Form 5500-SF	Short Form Annu		ort of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be fil	Benefit Pla		2015	
Department of Labor Employee Benefits Security Administration	Income Security Act of 197		6057(b) and 6058(a) of the	Internal	his Form is Open to Public Inspection
Pension Benefit Guaranty Corporation			nstructions to the Form 55	500-SF.	
Part IAnnual ReportFor calendar plan year 2015 or f	t Identification Information		and ending 12	2/31/2015	
A This return/report is for:	a single-employer plan	a multiple-employ	er plan (not multiemployer) employer information in ac	(Filers checking t	
B This return/report is	the first return/report	the final return/rep	ort eturn/report (less than 12 m	onths)	
C Check box if filing under:	X Form 5558 ☐ special extension (enter des	automatic extension	on	DFVC	program
Part II Basic Plan Inf	ormation—enter all requested in	1 ,			
1a Name of plan YASMIN COLLAZO MD PC PEN				1b Three-digit plan numb (PN) ▶	er 001
				1c Effective d	01/01/2014
Mailing address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P. ce, country, and ZIP or foreign pos		nstructions)	2b Employer I (EIN)	dentification Number 27-1235358
YASMIN COLLAZO MD PC		ital code (il foreign, see		2	telephone number 212-452-9671
936 5TH AVE STE 4 NEW YORK, NY 10021-2653				2d Business c	code (see instructions) 621330
3a Plan administrator's name a	and address XSame as Plan Spor	ISOL		3b Administra	tor's FIN
				3c Administra	tor's telephone number
	ne plan sponsor has changed since	the last return/report file	ed for this plan, enter the	4b EIN	
name, EIN, and the plan nu a Sponsor's name	umber from the last return/report.			4c PN	
_	s at the beginning of the plan year			5a	2
• · · · · · · · · · · · · · · · · · · ·	s at the end of the plan year			5b	2
	account balances as of the end o			5c	2
d(1) Total number of active pa	articipants at the beginning of the p	olan year		5d(1)	2
e Number of participants that	articipants at the end of the plan ye t terminated employment during th	e plan year with accrued	benefits that were less	5d(2) 5e	2
	or incomplete filing of this retu			ise is establishe	d.
Under penalties of perjury and o SB or Schedule MB completed a belief, it is true, correct, and con	other penalties set forth in the instru and signed by an enrolled actuary, nolete.	ictions, I declare that I h as well as the electronic	ave examined this return/rep version of this return/report	port, including, if a , and to the best	applicable, a Schedule of my knowledge and
SIGN Filed with authorized	d/valid electronic signature.	10/16/2016	DR. YASMIN COLLAZ	20	
HERE Signature of plan	administrator	Date	Enter name of individ	ual signing as pla	n administrator
HERE	oyer/plan sponsor	Date	Enter name of individ	ual signing as em	ployer or plan sponsor
	name, if applicable) and address (Preparer's telep	
For Paperwork Reduction Act Not	ice and OMB Control Numbers, see t	ne instructions for Form 5	500-SF.		Form 5500-SF (2015)

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 a 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 indeper and condit ot use Fo	ndent qualified public a ions.) r m 5500-SF and mus t	ccount t instea	ant (IQ Id use	PA) Form	5500.		X Yes [
-	If the plan is a defined benefit plan, is it covered under the PBGC in rt III Financial Information	isurance p	orogram (see ERISA se	ection 4	021)? .		Yes	No	Not determi	ned
7	Plan Assets and Liabilities		(a) Beginning		ar			(b) Er	nd of Year	
<u>'</u> a	Total plan assets	7a	(a) beginning		ar 301			(D) EI	118661	
<u> </u>	Total plan liabilities	7b		00	001				110001	
	Net plan assets (subtract line 7b from line 7a)	7c		59	301				118661	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	int				(b)) Total	
a	Contributions received or receivable from: (1) Employers	8a(1)			355				/	
	(2) Participants	8a(2)		23	000					
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		-1	995					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							59360)
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
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				_				
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i				_			59360)
	Transfers to (from) the plan (see instructions)	8j								
	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension $2E$ $2J$ $3D$	feature co	odes from the List of Pla	an Cha	racteris	stic Co	odes in t	the inst	ructions:	
B	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	les from the List of Plar	n Chara	acterist	ic Coc	les in th	ne instru	ictions:	
Par	t 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 contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		х				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		х				
с				10c		Х				
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х				
e		ner person ne or all of	s by an insurance the benefits under	10e		X				
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 a	s of year e	end.)	10g		Х				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		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 require	d notice or one of the	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)								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 3	802 of EF	RISA?	Yes	s 🗙

