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).

Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

Part I		t Identification Information	n					
For calend	ar plan year 2014 or t	fiscal plan year beginning 01/01/2	201 <u>4</u>	and ending 12/	/31/2014			
A This ref	turn/report is for:	a single-employer plan		an (not multiemployer) (ver information in accord				
		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:	Form 5558	automatic extension		DFVC pro	gram		
		special extension (enter des	cription)					
Part II	Basic Plan Info	ormation—enter all requested in	nformation					
1a Name HIROSHI KI		PROFIT SHARING PLAN			1b Three-digit plan number			
					(PN) •	001		
					1c Effective date 01	e of plan /01/2012		
	ponsor's name and a MURA, DMD PLLC	ddress; include room or suite num	ber (employer, if for a single-	employer plan)		entification Number -3974330		
30 CENTRAI	L PARK SOUTH, SUI	TE 3D			2c Sponsor's te	lephone number -486-1121		
NEW YORK,					2d Business code (see instructions)			
3a Plan a	dministrator's name a	and address XSame as Plan Spor	nsor.		3b Administrator's EIN			
					3c Administrator's telephone number			
		ne plan sponsor has changed since	e the last return/report filed for	r this plan, enter the	4b EIN			
	, EIN, and the plan nu or's name	umber from the last return/report.			4c PN			
5a Total	number of participant	s at the beginning of the plan year			5a	4		
b Total	number of participant	s at the end of the plan year			5b	4		
		account balances as of the end o	• • •	•	5c	4		
d(1) Tot	al number of active pa	articipants at the beginning of the p	olan year		5d(1)			
d(2) Tot	al number of active p	articipants at the end of the plan ye	ear	d(2) Total number of active participants at the end of the plan year				
	er of participants that					4		
less th	an 100% vested	terminated employment during the	' '		5e			
		, ,			5e			
Caution: A Under pena SB or Sche	A penalty for the late alties of perjury and c edule MB completed a	e or incomplete filing of this retu other penalties set forth in the instru- and signed by an enrolled actuary,	rn/report will be assessed uctions, I declare that I have	unless reasonable cau	5e use is established. port, including, if app	olicable, a Schedule		
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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 a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann	an indepe and condit	ndent qualified public accounta	int (IQ	PA)			X Yes	
С	if the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40)21)?		Yes	No	Not dete	rmined
Par	t III Financial Information		Г		-				
	Plan Assets and Liabilities	_	(a) Beginning of Yea				(b) End	of Year 191	022
	Total plan assets	7a	1130	132	-			191	922
	Total plan liabilities Net plan assets (subtract line 7b from line 7a)	7b 7c	1130	032				191	922
	Income, Expenses, and Transfers for this Plan Year	- 10	(a) Amount				(b) To	otal	
	Contributions received or receivable from:		` '				(2)		
	(1) Employers	8a(1)	663	366					
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)	125	524					
	Other income (loss)	8b	120) <u>_</u>				78	890
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						70	000
	to provide benefits)	8d							
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e							
f_	Administrative service providers (salaries, fees, commissions)	8f							
	Other expenses	8g							
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						70	890
	Net income (loss) (subtract line 8h from line 8c)	8i						70	090
Par	, , , , , , , , , , , , , , , , , , , ,	8j							
b	2A 2E 3B 3D If the plan provides welfare benefits, enter the applicable welfare fe V Compliance Questions	eature cod	les from the List of Plan Charac	cterist	ic Cod	les in t	he instruction	ons:	
10	During the plan year:				Yes	No		Amount	
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulations)	ıciary Cor	rection Program)	10a		X			
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X			
С	Was the plan covered by a fidelity bond?			10c	X				50000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Χ			
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ber	efits under the plan? (See	10e		X			
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	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 the exceptions to providing the notice applied under 29 CFR 2520.10			10i					
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Yes	s X No
<u>11a</u>	Enter the unpaid minimum required contribution for current year fr	om Sched	lule SB (Form 5500) line 39			11a			
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	or se	ection (302 of	ERISA?	Yes	x No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,		·				<u> </u>	1	
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter th Day		ie letter r Year	uling

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lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to lin	e 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 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?			Y	es X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer the	nis year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		•	ontrol		Yes	(No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	in to another plan(s), ide	ntify the plan(s) to)			
1	3c(1) Name of plan(s):		130	c(2) EI	N(s)	13c(3) P	N(s)
			1			l	

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

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Department of the Treatury Indiction Religious Service Service

Concentrated of Labor Foreignes Densitia Sergety Administration Persion Benefit Quarterly Corporation

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OMB Nos. 1210-0110 12110-0066

