Form 5500	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and			OMB Nos. 1210-0110 1210-0089			
Department of the Treasury Internal Revenue Service Department of Labor							
Employee Benefits Security Administration		) of the Internal Revenue Code (the Code). ries in accordance with		2015			
Pension Benefit Guaranty Corporation		s to the Form 5500.					
			This	Form is Open to Pu Inspection	ıblic		
	ntification Information						
For calendar plan year 2015 or fiscal	plan year beginning 01/01/1999	and ending 12/31/19					
A This return/report is for:	a multiemployer plan;	a multiple-employer plan (Filers checking the participating employer information in accord			ns); or		
	X a single-employer plan;	a DFE (specify)					
<b>B</b> This return/report is:	X the first return/report;	the final return/report;					
	an amended return/report;	a short plan year return/report (less than 12 months).					
<b>C</b> If the plan is a collectively-bargain	ed plan, check here			•			
<b>D</b> Check box if filing under:	Form 5558;	automatic extension;	X the	e DFVC program;			
	special extension (enter description)	<u>1</u>					
Part II Basic Plan Inform	mation—enter all requested information	n					
<b>1a</b> Name of plan ANTHONY RAMIREZ DDS PC PRO			1b	Three-digit plan number (PN) ▶	001		
			1c	Effective date of pla 01/01/1991	an		
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box)       2b Employer I Number (E			Employer Identifica Number (EIN) 13-3561748	tion			
ANTHONY RAMIREZ DDS PC			2c	Plan Sponsor's tele number 212-922-9225			
7424 RIDGE BLVD BROOKLYN, NY 11209-2304	7424 RIDGE E BROOKLYN, I	BLVD NY 11209-2304	2d	Business code (see instructions) 621210	)		

## 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 accompanying schedules, statements and attachments, 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 HERE	Filed with authorized/valid electronic signature.	06/23/2016	ANTHONY RAMIREZ	
	Signature of plan administrator	Date	Enter name of individu	al signing as plan administrator
SIGN HERE				
	Signature of employer/plan sponsor	Date	Enter name of individu	al signing as employer or plan sponsor
SIGN HERE				
TIEILE	Signature of DFE	Date	Enter name of individu	al signing as DFE
Preparer	's name (including firm name, if applicable) and address (include r	oom or suite numbe	r)	Preparer's telephone number
ALEX G	RASSO			212-922-9225
10TH FL	(INGTON AVE LOOR DRK, NY 10017			

3a	Plan administrator's name and address 🛛 Same as Plan Sponsor	<b>3b</b> Administrator's EIN			
		3c Admi num	inistrator's telephone ber		
4	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:	4b EIN			
а	Sponsor's name	<b>4c</b> PN			
5	Total number of participants at the beginning of the plan year	5	1		
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).				
a(1	) Total number of active participants at the beginning of the plan year	6a(1)	1		
a(2	2) Total number of active participants at the end of the plan year	6a(2)	1		
b	Retired or separated participants receiving benefits	6b	0		
С	Other retired or separated participants entitled to future benefits	6c	0		
d	Subtotal. Add lines 6a(2), 6b, and 6c.	6d	1		
е	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	<b>6e</b>			
f	Total. Add lines 6d and 6e	6f	1		
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	. 6g	1		
	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	0		
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7			
8a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Coc 1A 2E	les in the ir	nstructions:		

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a	Plan fund	ling arrangement (check all that apply)	9b Plan b	enefi	it arrangement (check all that apply)			
	(1)	Insurance	(1)		Insurance			
	(2)	Code section 412(e)(3) insurance contracts	(2)		Code section 412(e)(3) insurance contracts			
	(3)	Trust	(3)		Trust			
	(4)	General assets of the sponsor	(4)		General assets of the sponsor			
10	Check al	applicable boxes in 10a and 10b to indicate which schedules are at	tached, and,	, whe	re indicated, enter the number attached. (See instructions)			
а	a Pension Schedules			b General Schedules				
	(1)	<b>R</b> (Retirement Plan Information)	(1)		H (Financial Information)			
	(2)	MB (Multiemployer Defined Benefit Plan and Certain Money	(2)	Х	I (Financial Information – Small Plan)			
		Purchase Plan Actuarial Information) - signed by the plan	(3)		A (Insurance Information)			
		actuary	(4)		C (Service Provider Information)			
	(3)	SB (Single-Employer Defined Benefit Plan Actuarial	(5)		<b>D</b> (DFE/Participating Plan Information)			
		Information) - signed by the plan actuary	(6)		G (Financial Transaction Schedules)			

