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).

▶ 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**

A This return/report is for. a single-employer plan a unique-proper plan a single-employer plan a law for participant plan a law for participant plan a law for participant plan a one-participant plan a foreign plan a foreign plan a matupale-employer plan (not multismoployer) (Filers checking this box must attach a list of participants and participant plan a foreign plan a	Part I		Identification Information							
A This return/report is for: a one-participant plan a foreign plan a foreign plan a foreign plan a foreign plan B This return/report a mended return/report a short plan year return/report (less than 12 months)	For calenda	ar plan year 2016 or f	iscal plan year beginning 01/01/2	2016	and ending 12	2/31/2016				
B This return/report is	A This ret	urn/report is for:	X a single-employer plan			_				
C Check box if filing under:		·	a one-participant plan	a foreign plan						
C Check box if filing under:	B This retu	urn/report is								
Part II Basic Plan Information —enter all requested information										
Part II Basic Plan Information—enter all requested information 1a Name of plan JACOB RAKHMAN MD PC PROFIT SHARING PLAN 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apr., sulte no, and street, or P.O. Box) Accober Rakhman MD PC Effective date of plan	C Check I	oox if filing under:	H	_		DFVC program				
The name of plan JACOB RAKHMAN MD PC PROFIT SHARING PLAN										
Date Part Date	_		ormation—enter all requested in	formation		41	T			
Comparison Com			TT SHARING PLAN			plan number	002			
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Sponsor's telephone number 212:228-6777 2d Business code (see instructions) 621111						1c Effective date of	ıf plan			
City of town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) ACC Sponsor's telephone number 212-228-6777 2d Business code (see instructions) 81 IRVING PLACE, SUITE 1F NEW YORK, NY 10003 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number 3c Administrator's telephone number 3c Administrator's telephone number 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4 Sponsor's name 4 DEIN 5a Total number of participants at the beginning of the plan year. 5 Total number of participants at the end of the plan year. 5 Total number of participants at the end of the plan year. 5 Detail number of participants at the beginning of the plan year (only defined contribution plans complete this item). 5c 2 4d(1) Total number of active participants at the beginning of the plan year. 5d(2) 2 6d(2) Total number of active participants at the beginning of the plan year. 5d(2) 2 6 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. Linder penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. Sign Flied with authortzed/valid electronic signature. 10/12/2017 JACOB RAKHMAN HERE Signature of employer/plan sponsor Date Enter name of individual signing as plan administrator		· ·	, , , , , , , , , , , , , , , , , , , ,			2b Employer Ident	fication Number			
Same					ructions)	(=+)				
3a Plan administrator's name and address ☑ Same as Plan Sponsor. 3b Administrator's telephone number 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 5a Sponsor's name 5a Total number of participants at the beginning of the plan year. 5 Total number of participants at the end of the plan year. 5 Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item). 6c Number of participants at the beginning of the plan year. 5c 2 6d(1) Total number of active participants at the beginning of the plan year. 6d(2) Total number of active participants at the end of the plan year. 6d(2) Total number of participants at the end of the plan year. 6d(2) Total number of participants at the end of the plan year. 6d(2) Total number of participants at the end of the plan year with accrued benefits that were less than 100% vested. 6d(2) Total number of participants has terminated employment during the plan year with accrued benefits that were less than 100% vested. 6d(2) Total number of participants has terminated employment during the plan year with accrued benefits that were less than 100% vested. 6d(2) Total number of participants has terminated employment during the plan year with accrued benefits that were less than 100% vested. 6d(2) Total number of participants has terminated employment during the plan year with accrued benefits that were less to the plan year with accrued benefits that were less to the plan year with accrued benefits that were less than 100% vested. 6d(2) Total number of participants has terminated employment during the plan year with accrued benefits that were less to the plan year with accrued benefits that were less to the plan year with accrued benefits that were less to the plan year with accrued benefits that were less to the plan year with accrued benefits that were less to the plan year with	JACOB RAK	HMAN MD PC								
3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year	81 IR\/ING P	LACE SUITE 1E					`			
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year						6211	111			
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 3 Sponsor's name 4 C PN 5a Total number of participants at the beginning of the plan year	3a Plan a	dministrator's name a	nd address X Same as Plan Spor	nsor.		3b Administrator's	EIN			
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 3 Sponsor's name 4 C PN 5a Total number of participants at the beginning of the plan year						3c Administrator's	telenhone number			
name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year						7 Administrator 5	telephone number			
name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year										
name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year	4 If the r	name and/or FIN of th	nan snonsor has changed since	the last return/report filed f	for this plan, enter the	4b EIN				
5a	name	, EIN, and the plan nu		the last return/report med i	or this plan, enter the					
b Total number of participants at the end of the plan year			a at the haginning of the plan year			<u> </u>	0			
C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	_					-				
d(1) Total number of active participants at the beginning of the plan year										
d(2) Total number of active participants at the end of the plan year	compl	ete this item)								
Provided the second state 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. SIGN Filed with authorized/valid electronic signature. 10/12/2017 JACOB RAKHMAN						· · · · · · · · · · · · · · · · · · ·				
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. SIGN HERE Filed with authorized/valid electronic signature. Date Enter name of individual signing as employer or plan sponsor Date Enter name of individual signing as employer or plan sponsor	e Numb	per of participants that	t terminated employment during the	e plan year with accrued be	enefits that were less					
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. SIGN HERE Filed with authorized/valid electronic signature. Date Enter name of individual signing as employer or plan sponsor Date Enter name of individual signing as employer or plan sponsor	than	100% vested	or incomplete filing of this return	n/report will be assessed	unless reasonable car					
belief, it is true, correct, and complete. SIGN Filed with authorized/valid electronic signature. 10/12/2017 JACOB RAKHMAN							cable, a Schedule			
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				as well as the electronic ve	rsion of this return/repor	t, and to the best of m	y knowledge and			
Signature of plan administrator SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as plan administrator Enter name of individual signing as employer or plan sponsor		Filed with authorized	/valid electronic signature.	10/12/2017	JACOB RAKHMAN					
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	HEKE	Signature of plan a	administrator	Date	Enter name of individ	ual signing as plan ad	ministrator			
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					•					
	Preparer's	name (including firm i	name, if applicable) and address (ir	nclude room or suite number	er)	Preparer's telephone	e number			

