Form 5500-	SF Short Form Ann	•							
Department of the Treas Internal Revenue Servi	5	Benefit Pla	I <b>∩</b> and 4065 of the Employee Re						
Department of Labor Employee Benefits Security Adm	Income Security Act of 197		6057(b) and 6058(a) of the I		This Form	n is Open to nspection			
Pension Benefit Guaranty Co	Complete all entries in		nstructions to the Form 55	00-SF.	Fublici	Inspection			
	Report Identification Informatio           015 or fiscal plan year beginning         01/01		and anding 10	21/2015					
For calendar plan year 2	015 or fiscal plan year beginning 01/01		and ending <u>12</u> er plan (not multiemployer) (	/ <u>31/2015</u> Filers check	ing this hox r	nust attach a			
A This return/report is f			g employer information in acc						
<b>B</b> This return/report is	the first return/report	the final return/rep	ort						
	an amended return/report	·	eturn/report (less than 12 mo	onths)					
C Check box if filing un	der: Derm 5558	automatic extens	on	DF	-VC program				
	special extension (enter des	cription)							
Part II Basic Pla	an Information—enter all requested i	nformation							
<b>1a</b> Name of plan HERBERT TARAGIN, DD	S, PC EMPOYEES RETIREMENT PLAN	- PROFIT SHARING		1b Three- plan no (PN)	umber	002			
				· · /	ve date of pla				
<b>2a</b> Plan sponsor's name	e (employer, if for a single-employer plan)				01/01/19	979			
Mailing address (inc	lude room, apt., suite no. and street, or P. r province, country, and ZIP or foreign pos	O. Box)	instructions)	(EIN)	11-2478	724			
IERBERT TARAGIN, DDS	,	2c Sponsor's telephone number 718-236-4389							
000 BAY PARKWAY	7000 R	AY PARKWAY		<b>2d</b> Business code (see instructions)					
ROOKLYN, NY 11204		(LYN, NY 11204		621210					
<b>3a</b> Plan administrator's	name and address XSame as Plan Spor	nsor.		<b>3b</b> Administrator's EIN					
				3c Admini	istrator's tele	ohone number			
	IN of the plan sponsor has changed since plan number from the last return/report.	e the last return/report fi	ed for this plan, enter the	e <b>4b</b> EIN					
a Sponsor's name				4c PN					
	ticipants at the beginning of the plan year		ř	5a		2			
	ticipants at the end of the plan year			5b		2			
	nts with account balances as of the end o			5c		2			
d(1) Total number of a	active participants at the beginning of the	olan year		5d(1)		2			
	active participants at the end of the plan y	-	F	5d(2)		2			
e Number of participa	ants that terminated employment during th	e plan year with accrue	d benefits that were less	5e					
Under penalties of perjur	the late or incomplete filing of this return y and other penalties set forth in the instru-	uctions, I declare that I h	ave examined this return/rep	ort, including	g, if applicable				
belief, it is true, correct, a	pleted and signed by an enrolled actuary, and complete.	as well as the electronic	c version of this return/report,	and to the b	Dest of my Kno	owledge and			
SIGN Filed with au HERE	thorized/valid electronic signature.	06/22/2016	HERBERT TARAGIN	AGIN					
SIGN	of plan administrator	administrator Date Enter name of individual signing as plan administrator							
HEDE	of employer/plan sponsor	Date	Enter name of individu	al signing or		nlan enoncor			
	ng firm name, if applicable) and address (				elephone nur				
For Paperwork Reduction	Act Notice and OMB Control Numbers, see t	he instructions for Form	5500-SF.		For	m 5500-SF (2015)			

6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       If an image analysis of the plan's assets during the plan and regord of in hispensender qualified public accountant (UCPA) index 20 CFR 2320:104-267 (See instructions on waher eligible) and consistions.)       If an image and the plan's assets during the plan and the plan and the plan and the plan and the plan is a low end of the plan and the sare of the 6.0 k the plan and the plan is a low end of the plan and the sare of the 6.0 k the plan and the sare of the 6.0 k the plan and the plan and the sare of the 6.0 k the plan and the plan is a low end of the plan assets and Liabilities       If a low end of the plan's assets during the plan and the plan asset (see ERISA section 4021)?       If Not determined         7       Plan Assets and Liabilities       (a) Beginning of Year       (b) End of Year         8       If a low plan assets (subtant line 7 from line 7a)       7c       2000005       2411502         9       Total plan issets (so the Plan Ware       6a(1)       1000000000000000000000000000000000000												
under 20 CFR 252.104-407 (See instructions on waiver eligibility and conditions)       Image: Section 2000         If you answerd "No' to eliste line 6 as of line 50, the plan cannot use CFM 5500-50F and must instead use Form 5500.       Not determined         Part III       Financial Information       Yes       No       Not determined         Part III       Financial Information       (a) Beginning of Year       (b) End of Year       2411592         To tai plan taskets.       7a       2000005       2411592       2411592         De Total plan taskets.       7a       2000005       2411592         C Net plan assets (ubtinkt line 7b from line 7a)       7c       2000005       2411592         G Controllution received or receivable from:       8a(1)       (b) Total       0) Total         C Deter information       8a(2)       0       0) Others (moduling rollwores)       8a(3)       0         D Other information (los)       8b       -100028       <	-											
If you answered "No" to either line 6 or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.       No		, ,	•			•	,		X Yes No			
