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

▶ Complete all entries in accordance with the instructions to the Form 5500-SF. **Annual Report Identification Information** For calendar plan year 2015 or fiscal plan year beginning and ending x a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions) **A** This return/report is for: a one-participant plan a foreign plan the final return/report B This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) **C** Check box if filing under: DFVC program Form 5558 automatic extension special extension (enter description) Basic Plan Information—enter all requested information Part II 1b Three-digit 1a Name of plan plan number NORTH SHORE ORAL & MAXILLOFACIAL SURGERY, P.C. 401(K) PROFIT SHARING PLAN 001 (PN) • 1c Effective date of plan 01/01/2005 2a Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) (EIN) 11-3332192 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Sponsor's telephone number NORTH SHORE ORAL & MAXILLOFACIAL SURGERY P.C. 516-681-5330 2d Business code (see instructions) 901 OLD COUNTRY ROAD PLAINVIEW, NY 11803 621210 **3a** Plan administrator's name and address XSame as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 5a 5a Total number of participants at the beginning of the plan year..... 5b **b** Total number of participants at the end of the plan year Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c complete this item) 2 5d(1) d(1) Total number of active participants at the beginning of the plan year 2 5d(2) d(2) Total number of active participants at the end of the plan year..... Number of participants that terminated employment during the plan year with accrued benefits that were less 5e than 100% vested..... Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief it is true, correct, and complete

belief, it is t	rue, correct, and complete.						
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2016	JULES ROBERTS				
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN HERE							
	Signature of employer/plan sponsor	Date	Enter name of individ	ual signing as employer or plan sponsor			
Preparer's	name (including firm name, if applicable) and address (include r	Preparer's telephone number					

Form 5500-SF 2015		Page 2								
b Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility and the second secon	e all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								No No	
c If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ection 4	021)?		Yes	No	Not determ	nined	
Part III Financial Information										
7 Plan Assets and Liabilities	(a) Beginning of Yea				Year (b) E					
a Total plan assets	7a		376	199				3789	07	
b Total plan liabilities	7b		276	3199				2700	07	
Net plan assets (subtract line 7b from line 7a) Income. Expenses, and Transfers for this Plan Year	7c	(a) A max		199		378907 (b) Total				
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	unt				(D) 10	otai		
(1) Employers	8a(1)		15	5000						
(2) Participants	8a(2)									
(3) Others (including rollovers)	8a(3)									
b Other income (loss)	8b		3	8870						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							188	70	
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		16	162						
e Certain deemed and/or corrective distributions (see instructions)	8e									
f Administrative service providers (salaries, fees, commissions)	8f									
g Other expenses	8g									
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1610	62	
i Net income (loss) (subtract line 8h from line 8c)	8i							27	80	
j Transfers to (from) the plan (see instructions)	8j									
Part IV Plan Characteristics										
9a If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2R	feature cod	des from the List of Pl	an Cha	racteris	stic Co	odes in tr	ne instruc	tions:		
B If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Pla	n Chara	acterist	ic Coc	les in the	instructi	ons:		
Part V Compliance Questions					1					
10 During the plan year:				Yes	No	N/A		Amount		
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary Fi	duciary Correction	10a		X					
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X					
C Was the plan covered by a fidelity bond?			10c	Χ					30000	
d Did the plan have a loss, whether or not reimbursed by the plan's			100						30000	
by fraud or dishonesty?			10d		X					
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 t	he benefits under	10e		X					
f Has the plan failed to provide any benefit when due under the pla			10f		Χ					
g Did the plan have any participant loans? (If "Yes," enter amount a					X					
h If this is an individual account plan, was there a blackout period?	(See instru	ctions and 29 CFR	10g		X					
i If 10h was answered "Yes," check the box if you either provided the	he required	notice or one of the	10h							
exceptions to providing the notice applied under 29 CFR 2520.10 j Did the plan trust incur unrelated business taxable income?			10i							
			10j							
Part VI Pension Funding Compliance	onto? /If IN	(00 000 instruction -	and ar	mplat-	Cab -	lula CD /	Eorm T			
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)				·······				Yes	No	
11a Enter the unpaid minimum required contribution for all years from	Schedule S	SB (Form 5500) line 4	0			11a	Г			
12 Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of t	he Cod	e or se	ction 3	302 of El	RISA?	Yes	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				
The Traine of Gastesian				telephone number				
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan?		Ye	S	No		
15b	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)?				Design- based safe ADP/ACP harbor test method			
15c	For 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)(iii))?				s	No		
16a	Sa Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):				atio ercentage st		rage efit test	
16b 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?				Ye	s	No		
17a Has the plan been timely amended for all required tax law changes?				Ye	S	No	N/A	
17b Date the last plan amendment/restatement for the required tax law changes was adopted/ Enter the appropriate law changes and codes).					code	(See ins	tructions	
17c	17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter / / and the letter's serial number							
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	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)?					No	N/A	

Form 5500-SF

Department of the Treasury Internal Revenue Senate

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 fired 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).