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6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)						X Yes No
b	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								X Yes No
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.								
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	□ No □ I	Not determined
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Year			((b) End of Y	ear
а	Total plan assets	7a		C					36159
b	Total plan liabilities	7b							
c	Net plan assets (subtract line 7b from line 7a)	7c		C)				36159
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt				(b) Total	
а	Contributions received or receivable from:	0-(4)		12159					
	(1) Employers	8a(1)		24000					
	(2) Participants	8a(2)		24000					
<u>_</u>	(3) Others (including rollovers)	8a(3)		C)				
	Other income (loss)	8b							36159
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							30133
	to provide benefits)	8d							
е	Certain deemed and/or corrective distributions (see instructions).	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							
i	Net income (loss) (subtract line 8h from line 8c)								36159
j	Transfers to (from) the plan (see instructions)	8j							
Pa	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the instructi	ons:
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acterist	ic Cod	des in t	he instruction	ns:
Par	t V Compliance Questions								
10	During the plan year:				Yes	No	N/A	A	mount
а	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	Fiduciary Correction	10a		X			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	•		10b		X			
C	Was the plan covered by a fidelity bond?			10c		X			
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 other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)					X			
f	Has the plan failed to provide any benefit when due under the pla	ın?	<u></u>	10f		X			
9		-		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 to 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
		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a			
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?								
	(If "\	es," 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		T		
<u>b</u>	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		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			
		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 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)		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	
		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 [Prior ye test	ear" ADP
			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 test	□ N/A
	for the	the 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							
	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	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 Tressury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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).