2014

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Part I Annual Repo	► Complete all entries in a				
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	x a single-employer plan	01/01/2014	and enting	12/31/201	CONTRACTOR OF STREET
This return/report is for.	-	of participating employer (dan (not excitemployer) yer information in acco	i (Filers checking this	box must attach a manustraut
This refurniteport is:	a one-participant plan	a foreign plan			
tems remaining part as:	the first return/report	the final return/report			
	an amended return/report	a short plan year retu	mireport (less than 12)	months)	
Check box if fling under:	Form 5558	automatic extension		OFVC pro	oncam
	pecial extension (enter desi				
Part II Basic Plan In	oformation enter at requested	d information			
a Name of plan				1b Three-digit	
Elroshi Rimura, D	MED. PLLC Profit Sharing	Plan		plant mumbes (Pht) #	001
				10 Effective dat	
A Fran tromany's same and	address: include room or suite num			01/01/20	MATERIAL PROPERTY OF THE PARTY
Miroshi Kisura, D	MD PLLC	ent demendant is for a midde	enatherhou broui	ZD Employer ld (EIN) 13-	entification Numbe ngnanto
				Parameter and parameters in the latest and	lephone dumber
30 Central Park South	Builta 30			(212) 48	
				2d flusiness co 621210	do (see instruction
US New York MY 10019	F-1-2				
W sport mountains approve a contra	e and address. 💢 Same as Plan S	position reasting		36 Administration	
					r's leleptione mark
If the name and/or EIN of name FIN, and the page	I the plan sponsor has changed since purpler from the last returning out.	e the last return/report fied f	or this plan, enter the	3c Administrato 4b Ein	r'a lelephone numi
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	Form 5500-SF 2014		Page 2					
6a v	Vere all of the plan's assets during the plan year invested in eligible	assets? (S	ee instructions.)					X Yes No
	re you claiming a waiver of the annual examination and report of an			(IQPA	۸)		·	_
u	nder 29 CFR 2520.104-46? (See instructions on waiver eligibility an	d condition	ns.)	•••••	•••••			X Yes No
If	you answered "No" to either line 6a or line 6b, the plan cannot	use Form	5500-SF and must instead u					¬
c If	the plan is a defined benefit plan, is it covered under the PBGC ins	urance pro	gram (see ERISA section 4021)? .	L	Yes	∐ No L	Not determined
Par	t III Financial Information							
7 P	lan Assets and Liabilities		(a) Beginning of Year			(b) End of	
<u>a</u> T	otal plan assets	7a	113,03	32				191,922
	otal plan liabilities	7b						
	let plan assets (subtract line 7b from line 7a)	7c	113,03	32	-		(h) Tot	191,922
a	come, Expenses, and Transfers for this Plan Year Contributions received or receivable from: 1) Employers	8a(1)	(a) Amount	56			(b) Tot	.aı
-	2) Participants	8a(2)						
	3) Others (including rollovers)	8a(3)						
	Other income (loss)	8b	12,52	24				
C T	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						78,890
d B	enefits paid (including direct rollovers and insurance premiums							
A 100 pt 92	provide benefits)	8d			A COLUMN			
	Certain deemed and/or corrective distributions (see instructions)	8e						
	dministrative service providers (salaries, fees, commissions)	8f						
-	Other expenses	8g			1000			
-	otal expenses (add lines 8d, 8e, 8f, and 8g)	8h 8i						78,890
-	let income (loss) (subtract line 8h from line 8c)	8j						
Party Statement	t IV Plan Characteristics	oj			100000000000000000000000000000000000000			
	the plan provides pension benefits, enter the applicable pension fereight 2A 2E 3B 3D f the plan provides welfare benefits, enter the applicable welfare feat							
Par	t V Compliance Questions							
10	During the plan year:				Yes	No	Α	mount
а	Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci			10a		х		
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	•		10b		х		4
	Was the plan covered by a fidelity bond?			10c	х			50,000
d	Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?	idelity bond	d, that was caused by fraud	10d		х		50,000
е	Were any fees or commissions paid to any brokers, agents, or other			100			- 1111	
	insurance service, or other organization that provides some or all cinstructions.)	of the benef	fits under the plan? (See	10e		х		
f	Has the plan failed to provide any benefit when due under the plan	?		10f		x		
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year en	d.)	10g		х		
h	If this is an individual account plan, was there a blackout period? (\$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	e required	notice or one of the	10i				
Part			1	•		1		
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)							Yes X No
11a	Enter the unpaid minimum required contribution for current year fro			_				
12	Is this a defined contribution plan subject to the minimum funding r					2 of ER	SA?	Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	NOTE IN					V-100 100 100 100 100 100 100 100 100 100	
а	If a waiver of the minimum funding standard for a prior year is bein granting the waiver	g amortize	d in this plan year, see instruct	ions,	and er	ter the o	date of the	letter ruling Year

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If y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 55	500), and skip to line	13.			
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		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (ent negative amount)		12d			
е	Will the minimum funding amount reported on line 12d be met by the funding dea	adline?		🗀	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	es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this y	ear		13a		
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the confidence of the PBGC?					Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to which assets or liabilities were transferred. (See instructions.)	another plan(s), ider	ntify the plan(s) to			
1	3c(1) Name of plan(s):		13c	(2) EIN(s)	13c(3) PN(s)
		.1				
Part	VIII Trust Information (optional)					
14a	Name of trust			14b ⊤	rust's EIN	
			1 63			