## Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

## 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	016	and ending 1	2/31/2016			
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 11110101		a one-participant plan	a foreign plan	, , , , , , , , , , , , , , , , , , , ,		,		
<b>B</b> This retu	urn/report is	X 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 program	m		
F		special extension (enter descr	. ,					
Part II	Basic Plan Info	ormation—enter all requested inf	ormation					
1a Name of DR. RUDELL	of plan LI PROFIT SHARING	PLAN			1b Three-digir plan numb			
					1c Effective d	late of plan 01/01/2016		
Mailing	oonsor's name (emplo g address (include roo		2b Employer I (EIN)	Identification Number 22-3405845				
	town, state or province PATHOLOGISTS, PC	ce, country, and ZIP or foreign posta	al code (if foreign, see instr	uctions)		telephone number 1-410-9453		
20 WEST 621	RD STREET, APT 28I	M			2d Business of	code (see instructions)		
NEW YORK,		VI				621111		
3a Plan ad	dministrator's name a	nd address 🛛 Same as Plan Spon	nsor.		<b>3b</b> Administra	tor's EIN		
					3c Administra	tor's telephone number		
					, tarrimiotra	tor o toropriorio marridor		
		e plan sponsor has changed since to mber from the last return/report.	the last return/report filed fo	or this plan, enter the	4b EIN			
<b>a</b> Sponso	•				4c PN			
<b>5a</b> Total r	number of participants	at the beginning of the plan year			5a			
<b>b</b> Total r	number of participants	s at the end of the plan year			5b	2		
		account balances as of the end of t	. , , ,	•	50			
		articipants at the beginning of the pla			5d(1)	2		
		articipants at the end of the plan yea			5d(2)	2		
		terminated employment during the			5e	0		
		or incomplete filing of this return						
SB or Sche		ther penalties set forth in the instruc and signed by an enrolled actuary, a plete.						
SIGN		/valid electronic signature.	10/04/2017	RAOUL RUDELLI				
HERE	Signature of plan a	administrator	Date	Enter name of individ	dual signing as pla	ın administrator		
SIGN HERE								
	Signature of emplo		Date			ployer or plan sponsor		
Preparer's	name (including firm r	name, if applicable) and address (in	clude room or suite numbe	r )	Preparer's telep	hone number		

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<b>b</b> 4	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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indepe and condi	ndent qualified public a	account	ant (IC	(PA)			X Yes	No No
	f 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					_	_		Not deterr	mined
Part	III Financial Information						•		_	
<b>7</b> F	Plan Assets and Liabilities		(a) Beginning	of Year			(	(b) End	of Year	
<b>a</b> 1	Total plan assets	7a	, j	0				. /	84860	
b 1	Total plan liabilities	7b		0	)				0	
C N	Net plan assets (subtract line 7b from line 7a)	7c		0	)				84860	
<b>8</b> I	ncome, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) To	otal	
	Contributions received or receivable from:			84860						
	1) Employers	8a(1)		0	_					
	2) Participants	8a(2)		0	_					
	3) Others (including rollovers)	8a(3)		0						
	Other income (loss)	8b							84860	
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							04000	
	o provide benefits)	8d		0	)					
<b>e</b> (	Certain deemed and/or corrective distributions (see instructions).	8e		0	)					
f A	Administrative service providers (salaries, fees, commissions)	8f		O						
g	Other expenses	8g		0						
h 1	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							0	
i	Net income (loss) (subtract line 8h from line 8c)	8i						84860		
jτ	Fransfers to (from) the plan (see instructions)	8j		C						
Part	IV Plan Characteristics									
	If the plan provides pension benefits, enter the applicable pension 2A 2E 3D 3H	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 f	eature cod	des from the List of Pla	n Chara	acteris	tic Cod	des in t	he instru	ctions:	
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 contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's \Program)	oluntary F	Fiduciary 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					15000
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 otl carrier, insurance service, or other organization that provides son the plan? (See instructions.)	her person ne or all of	s by an insurance the benefits under	10e		X				
f	Has the plan failed to provide any benefit when due under the plan	an?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g		Χ				
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 t exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i						

