### Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

Part I	Annual Repor	t Identification Information							
For calend	ar plan year 2017 or	fiscal plan year beginning 01/01/20	)17	and ending 1	2/31/2017				
A This ref	turn/report is for:	x a single-employer plan			er) (Filers checking this box must attach a n accordance with the form instructions.)				
		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 retu	urn/report (less than 12 m	nonths)				
C Check	box if filing under:		DFVC program	n					
- · · ·		special extension (enter descrip	,						
Part II		ormation—enter all requested info	ormation		41				
1a Name	•	DC 404/IC) DDOCIT CLIADING DI ANI			<b>1b</b> Three-digit plan number				
DARYLPER	CLIMAN PHYSICIAN I	PC 401(K) PROFIT SHARING PLAN			(PN) ▶	001			
					1c Effective da	L			
						01/01/2017			
Mailing	g address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.O.				dentification Number 20-1844286			
-	town, state or proving LMAN PHYSICIAN F	nce, country, and ZIP or foreign posta	I code (if foreign, see ins	structions)		telephone number 6-469-6962			
					_	ode (see instructions)			
	ELL COURT					621111			
MELVILLE, N	NY 11747					021111			
3a Plan a	dministrator's name a	and address X Same as Plan Spons	sor.		<b>3b</b> Administrat	or's EIN			
		_							
					<b>3c</b> Administrat	tor's telephone number			
		he plan sponsor or the plan name has onsor's name, EIN, the plan name an			4b EIN				
<b>a</b> Spons	or's name				4d PN				
C Plan N	lame								
_		ts at the beginning of the plan year			. 5a	3			
		ts at the end of the plan year n account balances as of the end of th			. 5b	3			
		Taccount balances as of the end of the			. 5c	3			
<b>d(1)</b> Tot	al number of active p	articipants at the beginning of the pla	n year		5d(1)	3			
		participants at the end of the plan year			5d(2)	3			
		o terminated employment during the			5e				
Caution: A	penalty for the late	or incomplete filing of this return/	report will be assesse	d unless reasonable ca					
SB or Sche		other penalties set forth in the instruct and signed by an enrolled actuary, as							
SIGN		d/valid electronic signature.	10/03/2018	DARYL PERLMAN					
HERE	Signature of plan		Date	Enter name of individ	lual signing as pla	n administrator			
SIGN		d/valid electronic signature.	10/03/2018	DARYL PERLMAN	- <del>- ,</del>				
HERE				1					

Date

Enter name of individual signing as employer or plan sponsor

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	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							Yes No Yes No
	If you answered "No" to either line 6a or line 6b, the plan cann						_	
С	If the plan is a defined benefit plan, is it covered under the PBGC in		- '				<u></u>	Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the	ie PBGC p	remium filing for this pl	lan yea	r			. (See instructions.)
Pa	t III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning (	of Year			(b) End	of Year
a	Total plan assets	. 7a	, , ,	0			` ,	58149
b	Total plan liabilities	. 7b		0				0
С	Net plan assets (subtract line 7b from line 7a)	7c		0				58149
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) T	otal
а	Contributions received or receivable from:  (1) Employers	. 8a(1)	```	58149			\	
	(2) Participants	. 8a(2)		0				
	(3) Others (including rollovers)	. 8a(3)		0				
b	Other income (loss)	. 8b		0				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						58149
d	Benefits paid (including direct rollovers and insurance premiums 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)	. 8i						58149
j	Transfers to (from) the plan (see instructions)	· 8j						
Pai	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension ${\sf 2E}  {\sf 2J}  {\sf 3D}$	feature co	des from the List of Pla	an Cha	racteris	stic Co	des in the inst	ructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan	n Chara	acterist	ic Cod	les in the instru	uctions:
Par	t V Compliance Questions							
10	During the plan year:				Yes	No		Amount
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	iduciary Correction	10a		X		
b	9 /	t? (Do not	include transactions	10b		X		
С	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		Χ		
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ner 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 pla	ın?		10f		X		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s 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 the exceptions to providing the notice applied under 29 CFR 2520.10			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 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	<b>a</b> 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							
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	C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)							
1	<b>3c(1)</b> Name of plan(s): 13c(2	) EIN(s)		13c(3	<b>)</b> 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

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).

