For	m 5500-SF	Short Form Annua	al Return/Repor Benefit Plan	t of Small Emplo	OMB Nos. 1210-01 1210-00					
	ment of the Treasury al Revenue Service	This form is required to be filed		4065 of the Employee Ret	irement		2015			
Employee Ber	partment of Labor nefits Security Administration	Income Security Act of 1974)57(b) and 6058(a) of the Ir			orm is Open to lic Inspection			
	nefit Guaranty Corporation	Complete all entries in a	eccordance with the ins	tructions to the Form 550	0-SF.					
For calenda		Identification Information	015	and ending 12/3	31/2015					
1 01 00101100		X a single-employer plan		plan (not multiemployer) (F		ckina this b	ox must attach a			
A This retu	rn/report is for:	a one-participant plan		mployer information in acc		-				
B This retu	rn/report is	the first return/report	the final return/report							
		an amended return/report	a short plan year retu	urn/report (less than 12 mor	nths)					
C Check b	ox if filing under:	er: X Form 5558 automatic extension				DFVC prog	am			
		special extension (enter descri	1)							
Part II	Basic Plan Info	rmation—enter all requested info	ormation	Γ						
1a Name of THE LAW OF		AN DAGOSTINO, P.C. PROFIT SH	IARING PLAN		1b Thre plan (PN)	number	001			
					()	ctive date of				
	· · · ·	yer, if for a single-employer plan)	Box)		2b Emp (EIN)	loyer Identii	8/2003 Tication Number			
City or t	Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) THE LAW FIRM OF JONATHAN D'AGOSTINO				· · · /	N) 13-3719145 onsor's telephone number				
				_	2d Busir		57-1600 see instructions)			
622 BARLOW										
STATENISLA	ND, NY 10312					5411	10			
3a Plan ad	ministrator's name an	d address XSame as Plan Spons	or.		3b Admi	inistrator's I	EIN			
					3c Admi	inistrator's t	elephone number			
		plan sponsor has changed since t	he last return/report filed	for this plan, enter the	4b EIN					
name, a Sponso	· ·	nber from the last return/report.			4c PN					
5a Total n	umber of participants	at the beginning of the plan year			5a		60			
b Total n	umber of participants	at the end of the plan year			5b		62			
		account balances as of the end of t			5c		62			
	,	ticipants at the beginning of the pla		F	5d(1)		44			
.,		rticipants at the end of the plan yea	-	F	5d(2)		42			
e Numbe	er of participants that	terminated employment during the	plan year with accrued b	enefits that were less	5e		6			
Caution: A	penalty for the late of	or incomplete filing of this return	/report will be assesse	d unless reasonable caus						
SB or Scheo		ner penalties set forth in the instruc ad signed by an enrolled actuary, a plete.								
SIGN		valid electronic signature.	10/03/2016	DANIEL RICHARDS						
HERE	Signature of plan a	dministrator	Date	Enter name of individua	al signing	as plan adr	ninistrator			
SIGN HERE	Signature of omploy	vor/nlen onencer	Data	Enter nome of individue			* a* alon anonaar			
Preparer's n	Signature of employ name (including firm na	yer/pian sponsor ame, if applicable) and address (in	Date clude room or suite numb	Enter name of individuation		as employe s telephone				
For Paperwo	rk Reduction Act Notice	e and OMB Control Numbers, see the	instructions for Form 550	0-SF.			Form 5500-SF (2015)			