2015

This Form Is Open to Public Inspection

OMB Nos. 1210-0110 1210-0089

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

C. A. Landerson and C. C. Control of the Control of	rt Identification Information	01/01/2015	and ending	12/31/	3045				
For calendar plan year 2015 or				12/31/	The state of the s				
A This return/report is for:	a single-employer plan	a multiple-employer plan (not multiemployer) (Filers checking this box must at list of participating employer information in accordance with the form instruction							
	a one-participant plan	a foreign plan							
B This return/report is	the first return/report	the final return/report							
	n/report (less than 12 m	2 months)							
C Check box if filling under:	X Form 5558	automatic extension		☐ DFVC program					
	special extension (enter desc	لبيا		J 0. 70	pr ogram.				
Part II Basic Plan Int	ormation—enter all requested in	F /							
1a Name of plan	MAXILLOFACIAL SURGERY		PROFIT SHARING	1b Three-digit plan number (PN)					
				1c Effective do 01/01/2	ate of plan 2005				
Mailing address (Include ro	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C			2b Employer k	dentification Number 3332192				
	ice, country, and ZIP or foreign post MAXILLOFACIAL SURGER		uctions)	2c Sponsor's telephone number 516-681-5330					
901 OLD COUNTRY RC	AD				ode (see instructions)				
PLAINVIEW	NY 11803								
3a Plan administrator's name a	and address Same as Plan Spons	sor.		3b Administrat	or's EIN				
	ne plan sponsor has changed since	the last return/report filed fo	or this plan, enter the	4b EIN					
a Sponsor's name	umber from the last return/report.		10.70033	4c PN					
5a Total number of participants	s at the beginning of the plan year	4 6 0885 cob 0855 do 1146 f nos h cob Labracon hobildus sando	***************************************	. 5a					
	s at the end of the plan year								
 Number of participants with complete this item) 	account balances as of the end of	the plan year (defined bene	fit plans do not	. 5c					
cl(1) Total number of active pa	erticipants at the beginning of the pl	an year	12721 FT&35C654Equid+8A6makranssarssarssars						
	articipants at the end of the plan yes			5d(2)	2				
than 100% vested	t terminated employment during the		***************************************	5e	0				
Caution: A penalty for the late Under penalties of perjury and o	or incomplete filing of this return ther penalties set forth in the instruc- personed by an enrolled ectuary, a	n/report will be assessed a tions. I declare that I have	unless reasonable cau examined this return/red	ort, including if a	I. policable a Schedule				
SIGN 4 / WALF	M		JULES ROBERTS						
HERE Skineture of plan	uniji isteglor	Date 10/13/16	Enter name of individe	dual signing as plan administrator					
SIGN DILES ROBERTS									
MERE Signature of Month	oyer/plan sponsor	Date 10/12/16	Enter name of individu						
Preparer's name (including firm	name, if applicable) and address (in	clude room or suite fulmbe	۲)	Preparer's teleph	oue unwper				

