						r
_	orm 5500-SF	Short Form Annu	al Return/Report Benefit Plan	t of Small Emplo	yee	OMB Nos. 1210-0110 1210-0089
	partment of the Treasury ernal Revenue Service	This form is required to be file	ed under sections 104 and			2014
Employee I	Department of Labor Benefits Security Administration	Income Security Act of 1974	(ERISA), and sections 605 Revenue Code (the Code		iternal	This Form is Open to Public Inspection
Pension E	Benefit Guaranty Corporation	Complete all entries in a	accordance with the inst	ructions to the Form 550	0-SF.	Fublic inspection
Part I	Annual Report	Identification Information			· · · ·	
		scal plan year beginning 01/01/20		and ending 12/3	1/2014	
A This re	eturn/report is for:	X a single-employer plan		plan (not multiemployer) (F oyer information in accorda		king this box must attach a list the form instructions)
B This ref	eturn/report is	 the first return/report an amended return/report 	the final return/report	rn/report (less than 12 mor	∩ths)	
C Check	t box if filing under:	☐ X Form 5558 □ special extension (enter descr	automatic extension			FVC program
			ipuon;			
Part II	Basic Plan Info	ormation—enter all requested inf	formation			
1a Name THE LAW (AN DAGOSTINO, P.C. PROFIT SH	HARING PLAN		(PN)	number 001
					1c Effect	ctive date of plan 09/08/2003
	sponsor's name and add FIRM OF JONATHAN D'	ldress; include room or suite numbe 'AGOSTINO	er (employer, if for a single	employer plan)	(EIN)	,
	W AVENUE				2c Spor	nsor's telephone number 718-967-1600
STATEN ISI	LAND, NY 10312				2d Busir	ness code (see instructions) 541110
3a Plan a	administrator's name ar	nd address XSame as Plan Spons	sor.		3b Adm	inistrator's EIN
					3c Admi	inistrator's telephone number
		e plan sponsor has changed since mber from the last return/report.	the last return/report filed f	for this plan, enter the	4b EIN	
	isor's name				4c PN	
5a Total	number of participants	at the beginning of the plan year			5a	58
b Total	I number of participants	at the end of the plan year			5b	58
C Num	ber of participants with a	account balances as of the end of t	the plan year (defined ben	nefit plans do not	5c	58
.,		rticipants at the beginning of the pla			5d(1)	43
		urticipants at the end of the plan yea			5d(2)	43
		erminated employment during the p			5e	2
		or incomplete filing of this return				
SB or Sch		her penalties set forth in the instruc nd signed by an enrolled actuary, a plete.				
SIGN HERE	Filed with authorized/	valid electronic signature.	10/14/2015	DANIEL RICHARDS	<u> </u>	
	Signature of plan ac	dministrator	Date	Enter name of individua	al signing a	as plan administrator
SIGN HERE	Signature of employ	over/plan sponsor	Date	Enter name of individur	al signing	as employer or plan sponsor
Preparer's		name, if applicable) and address (in				s telephone number (optional)

	Were all of the plan's assets during the plan year invested in eligible		, ,				X Yes No
b	Are you claiming a waiver of the annual examination and report of a	•		``	,		X Yes No
	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 canno						
C	If the plan is a defined benefit plan, is it covered under the PBGC ins						
						105	
	rt III Financial Information				<u> </u>		
7	Plan Assets and Liabilities	_	(a) Beginning of Yea		_		(b) End of Year
<u>a</u>	Total plan assets	7a	17912	0	_		2101413
-	Total plan liabilities	7b	47040	-	_		
	Net plan assets (subtract line 7b from line 7a)	7c	17912	210	_		2101413
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	1000	000			
	(2) Participants	8a(2)	465	546			
	(3) Others (including rollovers)	8a(3)					
h	Other income (loss)	8b	1976	655			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					344201
	Benefits paid (including direct rollovers and insurance premiums	00					011201
	to provide benefits)	8d	89	939			
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f	250)59			
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					33998
i	Net income (loss) (subtract line 8h from line 8c)	8i					310203
j	Transfers to (from) the plan (see instructions)	8j					
Pa	t IV Plan Characteristics	IJ					
	If the plan provides pension benefits, enter the applicable pension f	feature co	des from the List of Plan Chara	acteri	stic Co	des in	the instructions:
	2A 2E 2F 2H 2J 3D						
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature cod	es from the List of Plan Charac	cterist	ic Coc	les in th	ne instructions:
-							
Par							
10	During the plan year:	·			Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure			10a		х	
b	Were there any nonexempt transactions with any party-in-interest?	,	3 /				
	on line 10a.)		-	1 0 b		Х	
С	Was the plan covered by a fidelity bond?			10c		х	
d	Did the plan have a loss, whether or not reimbursed by the plan's f	fidelity bor	nd, that was caused by fraud				
	or dishonesty?			10d		Х	
е	Were any fees or commissions paid to any brokers, agents, or othe						
	insurance service, or other organization that provides some or all c instructions.)			10e		x	
f	,			10f		Х	
g	· · · · ·			-	Х		11206
	If this is an individual account plan, was there a blackout period? (10g	^		11200
	2520.101-3.)			10h		Х	
i	If 10h was answered "Yes," check the box if you either provided th	e required	I notice or one of the				
_	exceptions to providing the notice applied under 29 CFR 2520.101	-3		10i			
Part							
11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)						
11a	Enter the unpaid minimum required contribution for current year from	om Sched	ule SB (Form 5500) line 39			11a	
12	Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of the Code	or se	ection	302 of I	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applica	able.)				
а	If a waiver of the minimum funding standard for a prior year is being	a amortize	ed in this plan year see instruc	ctions	and e	enter th	e date of the letter ruling

