Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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		Identification Information								
For calenda	ır plan year 2015 or fis	iscal plan year beginning 01/01/201	5	and ending 12/31	1/2015					
A This retu	urn/report is for:	a single-employer plan a one-participant plan			er) (Filers checking this box must attach a n accordance with the form instructions)					
B This retu	rn/report is	the first return/report an amended return/report	the final return/report a short plan year return	n/report (less than 12 mont	:hs)					
C Check b	eck box if filing under: X Form 5558									
Part II										
1a Name	•	1	b Three-digit plan number (PN) ▶	002						
				1	C Effective date of 01/0	of plan 01/2010				
Mailing	address (include roor	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O. B			2b Employer Identification Number (EIN) 13-4167301					
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) MAILIN MIMI LAI, DDS, PC					2c Sponsor's telephone number 212-227-3088					
06 SOUTH \	WOODS ROAD ', NY 11797			2	2d Business code (see instructions) 621210					
3a Plan ac	dministrator's name ar	nd address Same as Plan Sponsor.	·.	3	b Administrator's	EIN				
				3	C Administrator's	telephone number				
		e plan sponsor has changed since the imber from the last return/report.	ast return/report filed for	or this plan, enter the	lb EIN					
a Sponso	•		<u></u>	4	C PN					
5a Total n	number of participants	s at the beginning of the plan year			5a	10				
b Total n	number of participants	s at the end of the plan year			5b	10				
		account balances as of the end of the		= -	5c					
d(1) Tota	al number of active pa	articipants at the beginning of the plan	year		. 5d(1)					
d(2) Tota	al number of active pa	articipants at the end of the plan year			5d(2) 10					
e Numb	er of participants that	terminated employment during the plants	lan year with accrued ber	nefits that were less	5e					
Caution: A	penalty for the late	or incomplete filing of this return/re	eport will be assessed	unless reasonable cause						
SB or Sche		ther penalties set forth in the instructio and signed by an enrolled actuary, as v aplete.								
SIGN	Filed with authorized/	/valid electronic signature.	09/16/2016	DR. MAILIN MIMI LAI						
HERE	Signature of plan a	administrator	Date	Enter name of individual	signing as plan ad	ministrator				
SIGN	1									

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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b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann	an indepe and condit ot use Fo	ndent qualified public a ions.) orm 5500-SF and mus	ccount	ant (IQ	PA) Form	5500.			X Ye	
C	f the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	<u> </u>	Not dete	ermined
Par	t III Financial Information		1								
	Plan Assets and Liabilities		(a) Beginning					(b) E	nd of	Year	
	Fotal plan assets	. 7a		55	312					55	5353
	Fotal plan liabilities	7b			0						2050
	Net plan assets (subtract line 7b from line 7a)	7c	(2) A		312				\ T = 1		5353
	ncome, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amou	ınt				(D) Tot	aı	
	1) Employers	8a(1)			0						
(2) Participants	8a(2)									
	3) Others (including rollovers)	8a(3)									
b_	Other income (loss)	. 8b			41						
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c									41
	Benefits paid (including direct rollovers and insurance premiums o provide benefits)	. 8d									
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f ,	Administrative service providers (salaries, fees, commissions)	. 8f									
g	Other expenses	. 8g									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h									
	Net income (loss) (subtract line 8h from line 8c)	8i									41
<u>j</u>	Transfers to (from) the plan (see instructions)	8j									
Par											
9a	If the plan provides pension benefits, enter the applicable pension 2D 2E 2J	feature co	odes from the List of Plant	an Cha	racteri	stic Co	des in t	the inst	ruction	ons:	
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	les in th	e instr	uctio	าร:	
Part	•				1	1	1	ı			
10	During the plan year:				Yes	No	N/A			Amoun	t
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X					
b	Were there any nonexempt transactions with any party-in-interest					V					
	reported on line 10a.)			10b		X					
c	Was the plan covered by a fidelity bond?			10c	X						20000
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	her person ne or all of	s by an insurance the benefits under			X					
f	the plan? (See instructions.) Has the plan failed to provide any benefit when due under the pla			10e		X					
-				10f		-					
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount a	-		10g		X					
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		X					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i							
j	Did the plan trust incur unrelated business taxable income?			10j		X					
Part	VI Pension Funding Compliance			•	•						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									Ye	es X 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	requirem	ents of section 412 of t	he Cod	e or se	ction (302 of E	RISA?	,	Ye	s X No