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

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		Identification Information			~~~	Andrews
For	<u>calendar p</u> lan year 2016 or fisc	cal plan year beginning	01/01/2016	and ending	12/31/2	016
A	This return/report is for:	x a single-employer plan a one-participant plan		lan (not multiemployer) (mployer information in a		
В	This return/report is:	x the first return/report	the final return/report			
		an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)	
				, ,	-	
C	Check box if filing under:	Form 5558	automatic extension			program
		special extension (enter description	en)			
P.	Basic Plan Info	rmation enter all requested info	rmation			
	Name of plan		11/1		1b Three-di	•
	Jacob Rakhman MD PC	Profit Sharing Plan			plan nur (PN) ►	002
					1c Effective	
2a	Mailing Address (include root	yer, if for a single-employer plan) m, apt., suite no. and street, or P.O. B e, country, and ZIP or foreign postal o	ox) ode (if foreign, see inst	ructions)	, , ,	er Identification Number L1-2784856
	Jacob Rakhman MD PC		• • • • • • • • • • • • • • • • • • • •	,	(212)	's telephone number 228-6777
	81 Irving Place, Su	rite 1F			2d Busines 62111:	s code (see Instructions) L
	US New York NY 10003					
3a	Plan administrator's name ar	nd address X Same as Plan Sponso	ΣΓ		3b Adminis	trator's EIN
					3c Adminis	trator's telephone number
4		plan sponsor has changed since the other from the last return/report.	last return/report filed f	or th i s plan, enter the	4b EIN	- А
a	Sponsor's name	*			4c PN	***************************************
5a	Total number of participants	at the beginning of the plan year	******************	**************	5a	0
b	Total number of participants	at the end of the plan year		*****************************	5b	2
¢		account balances as of the end of the			5c	2
d((1) Total number of active part	ticipants at the beginning of the plan y	BST	*************************	5d(1)	0
d	(2) Total number of active part	ticipants at the end of the plan year	######################################	***************************************	5d(2)	2
9	Number of participants that to less than 100% vested	erminated employment during the plan	year with accrued ber	efits that were	5e	o
Čŧ	aution: A penalty for the late	or incomplete filing of this return/re	port will be assessed	l unless reasonable cat	use is establis	ned.
Ur SE be	nder penalties of perjury and of 3 or Schedule M8 completed a lief, it is true, correct, and som	ther penalties set forth in the Instruction nd signed by an enrolled actuary, as we plete.	ns, I declare that I have	examined this return/re	port, including,	f applicable, a Schedule
	ign	14]	Jacob Rakhman		
Real 2	ERE Signature of plan adm	inistrator C	Date *3/10/17	Enter name of individua	al signing as ola	n administrator
40.40		Vice play		Jacob Rakhman		
1000	IGN®		Date 10/10/17		al elanina se se	Malater or olan assessor
2.7	(144) (144)	r/plan sponsor name, if applicable) and address (inclu		Enter name of individua er)	·	phone number
Si	kip this question	iame, ii applicable) and address (inclu	de room or sake kamb	ei)	Skip this	
					Sent of the Confession of the	

For Paperwork Reduction Act Notice, see the instructions for Form 5500-SF.

