## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

SIGN HERE 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.

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information										
For calenda	ar plan year 2015 or fi	scal plan year beginning 01/01/2	015		and ending 12	/31/2	015					
A This retu	urn/report is for:	a single-employer plan			an (not multiemployer) bloyer information in acc		_					
		a one-participant plan	-participant plan a foreign plan									
<b>B</b> This retu	rn/report is	the first return/report the final return/report										
•		an amended return/report	∐a sr	nort plan year return	report (less than 12 mo	onths)	_					
C Check b	oox if filing under:	Form 5558	ш	tomatic extension	DFVC program							
D ( II	Daria Dian Inta	special extension (enter descri	. ,									
Part II		rmation—enter all requested info	ormatio	n	T	41						
<b>1a</b> Name o	•					1b	Three-digit					
FREDERICK	( J. SCHRANK, DDS	401(K) PROFIT SHARING PLAN					plan number (PN)	004				
					ļ	1c	Effective date of					
								1/2009				
		yer, if for a single-employer plan)	ъ ,			2b Employer Identification Numbe						
		m, apt., suite no. and street, or P.O e, country, and ZIP or foreign posta		(if foreian, see instru	ictions)	(EIN) 11-6163150						
	J. SCHRANK, DDS	, <b>,</b> ,		( 1 1 3 ) 1 1 1 1 1	,	<b>2c</b> Sponsor's telephone number 631-587-0953						
						2d	Business code (	see instructions)				
63 MONTAUK HIGHWAY VEST ISLIP, NY 11795-4900						621210						
VLST ISLIF,	111 11793-4900						6212	110				
3a Plan ac	dministrator's name ar	nd address Same as Plan Spons	or.			3b	Administrator's I					
REDERICK	J. SCHRANK, DDS			HIGHWAY 11795-4900	}	30		163150 elephone number				
		WESTISI	LIF, INI	11793-4900		30	Auministrator S t	elephone number				
							631-58	7-0953				
		e plan sponsor has changed since t	the last	return/report filed fo	r this plan, enter the	4b	EIN					
name, <b>a</b> Sponso	·	mber from the last return/report.				4c	PN					
<b>5a</b> Total n	number of participants	at the beginning of the plan year				5	a	5				
		at the end of the plan year			ł ·	5	b	5				
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)						<b>5c</b> 5						
d(1) Total number of active participants at the beginning of the plan year						5d(1) 5						
d(2) Total number of active participants at the end of the plan year						<b>5d(2)</b> 5						
Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested						<b>5e</b> 0						
Caution: A	penalty for the late	or incomplete filing of this return	/report	will be assessed u	ınless reasonable cau							
SB or Sche		her penalties set forth in the instruc nd signed by an enrolled actuary, a plete.										
		valid electronic signature.		04/06/2016	FREDERICK SCHRAN	١K						
HERE	Signature of plan a			Date		r name of individual signing as plan administrator						

Date

Preparer's name (including firm name, if applicable) and address (include room or suite number )

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

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<ul> <li>Were all of the plan's assets during the plan year invested in eligib</li> <li>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 lf you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a second</li></ul>	an indepen and conditi ot use For	dent qualified public a ons.)rm 5500-SF and mus	ccount	ant (IQ	PA) Form	5500.	X Yes [	No No
C If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	rogram (see ERISA se	ection 4	021)? .		Yes	No Not determine	ed .
Part III   Financial Information								
7 Plan Assets and Liabilities		(a) Beginning					(b) End of Year	
a Total plan assets	7a 		799	731			812008	
b Total plan liabilities	7b		700	731			812008	
Net plan assets (subtract line 7b from line 7a)      Income, Expenses, and Transfers for this Plan Year	7c	(a) Amou		1731			(b) Total	
a Contributions received or receivable from:		(a) Amot	ını				(b) Total	
(1) Employers	8a(1)		3	949				
(2) Participants	8a(2)		23	919				
(3) Others (including rollovers)	8a(3)			0				
<b>b</b> Other income (loss)	8b		16	174				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						44042	
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		31	565				
e Certain deemed and/or corrective distributions (see instructions)	8e			0				
f Administrative service providers (salaries, fees, commissions)	8f			200				
g Other expenses	8g			0				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						31765	
i Net income (loss) (subtract line 8h from line 8c)	Net income (loss) (subtract line 8h from line 8c)						12277	
j Transfers to (from) the plan (see instructions)	8j			0				
Part IV Plan Characteristics								
B If the plan provides welfare benefits, enter the applicable welfare for Part V Compliance Questions	eature code	es from the List of Pla	n Chara	acterist	ic Cod	les in the	e instructions:	
10 During the plan year:				Yes	No	N/A	Amount	
<b>a</b> 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 Fi	duciary Correction	10a		X			
<b>b</b> Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X			
C Was the plan covered by a fidelity bond?			10c	Х			600	0000
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X			
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some							36	671
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 e	nd.)	10g		X			
	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR							
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	ne required	I notice or one of the	10h 10i					
j Did the plan trust incur unrelated business taxable income?			10j					
Part VI Pension Funding Compliance								
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								No
11a Enter the unpaid minimum required contribution for all years from						11a	, 🖂 📙	
12 Is this a defined contribution plan subject to the minimum funding							RISA? Yes X	No

