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).

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Pe	ension Benefit Guaranty Corporation	▶ Complete all entries in a	accordance with the instruc	ctions to the Form 550	0-SF.		
Pa	rt I Annual Report	t Identification Information					
For o	calendar plan year 2015 or f	iscal plan year beginning 01/01/2	2015	and ending 12/3	31/2015		
A T	his return/report is for:	X a single-employer plan☐ a one-participant plan	a multiple-employer plar list of participating empl a foreign plan			-	
Вт	his return/report is	the first return/report an amended return/report	the final return/report a short plan year return/r	eport (less than 12 mor	nths)		
C 0	Check box if filing under:	Form 5558	automatic extension		П	DFVC progi	ram
		special extension (enter descr	ription)		_		
Pa	rt II Basic Plan Info	ormation—enter all requested in	formation				
	Name of plan I F. JUSTIN, D.M.D. 401(K)				(PN)	number	001
					1c Effe	ctive date of 01/0	f plan 1/2000
1	Mailing address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C			2b Emp (EIN		ication Number 589112
	F. JUSTIN, D.M.D., PLLC	ce, country, and ZIP or foreign post	al code (if foreign, see instruc	ctions)	2c Spo		hone number 37-8777
	AKE AVENUE TOGA SPRINGS, NY 12866	6			2d Busi	ness code (see instructions)
3a	Plan administrator's name a	and address XSame as Plan Spons	sor.		3b Adm	inistrator's I	ΞIN
					3c Adm	inistrator's t	elephone number
4		ne plan sponsor has changed since umber from the last return/report.	the last return/report filed for	this plan, enter the	4b EIN		
а	Sponsor's name				4c PN		
5a	Total number of participants	s at the beginning of the plan year			5a		11
		s at the end of the plan year			5b		2
	complete this item)	account balances as of the end of			5c		2
•	•	articipants at the beginning of the pl	•	-	5d(1)		0
-	-	articipants at the end of the plan year			5d(2)		0
	than 100% vested	t terminated employment during the			5e		0
		or incomplete filing of this return					oblo o Cobodulo
SB o		ther penalties set forth in the instruction and signed by an enrolled actuary, an plete.					
SIGN	Filed with authorized	Myalid electronic signature	07/19/2016	ALANE ILISTIN DMI			

Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN	IGN	Filed with authorized/valid electronic signature.	07/19/2016	ALAN F. JUSTIN, D.M.D.		
Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan spons	IERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator		
Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan spons	SIGN					
Preparer's name (including firm name, if applicable) and address (include room or suite number)	HERE	Signature of employer/plan sponsor	yer/plan sponsor Date Enter name of indiv			
	reparer's					
	reparer's					
	reparer's					
	Preparer's					

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6a Were all of the plan's assets during being Are you claiming a waiver of the aunder 29 CFR 2520.104-46? (See If you answered "No" to either	innual examination and report of a instructions on waiver eligibility in the factor of	an indeper and condit ot use Fo	ndent qualified public a ions.)rm 5500-SF and mus	ccount	ant (IQ	PA) Form	5500.			X Ye	
C If the plan is a defined benefit plan		nsurance p	rogram (see ERISA se	ection 4	021)?		Yes	No	N	ot dete	ermined
Part III Financial Informati	on	1				1					
7 Plan Assets and Liabilities			(a) Beginning					(b) Er	nd of		
a Total plan assets		7a		897	7239					23	3639
b Total plan liabilities		7b		007	0					22	0
C Net plan assets (subtract line 7b f		7c	(-) A		7239				\ T - 1		3639
8 Income, Expenses, and Transfers a Contributions received or receival			(a) Amou	unt				a)) Tota	aı	
(1) Employers		8a(1)			0						
(2) Participants		8a(2)			0						
(3) Others (including rollovers)		8a(3)			0						
b Other income (loss)		8b		81	954						
C Total income (add lines 8a(1), 8a(/·	8c								81	1954
d Benefits paid (including direct rolle to provide benefits)	•	8d		954	1179						
e Certain deemed and/or corrective		8e			0						
f Administrative service providers (8f		1	1375						
g Other expenses		8g			0						
h Total expenses (add lines 8d, 8e,	8f, and 8g)	8h								955	5554
i Net income (loss) (subtract line 8	r from line 8c)	8i								-873	3600
j Transfers to (from) the plan (see i	nstructions)	8j									
Part IV Plan Characteristi	cs										
9a If the plan provides pension bene 2A 2E 2F 2G 2J 2K		feature co	des from the List of Pl	an Cha	racteri	stic Co	des in t	he inst	ructio	ns:	
B If the plan provides welfare bene		oaturo cod	os from the List of Pla	n Char	actorict	ic Coo	loc in th	o inetri	ıction		
in the plant provides wellare belie	its, effici the applicable wellare i	eature cou	les from the List of Fra	ii Cilai	acterist	10 000		ie ilistit	JCIIOI	3.	
Part V Compliance Question	ns										
10 During the plan year:					Yes	No	N/A		Α	mount	t
described in 29 CFR 2510.3-10	the plan any participant contribu 2? (See instructions and DOL's V	oluntary F	iduciary Correction	10a		X					
b Were there any nonexempt trans											
				10b		X					
C Was the plan covered by a fidel	ity bond?			10c	X						100000
	er or not reimbursed by the plan's			10d		X					
Were any fees or commissions partier, insurance service, or other	paid to any brokers, agents, or other organization that provides som	ner person ne or all of	s by an insurance the benefits under			X					
	y benefit when due under the pla			10e							
<u> </u>				10f		X					
	t loans? (If "Yes," enter amount a			10g		X					
	an, was there a blackout period?			10h		X					
i If 10h was answered "Yes," chec	ck the box if you either provided the applied under 29 CFR 2520.10	he required	d notice or one of the	10i							
j Did the plan trust incur unrelated	business taxable income?			10i							
Part VI Pension Funding Co	mpliance			,							
11 Is this a defined benefit plan sub	ect to minimum funding requirem									Ye	s No
11a Enter the unpaid minimum requi							11a				
	n subject to the minimum funding		· · · · · · · · · · · · · · · · · · ·					RISA?		Ye	s X No

