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.

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Annual Report Identification Information For calendar plan year 2014 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the final return/report **B** This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan **1b** Three-digit ANDREA D. GALINA DDS 401(K) PLAN plan number (PN) ▶ 001 1c Effective date of plan 01/01/2012 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number ANDREA D. GALINA DDS (EIN) 11-3296526 Sponsor's telephone number 631-493-0920 647 COMMACK ROAD COMMACK, NY 11725 Business code (see instructions) 621210 **3a** Plan administrator's name and address XSame as Plan Sponsor. Administrator's EIN **3c** Administrator's telephone number 4b EIN 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. 4c PN a Sponsor's name Total number of participants at the beginning of the plan year 5a Total number of participants at the end of the plan year..... 5b Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c complete this item) d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 3 d(2) Total number of active participants at the end of the plan year..... 5d(2) 3 e Number of participants that terminated employment during the plan year with accrued benefits that were 0 5e 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

beliet, it is t	true, correct, and complete.						
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2015	ANDREA D. GALINA				
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN							
HERE	Signature of employer/plan sponsor	Date	Enter name of individ	ual signing as employer or plan sponsor			
Preparer's	name (including firm name, if applicable) and address (include r	oom or suite number	r) (optional)	Preparer's telephone number (optional)			

	Form 5500-SF 2014		Page 2						
b .	Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of a runder 29 CFR 2520.104-46? (See instructions on waiver eligibility a figure of you answered "No" to either line 6a or line 6b, the plan cannot with the plan cannot want to the pl	an indepe and condit ot use Fo	ndent qualified public accounta tions.) orm 5500-SF and must instead	nt (IQ	PA) Form	5500.	[X Yes [No No
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA section 40)21)? .		Yes	∐No ∐ No	ot determ	ined
Par	III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End of		
	Total plan assets	7a	1065		_			129408	3
	Total plan liabilities	7b	4005	0	_			10010	
	Net plan assets (subtract line 7b from line 7a)	7c	1065	084	-			129408	3
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Tota	ı <u>l</u>	
	Contributions received or receivable from: 1) Employers	8a(1)	153	803					
	2) Participants	8a(2)	233	343					
	3) Others (including rollovers)	8a(3)							
-	Other income (loss)	8b	37	'86					
C	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						42432	2
d I	Benefits paid (including direct rollovers and insurance premiums		400	200					
	o provide benefits)	8d	196	800					
	Certain deemed and/or corrective distributions (see instructions)	8e							
<u>t</u>	Administrative service providers (salaries, fees, commissions)	8f							
-	Other expenses	8g						4000	
	Fotal expenses (add lines 8d, 8e, 8f, and 8g)	8h						19608	
	Net income (loss) (subtract line 8h from line 8c)	8i						22824	+
Pari	Fransfers to (from) the plan (see instructions) Plan Characteristics	8j							
b Part	2E 2J 2K 2F 2G 3D 3B If the plan provides welfare benefits, enter the applicable welfare fe V Compliance Questions	eature cod	les from the List of Plan Charad	cterist	ic Cod	les in t	he instructions	3:	
10	During the plan year:				Yes	No	An	nount	
a b	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest'	ıciary Cor	rection Program)	10a		X			
D	on line 10a.)	`	•	10b		X			
c	Was the plan covered by a fidelity bond?			10c	Χ				10000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X			
е	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 as	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 2520.101			10i					
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)							Yes	No
11a	Enter the unpaid minimum required contribution for current year from	om Sched	dule SB (Form 5500) line 39			11a	<u> </u>		
12	Is this a defined contribution plan subject to the minimum funding			or se	ction	302 of	ERISA?	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						<u> </u>		
а	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	-			, and 6 	enter th Day			ıg

	Form 5500-SF 2014	Page 3 - 1					
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

3

Form 5500-SF

Department of the Tropsury Internal Revenue Service

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 6067(b) and 6068(a) of the Internal

OMB Nos. 1210-0110 1210-0089

2014

PAGE.