	F	orm 5500-SF 2015 Page <b>3</b> - 1								
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing			
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui				
b	Enter t	ne minimum required contribution for this plan year		12b						
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c						
d	Subtra	12d								
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?	П	Yes	No 🗌	N/A				
Part		Plan Terminations and Transfers of Assets			100	110	1471			
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No				
		s," enter the amount of any plan assets that reverted to the employer this year		13a		<u>- ப : </u>				
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough	ght under the co	ontrol		Yes X	No			
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)								
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	<b>13c(3)</b> PN(s)			
Part	: VIII	Trust Information								
14a	Name o	f trust		14b Trust's EIN						
14c Name of trustee or custodian						14d Trustee's or custodian's				
140 Name of trustee of custodian						telephone number				
Par	t IX	IRS Compliance Questions								
15a	Is the	plan a 401(k) plan?		Ye	S	No				
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?						Design- based safe ADP/ACP harbor test method				
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No				
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st	ge Average benefit test				
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No				
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A			
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions			
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or			
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable				
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No				
19	Were in	n-service distributions made during the plan year?		Ye	s	No				
	If "Yes	" enter amount	······	19						
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w ), as required under section 401(a)(9)?		Ye	s	No	N/A			

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration 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).

OMB Nos, 1210-0110 1210-0089

2015

This Form is Open to

	elli Guaranty Compression	Complete all entries in	accordance with the ins	structions to the Form	5500-SF.	Public Inspection					
Part I	Annual Report	Identification Information	,								
For Calendar	pian year 2015 or h	scal plan year beginning	01/01/2015	and ending		31/2015					
A This retur	m/report is for:	X a single-employer plan	a multiple-employer plan (not multiemployer) (Filers checking this box r list of participating employer information in accordance with the form ins								
	,	a one-participant plan	∐ a forelgn plan								
B This return	n/report is										
C Charleha	and the first second second	an amended return/report	a short plan year ret	um/report (less than 12	months)						
C Check bo	x If filing under:	Form 5558 special extension (enter description)	automatic extension		_ D	FVC program					
Part II	Basic Plan Info	ermation—enter all requested in		-							
1a Name of	plan	THREE AN TEQUEBLES IN	ormadon		14h =	(* *)					
	k J. Schrank	1b Three plan r	number 0.04								
PE			•		1c Effective date of plan 01/01/2009						
2a Plan spo	nsor's name (employ	yer, if for a single-employer plan)	****	······································	<del></del>	yer Identification Number					
City or to	wn, state or province	m, apt., suite no. and street, or P.O e, country, and ZIP or foreign posts	). Box) al code (If foreign, see ins	itructions)	(EIN)	11-6163150					
Frederi	ck J. Schran	ik, DDS		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	I .	sor's telephone number 587-0953					
763 Mon	tauk Highway		,		2d Busine 6212	ess code (see Instructions)					
West Is:		NY. 11795-490									
	iinistrator's name an k J. Schrank		or.			Istrator's EIN					
I I EGET I C	A U. SCHEANK	ג, טטט	*	-	3c Administrator's telephone number						
763 Mont	auk Highway					587-0953					
West Isl		NY 11795-4900									
manie, Ei	in, and the plan hur	plan sponsor has changed since the plan sponsor has changed since the plan sponsor.	he last return/report filed	for this plan, enter the	4b EIN						
a Sponsor's					4c PN						
		at the beginning of the plan year				5					
D Total nun	nber of participants a	at the end of the plan year			5b	5					
complete	this item)	ccount balances as of the end of the		1214444	5c	5					
d(1) Total n	umber of active part	lcipants at the beginning of the pla	n year		5d(1)	5					
d(2) Total n	umber of active part	iicipants at the end of the plan year	T		5d(2)	5					
เกลก ใบบ	% vested	eminated employment during the p			5e						
Under penaltie	s of penury and other	r Incomplete filing of this return! er penalties set forth in the instructi	report will be assessed	unless reasonable car	use is establi:	shed.					
T- 0, 00110001	e MB completed and compl	Jaigned by an enrolled actuary as	well as the electronic ve	rsion of this return/repor	port, including t, and to the b	, If applicable, a Schedule ≥st of my knowledge and					
SIGN HERE	Frederil	John (	4/6/2016	Frederick Sch	rank						
<u>s</u>	ignature of plan ad	miltistrátor	Date	Enter name of individ	ual signing as	plan administrator					
SIGN HERE											
Preparer's nam	gnature of employ	er/plan sponsor me, if applicable) and address (inc	Date	Enter name of individ	ual signing as	employer or plan sponsor					
	· · · · · · · · · · · · · · · · · · ·	met is abbrecaple) and address (inc.	iliue 100m or suite numbe	er)	Preparer's te	lephone number					
	•		. •								
					1						