Page 3

Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)			
<b>11a</b> If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.)         Yes       No				
If "Yes" is c	checked, complete lines 11b and 11c.			
11b Is the plan	currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.)			
enter the Re	eceipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, eceipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure alid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)			
Receipt Co	nfirmation Code			

	(Form 5500)			ation—Sm	Iall	i iaii			OMB No. 1210-0110
	. ,	Form 5500)							
	Department of the Treasury Internal Revenue Service This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).							2015	
	Department of Labor nployee Benefits Security Administration			hment to Form 5				This	Form is Open to Public
	Pension Benefit Guaranty Corporation alendar plan year 2015 or fiscal pl	an vear beginning 01/01/199	9		21	nd ending	12/	31/1999	Inspection
A Na	ame of plan IONY RAMIREZ DDS PC PROFI				<b>B</b> 1	Three-digit		•	001
	an sponsor's name as shown on I IONY RAMIREZ DDS PC	ine 2a of Form 5500				mployer Id 3-3561748		on Numbe	r (EIN)
	lete Schedule I if the plan covered plan under the 80-120 participant i							olete Scheo	lule I if you are filing as a
Part	t I Small Plan Financial	Information							
asset benef	rt below the current value of asse s held in more than one trust. Do it at a future date. Include all inco ance carriers. <b>Round off amount</b>	not enter the value of the portion me and expenses of the plan incl	of an in	surance contract	that g	uarantees	during th	his plan ye	ar to pay a specific dollar
	Plan Assets and Liabilities:			<b>(a)</b> Beg	ginning	g of Year			(b) End of Year
	Fotal plan assets		1a			1	63949		262495
b 1	Fotal plan liabilities		1b				0		0
<b>C</b> 1	Net plan assets (subtract line 1b fr	om line 1a)	1c			1	63949		262495
2 I	ncome, Expenses, and Transfe	rs for this Plan Year:		(a	<b>a)</b> Amo	ount			(b) Total
a	Contributions received or receivab	le:							
(	1) Employers		2a(1)				10000	-	
(	2) Participants		2a(2)						
(	3) Others (including rollovers)		2a(3)						
d d	Noncash contributions		2b						
C (	Other income		2c						
d 1	Fotal income (add lines 2a(1), 2a(	2), 2a(3), 2b, and 2c)	2d						10000
<b>e</b> [	Benefits paid (including direct rollo	vers)	2e						
f	Corrective distributions (see instru	ctions)	2f						
-	Certain deemed distributions of pa (see instructions)	•	2g						
h /	Administrative service providers (s	alaries, fees, and commissions).	2h						
i (	Other expenses		2i						
j '	Fotal expenses (add lines 2e, 2f, 2	2g, 2h, and 2i)	2j						0
<b>k</b> 1	Net income (loss) (subtract line 2j	from line 2d)	2k						10000
	Fransfers to (from) the plan (see in	nstructions)	21						0
r	Specific Assets: If the plan held as emaining in the plan as of the end o by-line basis unless the trust meets of	f the plan year. Allocate the value of	f the plar	n's interest in a con		ed trust co	ntaining t		f more than one plan on a line-
<u> </u>				Г		Yes	No		Amount
	Partnership/joint venture interests.				3a		X		
	Employer real property				3b		X		
CF	Real estate (other than employer r	eal property)			3c		X		
	Employer securities				3d		X		
	Participant loans				3e		Х		Schedule I (Form 5500) 2015

			Yes	No	Amount
3f	Loans (other than to participants)	3f		X	
	Tangible personal property	3g		х	

## Part II Compliance Questions

4	During the plan year:		Yes	No	N/A	Amou	nt
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)			X			
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance.	4b		X			
С	Were any leases to which the plan was a party in default or classified during the year as uncollectible?	4c		Х			
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)	4d		Х			
е	Was the plan covered by a fidelity bond?	4e		Х			
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		Х			
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		Х			
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		Х			
i	Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?	4i		Х			
j	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	. 4j		Х			
k	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	4k		X			
I	Has the plan failed to provide any benefit when due under the plan?	41		Х			
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		Х			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n		Х			
0	Did the plan trust incur unrelated business taxable income?	40		X			
р	Were in-service distributions made during the plan year?	4p		Х			
5a	Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year		Yes	s XN	o A	mount:	
5b	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s transferred. (See instructions.)	s), ide	entify th	ne plan	(s) to w	hich assets or liabilit	ies were
	5b(1) Name of plan(s)				5b(2)	EIN(s)	<b>5b(3)</b> PN(s)

