Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor 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

2017

This Form is Open to Public Inspection

Parti	Annual Repor	t identification information							
For calend	ar plan year 2017 or	fiscal plan year beginning 01/01/2	2017	and ending 12	/31/2017				
A This return/report is for: 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.)									
D T L':	and the second to	a one-participant plan	a foreign plan						
B This retu	urn/report is	the first return/report	the final return/report						
an amended return/report a short plan year return/report (less than 12 months)									
C Check	box if filing under:	X Form 5558	automatic extension		DFVC program	m			
		special extension (enter desc	ription)						
Part II	Basic Plan Inf	ormation—enter all requested in	formation						
1a Name LEEBER CC	of plan DHEN, M. D. PROFIT	SHARING PLAN			1b Three-digit plan numb (PN) ▶				
					1c Effective d	ate of plan 01/01/1997			
		oyer, if for a single-employer plan)			2b Employer I	dentification Number			
		om, apt., suite no. and street, or P.0 ce, country, and ZIP or foreign pos		ructions)	(EIN)	13-3515975			
LEEBER CC		oo, oodhay, and zii or loroign poo	tar oodo (ii foreign, see inst	ruotionoy	2c Sponsor's telephone number 212-777-1644				
					2d Business c	ode (see instructions)			
11 FIFTH AV NEW YORK,					621111				
	,								
3a Plan a	dministrator's name a	and address X Same as Plan Spo	nsor.		3b Administrat	tor's EIN			
					3c Administrati	tor's telephone number			
4 If the r	name and/or EIN of the	ne plan sponsor or the plan name h	as changed since the last r	eturn/report filed for	4b EIN				
this pl	an, enter the plan sp	onsor's name, EIN, the plan name		he last return/report.					
a Spons C Plan N	or's name				4d PN				
C FIAITIN	iaine								
5a Total	number of participant	s at the beginning of the plan year.			5a	4			
		s at the end of the plan year			5b	3			
		account balances as of the end of		-	5c	3			
d(1) Tota	al number of active p	articipants at the beginning of the p	lan year		5d(1)	3			
		articipants at the end of the plan ye			5d(2)	3			
than	100% vested	o terminated employment during th			5e	0			
Caution: A	A penalty for the late	or incomplete filing of this retur	n/report will be assessed	unless reasonable cau					
SB or Sche		other penalties set forth in the instru and signed by an enrolled actuary, aplete.							
SIGN	Filed with authorize	d/valid electronic signature.	08/13/2018	LEEBER COHEN					
HERE	Signature of plan	administrator	Date	Enter name of individu	n administrator				
SIGN									
HERE	Signature of empl	oyer/plan sponsor	Date	Enter name of individu	ndividual signing as employer or plan sponsor				

Form 5500-SF 2017 Page **2**

If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 55 C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? You will be plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? You will be plan is a defined benefit plan, is it covered under the PBGC premium filing for this plan year	Yes No Not determined
7 Plan Assets and Liabilities (a) Beginning of Year a Total plan assets 7a 1132916 b Total plan liabilities 7b from line 7a) 7c 1132916	1454036 0 1454036
a Total plan assets 7a 1132916 b Total plan liabilities 7b 0 c Net plan assets (subtract line 7b from line 7a) 7c 1132916	1454036 0 1454036
b Total plan liabilities	0 1454036
C Net plan assets (subtract line 7b from line 7a)	1454036
- Not plan about (castiati mo 15 nom mo 15)	
8 Income, Expenses, and Transfers for this Plan Year (a) Amount	(b) Total
a Contributions received or receivable from: (1) Employers	
(2) Participants	
(3) Others (including rollovers)	
b Other income (loss)	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	345447
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	
e Certain deemed and/or corrective distributions (see instructions) 8e	
f Administrative service providers (salaries, fees, commissions) 8f	
g Other expenses	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	24327
i Net income (loss) (subtract line 8h from line 8c)	321120
j Transfers to (from) the plan (see instructions)	
Part IV Plan Characteristics	
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Code 2A 2E 2H 2R 3B 3D	es in the instructions:
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes	s in the instructions:
Part V Compliance Questions	
10 During the plan year: Yes No	Amount
a 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)	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	
C Was the plan covered by a fidelity bond?	
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	
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.)	
f Has the plan failed to provide any benefit when due under the plan? 10f	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	2221
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	
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	