-	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		,					Yes No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	and conditi	ons.)		· · · · · · · · · · · · · · · · · · ·	·····		Yes No
	If the plan is a defined benefit plan, is it covered under the PBGC ir							No Not determined
Par	t III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning	of Yea	ar			(b) End of Year
а	Total plan assets	. 7a		2101				2132311
b	Total plan liabilities	. 7b			0			
С	Net plan assets (subtract line 7b from line 7a)	. 7c		2101	413			2132311
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	Int				(b) Total
	Contributions received or receivable from:			100	000			
	(1) Employers	. 8a(1)						
-	(2) Participants	. 8a(2)		60	871	_		
	(3) Others (including rollovers)	. 8a(3)			705			
-	Other income (loss)	. 8b		-1	705	_		450400
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c				_		159166
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		100	196			
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	. 8f						
g	Other expenses	. 8g		28	072			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h						128268
i	Net income (loss) (subtract line 8h from line 8c)	8i						30898
j	Transfers to (from) the plan (see instructions)	8j						
Par	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2H 2J 3D	feature co	des from the List of Pla	an Cha	racteris	stic Co	odes in	the instructions:
В	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	es from the List of Plar	n Chara	acterist	ic Coo	les in th	ne instructions:
Part	V Compliance Questions							
10	During the plan year:				Yes	No	N/A	Amount
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	duciary Correction	10a		x		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х		
С	Was the plan covered by a fidelity bond?			10c		x		
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х		
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.)	ne or all of	the benefits under	10e		х		
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		х		
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year e	nd.)	10g		Х		
h		(See instru	ctions 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	he required	notice or one of the	10i				
j	Did the plan trust incur unrelated business taxable income?			10i				
Part				. 0j	1	1	1	1

11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	Yes X No
11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40 11a	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?	Yes X No

Form 5500-SF 2015

Page **3** - 1

					1				
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, 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	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 Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)									
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?								
Part	Part VII Plan Terminations and Transfers of Assets								
13a	13a Has a resolution to terminate the plan been adopted in any plan year?								
		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							
	of th	e PBGC?	-			Yes X	No		
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi h 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)		
	13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)								
Part	VIII	Trust Information	-						
14a	Name	of trust		14b	Trusťs E	IN			
14c	Nam	e of trustee or custodian		14d Trustee's or custodian's telephone number					
Par	t IX	IRS Compliance Questions							
15a	Is th	e plan a 401(k) plan?		Ye	s 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)?		b h	esign- ased safe ADP/ACP arbor test nethod				
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				
16a	Chec	k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):	Цр	atio ercentage Average st benefit tes				
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con lan with any other plans under the permissive aggregation rules?	0	Ye	es	No			
17a	Has	he plan been timely amended for all required tax law changes?		Ye	es	No	N/A		
	for ta	the last plan amendment/restatement for the required tax law changes was adopted///x law changes and codes).	•				tructions		
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placer 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		Ye	S	No			
19	Were	in-service distributions made during the plan year?		Ye	es	No			
	lf "Y€	es," enter amount		19					
20	Were	required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w d), as required under section 401(a)(9)?		Y	es	No	N/A		

Form 5500-SF	of Small Emplo	oyee	OMB Nos, 1210-0110 1210-0089					
Department of the Treasury Internal Revenue Service	This form is required to be filed un	Benefit Plan	65 of the Employee Re	tirement		2015		
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974 (ER	ISA), and sections 6057 evenue Code (the Code).	(b) and 6058(a) of the I	Internal		orm is Open to ic Inspection		
Pension Benefit Guaranty Corporation	Complete all entries in acco	ordance with the Instru	ctions to the Form 55	00-SF.				
Part I Annual Report I	dentification Information	01/01/2015	and ending	12/	/31/2015	5		
or calendar plan year 2015 or fis	x a single-employer plan	a multiple-employer pla						
This return/report is for:	a one-participant plan	list of participating emp a foreign plan	loyer information in ac	cordance w	ith the form	Instructions)		
This return/report is		the final return/report	leanart liann than 12 m	anthe)				
	an amended return/report	a short plan year return/	report (less than 12 mg	Jiluis) 				
Check box if filing under:	X Form 5558 Image: special extension (enter description)	automatic extension		[] [OFVC progra	am		
Part II Basic Plan Infor	mation-enter all requested inform							
a Name of plan	manyi			1b Three				
	onathan DAgostino, P.C	•		•	number	001		
rofit Sharing Plan				(PN) 1c Effec	tive date of	001		
					08/2003			
Mailing address (include room	er, if for a single-employer plan) n, apt., suite no. and street, or P.O. Be	ox)			loyer identif 13-371	ication Number		
City or town, state or province	e, country, and ZIP or foreign postal c	ode (if foreign, see instru	ictions)	2c Sponsor's telephone number				
he Law Firm of Jona	than D'Agostino				.8) 967-			
					ness code (: .110	see instructions)		
17 Ran Aw Avenue								
A DALLOW AVEILUE			10010					
aten Island	d address XSame as Plan Sponsor.	NY	10312		inistrator's F	EIN		
taten Island	d address 🛛 Same as Plan Sponsor.		10312	3b Admi		EIN elephone number		
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ай.