Part III       Financial Information       (a) Beginning of Year       (b) End of Year         7       Plan Assets and Liabilities       7a       2080005       2411592         b       Total plan liabilities       7a       2080005       2411592         c       Name       (a) Amount       (b) End of Year       (b) End of Year         a       Total plan liabilities       7a       2080005       2411592         b       Total plan liabilities       7b       2080005       2411592         c       Name       Name       (a) Amount       (b) Total       2411592         a       Contributions received or receivable from:       8a(1)       (c)       (c)       Control (control (				,								
7     Plan Assets and Liabilities     (a) Beginning of Year     (b) End of Year       a Total plan assets     7b     2080005     2411502       b Total plan babilities     7b     2080005     2411502       c Net plan assets (subtract line 7b from line 7a)     7c     2080005     2411502       3 Income. Expendes, and Transfers for this Plan Year     (a) Amount     (b) Total     2411502       3 Contributions received or receivable from:     8c(1)     (c)     2411502       (c) Detroit (including rolewers)     8c(3)     3c     3c       b Other income (add lines Ba(1), Ba(2), Ba(3), and 8b)     8c     3c     3c       c Total income (add lines Ba(1), Ba(2), Ba(3), and 8b)     8c     3c     3c       d B other income (add lines Ba(1), Ba(2), Ba(3), and 8b)     8c     3c     3c       d C total income (add lines Ba(1), Ba(2), Ba(3), and 8b)     8c     3c     3c       d D other income (add lines Ba(1), Ba(2), Ba(3), and 8b)     8c     3c     3c       g Other expenses     9g     3c     3c     3c       g Other income (add lines 8d, 8c, 8c, sc, commissions)     8c     3c     3c       g Other expenses     9g     3c     3c     3c       g Other income (loss) (subtract line 8h from line 8c)     8i     3c     3c       g If the pl	C	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes	No Not determined			
a       Total plan assets.       Ta       22880065       2411592         b       Total plan labilities       Tb       2080065       2411592         c       Net plan assets (subtract line 7b form line 7a)       Tc       22890065       2411592         d       Contributions received or receivable from:       8e(1)       (a) Amount       (b) Total         a       Contributions received or receivable from:       8e(1)       (b) Total       (c) Total         (c)       Participants       8e(3)       -       -       -         (d)       Other income (loss)       8e(3)       -       -       -       -         (e)       C total income (loss)       8e(1)       - <th>Par</th> <th>t III Financial Information</th> <th>_</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>	Par	t III Financial Information	_									
D       Total plan labilities       To       To         C       Net plan assets (subtract line 7b trom line 7a)       To       2686005       2411592         B       Income, Expenses, and Transfers for his Plan Year       (a) Amount       (b) Total       (b) Total         2       Onthibutions received or receivable from:       8a(1)       (c) Employers       (b) Total       (c) Contributions received or receivable from:       8a(2)       (c) Contributions received or receivable from:       Contributions received or receivable from:       8a(2)       (c) Contributions received or receivable from:       Contributions received or receivable from:       Contributions received or receivable from:       Contributions received from from from from from from from from	7	Plan Assets and Liabilities		(a) Beginning	g of Yea	ar			(b) End of Year			
C       Nat plan assets (subtract line 7b from line 7a)       7c       2880065       2411592         8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         C       Combibutions feavier of receivable from:       8a(1)       (c) Total       (c) Total         (d) Deriver income (coss)       8a(2)       (c) Total       (c) Total       (c) Total         (d) Deriver income (coss)       8a(2)       (c) Total income (coss)       (c) Total income (coss)       (c) Total income (coss)         (e) Deriver income (coss)       8a(1), 8a(2), 8a(3), and 8b)       8b       -160028         C       Total income (codd lines 8a(1), 8a(2), 8a(3), and 8b)       8c       114445         e       Centrain deemed and/or corrective distributions (see instructions).       8d       114445         g) Other expenses       8g       114445       -2724473         f Administrative service providers (salines, fees, commissions).       8f       -2724473         f Not income (coss) (cubtract line 8h forn line 8c)       8i       -2724473         f The plan provides welfare benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         2 & 2 & 2 & 2 & 2 & 2 & 2 & 2 & 2 & 2 &	а	Total plan assets	. 7a		2686	065			2411592			
a       Income. Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a       Contributions received of receivable from:       8a(1)       (b) Total         (c)       Participants       8a(2)       (c)         (d)       Others (including rolevers)       8a(3)       (c)         (e)       Deltor income (loss)       8a(3)       (c)       (c)         (f)       Employees       (c)       (c)       (c)       (c)         (f)       Employees       8a(3)       (c)       (c)       (c)         (g)       Other science (loss)       8a(1)       (c)       (c)       (c)       (c)         (f)       Cortail neemed and/or corrective distributions (see instructions)       8e       (c)	b	Total plan liabilities	7b									