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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 Sch (Form 5500) and line 11a below)	nedule S	B	Y	′es 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 the Code or section ERISA?	n 302 o	f 	Y	′es X No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an granting the waiver			of the lette Year _	r ruling
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
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	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative 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?		Ye	s X N	0
	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 brought under the control of the PBGC?			Yes X	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.)) to			
1	3c(1) Name of plan(s): 13c(2) EIN(s)		13c(3) PN(s)

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

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

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

Part I	Annual Repor	t Identification Information	CONTROL WITH THE HIS	ductions to the Form :	0500-81.	(Accessed to the control of the cont				
For calen	dar plan year 2017 or	fiscal plan year beginning	01/01/2017	and ending	12/31/	2017				
A This r	eturn/report is for:	🛛 a single-employer plan	a multiple-employer p	olan (not multiemployer)	(Filers checking th	is box must attach a				
		a one-participant plan	a foreign plan	mployer information in a	eccordance with the	form instructions.)				
B This re	turn/report is	the first return/report	the final return/report							
		an amended return/report	hand							
C Check	box if filing under:	∑ Form 5558	automatic extension		DFVC progran	า				
***		special extension (enter descrip								
Part II	Basic Plan Inf	ormation—enter all requested infor	mation			**************************************				
1a Name LEEBEF		PROFIT SHARING PLAN		The second secon	1b Three-digit plan number (PN)	er 002				
					1c Effective da	ate of plan				
2a Plan :	sponsor's name (empl	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O. I	204	And complete thinks the second of the second	01/01/1 2b Employer to	dentification Number				
City o	or town, state or provin	ce, country, and ZIP or foreign postal	code (if foreign, see ins	tructions)	(EIN)13-3515975 2c Sponsor's telephone number					
	,				(212)777-1644					
11 F1F	TH AVENUE				ZO Business co	ode (see instructions)				
NEW YC)RK		NY	10003	621111					
3a Plana	administrator's name a	ind address X Same as Plan Sponso)r,		621111 3b Administrator's EIN					
					OD POMINSOADIS ENV					
					3c Administrate	or's telephone number				
	•									
e ma merganggan nangangan ana aga apara 4 - 2 -	The transmission of the control of t	тик бекулинданарын — эдект, э дь синчиносиянталып ациянары маманарылунданын кентегин такка								
uns p	nan, enter the plan spo	e plan sponsor or the plan name has onsor's name. EIN, the plan name and	changed since the last r the plan number from t	return/report filed for the last return/report.	4b EIN	The state of the s				
a Spons c Plan I	sor's name			·	4d PN					
G man i	vame									
5a Total	number of participants	at the beginning of the plan year		**************************************	5a	distribution and the second				
b Total	number of participants	at the end of the plan year			. 5b	3				
comp	lete this item)	account balances as of the end of the			5c	3				
d(1) Tot	tal number of active pa	articipants at the beginning of the plan	year		5d(1)	3				
0 (∡) 101 e Numi	tal number of active pa	articipants at the end of the plan year.			. 5d(2)	3				
เกลก	100% vested	terminated employment during the pl			5e	0				
Under pen	alties of periury and of	or incomplete filing of this return/re ther penalties set forth in the instruction	port will be assessed	unless reasonable ca	use is established	i.				
CALL OF COURT	edule MB completed a true, correct, and com	uu piyneeu dy ah entolled actuary, as t	vell as the electronic ve	rsion of this return/repor	rport, including, if a 1. and to the best o	pplicable, a Schedule of my knowledge and				
SIGN HERE			81/8/11/8	LEEBER COHEN						
	Signature of plan a	administrator	Date	Enter name of individ	ual signing as plan	administrator				
SIGN HERE	Signature of emplo	Warnian coopear								
For Paperw	ork Reduction Act Notic	e, see the Instructions for Form 5500-SF	Date	Enter name of individ	ual signing as emp	loyer or plan sponsor				

Form	5500-SF	201	
	0-14-124-1-4-1-4-1-4-1-4-1-4-1-4-1-4-1-4-		•

	Page 2
entre descriptions de la completa de	$x_1 = x_1 \cdot x_2 \cdot \dots \cdot x_{2n-1} $