 6a Were all of the plan's assets during the plan year invested in b Are you claiming a waiver of the annual examination and report under 29 CFR 2520.104-46? (See instructions on waiver eliging in the plan is a defined benefit plan, is it covered under the PB 	ort of an independ ibility and condition cannot use Form	ent qualified public accountant (IQPA) ns.) n 5500-SF and must instead use Form	X Yes No 5500.
Part III Financial Information			
7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
		2,101,413	2,132,311

а	Total plan assets	7a	2,101,413	2,132,311
b	Total plan liabilities	7b	0	
С	Net plan assets (subtract line 7b from line 7a)	7c	2,101,413	2,132,311
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	100,000	
	(2) Participants	8a(2)	60,871	
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	-1,705	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		159,166
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	100,196	
е	Certain deemed and/or corrective distributions (see instructions)	8e		
f	Administrative service providers (salaries, fees, commissions)	8f		
g	Other expenses	8g	28,072	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		128,268
i	Net income (loss) (subtract line 8h from line 8c)	8i		30,898
j	Transfers to (from) 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: 2A 2E 2F 2H 2J 3D

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

		1			
10	During the plan year:	Yes	No	N/A	Amount
а	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 reported on line 10a.)		Х		
С	Was the plan covered by a fidelity bond?		Х		
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g		Х		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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				
j	Did the plan trust incur unrelated business taxable income?				
Part					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co 5500) and line 11a below)	mplete	Sche	dule SB	(FormYes X No
11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40			11a	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc	le or se	ection	302 of I	ERISA? Yes X No

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	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver		ter the d Day	ate of the Y	eletter rul ear	ing	
lfy	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	-					
b	Enter the minimum required contribution for this plan year		12b				
	Enter the amount contributed by the employer to the plan for this plan year		12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)		12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Υ	'es	No	N/A	
Part	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?			Yes	X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	_	13a				
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?		trol		Yes 🛛 I	No	
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to					
1	3c(1) Name of plan(s): 13c(2)	2) El	IN(s)		13c(3) P	N(s)	
Part	VIII Trust Information						
14a r	Name of trust	1	14b Trust's EIN				
14c	Name of trustee or custodian		14d Trustee's or custodian's telephone number				
			101	ephone i	lumber		
Part	IX IRS Compliance Questions	_					
			Yes		∏ No		
15a	Is the plan a 401(k) plan?		Desi	an-			
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?			ed safe or	e ADP/ACP test		
	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?		Yes		No		
16a	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	11	Ratio percentage test		e Average benefit test		
	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?		Yes	·	No		
17a	Has the plan been timely amended for all required tax law changes?		Yes		No No	N/A	
17k	Date the last plan amendment/restatement for the required tax law changes was adopted Enter the for tax law changes and codes).	appl	licable c	ode	(See inst	tructions	
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is sub advisory letter, enter the date of that favorable letter and the letter's serial number					or	
	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date determination letter	of th	ne plan's	alast favo	rable		
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?		Yes		No		
19	Were in-service distributions made during the plan year?		Yes		No		
	If "Yes," enter amount		19				
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)?		Yes		No No	N/A	