	F	orm 5500-SF 2015 Page 3 - 1					
	(If "Ye	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 in ng the waiver		enter the Day	e date of	the letter ru Year	ling
If		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_		Toal	
b	Enter th	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			
	Subtra	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the	left of a	12d			
		ve amount)			Yes	No	N/A
Part		e minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets			163	NO	IN/A
		resolution to terminate the plan been adopted in any plan year?			X Ye	s \square No	
				13a		<u> П</u>	(
b						Yes X	No
С	If durin	PBGC? ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi				<u> </u>	
		assets or liabilities were transferred. (See instructions.) lame of plan(s):	13c(2)	EIN(s) 13c(3) PN(s)			
	100(1)	uno oi piuntoj.	130(2)	L114(3)		130(3)	· v (3)
Dant		Turnet hafe amount on					
Part	Name o	Trust Information		14h 1	Γrust's Ell	N	
ı T a	Name 0	ii iiust		140	iusi s Lii	14	
14c	14c Name of trustee or custodian						an's
					tolophon	e number	
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		Ye	s	No	
					esign-		
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		based safe ADP/AC harbor test			
450				method			
150		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 1.401(k)-2(a)(2)(ii) and 1.401(k)-2(a)(b) and 1.401(k)		Yes No			
	2(a)(2)	(ii))?		□ Ra	atio		
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under section	on 410(b):		ercentage	Average benefit test	
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by comun with any other plans under the permissive aggregation rules?		Ye	s	No	
17a		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	If the p	lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play letter, enter the date of that favorable letter/ and the letter's serial r		t to a fa	vorable I	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 fa	vorable	
18	Is the I	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

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▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