No

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					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	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	VII	Plan Terminations and Transfers of Assets							
13a	Has	a resolution to terminate the plan been adopted in any plan year?			Ye	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							
	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)		
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	es				
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	Design- based safe ADP/ACP barbor 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	les 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	Ratio percentage test Averag benefit				
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 5600-SF		Revert Linu	and 4085 of the Employee	I PERSONAL	Company of the state of the sta
freetune farmer: bearing distance date		Act of 1974 (ERISA), an Internal Revenue Code (F		This Paste	In Case
Parameters in such in such as a such as	a Consistent of excition in a	considered a with the local	ructions to the Form 5500	or. I	supervises Public
Part I Annual Report A			the second se	13/31/2015	
A DESCRIPTION OF THE PARTY OF T	et plan year bigsoning	01/01/2012	(plan (not multiengilityer) (f		
the second sport is the	g x titigte ersptoyer plan	a list of participating	g employer internation in an	cardence with the b	ale manufactore)
B The return leport is	the first return/report	The final relation been	vî Avrokepot (less than 12 mi	nitras	
C Check box if bling under				DEVC PR	100
A REAL PROPERTY AND A REAL PROPERTY A REAL PRO	Fern 5558	automatic extension		O court had	
Partill Basic Plan Infer	special extension (anter descr	ption)			
a fiame of plan	ation enter at requested.	information		1b Three-digit	-
Yasmin Collago MD PC	Pension Plan			plan number (PNO IP	001
	Service Concerns			1c Effective date	
Pan and and and a				01/01/29	
Malino Address Statis	for a single-employer plan)				intification Number
City of town, state or province, co Tesmin Collago MD DC	untry, and ZilP or foreign poets	Bibl) I code (if foreign, see in-	divictions)	(EN) 27-3	and the second se
CONTROL NO DG	and a second second second	and the second se		2c Sponsor's la (212) 45	
936 Sth Ave Ste 4				and the second se	de Cuee instruction
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Plan administrator's name and add	rese IX) tierne as Plan Spor	veor hieme		3b Administratio	rs EIN
			and the second second		
The name and/or EN of the plan as ame. EIN, and the plan number to	Address has channed on the			Ex Béacorres	r's telephone num
	m the last refurniteport.	e all return/report fied	for this plan, enter the	4b EIN	
POPLEO'S NAME				4c PN	
its number of participants at the b	eginning of the plan year			6a	2
tal number of participants at the er	nd of the plan year			55	2
order of participants with account (motete this item)	beliences as of the end of the	plan year defined ben	eft plans de net		
f dal number of active participants		and the second se		6c	2
				5d(1)	2
folal number of attive participants in other of marticipants to at terminate	al the end of the plan year	. The second second	The second se	5d(2)	2
index of participants that terminated a than 100% vested	a writeroyment during the plan	year with accrued ber	entis that were		-
A CARLE PARTY AND A CARLES				50	and the second
	siste filles afend	and the second	the second se		
a penalty for the late or income					
a penalty for the late or income			examined this return/report,	ort, including, if ap and to the best of	
n: A panalty for the late or incom enalises of perjury and other penal theouse MB completed and signed is true, conjud, and complete		to. I declare that I have	recently the return top of the return top of the return top of the return top of the top of t	ort, including, it ap and to the best of	plicable, a Sched my knowledge av
a penalty for the late or income		ns. I declare that I have rel as the electronic ve Date: 10/16/	DE. Yasmin Colls	ort, including, if ap and to the best of the	plicable, a Sched my knowledge av
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n: A panalty for the late or incom enalises of percey and other penal theouse MB completed and signed is true, corput, and complete Bighting and complete Bighting and complete Bighting and complete	by an excision of the instruction by an excision activery, as w	oute 10/16/	DE. Yasmin Colla DE. Yasmin Colla DE. Yasmin Colla	ort, including, if ap and to the best of iteo signing as plan a iteo	plicable, a Scheo my knowledge a Sministrator
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	1.1	150	1.244
	100		

Form	5500-SF	2015
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6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)

b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)

XYes No

ione) XYes No

under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.