5c	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section	ion 4021)? Yes No Not c	letermined

Page 3

Part III	Trust Information					
6a Name o	f trust		6b Trust's EIN			
6c Name c	f trustee or custodian	6d Trustee's or cust	odian's telephone number			

ALEXANDER A. GRASSO ATTORNEY AT LAW 355 LEXINGTON AVENUE, 10<sup>TH</sup> FLOOR NEW YORK, NEW YORK 10017-6603 212/922-9225 Fax 212/922-2817 E-mail: alexgrasso@aol.com

June 23, 2016

Department of the Treasury Department of Labor Employee Benefits Security Administration

Re:	Taxpayer:	ANTHONY RAMIREZ DDS PC
	SS#:	13-3561748
	Tax Year:	1999, 2003, 2004, 2005, 2006, 2007, 2008
		2009, 2010, 2011, 2012
	Form:	5500 Series
		Request to Abate Penalty
		For Reasonable Cause

Dear Sirs,

In response to your request, we submit the following reply:

The taxpayer has a small group, only 2 -3 participants, since inception.

This retirement plan was managed by Polaris Investment Partners Inc., who made all the investments and did all of the accounting and management for this plan.

The taxpayer was under the assumption that Polaris was submitting all of the required filings, as they had not been informed of the filing requirement.

The account has never exceeded \$500,00.00

The officers of the taxpayer have never withdrawn any funds or participated in any prohibited transactions.

There was no intention to conceal any transactions or wrongdoing.

The omission to file was an honest and inadvertent error on the part of the taxpayer.

They are now aware of the requirement to file annually.

The taxpayer has now filed all required past returns, and will timely file all future returns.

In light of the information provided above, please adjust your records accordingly. If you have any questions, please do not hesitate to contact me.

Very truly yours,

Alexander A. Grasso, Esq.