2045

2015

OMB Nos, 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I		rt Identification Information		Le way would be	10/21/0	2.2.5					
For calenda	ar plan year 2015 or	fiscal plan year beginning	01/01/2015	and ending	12/31/2						
A		X a single-employer plan	a multiple-employer plan								
A This ret	turn/report is for:	a one-participant plan	yer information in ac	accordance with the form instructions)							
			a foreign plan								
R This rot	urn/report is	the first return/report	the final return/report								
D THIS TELL	arri/report is	an amended return/report	a short plan year return/re	anort (less than 12 m	2 months)						
		an amended return/report	La siloit pian year returnite	eport (less triair 12 m	12 months)						
C Check k	box if filing under:	Form 5558	automatic extension		DFVC p	rogram					
		special extension (enter des	cription)		_						
Part II	Basic Plan In	formation—enter all requested in									
1a Name		Cite all requestes	THO THOUSAND		1b Three-digit						
		M.D. 401(K) PROFIT SH	ARING PLAN		plan number	001					
					(PN) •						
					1c Effective dat						
					01/01/2						
		ployer, if for a single-employer plan)				entification Number					
		oom, apt., suite no. and street, or P. nce, country, and ZIP or foreign pos		ions)	(EIN) 14-J						
	F. JUSTIN, D		ota, oodo (ii ioroigii) ood iiidiida		2c Sponsor's te						
					518-587						
191 LA	AKE AVENUE				621210	de (see instructions)					
					021210						
SARATO	GA SPRINGS	NY 12866									
3a Plan a	dministrator's name	and address XSame as Plan Spor	nsor.		3b Administrato	r's EIN					
					3c Administrato	r's telephone number					
					3c Administrato	r's telephone number					
					3c Administrato	r's telephone number					
					3c Administrato	r's telephone number					
		the plan sponsor has changed since	e the last return/report filed for t	his plan, enter the	3c Administrato 4b EIN	r's telephone number					
name,	, EIN, and the plan r	the plan sponsor has changed since number from the last return/report.	e the last return/report filed for t	his plan, enter the	4b EIN	r's telephone number					
name, a Spons	, EIN, and the plan r or's name	number from the last return/report.			4b EIN 4c PN						
a Sponso	, EIN, and the plan r or's name number of participar	number from the last return/report.			4b EIN 4c PN 5a	11					
a Sponso 5a Total r b Total r	, EIN, and the plan r or's name number of participar number of participar	number from the last return/report. Its at the beginning of the plan year Its at the end of the plan year			4b EIN 4c PN						
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	Form 5500-SF 2015		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 lf you answered "No" to either line 6a or line 6b, the plan cann	an indeper and condit	ndent qualified public a ions.)	ccount	ant (IQ	PA)				Yes No
C	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA se	ection 4	021)?		Yes]No [Not de	etermined
Pai	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End	of Yea	r
a	Total plan assets	7a		8	9723	9				23639
<u>b</u>	Total plan liabilities	7b				0				0
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c		8	9723	9				23639
	Income, Expenses, and Transfers for this Plan Year	JI 5	(a) Amou	ınt				(b)	Total	
	Contributions received or receivable from: (1) Employers	8a(1)				0				
	(2) Participants	8a(2)				0		_		
	(3) Others (including rollovers)	8a(3)				0				
	Other income (loss)	8b			8195	4				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								81954
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		9	5417	9			1	
	Certain deemed and/or corrective distributions (see instructions)	8e				0				
	Administrative service providers (salaries, fees, commissions)	8f			137	5				
- war	Other expenses	8g				0				
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								955554
	Net income (loss) (subtract line 8h from line 8c)	8i								-873600
	Transfers to (from) the plan (see instructions)	8i								
Par	t IV Plan Characteristics									
	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Pl	an Cha	racteris	stic Co	odes in	the instru	ctions:	
	2A 2E 2F 2G 2J 2K 3B 3D									
В	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	ic Coc	des in th	ie instruc	tions:	
Part	V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amou	ınt
	Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		Х			Amot	
b	Were there any nonexempt transactions with any party-in-interest					Х	2			
_	reported on line 10a.)			10b						
c	Was the plan covered by a fidelity bond?			10c	Х					100000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
е	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	the benefits under	10e		Х				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g		Х				
	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instru	ictions and 29 CFR	10g		Х				
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	notice or one of the	10i						
j	Did the plan trust incur unrelated business taxable income?			10j						**
Part	VI Pension Funding Compliance			10]						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below).								ПП	Yes 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	requireme	ents of section 412 of the	he Cod	e or se	ction (302 of E	RISA?		Yes X No

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(1	f "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
	a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ranting the waiver,		enter the Day		e letter ru Year	ling
If yo	u completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		1		
b Er	ter the minimum required contribution for this plan year		12b			
C En	ter the amount contributed by the employer to the plan for this plan year		12c			
	ubtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l egative amount)		12d			
_ e v	fill the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No 📗	N/A
Part VI	Plan Terminations and Transfers of Assets					
13a ⊦	as a resolution to terminate the plan been adopted in any plan year?			X Yes	☐ No	
If	"Yes," enter the amount of any plan assets that reverted to the employer this year	13a	a			
	Vere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug f the PBGC?	,	I I TES IXI INO			
	during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identification assets or liabilities were transferred. (See instructions.)	y the plan(s) to				
130	(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)
Part V	III Trust Information					
14a Na	me of trust		14b 7	rust's EIN		
14c N	ame of trustee or custodian			Trustee's of telephone		an's
Part I	IRS Compliance Questions					
15a Is	the plan a 401(k) plan?		Ye	S	No	
	'Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and atching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	esign- sed safe rbor ethod	ADF test	
te	the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cr sting method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 a)(2)(ii))?	01(m)-	Ye		No	
16a CI	neck the box to indicate the method used by the plan to satisfy the coverage requirements under section	on 410(b):		itio rcentage st		erage refit test
	pes the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by com is plan with any other plans under the permissive aggregation rules?		Ye	s	No	
	as the plan been timely amended for all required tax law changes?		Ye		No	□ N/A
fo	tax law changes and codes).	Enter the				nstructions
ac	he plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pla visory letter, enter the date of that favorable letter and the letter's serial n	umber				ог
de	the plan is an individually-designed plan and received a favorable determination letter from the IRS, entermination letter		the plan	n's last favo	orable	
	the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) ade), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	•	No	
19 W	ere in-service distributions made during the plan year?		Ye	S	No	
lf '	Yes," enter amount		19			
	ere required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whired), as required under section 401(a)(9)?		Ye	S	No	□ N/A