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Part	VI	Pension Funding Compliance						
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule (Form 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 "Yes," 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	<b>C</b> Enter the amount contributed by the employer to the plan for this plan year							
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			
	e 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			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			
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		<b>13c(3)</b> PN(s)	
Part	VIII	Trust Information			•			
14a	Name	of trust			14b <sup>-</sup>	Trust's E	ΞIN	
14c	Name	of trustee or custodian			<b>14d</b> 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	
		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
	<b>16b</b> 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 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 Treesury Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Gueranty 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 section 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				
TO.	r calendar plan year 2016 or fi		01/01/20		12/31/2016	
A	This return/report is for:	x a single-employer plan	a list of particip	oloyer plan (not multiemploye pating employer information i		
-,		a one-participant plan	a foreign plan	December 100		
ь	This return/report is:	x the first return/report	the final return	· · · · ·	~	
		an amended return/report	a short plan ye	ear return/report (less than 12	? months)	
C	Check box if filing under:	Form 5558 special extension (enter desc	automatic oxte	insion	DFVC pro	gram
13	PRINCIPAL MALE TO THE PARTY			41.		
	Partili Basic Plan Info Name of plan	ormation — onter all requested	I Information		1b Three-digit	
i G	•	י מחזים שו און			plan number	
	DR. RUDELLI PROFIT	SHARING FIRM			(PN) ►	002
					1C Effective date 01/01/20	,
<b>2</b> a	Plan sponsor's name (emplo Mailing Address (include roo	لأيتروني والمراجع والم والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراج		entification Number		
	City or town, state or province REGIONAL PATHOLOGI:	nce, country, and ZIP or foreign pos	TO COUR (II IOLEIGHT S	ee manucaons)	2c Sponsor's te	
	REGIONAL FAIRCECT.	nun y ru			(201) 41	
	30 WEST 63RD STREET	T, APT 28M			2d Business con 621111	de (see instructions)
	DS NEW YORK MY 10023					
3a	Plan administrator's name a	and address X Same as Plan Sp	xonsor		3b Administrato	r's EIN
	•					
					3c Administrato	r's telephone number
	***					
4	name, EIN, and the plan nur	ne plan sponsor has changed since imber from the last return/report.	the last return/report	t filed for this plan, enter the	4b EIN	
	Sponsor's name				4c PN	
	• •	s at the beginning of the plan year		****************	5a 5b	2
þ		s at the end of the plan year		. a - 1 bib disa shape	_   <del></del>	. 2
C	Number of participants with complete this Item)	account balances as of the end of	the plan year (only o	ісіілео сопирины рына	5c	2
d		articipants at the beginning of the pt	en vear	the same of the sa	5d(1)	2
	• •		•		5d(2)	2
a)		rticipants at the end of the plan yea terminated employment during the		ad banatite that were		£
e	less than 100% vosted	terminated employment during the		eu ochono ana visio	_ 5e	0
G;		e or incomplete filing of this retu		ensend unless reasonable (	cause is established.	
Ur	nder penalties of perfury and o	other penalties set forth in the instru	uctions, I declare that	l ) have examined this return	report, including, if app	plicable, a Schodule
SE	B or Schedule MB completed a elief, it is true, correct, and opt	and signed by ac-enrolled actuary, hiplote.	as well as the electro	onic version of this return/rep	ort, and to the best of	my knowledge and
	Y Y	7~0077	10/4/	/ RACUL RUDELLI		
S.	SIGN HERE Signature of plan son	ministrator	Date	Enter name of individ	dual signing as plan ad	lministrator
MI	Contration / 1/	V-INI)	10/4/	/ > RAOUL RUDELLI	M	A MA
//S	SIGN: HERE Signature of engloye	/sien energy	Date		dual signing as employ	er or blen sponsor
		name, if applicable) and address (i			Proparer's telepho	
	ikip this question	(1001)10) it whiletoning a but a analysis of	of the banks of Pathagan are are	111111111111111111111111111111111111111	Skip this que	