a Contributions received or receivable from:       8a(1)       60 mm         (1) Employers       8a(1)       8a(1)       6a(2)         (2) Others (including cellovers)       8a(3)       6a(2)         (3) Others (including cellovers)       8a(3)       6b       -160028         (4) Others (including cellovers)       8a(3)       6b       -160028         (5) Other income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       -160028         (7) Cardinatizative service providers (alaries, lees, commissione)       8d       114445         (7) Other sepenses       8g       -114445         (9) Other sepenses       8g       -114445         (10) Other sepenses       8g       -114445         (11) Transfers (from) the plan (see instructions)       8g       -114445         (2) Transfers (from) the plan (see instructions)       8g       -114445         (2) Transfers (from) the plan (see instructions)       8g       -114445         (2) Transfers (from) the plan (see instructions)       8g       -114445         (3) Transfers (from) the plan (see instructions)       8g       -114445         (4) Main Exact (from the plan any participant contributions within the time period described in 2C FR 2510.3 *102* (See instructions and DOL's Voluntary Fiduciary Correction       10a       ×       22 20000	С	Net plan assets (subtract line 7b from line 7a)	7c			065		2411				
(1) Employers       Ba(1)         (2) Participants       Ba(2)         (3) Others (including rollovers)       Ba(3)         b Other income (loss)       Ba (2), (3), (3), (3), (3), (3), (3), (3), (3	8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	unt				(b) Total			
(2) Participants			0-(4)									
(a) Others (including rollovers)       8a(3)							_					
b       Other income (less)       8b       -160028         c       Total income (add lines Ba(1), Ba(2), Ba(3), and Bb)       Bc       -160028         d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)       114445         e       Certain deemed and/or corrective distributions (see instructions)       Be         f       Administrative service providers (salaries, fees, commissions)       Bf         g       Other expenses       Bg       -114445         f       Total expenses (add lines 8d, 8e, 8f, and 8g)       Bh       114445         j       Transfers to (from) the plan (see instructions)       Bg       -274473         j       Transfers to (from) the plan (see instructions)       Bj       -274473         g       Uther plan provides welfare benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         ZE							_					
c       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       -160028         d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       114445         e       Certain deemed and/or corrective distributions (see instructions)					160	0.28						
d       Benefits paid (including drect rollovers and insurance premiums to provide benefits)       114445         e       Certain deemed and/or corrective distributions (see instructions)       8e         f       Administrative service providers (salaries, fees, commissions)       8f         g       Other expenses       8g         f       Administrative service providers (salaries, fees, commissions)       8f         g       Other expenses       8g         f       National (complexity)       8h       114445         f       National (complexity)       8g       114445         g       Other expenses       8g       114445         g       Inter (comp (cos) (subtract line 8h from line 8c)       8i       -274473         g       It he plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         22f       3c       E       It he plan provides welfare benefits, enter the applicable velfare feature codes from the List of Plan Characteristic Codes in the instructions:         24f       Compliance Questions       10a       X         10       During the plan year:       Yes       No       NA       Amount         a       Was there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on lin					-100	020	_		160028			
to provide benefits)       8d       114445         e       Certain deemed and/or corrective distributions (see instructions)       8e         f       Administrative service providers (salaries, fees, commissions)       8f         g       Other expenses (add lines 8d, 8e, 9f, and 8g)       8h         f       Total expenses (add lines 8d, 8e, 9f, and 8g)       8i         j       Transfers to (rom) the plan (see instructions)       8j         Part IV       Plan Characteristics         9a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         27E       3E         B       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:         Part V       Compliance Questions         10       During the plan year:         4       Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)       10a       X         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions in the plan covered by a fidelity bond?       10c       X       220000         c       Was the plan covered by a fidelity bond?       10c       X			80				-		-100020			
f       Administrative service providers (salaries, fees, commissions)			8d		114							
g Other expenses       8g       114445         h Total expenses (add lines 8d, 8e, 8f, and 8g)	е	Certain deemed and/or corrective distributions (see instructions)	8e									
h       Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f									