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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 cannot be a continued to the plan's assets during the plan year invested in eligible to the plan cannot be a continued to the plan's assets during the plan year invested in eligible to the plan year invested in eli	an indepen and conditi of use For	ident qualified public a ons.) rm 5500-SF and mus	account t instea	ant (IC	PA)	5500.		<u> </u>	_	<u></u>
c If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pi	rogram (see ERISA se	ection 4	021)7		Yes	No	No	1 dete	mined
Part III   Financial Information										
7 Plan Assets and Liabilities	7.0	(a) Beginning		<b>ar</b> 9973	7	-	(b) E	nd of Y		81200
a Total plan assetsb Total plan liabilities	, 7a . 7b			2212	+		***************************************			1200
C Net plan assets (subtract line 7b from line 7a)	. 7c		7	9973	1					81200
8 Income, Expenses, and Transfers for this Plan Year		(a) Amoi	unt		1		(b	) Total		
a Contributions received or receivable from:				204		11 : 12				
(1) Employers	1			394			<u>.</u>		in s	
(2) Participants	. 8a(2)			2391	0			13	4.5. ·	<u> </u>
(3) Others (including rollovers)	.) Ba(3)			1617						
C Total income (add lines 8a(1), 8e(2), 8a(3), and 8b)	. 8b . 8c	and the second		1047	-					4404
d Benefits paid (Including direct rollovers and insurance premiums	. 60				7	· · · · · · · · · · · · · · · · · · ·	***************************************		;	
to provide benefits)	. 8d			3156	5		·	100	· · ·	
e Certain deemed and/or corrective distributions (see instructions),	. 8e				0 "	+1 (j)	Sely	5.41		
f Administrative service providers (salaries, fees, commissions)	. <b>8</b> f		·····	50				<u></u>	ent.	<del> </del>
g Other expenses	. 8g	.:			0 .			· · · · ·	<u></u>	·
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		<del></del>	0.2		****				3176
i Net income (loss) (subtract line 8h from line 8c) ,	. <b>&amp;</b> i	· · · · · · · · · · · · · · · · · · ·		· ·		-,				1227
Part IV Plan Characteristics	· B)				0		¥		•	
B If the plan provides welfare benefits, enter the applicable welfare f  Part V Compliance Questions		os nom the list of rile	ii Oriui	2010/10		700 M (	ic nan		,	
10 During the plan year:				Yes	No	N/A		An	าอบกเ	
Was there a failure to transmit to the plan any participant contributions and DOL's \    Program	/oluntary Fi	ductary Correction	10a		х					
b. Were there any nonexempt transactions with any party-in-Interest reported on line 10a.)	•		10b		х					
C Was the plan covered by a fidelity bond?		14//JJ	10c	Х		e stre e tu				600
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bor	nd, that was caused	10d		х					
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.)	ne or all of t	he benefits under	10e	х						36
f Has the plan falled to provide any benefit when due under the pla	in?	*************************	1 <b>0</b> f		X					
g Did the plan have any participant loans? (If "Yes," enter amount a	s of vear e	nd.)	10g		X	1.0	T			
h If this is an individual account plan, was there a blackout period?	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)									
If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	he required	notice or one of the	10h						435 t.	
j Did the plan trust incur unrelated business taxable income?			10j							***************************************
Part VI. Pension Funding Compliance	+		)		<u>.                                    </u>	<u> </u>				
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	nents? (If "Y	es," see instructions	and cor	nplete	Sched	iule SB	(Form		Ye	s N
11a Enter the unpaid minimum required contribution for all years from						11a				
12 Is this a defined contribution plan subject to the minimum funding						302 of E	RISA?	[	Yes	3 🔀 N

Form 5500-SF 2015 Page <b>3 -</b>						
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, granting the walver	and en	ter the Day	date of	the letter ruli Year	ng	
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 of a 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						
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	T T			
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under						
of the PBGC?  If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan	*********			Yes X		
which assets or liabilities were transferred. (See instructions.)	1(3) 10					
	3c(2) E	JN(s)		13c(3) P	13c(3) PN(s)	
Part VIII Trust Information						
14a Name of trust		14b Trust's EIN				
					,	
14c Name of trustee or custodian		14d Trustee's or custodian's telephone number				
Part IX IRS Compliance Questions					•	
15a is the plan a 401(K) plan?		_ Y	es	No		
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employ matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	er		Design- ased sat arbor nethod	· —	ADP/ACP test	
15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current ye testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(e)(2)(ii) and 1.401(m)-2(e)(2)(iii)?			es	☐ No		
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b	):	□ ₺	Ratio Jercenta( Jest		erage iefit test	
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(e)(4) by combining this plan with any other plans under the permissive aggregation rules?		<u> </u>	<b>es</b>	No		
17a Has the plan been timely amended for all required tax law changes?		Y	es	∐ No	∐ N/A	
for tax law chances and codes).			able code		nstructio	
17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is advisory letter, enter the date of that favorable letter and the letter's serial number					or or	
17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the determination letter				favorable		
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has bee made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)	en 12					
19 Were in-service distributions made during the plan year?		<u> </u>	es	No	···	
If "Yes," enter amount		19				
Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or retired), as required under section 401(a)(9)?	rnot	[] Y	'es	No	N/A	