Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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

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

Revenue Code (the Code).

OMB Nos. 1210-0110

1210-0089

2016

This Form is Open to Public Inspection

Parti		t identification information			0/01/0010					
For calenda	ar plan year 2016 or	fiscal plan year beginning 01/01/			2/31/2016					
_		🛚 a single-employer plan		olan (not multiemployer)						
A This ret	turn/report is for:	a one-participant plan	list of participating e	employer information in a	ccordance with the fo	orm instructions.)				
B This retu	urn/report is	the first return/report	the final return/report							
		an amended return/report	eport a short plan year return/report (less than 12 months)							
C at 1.				• (
C Check I	box if filing under:	Form 5558	automatic extension		☐ DFVC program					
		special extension (enter des	cription)							
Part II	Basic Plan In	formation—enter all requested in	nformation							
1a Name ANGELA AN		. PROFIT SHARING PLAN			1b Three-digit plan number (PN) ▶	005				
					1c Effective date 01	e of plan /01/2004				
Mailing	g address (include ro	oloyer, if for a single-employer plan) oom, apt., suite no. and street, or P.			2b Employer Ide (EIN) 11	ntification Number -2232985				
	town, state or provide IDRETTA, DMD PC	nce, country, and ZIP or foreign pos	stal code (if foreign, see ins	structions)	2c Sponsor's tel 718-2	ephone number 263-6643				
					2d Business cod	e (see instructions)				
	ENS BOULEVARD				62	1210				
FOREST HIL	LS, NY 11375									
3a Plan a	dministrator's name	and address X Same as Plan Spo	onsor.		3b Administrator	's EIN				
					30 Administration	la talanda a a manada a				
					3C Administrator	's telephone number				
		the plan sponsor has changed since	e the last return/report filed	for this plan, enter the	4b EIN					
	•	number from the last return/report.			4c PN					
	or's name				†					
5a Total i	number of participan	ts at the beginning of the plan year			5a	1				
		ts at the end of the plan year			5b	0				
		h account balances as of the end o	. , , ,	•	5c	0				
	•				E-1/4)	1				
d(1) Tota	al number of active p	participants at the beginning of the p	olan year		5d(1)	1				
d(2) Tot	al number of active p	participants at the end of the plan ye	ear		5d(2)	C				
		at terminated employment during th			5e	0				
Caution: A	100% vested	e or incomplete filing of this retu	rn/ranart will be assesse	d unless reasonable ca						
		other penalties set forth in the instru				plicable, a Schedule				
SB or Sche	edule MB completed	and signed by an enrolled actuary,								
belief, it is	true, correct, and co		Ī							
SIGN	Filed with authorize	d/valid electronic signature.	02/14/2017	ANGELA ANDRETTA						
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing as plan	administrator				
SIGN										
HERE	- · · ·		5.	F	 					
		loyer/plan sponsor name, if applicable) and address (Date	Enter name of individ	Preparer's telepho					
Fiehaleis	name (moduling liff	i name, ii applicable) and address (indiade room of Suite Hulfil	JGI <i>j</i>	i reparer s telepric	nie number				

Form 5500-SF 2016 Page **2**

6a	Were all of the plan's assets during the plan year invested in eligib	ole assets?	(See instructions.)						X Ye	s No	
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility								X Ye	s No	
	If you answered "No" to either line 6a or line 6b, the plan cann	not use Fo	rm 5500-SF and mus	t instea	ad use	Form	5500.	_	_	_	
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	Not det	ermined	
Pai	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End	of Year		
a	Total plan assets	7a		485561						0	
b	Total plan liabilities	7b		C)					0	
С	Net plan assets (subtract line 7b from line 7a)	7c		485561						0	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) T	otal		
	Contributions received or receivable from:	0-(4)									
	(1) Employers	8a(1)									
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)		-3456							
	Other income (loss)	8b			-				-345	6	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c							-040		
	to provide benefits)	8d		481401							
е	Certain deemed and/or corrective distributions (see instructions).	8e									
f	Administrative service providers (salaries, fees, commissions)	8f		704							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						482105			
i	Net income (loss) (subtract line 8h from line 8c)	8i							-48556	1	
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 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the inst	ructions:		
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	des in t	he instru	ictions:		
Par	t 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 contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	iduciary Correction	10a		X					
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		X					
С	Was the plan covered by a fidelity bond?			10c	X					15000	
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 other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)					X					
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	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							

Page 3-	1	
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Part	VI	Pension Funding Compliance						
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)						Yes No
		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a		_	
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co. A?						Yes X No
	(lf "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	grant	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver.	Nonth _	s, and	d enter t Day		of the lett Year	er ruling
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.	1		1		
<u>b</u>	Enter	the minimum required contribution for this plan year			12b			
С	Enter	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 live amount)			12d			
		he 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	a resolution to terminate the plan been adopted in any plan year?				X Yes	S [] I	No
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year			13a			0
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougol of the PBGC?		er the			X Yes	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	lan(s)	to			
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3) PN(s)	
Part	VIII	Trust Information						
14a	Name	of trust			14b ⁻	Trust's E	EIN	
14c	Name	of trustee or custodian					s or custo ne numbe	
Par	t IX	IRS Compliance Questions		<u> </u>				
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No	
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	LL		n-based arbor	d [] "Prior y test	ear" ADP
				"Curre	ent year est	<u>"</u>	N/A	
16a 		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perce test	entage		verage enefit test	□ N/A
16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?							No	
	the le							
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, e	nter the	date	of the m	nost rece	ent determ	nination
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		rom	Ye	s [No	
19	Wasa	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			Ye	s	No	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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).