Instruction       Notincome (loss) (subtract line &h from line &c)       8i       -274473         j       Transfers to (from) the plan (see instructions)       8j       -274473         Part IV       Plan Characteristics       8j       -274473         9a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:       2E         3E       B       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:         Part IV       Compliance Questions       Yes       No       N/A       Amount         10       During the plan year:       Yes       No       N/A       Amount         a       Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)       10a       X       220000         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.).       10b       X       220000         c       Was the plan covered by a fidelity bond?       10c       X       220000       220000         d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fractud or dishonestry?       10d<	g	Other expenses	. 8g									
Transfers to (from) the plan (see instructions)	h	Total expenses (add lines 8d, 8e, 8f, and 8g) 8h							114445			
Part IV       Plan Characteristics         9a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         2E       3E         B       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:         Part V       Compliance Questions         10       During the plan year:       Yes       No       N/A       Amount         a       Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	i	Net income (loss) (subtract line 8h from line 8c) 8i							-274473			
9a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         2E       3E         B       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:         Part V       Compliance Questions         10       During the plan year:       Yes       No       N/A       Amount         a       Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	j	j Transfers to (from) the plan (see instructions)										
2E 3E       3E         B       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:         Part V       Compliance Questions         10       During the plan year:       Yes       No       NA       Amount         a       Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	Par	t IV Plan Characteristics										
Part V       Compliance Questions         10       During the plan year:       Yes       No       N/A       Amount         a       Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program).       10a       X       Image: Construction of the plan any party-in-interest? (Do not include transactions reported on line 10a.)       10b       X       Image: Construction of the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10c       X       Image: Construction of the plan any party-incluster persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions).       10e       X       Image: Construction of the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       Image: Construction of the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       Image: Construction of the provide the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.       10i       X       Image: Construction of the participant loans? (If "Yes," enter 2520.101-3.       10i       X       Image: Construction of the participant loans? (If "Yes," enter amount as of year end.)       10g       X       Image: Construction of the participant loans? (Image: Construction of the participant loans? (Image: Construction of the participant loans? (Image: Construction	9a		feature co	des from the List of Pl	an Cha	racteri	stic Co	odes in	the instructions:			
10       During the plan year:       Yes       No       N/A       Amount         a       Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DCL's Voluntary Fiduciary Correction Program)	В	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	tic Coo	les in th	ne instructions:			
a       Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	Part	V Compliance Questions										
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)       10a       X         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)       10b       X         c       Was the plan covered by a fidelity bond?       10c       X       220000         d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10d       X       220000         e       Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)       10e       X       2         f       Has the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       2         h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)       10h       X       2         i       If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3       10i       X       2         j       Did the plan trust incur unrelated business taxable income?       10j       X       X	10	During the plan year:				Yes	No	N/A	Amount			
b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	а	described in 29 CFR 2510.3-102? (See instructions and DOL's V	/oluntary F	iduciary Correction			~					
reported on line 10a.)10bXCWas the plan covered by a fidelity bond?10cX220000dDid the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?10dX220000eWere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)10eX2fHas the plan failed to provide any benefit when due under the plan?10fX2gDid the plan have any participant loans? (If "Yes," enter amount as of year end.)10gX2hIf this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)10hX2iIf 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.10iXjDid the plan trust incur unrelated business taxable income?10jXX	h	<b>o</b> ,			10a		^					
d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10d       X         e       Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)       10e       X         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 end.)       10g       X         h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)       10h       X         i       If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.       10j       X	D				10b		x					