b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indeper	ndent qualified public a	ccount	ant (IQ	PA)		X Ye	LJ
	If you answered "No" to either line 6a or line 6b, the plan cann	ot use Fo	rm 5500-SF and must	instea	d use	Form	5500.	₩ 10	2 [] 110
	If the plan is a defined benefit plan, is it covered under the PBGC in							Not de	termined
	If "Yes" is checked, enter the My PAA confirmation number from th							13	
Par	t III Financial Information			***************************************	Contribute Sentence	an ex stadio and extract	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	**************************************	Control of the Contro
7	Plan Assets and Liabilities		(a) Beginning o	of Year			(b) End	of Year	***************************************
a	Total plan assets	7a	1,	132,	916			1,4	54,036
b	Total plan liabilities	7b			0		***************************************	····	()
C	Net plan assets (subtract line 7b from line 7a)	7c	1,	132,	916			1,4	54,036
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(p) .	l'otal	**************************************
a	Contributions received or receivable from: (1) Employers	8a(1)			С				
*****************	(2) Participants	8a(2)			0				
***********	(3) Others (including rollovers)	8a(3)			0	-			
<u>b</u>	Other income (loss)	8b		345,	447				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							345,447
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	ann e east ann an east ann an east ann an an east ann an east an an east an east an east an east an east an ea	3,	951	************		-	
***********	Certain deemed and/or corrective distributions (see instructions)	80		Telebrit principal	0	V0000000000000000000000000000000000000		******************************	······································
f	Administrative service providers (salarles, fees, commissions)	8f		WINNESS PROPRIES	0		and the second of the second o		- Andrews () - A the Committee of the Co
<u>g</u>	Other expenses	8g		20,	376	*************		· · · · · · · · · · · · · · · · · · ·	····
	Total expenses (add lines 8d, 8e. 8f, and 8g)	8h	***************************************			wymacywatypywyd	TO CONTRACT		24,327
***************************************	Net income (loss) (subtract line 8h from line 8c)	81	The state of the s	Populari de la compansa de la compa		**************************************			321,120
<u> </u>	Transfers to (from) the plan (see instructions)	8)			0				
Par			**************************************						
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2H 2R 3B 3D	· · · · · · · · · · · · · · · · · · ·		miliona de vancionamento	60000000000000000000000000000000000000	MITTER STATE OF THE STATE OF TH	-1027		
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Char	acteris	tic Coc	les in the inst	ructions:	
Par	V Compliance Questions								
10	During the plan year:				Yes	No	***************************************	Amount	41 (4- (4- (4- (4- (4- (4- (4- (4- (4- (4-
a	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		х			A A A A A A A A A A A A A A A A A A A
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	1? (Do not	include transactions	10b		Х	The state of the s	**************************************	The Control of the Co
¢	Was the plan covered by a fidelity bond?	.,,,,,,,,,,,,,	************	10c		Х			Andreas Control House Work of Street of Street
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d	***************************************	Х	***************************************		
0	Were any fees or commissions paid to any brokers, agents, or oft carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ner person ne or all of	s by an insurance the benefits under	10e		X		**************************************	and develop the second sec
f	Has the plan failed to provide any benefit when due under the pla	Early and a state of the second second sections		10f		Х			**************************************
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-e	ənd.)	10g	X	,,	THE STATE OF THE S	***************************************	2,221
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h	<u> </u>	Х		THE PROPERTY OF THE PROPERTY O	to I be be he h
1	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 required	d notice or one of the	10i			**************************************		**************************************
		a track (vitti a track)	The second secon	***************************************	***************************************	Terrore your process of all	Der der gemeint werd die gestellen der der der der eine eine geleiche der der der der der der der der der de		(************************************

Form 5500-SF 2017	Page 3-
Pension Funding Compliance	

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Part VI Pension Funding Compliance		· · · · · · · · · · · · · · · · · · ·	OPPOSITEURINE Menger in		The same of the sa	
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions at (Form 5500) and line 11a below)	nd complete Sch	chedule SB Yes X				
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 4	11a	***************************************	• 4	**************************************		
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of th ERISA?		es 🛭 No				
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver.						
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to li	ne 13.	O Bloomore and		COMMUNICATION OF THE PROPERTY AND ADMINISTRATION OF	***************************************	
b Enter the minimum required contribution for this plan year		12b			******************************	
C Enter the amount contributed by the employer to the plan for this plan year		12c	***************************************	A THE PERSON NAMED IN THE	***************************************	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to t 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	***************************************	***************************************		<u> </u>		
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		[3]	·	
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broaden of the PBGC?	ought under the			Yes 🛛	No	
C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), id which assets or liabilities were transferred. (See instructions.)	entify the plan(s) to	1		1.4~121214++********************************	
13c(1) Name of plan(s):					PN(s)	
				The section of the se	* * * * * * * * * * * * * * * * * * * *	