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If 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		
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 (enter a minus sign to the left onegative amount)	of a	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?		· 🗆 ۲	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 u of the PBGC?	inder the	control		Yes 🗙 No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)	e plan(s)	to		
13c(1) Name of plan(s):	1	3c(2) El	IN(s)	13c(3) PN(s)
Part VIII Trust Information (optional)				
14a Name of trust		14b ⊺⊧	rust's EIN	

Form 5500-SF	Short Form Ann	ual Return/Repo Benefit Plan	ert of Small Emp 1	oloyee	OMB Nos. 1210-0110 1210-008
Internal Revenue Service Department of Labor	Inis form is required to be filed under sections 104 and 4065 of the limployee Retirement				
Employee Benefits Security Administratio Pension Benefit Guaranty Corporation		Revenue Code (the Co	ide).		This Form is Open to Public Inspection
Photo and a second seco	t Identification Information	n accordance with the in	structions to the Form	5500-SF.	
For calendar plan year 2014 or	fiscal plan year beginning	01/01/2014	and ending	10	31/2014
	a single-employer plan	and the second se	the second se		ing this box must attach a list
A This return/report is for:	-	of participating emp	loyer information in acco	ordance with the	ng uns dox must attach a us le form instructions)
	a one-participant plan	📋 a foreign plan			·····,
B This return/report is	the first return/report	the final return/repo			
	an amended return/report	a short plan year ret	turn/report (less than 12	months)	
C Check box if filing under:	🛛 Form 5558	automatic extension	I	Поя	VC program
(152) 0 10	special extension (enter desc	ription)			
Part II Basic Plan Inf	ormation-enter all requested in	formation		1000	
1a Name of plan		Nonindadin	10 million (10 mil	1b Three	dial
The Law Offices of	Jonathan DAgostino,	P.C.			umber
Profit Sharing Plan	1	1		(PN)	
		N		1C Effect	ve date of plan 8/2003
2a Plan sponsor's name and a	ddress; include room or suite numb	er (employer, if for a single	e-employer plan)		yer Identification Number
The Law Firm of Jon	lathan D'Agostino				13-3719145
				2c Spons	or's telephone number
622 Barlow Avenue					967-1600
Staten Island				Za Busine	ss code (see instructions)
	The second se	NY.	10312	5411	10
3a Plan administrator's name a	nd address XSame as Plan Spons	sor. NY	10312		10 strator's EIN strator's telephone number
	-	sór,		3b Admin 3c Admini	strator's EIN
4 If the name and/or EIN of the name, EIN, and the plan nur	nd address Same as Plan Spons e plan sponsor has changed since mber from the last return/report.	sór,		3b Admin	strator's EIN
 4 If the name and/or EIN of the name, EIN, and the plan nur a Sponsor's name 	e plan sponsor has changed since mber from the last return/report.	sor, the last return/report filed f	for this plan, enter the	3b Admin 3c Admini 4b EIN 4c PN	strator's EIN
 4 If the name and/or EIN of the name, EIN, and the plan nume. a Sponsor's name 5a Total number of participants 	e plan sponsor has changed since mber from the last return/report. at the beginning of the plan year	sor, the last return/report filed f	for this plan, enter the	3b Admin 3c Admini 4b EIN 4c PN 5a	strator's EIN
 4 If the name and/or EIN of the name, EIN, and the plan nume, EIN, and the plan nume. 5a Sponsor's name 5a Total number of participants b Total number of participants 	e plan sponsor has changed since mber from the last return/report. at the beginning of the plan year at the end of the plan year	sor <u>.</u> the last return/report filed f	ior this plan, enter the	3b Admin 3c Admini 4b EIN 4c PN 5a	strator's EIN strator's telephone number
 4 If the name and/or EIN of the name, EIN, and the plan num. a Sponsor's name 5a Total number of participants b Total number of participants c Number of participants with a complete this item) 	e plan sponsor has changed since i mber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of t	sor, the last return/report filed f the plan year (defined bene	for this plan, enter the	3b Admin 3c Admini 4b EIN 4c PN 5a	strator's EIN strator's telephone number 58 58
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 4 If the name and/or EIN of the name, EIN, and the plan numa Sponsor's name 5a Total number of participants b Total number of participants with a complete this item) d(1) Total number of active participants that the less than 100% vested. Caution: A penalty for the lafe of Under penalties of perjury and off SB or Schedule MB completed an beflef, it is true, correct, and complete the stignature of participant active penalties. 	e plan sponsor has changed since in mber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of the tricipants at the beginning of the plan tricipants at the end of the plan year minated employment during the plan re penalties set forth in the instruct d signed by an enrolled actuary, as	the last return/report filed f the plan year (defined bene an year fan year with accrued bene freport will be assessed frons, I declare that I have s well as the electronic ver	or this plan, enter the efit plans do not efits that were unless reasonable cau examined this return/rep sion of this return/report Jonathan D'Ago Enter name of individu	3b Admin. 3c Admin. 3c Admin. 4b EIN 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is establis 5e soft, including, and to the be 5stino val signing as particular of the setable 5stino	strator's EIN strator's telephone number 58 58 58 43 43 43 43 43 1 58 58 58 58 58 58 58 58 58 58 58 58 58