by fraud or dishonesty?10dXeWere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)10eXfHas the plan failed to provide any benefit when due under the plan?10fXXgDid the plan have any participant loans? (If "Yes," enter amount as of year end.)10gXXhIf this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)XXiIf 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.10iXjDid the plan trust incur unrelated business taxable income?10jX	С	Was the plan covered by a fidelity bond?			10c	Х			220000			
carrier, insurance service, or other organization that provides some or all of the benefits under       10e       X         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 end.)       10g       X         h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)       10h       X         i       If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.       10i       X         j       Did the plan trust incur unrelated business taxable income?       10j       X	d				10d		x					
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 end.)       10g       X         h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)       10h       X         i       If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.       10i       Ioi         j       Did the plan trust incur unrelated business taxable income?       10j       X	е	carrier, insurance service, or other organization that provides som	ne or all of	the benefits under	10e		x					
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X         h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)       10h       X         i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.       10i       Ioi         j Did the plan trust incur unrelated business taxable income?       10j       X	f				10f		Х					
h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)       10h       X         i       If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.       10i       10i         j       Did the plan trust incur unrelated business taxable income?       10j       X	q	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)			Х					
i       If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR					х					
j Did the plan trust incur unrelated business taxable income? 10j X	i	If 10h was answered "Yes," check the box if you either provided the	he required	d notice or one of the								
	j	1 1 0 11						Х				
	Part	VI Pension Funding Compliance			. •,	I	1	1	1			

11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sched )) and line 11a below)	ule SB	(Form	Y	es X	No
11a	Ente	er the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40	11a				
12	ls th	nis a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 3	02 of E	RISA?	Y	es X	No

Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?...

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Page **3** - 1

-											
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)										
a	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver										
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		<b>.</b>						
b	Enter	the minimum required contribution for this plan year		12b							
-		the amount contributed by the employer to the plan for this plan year		12c							
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)		12d							
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A				
Part	Part VII Plan Terminations and Transfers of Assets										
13a	Has	a resolution to terminate the plan been adopted in any plan year?			Υe	es X No					
		es," enter the amount of any plan assets that reverted to the employer this year		13a							
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou									
D		e PBGC?				Yes 🗙	No				
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th assets or liabilities were transferred. (See instructions.)	fy the plan(s) to								
1	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)				
Part	VIII	Trust Information									
14a	Name	of trust		14b Trust's EIN							
14c Name of trustee or custodian						<b>14d</b> Trustee's or custodian's telephone number					
Par	t IX	IRS Compliance Questions									
15a	Is th	e plan a 401(k) plan?		Y	es	No					
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based safe [ harbor method			ADP/ACP test				
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?		Y	es	No					
		k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	.,	Ratio percentage test			erage nefit test				
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con plan with any other plans under the permissive aggregation rules?	0	Y	es	No					
17a	Has	the plan been timely amended for all required tax law changes?		Y	es	No	N/A				
	for ta	the last plan amendment/restatement for the required tax law changes was adopted//////	•				tructions				
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placer sory letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable	IRS opinion	or				
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/	nter the date of	the pla	in's last fa	avorable					
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		Υe	S	No					
19	Were	in-service distributions made during the plan year?		<b>Y</b>	es	No					
	lf "Y€	es," enter amount		19							
20		e required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wed), as required under section 401(a)(9)?		Y	es	No	N/A				

Fo	rm 5500-SF	Short Form Annu	of Small Empl	DMB Nos. 121 121						
Inte	intment of the Treasury mal Revenue Service	This form is required to be file				2015				
Employee E	epartment of Labor Benefits Security Administration enefit Guaranty Corporation	Income Security Act of 1974	Revenue Code (the Code	e).	This Form is Open to Public Inspection					
		Complete all entries in a	accordance with the inst	ructions to the Form 5	500-SF.					