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6a	Were all of the plan's assets during the plan year invested in eligible	assets? (See instructions.)	•••••	•••••	••••••		•••••	X Yes No)
b	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)									
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							••••••	X Yes No)
	If you answered "No" to either line 6a or line 6b, the plan cannot					_				
C	If the plan is a defined benefit plan, is it covered under the PBGC ins	surance pr	ogram (see ERISA section	n 402	1)?	······ L	Yes	∐ No [Not determin	ied
Pa	art III Financial Information		_							
7_	Plan Assets and Liabilities		(a) Beginning of	f Yea	r			(b) End of	Year	
a	Total plan assets	7a			0				36,159	
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c			0				36,159	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			_		(b) To	tal	_
а	Contributions received or receivable from: (1) Employers	8a(1)	1	L2,1	59					
	(2) Participants	8a(2)		24,0						
	(3) Others (including rollovers)	8a(3)	_	,-						
b	Other income (loss)	8b			0					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			Ů				26 150	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							36,159	
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
h										
i Net income (loss) (subtract line 8h from line 8c)								36,159		
j	Transfers to (from) the plan (see instructions)	8j								
Pa	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	e instruction	is:	
	2A 2E 2J 3D									
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	instructions	:	
Pa	art V Compliance Questions									
10	During the plan year:				Yes	No	N/A	Δ	mount	
<u></u> а		ions within	the time period				1471		oun	
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vol									
	Program)	•••••	••••••	10a		х				
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)			10b		х				
C	Was the plan covered by a fidelity bond?	•••••		10c		х				
C	Did the plan have a loss, whether or not reimbursed by the plan's f 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 some the plan? (See instructions.)	e or all of t	he benefits under	10e		х				
f	Has the plan failed to provide any benefit when due under the plan	1?	••••••	10f		x				
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year e	nd.)	10g		х				
h	If this is an individual account plan, was there a blackout period? (32520.101-3.)			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			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 (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 40 11a									
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of								
ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	••••••	••••••	••••••	Yes	X No				
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, s		and ente	er the date	of the letter r	uling				
granting the waiver									
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		T							
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign		•							
negative 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									
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 Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, o control of the PBGC?	0			Yes X 1	No				
C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s) which assets or liabilities were transferred. (See instructions.)			•						
13c(1) Name of plan(s):	13c(2) EIN(s)		13c(3) P	N(s)				
Part VIII Trust Information - Skip These Questions									
14a Name of trust		141	Trust's E	IN					
14c Name of trustee or custodian		1/1	1 Trustoo o	or custodian's					
146 Name of trustee of custodian		170	telephone		•				
Part IX IRS Compliance Questions - Skip These Questions									
15a 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-			year" ADP				
401(k)(3) for the plan year? Check all that apply:		safe ha		test					
		"Curren	•	☐ N/A					
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the year? Check all that apply:		Ratio percenta	age 🔲	Average benefit test	□ N/A				
		test		benefit test					
16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401 for the plan year by combining this plan with any other plan under the permissive aggregation rule	` ' '	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	le IRS opinion	etter or a	dvisory let	ter, enter the	date of				
17b If the plan is an individually-designed plan that received a favorable determination letter from the letter/	IRS, enter the o	date of the	e most rec	ent determina	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 had r 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					

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Banelil 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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Pension Banefil Guaranty Corporation

Complete all entries in accordance with the instructions to the Form 5500-SF.

Annual Report Identification Information

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

Fo	r calendar plan year 2016 or	fisca) pjan year beginning	01/01/2016	and ending	12/31/201	5						
A	This return/report is for:	🕱 a single-employer plan		an (not multiemployer) (f mployer information in ac								
В	This return/report is:	the first return/report	the final return/report	·								
		an amended return/report	a short plan year retur	return/report (less than 12 months)								
C	Check box if filing under:	Form 5558	automatic extension		Ü DFV¢ pr	ógram						
		special extension (enter descrip	tlon)									
Lii.iib		formation enter all requested in	formation									
1a	l Nama ofplan Jacob Rakhman MD :	PC Profit Sharing Plan			1b Three-digit plan number (PN) ► 002							
					16 Effective da 01/01/20	•						
2a	Mailing Address (include n	oloyar, if for a single-employer plan) com, apt., suite no. and street, or P.O. nce, country, and ZIP or foreign postal	Box) code (if foreign, see instr	uctions)	2b Employer id (EIN) 11-	lentification Number -2784856						
	Jacob Rakhman MD			,	26 Sponsor's to (212) 22	elephone number						
	81 Irving Place,	Suite 1F			2d Business co 621111	ode (see instructions)						
	US New York NY 10003		nachaentaentaentaentaentaentaentaentaentaent									
35	t Plan administrator's name	and address X Same as Plan Spor	isor		35 Administrat	ora FIN						
					3c Administrat	or's telephone number						
4		the plan sponsor has changed since thumber from the last return/report,	e last return/report filed fo	or this plan, enter the	4b EIN							
8	Sponsor's name			***	4c PN	······································						
-	• •	ts at the beginning of the plan year 🖫			5a	0						
C	, ,	its at the end of the plan year			5b	2						
_		III decodur palaures de pi dié élif (1 f.)		continuation panis	5c	2,						
đ	I(1) Total number of active p	articipants at the beginning of the plan	year	表於在我們也不會也不會可以與一個的學術的學術的學術的學術的學術的學術的學術的學術學的學術學學學學學學學學學學	5d(1)	0						
C	• •	articipants at the end of the plan year			5d(2)	2						
e	Number of participants the less than 100% vested	at terminated employment during the p	lan year with accrued ben	efits that were	5e	0						
C	aution: A penalty for the la	te or incomplete filing of this return	/report will be assessed	uniess reasonable cau	ıse is established	i						
5		l other ponalties set forth in the instruct f and signed by an enrolled actuary, a proplete.										
	SER L	9,07		Jacob Rakhman								
Billing Signature of plan administrator, Date 4/7//7 Enter name of individual signing as plan administrator												
Sign: Jacob Rakhman												
Signature of employer/plan sponsor Date 4/24/0 Enter name of individual signing as												
	reparer's name (including fin Skip this question	m name, if applicable) and address (In-	clude room or suite numb	er)	Preparer's teleph Skip this qu							

Form 5500-SF (2016) v.160205

For Paperwork Reduction Act Notice, see the instructions for Form 5500-SF.