If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined

P	art III Financial Information										
7	Plan Assets and Liabilities	(a) Beginning of	Yea	r			(b) End of	Year			
а	Total plan assets	7a	5	9,3	01		118,661				
b	Total plan liabilities	7b									
С	Net plan assets (subtract line 7b from line 7a)	7c	5	59,301				118,661			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b) To	tal		
а	Contributions received or receivable from:	80(1)	2	8,3	55						
	(1) Employers	8a(1)		3,0						-	
	(2) Participants	8a(2)	4	5,0	00					-	
b	(3) Others (including rollovers)	8a(3) 8b	(1	,99	5)					-	
<u>с</u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	(1	, , , , ,	57				E0 200	-	
d	Benefits paid (including direct rollovers and insurance premiums	00							59,360		
	to 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									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h									
i	Net income (loss) (subtract line 8h from line 8c)	8i							59,360	_	
j	Transfers to (from) the plan (see instructions)	8j									
P	art IV Plan Characteristics										
b		ture codes	s from the List of Plan Char	racte	ristic (Codes	in the	instructions			
P	art V Compliance Questions										
10	During the plan year:				Yes	No	N/A	A	mount		
ä	a Was there a failure to transmit to the plan any participant contribut										
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	•		40-		x					
	Program) Were there any nonexempt transactions with any party-in-interest?			10a		~					
	reported on line 10a.)			10b		х					
	C Was the plan covered by a fidelity bond?		•••••	10c		х					
	d Did the plan have a loss, whether or not reimbursed by the plan's t										
	by fraud or dishonesty?		••••••••••••••	10d		х					
e	e Were any fees or commissions paid to any brokers, agents, or oth										
	carrier, insurance service, or other organization that provides some the plan? (See instructions.)			10e		x					
1				10f		х					
	· · · · · ·										
	g Did the plan have any participant loans? (If "Yes," enter amount as		,	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 th exceptions to providing the notice applied under 29 CFR 2520.101	•		10i							
j	Did the plan trust incur unrelated business taxable income?			10j			x				
Pa	art VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes X N	0	
11	a Enter the unpaid minimum required contribution for current year fro	om Schedi	ule 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? ...

	Form 5500-SF 2015 Page 3-							
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
	I fa waiver of the minimum funding standard for a prior year is being amortized in this plan year, ranting the waiver.	see instr Mont			e date of t Yea		uling	
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to		I D	ay		ai		
,	Enter the minimum required contribution for this plan year			12b				
 C	Enter the amount contributed by the employer to the plan for this plan year			12c				
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign t			.20				
	negative amount)		12d					
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		•••••	🗌	Yes 🗌	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?			Y 🗌	es 🗴 N	0		
	If "Yes," 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 of the PBGC?	-			[Yes	X No	
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), which assets or liabilities were transferred. (See instructions.)	identify t	he plan(s) to					
1	3c(1) Name of plan(s):		13c	(2) EIN(s)	13c(3)	PN(s)	
Part	VIII Trust Information							
14a M	Name of trust			14b ⊤	rust's EIN			
14c Name of trustee or custodian					14d Trustee or custodian's telephone number			
Part	IX IRS Compliance Questions							
15a	Is the plan a 401(k) plan:			☐ Ye	s	□ No		
	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrance matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?			bas bas	sign- sed safe bor thod	ADP/2 test	ACP	
	If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current testing method" for nonhighly compensated employees (Treas. Reg. section 1.401(k)-2(a)(2)(ii) an 2(a)(2)(ii))?	-	m)-	Ye	S	No No		
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under		. ,	Ra Pe Te:	rcentage	Avera	age fit Test	
	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) b this plan with any other plans under the permissive aggregation rules?			Ye:	S	No No		
17a	Has the Plan been timely amended for all required law changes?		••••••	Ye:	S	🗌 No	□ N/A	
	Date of the last plan amendment/restatement for the required tax law changes was adopted	_//	Enter the	e applica	able code	(Se	е	
17c	If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volume submitter			a favora	able IRS c	pinion or		
17d	advisory letter, enter the date of that favorable letter / / and the letter's ser If the plan is an individually-designed plan and recieved a favorable determination letter from IRS, determination letter/ /			e of plan	's last favo	orable		
	s the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022 made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S.			Ye:	s	No No		
19	Were in-service distributions made during the plan year?			Ye	S	🗌 No	_	
	If Yes, enter amount			19				
	Were minimum required distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless not retired) as required under section 401(a)(9)?			Ye	S	No No	N/A	