	enefits Security Administration	-	Revenue Code (the Code	9).		This Form is Open to
Pansion Be	entiti Guaranty Corporation	Complete all entries in a	ccordance with the Instr	ructions to the Form 55	00-SF.	Public Inspection
Part I	Annual Report I	dentification Information				
		cal plan year beginning	01/01/2014	and ending	12/	31/2014
		a single-employer plan a one-participant plan	Luca J	lan (not multiemployer) (yer information in accord		king this box must attach a list he form instructions)
O. Tu		H	rand Pared			
B This retu	ırn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year return	n/report (less than 12 mg	onths)	
C Check b	oox if filing under:	Form 5558 special extension (enter descri	automatic extension			FVC program
				THE REPORT OF THE PARTY OF THE		
Part II	h	mation-enter all requested info	rmation		Y'- 1'-	
1a Name (Andrea	ofplan D. Galina DDS	401(k) Plan			(PN)	number 001
	ponsor's name and add D. Galina DDS	lress; include room or suite numbe	r (employer, if for a single-	-employer plan)	2b Empi (EIN)	oyer Identification Number 11-3296526
647 Com	nmack Road				631	nsor's telephone number -493-0920
Commack	y.	NY 11725			2d Busin 621	ness code (see instructions)
414444		d address XSame as Plan Spons	OF.			nistrator's EIN
Ja rian at	attornistrator's transe and	address Magne as Fran Shous	JI.		OD AGIIII	metrator a CIIA
		plan sponsor has changed since to	he last return/report filed f	or this plan, enter the	4b EIN	
a Sponso	or's name				4c PN	
5a Total r	number of participants (at the beginning of the plan year	******************************		5a	
b Total r	number of participants					4
c Numbe		at the end of the plan year	```			<u>4</u> 3
		at the end of the plan year	he plan year (defined bene	efit plans do not	5b 5c	3
d(1) Tota	ete this item)		he plan year (defined bene	efit plans do not	5b	3
d(1) Tota	ete this item)al number of active part	occount balances as of the end of t	he plan year (defined bene an year	efit plans do not	5b 5c 5d(1)	3 3
d(1) Tota d(2) Tota e Numbe	ete this item)al number of active part al number of active part al number of active part or of participants that ter	coount balances as of the end of the count balances as of the end of the plants at the end of the plan yearminated employment during the plants at the end of	ne plan year (defined bene an year	afit plans do not	5b 5c	3 3 3 3
d(1) Tota d(2) Tota e Numbe less tha	ete this item) al number of active part al number of active part or of participants that ter an 100% vested	coount balances as of the end of the count balances as of the end of the plants at the end of the plan yearminated employment during the plants at the end of the plants are plants.	he plan year (defined bene an year	efit plans do not	5b 5c 5d(1) 5d(2) 5e	3 3 3 3
d(1) Total d(2) Total e Number less that Caution: A Under pena	al number of active part al number of active part or of participants that ter an 100% vested	ticipants at the beginning of the platicipants at the end of the plan year incomplete filing of this return or penalties set forth in the instruction signed by an enrolled actuary, as	ne plan year (defined bene an year f lan year with accrued bene freport will be assessed tions, I declare that I have	efit plans do not efits that were unless reasonable cau examined this return/re	5b 5c 5d(1) 5d(2) 5e se Is estab	3 3 3 0 lished.
d(1) Total d(2) Total e Number less that Caution: A Under pena SB or Schete belief, it is t	ete this item)	ticipants at the beginning of the platicipants at the end of the plan year incomplete filing of this return or penalties set forth in the instruction signed by an enrolled actuary, as	ne plan year (defined bene an year f lan year with accrued bene freport will be assessed tions, I declare that I have	efit plans do not efits that were unless reasonable cau examined this return/re	5b 5c 5d(1) 5d(2) 5e se is estab	3 3 3 0 lished.
d(1) Tota d(2) Tota e Numbe less tha Caution: A Under pena SB or Sche belief, it is t	al number of active part al number of active part or of participants that ter an 100% vested	ticipants at the beginning of the platicipants at the end of the plan yearminated employment during the plan incomplete filing of this return or panelties set forth in the instructional by an enrolled actuary, as the control of the plan incomplete filing of the plan incomplete filing of the return of panelties are forth in the instructional control of the plan incomplete set forth in the instructional control of the plan incomplete set forth in the instructional control of the plan incomplete set forth in the instructional control of the plan incomplete set forth in the instructional control of the plan incomplete set in the plan in t	the plan year (defined bene an year	efit plans do not efits that were unless reasonable cau examined this return/report	5b 5c 5d(1) 5d(2) 5e se is establed bort, including, and to the	3 3 3 0 lished. ng, if applicable, a Schedule best of my knowledge and
d(1) Tota d(2) Tota e Numbe less tha Caution: A Under pena SB or Sche belief, it is t SIGN HERE	al number of active partial number of participants that terms and 100% vested	ticipants at the beginning of the platicipants at the end of the plan yearminated employment during the plan incomplete filing of this return or panelties set forth in the instructional by an enrolled actuary, as the control of the plan incomplete filing of the plan incomplete filing of the return of panelties are forth in the instructional control of the plan incomplete set forth in the instructional control of the plan incomplete set forth in the instructional control of the plan incomplete set forth in the instructional control of the plan incomplete set forth in the instructional control of the plan incomplete set in the plan in t	in year with accrued beneficially with accrued beneficially will be assessed tions, I declare that I have a well as the electronic ver	afit plans do not afits that were unless reasonable cau examined this return/report sion of this return/report	5b 5c 5d(1) 5d(2) 5e se is establed bort, including, and to the	3 3 3 0 lished. ng, if applicable, a Schedule best of my knowledge and
d(1) Total d(2) Total e Number less that Caution: A Under pena SB or Schete belief, it is t	al number of active part al number of active part or of participants that ter an 100% vested penalty for the late or aities of perjury and oth active. Carreet and compa	ticipants at the beginning of the platicipants at the end of the plan yearminated employment during the plan or incomplete filing of this return er pensities set forth in the instructed signed by an enrolled actuary, as tested.	re plan year (defined beneath year	afits that were unless reasonable cau examined this return/report andrea D, Gal	5b 5c 5d(1) 5d(2) 5e se is estable port, includir, and to the including and signing seconds.	3 3 3 0 lished. 19, if applicable, a Schedule best of my knowledge and
d(1) Tota d(2) Tota e Numbe less the Caution: A Under pena SB or Sche belief, it is t SIGN HERE	al number of active part al number of active part al number of active part or of participants that ter an 100% vested penalty for the late of aities of perjury and oth adule MB completed an true, carrest and comp	ticipants at the beginning of the platicipants at the end of the plan yearminated employment during the plan or incomplete filing of this return er pensities set forth in the instructed signed by an enrolled actuary, as tested.	in plan year (defined beneath year	efit plans do not efits that were unless reasonable cau examined this return/report sion of this return/report Andrea D, Gal Enter name of individu	5b 5c 5d(1) 5d(2) 5e se is estabort, includir, and to the ual signing and sign	3 3 3 0 lished. ng, if applicable, a Schedule best of my knowledge and