	Form 5500-SF 2016		Page 2			-			
6a	Were all of the plan's assets during the plan year invested in eligible	assets? (\$	See instructions.)	•••••	•••••	•••••	•••••		Yes No
b	Are you claiming a waiver of the annual examination and report of ar	_							
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							<u>X</u>	Yes No
_	If you answered "No" to either line 6a or line 6b, the plan cannot					_			7.
	If the plan is a defined benefit plan, is it covered under the PBGC ins	urance pr	ogram (see ERISA section	า 402	1)?	••••••	Yes	∐ No L] Not determined
Pa	art III Financial Information								
7_	Plan Assets and Liabilities		(a) Beginning of	f Yea	r			(b) End of Y	'ear
а	Total plan assets	7a			0				63,080
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c			0				63,080
8_	Income, Expenses, and Transfers for this Plan Year		(a) Amount			\perp		(b) Tota	ı
а	Contributions received or receivable from: (1) Employers	8a(1)	3	39,0	80				
	(2) Participants	8a(2)		24,0					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b			0				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							63,080
d	Benefits paid (including direct rollovers and insurance premiums								
	to provide benefits)	8d							
	Certain deemed and/or corrective distributions (see instructions)	8e							
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g		_					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)								
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)								63,080
	Transfers to (from) the plan (see instructions)	8j							
Pa	art IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension feature and the plan provides pension benefits, enter the applicable pension feature.	ature code	es from the List of Plan Ch	naract	eristic	Code	s in the	e instructions:	:
b	If the plan provides welfare benefits, enter the applicable welfare feat	ture codes	s from the List of Plan Cha	racte	ristic	Codes	in the	instructions:	
Pa	art V Compliance Questions								
10	During the plan year:				Yes	No	N/A	Am	nount
а		ions within	the time period						
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vol								
	Program)	•••••	••••••	10a		х			
b				ا ا					
_	reported on line 10a.)			10b		X			
				10c		Х			
	by fraud or dishonesty?	•••••	••••••••••••	10d		х			
е	carrier, insurance service, or other organization that provides some	e or all of t	the benefits under						
f	the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan			10e 10f		X			
				10g		x			
e	If this is an individual account plan, was there a blackout period? (\$	See instru	ctions and 29 CFR						
	2520.101-3.)			10h		Х			
i 	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101			10i					

Form 5500-SF 2016	
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Page 3 -	l .	l	

Part VI Pension Funding Compliance					
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions (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		11a		-	
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of	the Code or se				
ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	•••••••	••••••	••••••	Yes	X No
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, s		and ente	er the date	of the letter r	uling
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		T			
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign		•			
negative 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					
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 Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or control of the PBGC?	J			Yes X 1	No
c If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s) which assets or liabilities were transferred. (See instructions.)			•		
13c(1) Name of plan(s):	13c(2) EIN(s)		13c(3) P	N(s)
Part VIII Trust Information - Skip These Questions					
14a Name of trust		141	Trust's E	IN	
14c Name of trustee or custodian		1/1	1 Trustoo o	vr custodian's	
146 Name of trustee of custodian		'-'	14d Trustee or custodian's telephone number		
Part IX IRS Compliance Questions - Skip These Questions					
15a 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-			year" ADP
401(k)(3) for the plan year? Check all that apply:		safe ha		test	
		"Curren	•	☐ N/A	
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		test		benefit test	
16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401 for the plan year by combining this plan with any other plan under the permissive aggregation rule	` ' '	Yes		☐ No	
17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter/ and serial number					
17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter/					
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 separated from service? Yes No					
19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan ye		**********	Yes	☐ No	