	F	orm 5500-SF 2015 Page 3 - 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		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		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					
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	PN(s)		
Part	: VIII	Trust Information							
14a	Name o	f trust		14b 1	Γrust's EIN	١			
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		"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)?		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		rage efit 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 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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2015

OMB Nos. 1210-011

1210-008

This Form is Open to Public Inspection

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

N.E	Annual Repo	rt Identification Inf	ormation					
For	calendar plan year 2015 or	fiscal plan year beginnin	g 01/01/2015	and ending	12/31/2015	·		
A	This retum/report is for:	x a single-employer	a list of participatin	r plan (not multiemployer) g employer information in :	(Filers checking this accordance with the	box must attach form instructions)		
В	This return/report is:	the first return/rep	= - ·	ort				
		an amended retur	⊓/report ☐ a short plan year re	eturn/report (less than 12 n	nonths)			
C	Check box if filing under:	x Form 5558	automatic extensio	n	DFVC pro	gram		
	artili Basic Plan In	formation enter at	, ,		V			
	Name of plan	enter al	i requested information		1b Three-digit			
~~	Dr. Mailin Mimi La	ai Profit Sharing	g Plan		plan number	002		
					(PN) ► 1c Effective date			
<u> </u>			01/01/2010					
za	Plan sponsor's name (emp Mailing Address (include n City or town, state or provis	oom, apt., suite no. and s	loyer plan) street or P.O. Box) foreign postal code (if foreign, see in	nstructions)	2b Employer Identification Number (EIN) 13-4167301			
	Mailin Mimi Lai, I	DDS, PC			2c Sponsor's telephone number (212) 227-3088			
	106 South Woods Ro	oad .			2d Business cod 621210	fe (see instructions)		
	US Woodbury NY 11797					A		
3a	Plan administrator's name	and address X Same	as Plan Sponsor Name		3b Administrator	rs EIN		
					30 Administrator	's telephone number		
4			nged since the last return/report file	d for this plan, enter the	4b EIN			
а	name, EIN, and the plan no Sponsor's name	umber from ine last retur	n/report.		4c PN			
	· · · · · · · · · · · · · · · · · · ·	ts at the beginning of the	plan year	***************	5a	10		
b	, .	-1 -	/ear		5b	10		
C			the end of the plan year (defined be		5c	10		
d(1) Total number of active page	articipants at the beginning	ng of the plan year	944 794 4 933 4191 844444 44.444444	5d(1)	10		
d(2) Total number of active pa	articipants at the end of t	he plan year		5d(2)	10		
e	Number of participants that less than 100% vested		t during the plan year with accrued b	enefits that were	5e			
					in essential planet			
Ur	der penalties of periury and	other penalties set forth and signed by an enrolle	of this return/report will be assess in the instructions, I declare that I hat ed actuary, as well as the electronic	ive examined this return/re	port, including, if app	olicable, a Schedule my knowledge and		
	ion _	~ <u> </u>	9116116	Dr. Mailin Mimi	Lai			
E. W.	ERE Signature of plan ac	lministrator	Date	Enter name of individu	al signing as plan ad	ministrator		
W	IGN		9116116	Dr. Mailin Mimi	Lai	All Name and a second s		
	ERE Signature of employ		Date	Enter name of individu				
Pr	eparer's name (including firm	n name, if applicable) and	d address; include room or suite nur	nber	Preparer's telepho	ne number		
		1						
		. !						