***************************************	Form 5500-SF 2015		Page 2									
	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either line 6a or line 6b, the plan can	f an indepe rand condi not use Fo	indent qualified public intions.)	accouni st inste	tant (IC ad use	PA) For	n 5500.	** ******	國	Yes] N		
	If the plan is a defined benefit plan, is it covered under the PBGC i	nsurance (orogram (see ERISA s	ection 4	1021)7	****	Yes	∐ No	Not o	etermined		
Pa	rtillt: Financial Information	118 11 eg. 19				-						
7	Plan Assets and Liabilities					_		(b) En	d of Yea	IF		
_	Total plan assets.	7a		37	6,19	99				378,90		
10000	Total plan liabilities	7b:	307 300									
_	Net plan assets (subtrect line 7b from line 7a)	THE RESERVE THE PERSON NAMED IN	375,199				378,9					
8	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	resiling.	(a) Amo	unt		- 15	(b) Total					
Ci	(1) Employers	. 8a(1)		1	5,00	00-						
	(2) Participants	8a(2)				1	1270	anis		150 114		
52.57	(3) Others (including rollovers)	8a(3)			ussess	13		av taking d	Desta d			
b	Other income (loss)	. 8b	1		3,87	70 1						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		11E),		1.7	13,8					
d	Benefits peid (including direct rollovers and insurance premiums	1	Ben and the Administra	*	5,16		· 美国的现在分词的 (1955年)					
	to provide benefits)	8d			0,10	2 1	2 1 1 1 V	2854c3kai 286egsa+Si≱	Andrew M	122 to 50		
	Certain deemed and/or corrective distributions (see instructions)	89		_	_	110	STATE OF STREET	THE RESERVE	PACIFICACION 4			
77.	Administrative service providers (salaries, fees, commissions)	8f										
9	Other expenses and lines at the order	8g	(A.A. et .) [[[] (1) (1) [[] (1) [[] (1)					×				
i	Total expenses (add lines 8d, 8e, 8f, and 8g)		La company Color of the				16,16 2,70					
1	Transfers to (from) the plan (see instructions).	The state of the s				-	Part of the second seco					
Dai	t IV Plan Characteristics	6					138,4000	E-12 400 5 E-1	of Section	22(5)(1)(-1)(5)		
В	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2R If the plan provides welfare benefits, enter the applicable welfare to the plan provides pension benefits, enter the applicable pension at the plan provides pension benefits, enter the applicable pension at the plan provides pension benefits, enter the applicable pension at the plan provides pension benefits, enter the applicable pension at the plan provides welfare to the plan provides welfare t											
10	INTO 5			-	1	T	1 404	_				
a	Ouring the plan year: Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-1027 (See instructions and DOL's \Program)	/oluntary F	iduciary Correction	10a	Yes	No X	NA		Amou	int		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do net i	include transactions	10b		X	*1.2					
¢	Was the plan covered by a fidelity bond?			10c	X					30,00		
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		X						
8	Were any tees or commissions paid to any brokers, agents, or off carrier, insurance service, or other organization that provides son the plan? (See instructions.)	e or all of	the benefits under	100		x	100 H		//			
f	Has the plan failed to provide any benefit when due under the pla			10f		X	Bearing					
q	Did the plan have any participant loans? (If "Yes," enter amount a			10g		X	No. of the					
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	etions and 29 CFR	10h		X		25:17	mok Maria			
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	he required	notice or one of the	101								
j	Did the plan trust incur unrelated business taxable income?	w465#4+ 4+4+6644	5 P K C B B/G B W B B B B B B B B B B B B B B B B B	10j					254 13 (33)	V24 01-		
art	Pension Funding Compliance											
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "	Yes," see instructions	and cor	mplete	Sche	dule SB	(Form	П	′ss ∏ No		
			CONTRACTOR OF THE PARTY OF THE			10 100	1					

11a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40.

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

11a

Yes X No

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 standard for a prior year is being amortized in this plan year, see Instru	uctions, and e	enter t	he date of	the letter r	vling	
granting the waiver		Day		Year		
The state of the s		1 425	1			
b Enter the minimum required contribution for this plan year	rr as dee thed core or gas.	12b	-			
C Enter the amount contributed by the employer to the plan for this plan year	~~	120				
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the lef		12d				
negative amount)		1	Yes	7 N- F	1	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?			1.60	No	NIA	
				- P		
13a Has a resolution to terminate the plan been adopted in any plan year?			_ Ye	s X No		
If "Yes," enter the amount of any plan assets that reverted to the employer this year	-					
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	t under the co	antrol	[Yes X	No	
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See Instructions.)	the plan(s) to	3				
13c(1) Name of plan(s):	13c(2)	ElN(s)		13c(3)	13c(3) PN(s)	

Pait VIII Trust Information						
14a Name of trust		14b	Trust's Eli	N		
14c Name of trustee or custodian		14d	Trustee's		ian's	
Part X IRS Compliance Questions	**************************************		and the second s		Mark Market Mark	
153 to the close a 402/10 stee 2		Пу	A&			
15a is the plan a 401(k) plan?	***************************************)esign-	∐.No		
5b 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)?				ADI tes	P/ACP t	
15c If the ADP/ACP test is used, did the 491(k) plan perform ADP/ACP testing for the plan year using the "curr testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401 2(a)(2)(ii))?	(m)-	1	nethod es	□ No	***************************************	
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section		L. F	Ratio ercentage set		erage refit test	
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combine this plan with any other plans under the permissive aggregation rules?	ring	[] Y	0 5	No		
17a Has the plan been timely amended for all required tax law changes?		TY	ез	ПМо	□N/A	
17b Date the last plan amendment/restatement for the required tax law changes was adopted				losses	natruction	
for tax law changes and codes). 17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan.	***					
advisory letter, enter the date of that favorable letter and the letter's serial num	nber					
17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter determination letter.		the pla	ın's last fav	orable/		
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(I)(2) had made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands.	as been lands)?	Ye	ns	☐ No		
Ware in-service distributions made during the plan year?	nkorn& h	ПΥ	es	No		
If "Yes," enter amount	and the same	19	1		***************************************	
		4.5	1			
20 Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whet retired), as required under section 401(a)/9)?	mer or not	Y	es	No	N/A	