Part I For calend	the second se	dentification Information cal plan year beginning 01/01/2	015	and ending 1	2/31/2015					
		a single-employer plan				ecking this box must attach a				
A This re	turn/report is for:	a one-participant plan				with the form instructions)				
B This rel	um/report is	the first return/report	the final return/report							
		an amended return/report	8	m/report (less than 12 m	onths)					
C Check	box if filing under	Form 5558	automatic extension		П	DFVC program				
Part II	Basic Plan Infor	mation-enter all requested inf	ormation			in the second of the second first the second second				
1a Name of plan HERBERT TARAGIN, DDS, PC EMPOYEES RETIREMENT PLAN - PROFIT SHARING						ee-digit number ) ▶ 002				
					1c Effe	ctive date of plan 01/01/1979				
		er, if for a single-employer plan) n, apt., suite no. and street, or P.O	. Box)			bloyer Identification Number				
City or	town, state or province ARAGIN, DDS, PC	, country, and ZIP or foreign posta	al code (if foreign, see instr	ructions)	(EIN) 11-2478724 2c Sponsor's telephone number					
					2d Busi	718-236-4389 ness code (see instructions)				
7000 BAY PA BROOKLYN			( PARKWAY YN, NY 11204		621210					
3a Plan a	dministrator's name and	d address XSame as Plan Spons	or.		3b Administrator's EIN					
					3c Adm	Administrator's telephone number				
4 If the name	name and/or EIN of the , EIN, and the plan num	plan sponsor has changed since t ber from the last return/report.	he last return/report filed for	or this plan, enter the	4b EIN					
a Spons	or's name		_		4c PN					
5a Total i	number of participants a	t the beginning of the plan year			5a	2				
b Total	number of participants a	at the end of the plan year			5b	2				
		ccount balances as of the end of the			5c	2				
<b>d(1)</b> Tota	al number of active part	icipants at the beginning of the pla	ın year		5d(1)	2				
d(2) Tota e Numb	al number of active part per of participants that te	icipants at the end of the plan yea erminated employment during the	r plan year with accrued be	nefits that were less	5d(2)	2				
than '	100% vested				5e					
Under pena SB or Sche	alties of perjury and othe	r incomplete filing of this return er penalties set forth in the instruct d signed by an enrolled_actuary, as	freport will be assessed	unless reasonable cau examined this return/rer	ort includi	ng if applicable a Schedule				
SIGN	x /frite	agin,	Pres							
Signature of plan administrator Date , Enter name of individu						as plan administrator				
HERE Signing & August 9 august 6/20/16 Herbert Tar										
Preparer's name (including firm name, if applicable) and address (include room or suite number )						as employer or plan sponsor s telephone number				
		Preparers	telephone number							
-				ſ						
L.	ork Deduction Act Nation	and ONE Control Numbers are the			In each music model and services					

12	Form 5	500-SF 2015 Page <b>3</b> - 1							
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
a	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver								
lf		ted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	states and a second sec			Contractor			
b	Enter the mi	nimum required contribution for this plan year		12b					
С	Enter the am	ount contributed by the employer to the plan for this plan year		12c					
d		e amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l nount)		12d					
		imum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A		
Part									
13a	Has a resolu		Yes	X No					
		ter the amount of any plan assets that reverted to the employer this year		13a					
b	of the PBG	e plan assets distributed to participants or beneficiaries, transferred to another plan, or broug C?				Yes 🛛	No		
с 		s plan year, any assets or liabilities were transferred from this plan to another plan(s), identi ts or liabilities were transferred. (See instructions.)	fy the plan(s) to						
	13c(1) Name	of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)		
Par	t VIII Tru	st Information							
14a	Name of trus	t		14b T	rust's EIN	1			
14c	14c Name of trustee or custodian						an's		
				telephone number					
Der	t IX IRS	Compliance Questions					••••••••••••		
		Compliance Questions			·····				
15a	I is the plan a	401(k) plan?		Ye:		No			
15b	If "Yes," how matching co	v does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and ntributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	d employer	ba ba	esign- sed safe rbor ethod	e ADP/ACP test			