	·									
	Form 5500-SF 2015	4.1	Page 2			_				
6a	Were all of the plan's assets during the plan year invested in eligible	e assets? (See instructions.)	*******		*******	******		XYe	s Mo
b	Are you claiming a waiver of the annual examination and report of a	an independ	dent qualified public accou	ıntant	(IQP	A)			k-111-	
	under 29 CFR 2520.104-46? (See instructions on weiver eligibility a If you answered "No" to either line 6b or line 6b, the plan cannot	and condition	ons.)					*********	XYe	s No
	If the plan is a defined benefit plan, is it covered under the PBGC in							s 🗆 No	□Not	determine
C	Financial Information	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-3		-,-					
7	Plan Assets and Liabilities		(a) Beginning o	FYea	 Г	T		(b) End	of Year	
а	Total plan assets			35,3	12					5,353
b	Total plan liabilities	. 7b			۵					
	Net plan assets (subtract line 7b from line 7a)	. 7c		55,3	12	<u> </u>				5,353
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount			58 Z:	i oser da	(b) (b)		1577 # 085771
	(1) Employers	. 8a(1)			0			建筑		
	(2) Participants					農業	また 作品 作品 かか			
	(3) Others (including rollovers)	. 8a(3) . 8b			41	######################################			1941-0	
	Other income (loss)				41 (77)		Mari II	24.		41
d	Benefits paid (including direct rollovers land insurance premiums		\$227-0206. 1203, 57-5, 150 (\$227-25)	and the second			(超速)		i i i i i i i i i i i i i i i i i i i	
	to provide benefits)									
	Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salariệs, fees, commissions)	, 8e , 8f								
	Other expenses	. 8g				- 100 M			台灣發	
	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h	A Committee of the Comm					2000 2000 1000	F - 100 (- 120 (5 to 50 to 10 to 1
1	Net income (loss) (subtract line 8h from line 8c)	. 81		CONTRACTOR OF THE PARTY OF THE						41
P. WWOTER	Transfers to (from) the plan (see instructions)	. 8j		*****		74 A	计逻辑			
4	Plan Characteristics	·-···								
ya	If the plan provides pension benefits, enter the applicable pension for 2D 2E 2J	eature code	es from the List of Plan Ch	ara¢t	eristic	: Code	as in th	e instructi	, ous:	
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature codes	from the List of Plan Cha	racte	ristic (Codes	In the	instructio	าร:	
TO SEE SEE	प्रसन्दर्भक्त -									
10	Compliance Questions	(Yes	N	N/A	f	Amount	
	During the plan year: Was there a failure to transmit to the plan any participant contribu-	tions within	the time period		163	NO	223		Amount	
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo									
	Program)			10a		X				***
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?			10c	х		A J		2	20,000
d	Did the plan have a loss, whether or not reimbursed by the plan's			40.3		х				
	by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other			10d						
6	carrier, insurance service, or other organization that provides some	ne orall of t	he benefits under							
	the plan? (See Instructions.)			10e	-,	X	200			
f	Has the plan failed to provide any benefit when due under the plan	····		10f		X	医影响			,
g	Did the plan have any participant loans? (If "Yes," enter amount a			10g		X	- A - A - A - A - A - A - A - A - A - A	50 822 38	eld nate in a co	SE WAR
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instru	ctions and 29 CFR	10h		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	natice or one of the	10i					7 72	
j	Did the plan trust incur unrelated business taxable income?		, , , , , , , , , , , , , , , , , , , 	10]		x				
Pa	Pension Funding Compliance			للقتتا		L		· · · · · · · · · · · · · · · · · · ·		
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	nents? (If ")	es," see instructions and	comp	ete S	ched	ule SB	(Form	□Y	es X N
118	Enter the unpaid minimum required contribution for current year for				*******		11a			-
12	Is this a defined contribution plan subject to the minimum funding	requiremen	nts of section 412 of the C	ode o	r sec	ion 30	02 of E	RISA?		es X N

