance with the lr	atru	ictions to the Form &	500-SF.	FUDI	c mapaciton
	t identification information						
For calendar plan year 2016 or		01/01/2016	_	and ending		(31/201	
A This return/report is for:	🔟 a single-employer plan	a multiple-employe list of participating a foreign plan	emp	n (not multlemployer) (ployer information in ac	Filers check cordance v	king this bo: with the form	(must affach a 1 instructions.)
B This return/report is	the first return/report	the final return/repo	1000				
	an amended return/report	La snort plan year re	um	report (less than 12 m			
C Check box if filing under:	Form 5558	automatic extensio	n)			rogram	
Denia Dian Inf	ormation—enter all requested inf	· · ·					
1a Name of plan	ormation-enter all requested for	ormation	-	2002	1b Thre	dialt	
David Seinfeld, MD,	PLLC 401k Plan					number	
51014 00111010, 110,					(PN)		001
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	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.C	Box)			2b Emp		ication Number
City or town, state or provir David Seinfeld, MD,	nce, country, and ZIP or foreign post	al code (if foreign, see i	hstru	uctions)	2c Spor	nsor's telepi	none number
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20 East 68th Street	, Suite 214						
New York			łY	10065-5841			10
3a. Plan administrator's name	and address 🔣 Same as Plan Spor	1081			30 Adm.	Inlatrator's E	EIN
			11-		db. Fill		
name, EIN, and the plan n	he plan sponsor has changed since number from the last return/report.	the last return/report file	a 10	r mis plan, enter the	4b EIN	2	
a Sponsor's name							
	ts at the beginning of the plan year						
C Number of participants with	ts at the end of the plan year h account balances as of the end of t	the plan year (only defin	ed d	contribution plans	5c		
					5d(1)		
	participants at the beginning of the planet				5d(2)		· · · · ·
Number of participants the	participants at the end of the plan yes at terminated employment during the	plan year with accrued	ben	efits that were less	5e		
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the second	other penalties set forth in the instruct and signed by an enrolled actuary, a	tions declare that hi	N/0 #	9X8070108/0 (11)9 (80.00/08	DOM. INCIUL	IL. II AUDIN	able, a Schedule knowledge and
TENON Oak	it service ba			David Seinfel	д		
HERE Signature of plan	administrator	Date /0/5/	7	Enter name of Individ	ual signing	as plan adn	ninistrator
I Descara							
Signature of emp	lover/plan sponsor	Date		Enter name of Individ	ual signing	aa employe	r or plan sponsor
Preparer's name (Including firm	name, if applicable) and address (in	olude room or suite nui	nber)	Preparent	s telephone	
							and the second
For Paparwork Reduction Act Not	dice, see the instructions for Form 5500	-BF.				F	orm 8500-SF (2015) y,160205
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	an independent of the require contract of the req contract of the require contract of the require cont	ble assets? (See Ins) an independent qua and conditions.) not use Form 5500- nsurance program (s (a) 7a 7b 7c 7c 8e(1) 8a(2) 8a(3) 8b 8c 8d 8a 8d 8a 8f 8g 8h 8i 8j 8j 6h 8i 8j 8j 6h 8i 8j 8j 6h 8i 8j 7 6 9 8 8 7 8 9 8 9 8 9 8 1 8 1 8 1 8 1 8 1 8 1 8 1	an independent qualified public a and conditions.)	Dele assets? (See instructions.)	ble assets? (See instructions.) an independent qualified public accountant (i and conditions.) not use Form 5500- SF and must instead us nsurance program (see ERISA section 4021)? (a) Beginning of Year 7a 522,412 7b 7c 522,412 (a) Amount Be(1) 2,602 Ba(2) 26,602 Ba(2) 26,602 Ba(3) 5 8b 27,213 Bc	ble assets? (See instructions.) an independent quotified public accountant (IQPA) and conditions.) not use Form 5500- SF and must instead use Form naurance program (see ERISA section 4021)?	Die assets? (See instructions.)	Die assets? (See instructions.)	Die asseta? (See instructions.) X an independent quotified public accountant (IQPA) X and conditions.) F and must instead use Form 5500. naurance program (see ERISA section 4021)? Yes [No] Not determ independent quotified public accountant (IQPA) No naurance program (see ERISA section 4021)? Yes [No] Not determ independent quotified public accountant (IQPA) No independent quotified public accountant (IQPA) No independent quotified public accountant (IQPA) No naurance program (see ERISA section 4021)? Yes [No] independent quotified public accountant (IQPA) Yes

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Farm 5500-SF 2016	Page 3-	
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art Miz Pension Funding Compliance		
11 Is this a dafined benefit plan aubject to minimum funding requirementa? (If "Yes," a (Form 5500) and line 11a below)		XN
11a Enter the unpaid minimum required contributions for all years from Schedule SB (F 12 Is this a defined contribution plan subject to the minimum funding requirements of		
12 Is this a defined contribution plan subject to the minimum funding requirements of ERISA? (If "Yes," complete line 12s or lines 12b, 12c, 12d, and 12s below, as applicable.)		
8 If a walver of the minimum funding standard for a prior year is being amortized in the granting the walver.	Month Day Year	ng
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 550		
b Enter the minimum regulaed 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 (enter negative amount)		
e Will the minimum funding amount reported on line 12d be met by the funding deadled and the second seco	line? Ves Vo V	I/A
en Mile Plan Terminations and Transfers of Assets	i Martine and an an	
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 yea	ar	
b Were all the plan assets distributed to participants or beneficiaries, transferred to a control of the PBGC?		
C If, during this plan year, any assets or liabilities were transferred from this plan to a which assets or liabilities were transferred. (See instructions.)		
13c(1) Name of plan(s):	13c(2) EIN(s) 13c(3) PN(8)
an Vill Trust Information		
4a Name of trust	14b Trust's €IN	
4C Name of trustee or custodian	14d Trustee's or custodian's telephone number	
IRS Compliance Questions		
5a is the plan a 401(k) plan? If "No," skip b	Yes No	
5b How did the plan satisfy the nondiscrimination requirements for employee deferrals 401(k)(3) for the plan year? Check all that apply:		DP
16a What testing method was used to satisfy the coverage requirements under section 4 year? Check all that apply:	iest	N/A
	10(b) and 401(a)(4) Yes No	o of
for the plan year by combining this plan with any other plan under the permissive ag	in manual fevorable IRS opinion letter or advisory letter, enter the date	G U
for the plan year by combining this plan with any other plan under the permissive ag 17a if the plan is a master and prototype plan (M&P) or volume submitter plan that receive the letter and the serial number	ved a favorable IRS opinion letter or advisory letter, enter the date	-
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17a if the plan is a master and prototype plan (M&P) or volume submitter plan that receives the letter and the serial number 17b if the plan is an individually-designed plan that received a favorable determination is	lved a favorable IRS opinion letter or advisory letter, enter the date atter from the IRS, enter the date of the most recent determination 82 and had not separated from	-