15c	testing meth	CP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cu od" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4	01(m)-	Ye	5	No			
16a		ox to indicate the method used by the plan to satisfy the coverage requirements under section			ntio rcentage	Average benefit test			
16b	Does the pla this plan with	In satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by com In any other plans under the permissive aggregation rules?	bining	Yes	5	No			
17a	Has the plan	been timely amended for all required tax law changes?		Yes	6	No	N/A		
17b	Date the last for tax law cl	plan amendment/restatement for the required tax law changes was adopted//	Enter the ap	plicable	code	_ (See ins	tructions		
	advisory lette	onsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pla er, enter the date of that favorable letter / / / and the letter's serial n	umber		·		or		
	determinatio			the plan	's last fav	orable			
18	Is the Plan n made), Ame	naintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) rican Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin	has been Islands)?	Yes		No			
19	Were in-serv	ice distributions made during the plan year?		Yes	3	No			
*****	If "Yes," ente	er amount		19					
20	Were require retired), as re	d minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wheequired under section 401(a)(9)?	ether or not	Yes	3	No	<b>N/A</b>		

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b	<ul> <li>6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li> <li>b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)</li> <li>If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.</li> <li>c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No.</li> </ul>									Yes Yes determ		No No
	t III Financial Information	isurance pro	Sgrain (See ENGA Se	5010114	021)?	L				uelen	line	u
	Plan Assets and Liabilities			V.		T			-f.V.			
	Total plan assets	7a	(a) Beginning	2686				(b) End		241159	22	
	Total plan liabilities	7a 7b		2000	1005					141108	52	
	Net plan assets (subtract line 7b from line 7a)	70		2686	065	+				241159	12	
	Income, Expenses, and Transfers for this Plan Year	- <u>'</u>	(a) Amo			-		(h) .	Total			
-	Contributions received or receivable from:					+		(0)	Total	2.6.5		
	(1) Employers	8a(1)				_			1			
	(2) Participants	8a(2)				_						
	(3) Others (including rollovers)	8a(3)				_						
b	Other income (loss)				028	_						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				_				-16002	28	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		114	445							
	Certain deemed and/or corrective distributions (see instructions)	8e			110	-						
	Administrative service providers (salaries, fees, commissions)	8f										
	Other expenses	8g				+-						
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								11444	15	
	Net income (loss) (subtract line 8h from line 8c)	8i								-27447		
	Transfers to (from) the plan (see instructions)	8j						******			-	
Par		0	and the second									_
B	2E 3E If the plan provides welfare benefits, enter the applicable welfare for	eature code	s from the List of Pla	n Chara	acterist	ic Coo	les in the	instruct	ions:			
Part					N.							
10 a	During the plan year: Was there a failure to transmit to the plan any participant contribu	tions within	the time period		Yes	No	N/A		Am	ount		
u	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fic	luciary Correction	10a		x						
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not in	clude transactions	10b		X						
С	Was the plan covered by a fidelity bond?			10c	Х					1	2200	000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bond	d, that was caused	10d		X						
e	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.)	e or all of th	e benefits under	10e		×						
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 en	d.)	10g		X						
h	If this is an individual account plan, was there a blackout period? (	See instruc	tions and 29 CFR	109		X				1		1
i	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the	the second second second second		10h		^						
	exceptions to providing the notice applied under 29 CFR 2520.101-3			10i								
j	Did the plan trust incur unrelated business taxable income?			10j			X					
Part 11		onto ? //f III./		and ca	onlot-	Cohe		Torm				
	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									Yes	X	No
	Enter the unpaid minimum required contribution for all years from											
12	Is this a defined contribution plan subject to the minimum funding	requiremen	ts of section 412 of the	he Code	e or se	ction 3	302 of EF	RISA?		Yes	Х	No