 4 If the name and/or EIN of the name, EIN, and the plan num. a Sponsor's name 5a Total number of participants b Total number of participants with a complete this item) d(1) Total number of active participants that the less than 100% vested. Caution: A penalty for the late of Under penalties of perjury and other SB or Schedule MB completed an beflef, it is true, correct, and commission HERE Signature of participanta of SIGN 	e plan sponsor has changed since mber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of the tricipants at the beginning of the plan tricipants at the end of the plan yea minated employment during the plan re penalties set forth in the instruct d signed by an enrolled actuary, as inter-	the last return/report filed f the plan year (defined bene an year fan year with accrued bene fions, I declare that I have, s well as the electronic ven Date Yealight	For this plan, enter the efft plans do not affts that were unless reasonable cau examined this return/report Jonathan D'Ago Ionathan D'Ago	3b Admin. 3c Admin. 3c Admin. 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is establis port, including, and to the best post incompare to the post incompa	strator's EIN strator's telephone number 58 58 58 58 58 58 58 58 58 58 58 58 58
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Form 5500-SF 2014		Page 2		_		
 6a Were all of the plan's assets during the plan year invested in eligib b Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann c If the plan is a defined benefit plan, is it covered under the PBGC in 	an independ and condition ot use For	dent qualified public accounta ons.) m 5500-SF and must instead	nt (IQ d use	PA) Form	5500.	
Part III Financial Information						
7 Plan Assets and Liabilities		(a) Beginning of Yea	r		_	(b) End of Year
a Total plan assets	. 7a	1,791	,21	0		2,101,41
b Total plan liabilities	7b			0		
C Net plan assets (subtract line 7b from line 7a)	. 7c	1,791	,21	0		2,101,43
8 Income, Expenses, and Transfers for this Plan Year	1	(a) Amount				(b) Total
Contributions received or receivable from: (1) Employers	8a(1)		,00	_		
(2) Participants	8a(2)	46	5,54	6		
(3) Others (including rollovers)	. 8a(3)			_		
b Other income (loss)	8b	197	7,65	5		
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_		344,20
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	8	3,93	9		
e Certain deemed and/or corrective distributions (see instructions)	<u>8e</u>					
f Administrative service providers (salaries, fees, commissions)	. 8f	25	5,05	9	1	
g Other expenses	. 8g		-	1		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		-	_	_	33,9
i Net income (loss) (subtract line 8h from line 8c)	. 8i			_		310,2
j Transfers to (from) the plan (see instructions)	8j				_	
Part IV Plan Characteristics						
9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2H 2J 3D						
b If the plan provides welfare benefits, enter the applicable welfare f	eature code	es from the List of Plan Charac	cterist	ic Coo	les in the	e 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 contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid			10a		Х	
b Were there any nonexempt transactions with any party-in-interes on line 10a.)			10b		Х	
C Was the plan covered by a fidelity bond?			10c		Х	
d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bon	d, that was caused by fraud	10d		х	
 Were any fees or commissions paid to any brokers, agents, or ot insurance service, or other organization that provides some or all instructions.) 	her persons of the bene	by an insurance carrier, efits under the plan? (See	10e		X	
f Has the plan failed to provide any benefit when due under the pla	an?		10f		Х	
g Did the plan have any participant loans? (If "Yes," enter amount a			10g	Х		11,2
h If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Х	AB T
If 10h was answered "Yes," check the box if you either provided t 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 requirer 5500 and line 11a below)						

	Enter the unpaid minimum required contribution for current year from Schedule SD (Form SSGO) inte SS.		
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?	Yes	No No

110 115 1	s " complete lin	(O 11	401 40-	401	10. halan	as applicable \
(11 "Vo	e " complete lin	o 1120 or linec	17n 170	120 200	1 2e nelow	as apolicable 1

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If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lin	e 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 (enter a minus sign to the negative amount)		12d			
e Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No 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?			/es 🛛	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 bro of the PBGC?	ought under the	control		Yes	6 🛛 N
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide which assets or liabilities were transferred. (See instructions.)	ntify the plan(s)	to			
13c(1) Name of plan(s):	1	3c(2) E	IN(s)	13c(3	8) PN(s)
Part VIII Trust Information (optional)					
14a Name of trust		14b T	rust's EIN		