AAG/db

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The sections (647/c), (607/c), and (105/c), and (105	De	spartment of the Treasury thernal Revenue Service	This form is required to be filed for and 4065 of the Employee Retiren	or employee benefit planent Income Security	ans under sections 104 Act of 1974 (ERISA) and	1210-0089
memory         The Form SD0.         The Form SD0.           If eld Hift attraction in accordance with the form Executions in accordance with the form prediction in accordance with the formation.           Information         Information         Information         Information         Information         Information         Information         Information         Information         Info	E	Department of Labor nployee Benefits Security Administration	sections 6047(e), 6057(b), and 605	68(a) of the Internal Re	evenue Code (the Code).	2015
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argained dan, check here.	A This re B This re	eturn/report is for: eturn/report is:		a multiple-emple participating err a DFE (specify) the final return/r	oyer plan (Filers checking ployer information in acco	this box must attach a list of rdance with the form instructions); or
argained plan, check here			an amended return/report;	a short plan yea	ar return/report (less than 1	2 months).
Form 5558: <ul> <li>Form 5558:</li> <li>Special extension (enter description)</li> <li>Information — enter all requested information</li> <li>Depending the DFAG</li> <li>Depending the DF</li></ul>	C If the p	olan is a collectively-bargair	hed plan, check here.	[		- - - -
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Biologer, If for and Street, or P.O. Box)     20 Employer       Dom, apt., suite no. and Street, or P.O. Box)     23 Employe       Dec., country, and ZP or foreign postal code (if foreign, see instructions)     20 Employer       Tay24 RIDGE BLVD     24 Busines       BROOKLYN, NY 11209-2304     24 Busines       Difference     24 Busines       Encomplete filling of this return/report will be assessed unless reasonable cause is established.     221210       Controp and state electronic version of this return/report, and to the best of my knowledge and belief, it is true, complex well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, complex well as the electronic version of this return/report, and to the heast of my knowledge and belief, it is true, complex well as the electronic version of this return/report, and to the heast of my knowledge and belief, it is true, complex well as the electronic version of this return/report, and to the heast of my knowledge and belief, it is true, complex well as the electronic version of this return/report, and to the return/report, including as plan administrator       Immediation     Date     Enter name of individual signing as of the name, if applictable) and address (include room or suite number)       Propare's see the instructions for Form 5500.     Propare's stelephon						
2C       Plan Sp number BROOKLYN, NY 11209-2304         7424 RIDGE BLVD BROOKLYN, NY 11209-2304         24 Busines instruction instructions. I declare that I have examined this restabilished.         other penalties set forth in the instructions. I declare that I have examined this restabilished.         other penalties set forth in the instructions. I declare that I have examined this restar/report, and to the best of my knowledge and belief, it is true, correst well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correst dministrator         dministrator       Date       Enter name of individual signing as plan adn dyriplan sponsor         yer/plan sponsor       Date       Enter name of individual signing as omploye         oname, if applicable) and address (include room or suite number)       Preparer's telephon.         name, if applicable) and address (include room or suite number)       212-82         x Notice and, OMB Control Numbers, see the instructions for Form 5500.       212-80	2a Plan : Mailir City o	sponsor's name (employer, ng address (include room, a or town, state or province, c	if for a single-employer plan) pt., suite no. and street, or P.O. Box) ountry, and ZIP or foreign postal code	e (if foreign, see instru	ctions)	
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noomplete filing of this return/report will be assessed unless reasonable cause is established.         penalties at this return/report will be assessed unless reasonable cause is established.         penalties at this return/report, and to the best of my knowledge and belief, it is true, correst at the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correstration         Strator       Date       Enter name of individual signing as plan adminimum strator         Ammany       C/b3///2       Enter name of individual signing as employe         an sponsor       Date       Enter name of individual signing as employe         e. if applicable) and address (include room or suite number)       Preparer's telephonn         e. if applicable) and address (include room or suite number)       Preparer's telephonn	7424 RIDC BROOKLY	GE BLVD YN, NY 11209-2304	7424 RIDG BROOKLY	SE BLVD N, NY 11209-2304		
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penalties set forth in the instructions. I declare that I have examined this return/report, including accompa as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, corre- strator Date Enter name of individual signing as plan adn <i>Lyws/n/L</i> Enter name of individual signing as employe an sponsor Date Enter name of individual signing as DFE e, if applicable) and address (include room or suite number) e, if applicable) and address (include room or suite number) te and OMB Control Numbers, see the instructions for Form 5500.	Caution:	A penalty for the late or i	ncomplete filing of this return/repo	rt will be assessed u	inless reasonable cause	is established.
Enter name of individual signing as plan adn Enter name of individual signing as employe Enter name of individual signing as DFE Preparer's telephon 212-92 Form 5500.	Under pei statement	nalties of perjury and other ts and attachments, as well	penalties set forth in the instructions, as the electronic version of this retur	I declare that I have e n/report, and to the be	xamined this return/report. st of my knowledge and bu	including accompanying schedules, alief, it is true, correct, and complete.
Enter name of individual signing as plan adn Enter name of individual signing as employe Enter name of individual signing as DFE Preparer's telephone Preparer's telephone Form 5500.	SIGN		×			
Enter name of individual signing as employe Enter name of individual signing as DFE Preparer's telephon 212-92 Form 5500.		Signature of plan admini	strator	Date	Enter name of individual	signing as plan administrator
Enter name of individual signing as employe Enter name of individual signing as DFE Preparer's telephon 212-92 Form 5500.	SIGN		AMANU	6/23/12		
Enter name of individual signing as DFE Preparer's telephone 212-92 Form 5500.	HEKE	Signature of employer/pl	an sponsor	Date	Enter name of individual	signing as employer or plan sponsor
Enter name of individual signing as DFE Preparer's telephone 212-92 Form 5500.	SIGN					-
Freparer s teteprions 212-92 Form 5500.		Signature of DFE		Date	Enter name of individual	signing as DFE
ice and OMB Control Numbers, see the instructions for Form 5500.	Preparer's ALEX GF	s name (including firm nam RASSO	e, if applicable) and address (include	room or suite number		reparer s telephone number 212-922-9225
ice and OMB Control Numbers, see the instructions for Form 5500.	355 LEXI	INGTON AVE				
ice and OMB Control Numbers, see the instructions for Form 5500.	NEW YO	00R RK, NY 10017				
	For Pape	erwork Reduction Act Not	ice and OMB Control Numbers, see	the instructions for	Form 5500.	Form 5500 (2015) v. 150123