2017

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

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

		t Identification Information			10/01/00	
For	calendar plan year 2017 or fi	iscal plan year beginning	01/01/2017	and ending	12/31/20	
A ·	This return/report is for:	a single employer plan	a multiple-employer plant a list of participating en	an (not multiemployer) nployer information in	(Filers checking to accordance with the	nis box must attach ne form instructions.)
_		a one-participant plan	a foreign plan			
B.	This return/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 i	monus)	
C	Check box if filing under:	x Form 5558	automatic extension		DFVC	program
		special extension (enter desc	cription)			10 10 mm
	Basic Plan Inf	ormation enter all requested	information			
1a	Name of plan				1b Three-dig	
	•	sician PC 401(k) Profit	Sharing Plan		plan num (PN) ▶	ber   001
						date of plan 2017
2-	Di	laver if for a single employer plan				Identification Number
2a	Mailing Address (include re	loyer, if for a single-employer plan) oom, apt., suite no. and street, or P.	.O. Box)			0-1844286
	15)	nce, country, and ZIP or foreign pos	stal code (if foreign, see instr	uctions)	2C Sponsor's	s telephone number
	Daryl Perlman Phys	sician PC				469-6962
	200 Rivendell Cour	rt			2d Business 621111	code (see instructions)
					İ	
3a	US Melville NY 11747 Plan administrator's name	and address X Same as Plan S	ponsor		3b Administr	ator's EIN
-						
					3C Administr	ator's telephone number
4	If the name and/or EIN of this plan, enter the plan so	the plan sponsor or the plan name lonsor's name, EIN, the plan name	has changed since the last re and the plan number from th	eturn/report filed for e last return/report.	4b EIN	
а	Sponsor's name	considerations and schools of the control of the co	•		4d PN	
C						
5a	Total number of participan	ts at the beginning of the plan year	***************************************		5a	3
b	Total number of participan	ts at the end of the plan year	**********************		5b	3
C	Number of participants with	h account balances as of the end o	f the plan year (only defined	contribution plans	5c	3
d		articipants at the beginning of the p			5d(1)	3
	E 5				5d(2)	3
	Number of participants wh	articipants at the end of the plan ye to terminated employment during the		nefits that were		-
е	less than 100% vested	······································	······································		5e	
		te or incomplete filing of this ret				
S	nder penalties of perjury and B or Schedule MB completed elief, it is true, correct, and co	other penalties set forth in the institution of and signed by an enrolled actuary opening.	ructions, I declare that I have r, as well as the electronic ve	examined this return/ rsion of this return/rep	report, including, it ort, and to the bes	f applicable, a Schedule t of my knowledge and
	SIGN		1013118	Daryl Perlman		
: \$600.63	HERE Signature of plan	dministrator	Date	Enter name of individ	dual signing as pla	n administrator
	10/	115	10/3/18	Daryl Perlman	V	
	SIGN HERE Signature of employ	ver/plan sponsor	Date		dual signing as em	ployer or plan sponsor

#### Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and 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