	Form 5500-SF 2015	Page:	3-					
	(If "Yes," complete line 12a or lines	12b, 12c, 12d, and 12e below, as applicable.)						
	a If a waiver of the minimum funding granting the waiver.	standard for a prior year is being amortized in this plan ye	ar, see inst	tructions, and	enter th	e date of		ruling
I		nes 3, 9, and 10 of Schedule MB (Form 5500), and ski	Mon n to line 13		ay 🚃	Ye	ar	
b		ition for this plan year			12b		148 150 160	
С		employer to the plan for this plan year			12c			
d	Subtract the amount in line 12¢ from	the amount in line 12b. Enter the result (enter a minus si	an to the let	tofa				
	negative amount)	+			12d			
e	tri Paul Sacato Sis	ported on line 12d be met by the funding deadline?	**********		.,	Yes [□ No [N/A
		d Transfers of Assets	•	7				
<u>13a</u>	Has a resolution to terminate the pla	been adopted in any plan year?	**************	***************************************	<u> </u>	N X e	ło	
	Taran 1881 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	assets that reverted to the employer this year	*************		13a			
b	of the PBGC?	b participants or beneficiaries, transferred to another plan	i, or brought	t under the co	ntrol		Yes	IXI No
C	If during this plan year, any assets o which assets or liabilities were trans	r llabilities were transferred from this plan to another plant	(s), identify	the plan(s) to				122,1144
	13c(1) Name of plan(s):			13c	(2) EIN(5)	13c(3)	PN(s)
		:						
	•							
	Section 198			<u> </u>			<u> </u>	
-	Trust Information							
148	Name of trust	!			14b Tr	ust's EIN		
	:	,						
140	Name of trustee or custodian				14d Tr	ustee or	custodian	5
		! •			telep	hone nur	nber	
Pai	IRS Compliance Que:	tions						
158	Is the plan a 401(k) plan:	***************************************			Yes		□No	
					 Des	ign-	<u> </u>	*
15b		tisfy the nondiscrimination requirements for employee def			☐ bas herb	ed safe	ADP/	ACP
	matching contributions (as applicable)	under sections 401(k)(3) and 401(m)(2)?		***************************************	met		test	
15 c		erform ADP/ACP testing for the plan year using the "curr			☐ Yes		∏No	
		sated employees (Treas. Reg. section 1.401(k)-2(a)(2)(ii)	,					
	Z(0)(Z)(II)) (***************************************	****************	***********	Rati			
16a	Check the box to indicate the method	used by the plan to satisfy the coverage requirements un	der section	410(b):	LJ Pen	centage	Avera	ige fit Test
16b	Does the plan satisfy the coverage ar	id nondiscrimination tests of sections 410(b) and 401(a)(4	by combin	ıing l	Tes			(K 165K
	this plan with any other plans under th	a permissive aggregation rules?		*************	Yes		∐ No	
	<u> </u>	rall required law changes?		1'	Yes		☐ No	☐ N/
17b	Date of the last plan amendment/restainstructions for tax law changes and c	atement for the required tax law changes was adopted	!!	Enter the	applical	ole code	(Se	е
17c	If the plan sponsor is an adopter of a	pre-approved master, prototype (M&P), or volume submiti			a favora	ole JRS o	pinion or	
17d	advisory letter, enter the date of that fa If the plan is an individually-designed	avorable letter / / and the letter's and the letter's and the letter from IF			of plan's	last favo	rable	
	determination letter /	<u> </u>					•	
18	is the Plan maintained in a U.S. territor made), American Samoa, Guam, the C	y (i.e., Puerto Rico (if no election under ERISA section 10 Commonwealth of the Northern Mariana Islands or the U.S	022(1)(2) has 3. Virgin Ista	ands)?	Yes		No	
19	Were in-service distributions made du	ring the plan year?	******	*******	Yes		☐ No	
	If Yes, enter amount	***************************************	*******		19			
20		nade to 5% owners who have attained age 70 ½ (regardle			Yes		No	□ N/
	not retired) as required under section -	401(a)(9)?	***********				***************************************	