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6a	Were all of the plan's assets during the plan year invested in eligible	assets? (S	See instructions.)	•••••	•••••	•••••	•••••	•••••	x Yes	No
_	Are you claiming a waiver of the annual examination and report of ar	•	•	ıntant	(IQPA	<b>A</b> )				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility ar							•••••	XYes	□No
	If you answered "No" to either line 6a or line 6b, the plan cannot					_		_		
	If the plan is a defined benefit plan, is it covered under the PBGC ins	urance pro	ogram (see ERISA sectior	n 402	1)?		Yes	∐ No	Not de	termined
Pa	art III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of	f Year	•			(b) End	of Year	
а	Total plan assets	7a			0				84,	860
b	Total plan liabilities	7b			0					0
С	Net plan assets (subtract line 7b from line 7a)	7c			0				84,	860
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b) T	otal	
а	Contributions received or receivable from: (1) Employers	8a(1)	8	34,8	60					
	(2) Participants	8a(2)			0					
	(3) Others (including rollovers)	8a(3)			0					
b	Other income (loss)	8b			0					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-				84,	 860
d	Benefits paid (including direct rollovers and insurance premiums								017	
	to provide benefits)	8d			0					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e			0					
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f			0					
g	Other expenses	8g			0					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				-				0
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i			_	_			84,	360
	Transfers to (from) the plan (see instructions)	8j			0					
$\overline{}$	art IV   Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension fe	ature code	es from the List of Plan Ch	naract	eristic	Code	s in the	instructi	ons:	
_	2A 2E 3D 3H									
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	s from the List of Plan Cha	aracte	ristic (	Codes	in the	instructio	ns:	
Ш										
	art V Compliance Questions					1				
<u>10</u>	During the plan year:			.	Yes	No	N/A		Amount	
а	1 31 1		· · · · · · · · · · · · · · · · · · ·							
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vol	•	•	10a		x				
b	Program)  Were there any nonexempt transactions with any party-in-interest?			IUa						
	reported on line 10a.)			10b		x				
C	Was the plan covered by a fidelity bond?	•••••	••••••	10c	х				1	L5,000
C	Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty?	-		10d		х				
е	,	er persons e or all of t	by an insurance he benefits under	10e		х				
f	Has the plan failed to provide any benefit when due under the plan	?	••••••	10f		х				
	Did the plan have any participant loans? (If "Yes," enter amount as	of year e	nd.)	10g		х				
h		See instru	ctions and 29 CFR	10h		x				
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101	e required	notice or one of the	10i						

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Part VI Pension Funding Compliance									
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions a (Form 5500 and line 11a below)				☐ Yes	X No				
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 4		11a		1					
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the	·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·								
ERISA?									
granting the waiver			)ay	Year					
b Enter the minimum required contribution for this plan year.		12b							
C Enter the amount contributed by the employer to the plan for the plan year									
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to									
negative amount)									
e 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>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or beneficiaries transferred to another plan, or beneficiaries.				Yes X	No				
C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), is 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 - Skip These Questions			I						
14a Name of trust		14k	Trust's E	IN					
14c Name of trustee or custodian		140	Truston o	or custodian					
14C Name of trustee of custodian		140		e number	5				
Part IX IRS Compliance Questions - Skip These Questions									
<b>15a</b> 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-			or year" ADP				
401(k)(3) for the plan year? Check all that apply:		safe har		test					
		"Current ADP tes	,	☐ N/A	1				
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plant of t		Ratio		Average					
year? Check all that apply:		percenta test	age	benefit tes	t   N/A				
<b>16b</b> Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a for the plan year by combining this plan with any other plan under the permissive aggregation rules		Yes		☐ No					
17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable the letter/ and serial number		etter or a	dvisory let	ter, enter th	e date of				
17b If the plan is an individually-designed plan that received a favorable determination letter from the IR letter/	RS, enter the d	ate of the	e most rec	ent determin	nation				
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 service?			Yes	☐ No					
19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year		••••••	Yes	☐ No					