2017

This Form is Open to Public Inspection

P	art I Annual Repor	t Identification Information					
For	calendar plan year 2017 or f	iscal plan year beginning	01/01/2017	and ending	12/31/201	L7	
A This return/report is for:  a 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  a one-participant plan  a foreign plan  the first 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 special extension (enter descr	automatic extension		☐ DFVC p	rogram	
Pa	art II Basic Plan Inf	ormation enter all requested	information		_		
1a	Name of plan  Daryl Perlman Phys	sician PC 401(k) Profit	Sharing Plan		1b Three-digir plan numb (PN) ►  1c Effective d 01/01/2	er 001 ate of plan	
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)			2b Employer Identification Number (EIN) 20-1844286				
	Daryl Perlman Physician PC			2c Sponsor's telephone number (516) 469-6962			
	200 Rivendell Cour	rt			2d Business of 621111	code (see instructions)	
	US Melville NY 11747				01		
за	Plan administrator's name	and address 🗓 Same as Plan Spo	onsor		3b Administra  3c Administra	tor's EIN tor's telephone number	
4		he plan sponsor or the plan name ha	3	•	4b EIN		
a c	Sponsor's name Plan Name	, , , , , ,			4d PN		
5a		s at the beginning of the plan year				3	
c	Number of participants with	s at the end of the plan year n account balances as of the end of t	the plan year (only defined co	ntribution plans	5b 5c	3	
d(		articipants at the beginning of the pla		••••••	5d(1)	3	
d(		articipants at the end of the plan yea			5d(2)	3	
е		terminated employment during the			5e		
Ca	ution: A penalty for the lat	e or incomplete filing of this retur	n/report will be assessed ur	less reasonable ca	ause is establishe	d.	

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			Daryl Perlman
HERE	Signature of plan administrator Date		Enter name of individual signing as plan administrator
SIGN			Daryl Perlman
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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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	Are you claiming a waiver of the annual examination and report of ar	n independ	dent qualified public accou	ntant	(IQP	۹)					
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility ar							•••••	x Yes	□No	
	If you answered "No" to either line 6a or line 6b, the plan cannot					_	_				
С	If the plan is a defined benefit plan, is it covered under the PBGC ins								Not dete		
	If "Yes" is checked, enter the My PAA confirmation number from the	PBGC pre	emium filing for this year					(S	ee instruction	ons.)	
Pa	art III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of	Year	•			(b) End of	Year		
а	Total plan assets	7a			0				58,14	49	
b	Total plan liabilities	7b									
С	Net plan assets (subtract line 7b from line 7a)	7c			0			58,149			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b) To	tal		
а	Contributions received or receivable from:  (1) Employers	8a(1)	_	8,1	49						
	(2) Participants	8a(2)		,,,,							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b									
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							58,14	49	
d	Benefits paid (including direct rollovers and insurance premiums										
_	to provide benefits)	8d									
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e									
<u>†</u>	Administrative service providers (salaries, fees, commissions)	8f									
<u>g</u>	Other expenses	8g									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							58,14	40	
÷	Net income (loss) (subtract line 8h from line 8c)  Transfers to (from) the plan (age instructions)	8i o:							30,1-	17	
J D	Transfers to (from) the plan (see instructions)	8j									
$\overline{}$	art IV Plan Characteristics		as from the List of Disc Ch			0-4-	a : 4la -				
эа	If the plan provides pension benefits, enter the applicable pension fe 2E 2J 3D	ature code	es from the List of Plan Ch	iaraci	ensuc	Code	S III UIE	HISTIUCTION	15.		
_			· · · · · · · · · · · · · · · · · · ·			<u> </u>					
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	s from the List of Plan Cha	ıracte	ristic	Codes	in the	instructions	3:		
D	art V Compliance Questions										
10	During the plan year:				Yes	No	N/A		mount		
a		ions within	the time period		163	NO	IVA		mount		
Ĭ	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo		•								
	Program)	•••••	••••••	10a		x					
k		,									
_	reported on line 10a.)			10b		X					
				10c		х					
	Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty?	•	·	10d		х					
е											
	carrier, insurance service, or other organization that provides some the plan? (See instructions.)			10e		x					
f				10f		х					
_				10g		x					
<u>ç</u> h			· ·	ivg		^					
	2520.101-3.)	***************************************	•••••••	10h		х					
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							
	exceptions to providing the hotice applied under 25 of it 2020.101	••••••		.01		L					

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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)			☐ 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 the Code or section ERISA?  (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	n 302 o	of	☐ Yes	x	No	
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and	d enter	the date o	f the letter	ruling		
	granting the waiver Month Month	Day	у	Year			
If y	ou 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 the 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?	Ę	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 brought under the control of the PBGC?	•••••	Y	es X	No		
С	C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)						
13	<b>c(1)</b> Name of plan(s): 13c(2) El	N(s)		13c(3) F	PN(s)		