	Form 5500-SF 2014		Page 2								
b	Were all of the plan's assets during the plan year invested in eligible. 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 lif you answered "No" to either line 6a or line 6b, the plan cannulif the plan is a defined benefit plan, is it covered under the PBGC in:	an independ and conditio ot use Forn	ent qualified public accounta ns.) n 5500-SF and must instead	nt (IQ d use	PA)	5500,	(**************************************	(100)	X Yes X Yes		No No
Par		130101700 p/c	Significant designing of	- 1/1				П.,	O1 00107	771111	
	Plan Assets and Llabilities		(a) Beginning of Yea	P	T		/b) Fi	nd of	Vaar	* P decembra	racedorie
	Total plan assets	7a	the state of the s	658	4		(10) (1)	10 07		129	408
-	Total plan liabilities	7b			0						
	Net plan assets (subtract line 7b from line 7a)	7c	1(0658	4					129	408
	Income, Expenses, and Transfers for this Plan Year	The second secon	(a) Amount				(b) Tota	al .		
	Contributions received or receivable from:			1530	3						
	(1) Employers	8a(1)		2334							_
	(2) Participants	8a(2) 8a(3)			74/						
	(3) Others (including rollovers)	8b		378	6						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1812 VALUE		42	43:
	Benefits paid (including direct rollovers and insurance premiums			000			/************************************	-			
	to provide benefits)	8d		1960	8						
	Cartain deemed and/or corrective distributions (see instructions)	8e			-					4	_
	Administrative service providers (salaries, fees, commissions)	8f			+						_
	Other expenses				+					10	60
	Net Income (loss) (subtract line 8h from line 8c)										82
	Transfers to (from) the plan (see instructions)	81			+						-
Par		P									
b Part	If the plan provides welfare benefits, enter the applicable welfare for V Compliance Questions	eature code:	s from the List of Plan Charac	cterist	ic Cod	es in th	ie instru	uction	3;		
10	During the plan year:				Yes	No	= -	A	nount		
a	29 CFR 2510.3-102? (See Instructions and DOL's Voluntary Fidu	uclary Corre	ction Program)	10a		Х					
a	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х					
C	Was the plan covered by a fidelity bond?			10c	Х	Ш		100 100 10 100 100 100 100 100 100 100		10	00
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10d		х					
0	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 bene	fits under the plan? (See	10e		х					
f	Has the plan failed to provide any benefit when due under the plan	in?	44.4	10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year er	ıd.)	10g		Х					
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		х					
i	If 10h was enswered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520,10			101							
Part											
11	ls this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes		No
11a	Enter the unpaid minimum required contribution for current year fr					11a				10.1.1	
12	Is this a defined contribution plan subject to the minimum funding	requiremen	nts of section 412 of the Code	9 or 8	ection	302 of	ERISAT	7	Yes	K	No
	(if "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below										_
a	If a waiver of the minimum funding standard for a prior year is beli- granting the waiver.				, and	enter th Day			letter ru ear	hļing	

	Form 5500-SF 2014 Page 3 -					
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), an	d 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 min negetive amount)		12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No I	N/A
Part	t VII Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?			Yes 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 of the PSGC?		control		Yes X	No
С	If during this plan year, any assets or liabilities were transferred from this plan to anothe which assets or liabilities were transferred. (See Instructions.)	r plan(s), identify the plan(s)	to	-		, .
	13c(1) Name of plan(s):	1	3c(2) E	N(s)	13c(3) PN	1(a)
Part	t VIII Trust Information (optional)					
14a	Name of trust		14b T	rust's EIN		
• • • • •				me anemone morne talle san (mothe		<u>-</u>