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

	t Guaranty Corporation	► Complete all entries in	accordance with the instruction	ons to the rotal out	 	
Part I	Annual Report	Identification Information	01/01/2016	and ending	12/31/	
For calendar r	olan year 2016 or fis	scal plan year beginning	01/01/2010	est multiamalayer) (F	ilers checking	this box must attach a
A This return	n/report is for:	a single-employer plan	list of participating employ	er information in acc	cordance with t	he form instructions.)
	•	a one-participant plan	a foreign plan			
B This return	/report is	the first return/report	the final return/report a short plan year return/re	nort (less than 12 mg	onths)	
		an amended return/report	La snort plan year returnire	المراد والمالة محران المراد	_	
C Check box	x if filing under:	Form 5558	automatic extension		DFVC prog	ram
		special extension (enter desc				
Part II	Basic Plan Info	ormation—enter all requested in	nformation		1b Three-d	igit
1a Name of	plan				plan nur	
ANGELA AN	IDRETTA DMD,	P.C. PROFIT SHARING	PLAN		(PN)	
					1c Effective 01/01/	e date of plan
						er Identification Number
2a Plan soc	onsor's name (empl	loyer, if for a single-employer plan	O Bowl		(EIN) 1	1-2232985
Mailing	address (include ro	om, apt., suite no. and street, or P ice, country, and ZIP or foreign po	.ບ. ສວx) stal code (if foreign, see instruc	tions)		r's telephone number
City or to	own, state or provin ANDRETTA, DI	ice, country, and zir of lotoigh po MD PC	· · · · · · · · · · · · · · · · ·		718-2	63-6643
ANGELA	ANDREITA, DE	.D 10				ss code (see instructions)
100 E0 (QUEENS BOULE	EVARD			621210	0
T08-20 (MOEENS BOODS					
FOREST	HILLS	NY 11375 and address X Same as Plan Sp	oonsor	<u></u>	3b Admini	strator's EIN
					Ah sin	
4 If the n	ame and/or EIN of	the plan sponsor has changed sin	ce the last return/report filed for	this plan, enter the	4b EIN	
name,	, €IN, and the plan i	number from the last return/report.			4c PN	
a Spons	or's name		or.		. 6 a	
5a Total i	number of participa	nts at the beginning of the plan ye	31		5b	
		nts at the end of the plan year ith account balances as of the end			5c	
	I-i- ihia itami				5d(1)	
d(1) Tot	al number of active	participants at the beginning of the	e high Acat		5d(2)	
		participants at the end of the plan hat terminated employment during	LUG DISU AGRI MILLI SCOLDER DOL	Citto tiral train	1 99 1	
than	100% vested		***************************************	- lasaanabla (cause is estab	lished.
Continue	A namelty for the It	ate or incomplete filing of this red of other penalties set forth in the ind d and signed by an enrolled actual	tuliniepoit will an account	1 11.1 4.1-	francet includi	ng, if applicable, a Schedul best of my knowledge and
belief. it is	true, correct, and c	omplete				
BIGN	1	7/		ANGELA ANDRE		e plan administrator
HERE	Signature of pla	an administrator	Date 2/15/17	Enter name of indi	vidual signing a	as plan administrator
alch!					<u></u>	
SIGN HERE	Simpeture of an	nployer/plan sponsor	Date	Enter name of indi	ividual signing	as employer or plan spons
Drengrer's	name (including fi	m name, if applicable) and address	ss (include room or suite numbe	er)	Preparers	telephone number
	*					

	Form 5500-SF 2016		Page Z							
	ere all of the plan's assets during the plan year invested in eligible would be you claiming a waiver of the annual examination and report of a								X Yes	No No
D Ar	e you claiming a waiver of the annual examination and report of a ider 29 CFR 2520.104-46? (See instructions on waiver eligibility a	and condition	ons.)		E		 500		E	, 🗆
		ot use roi	III OGOO-OL MIIM HIMSEN						Not det	ermined
C Ift	he plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see ERISA sect	1011 402		··· [_]		J.,,		
Part	III Financial Information								4 V	
7 PI	an Assets and Liabilities		(a) Beginning of				<u> </u>) End o	TTEAT	0
a To	otal plan assets	7a	4.	85,5	٠.					0
b To	otal plan liabilities	7b		05 5	61					0
C N	et plan assets (subtract line 7b from line 7a)	7c		85 <u>,</u> 5	<u> </u>			(b) To		
8 In	come, Expenses, and Transfers for this Plan Year		(a) Amount		_			(6) 10	Lati	<u></u>
(1	ontributions received or receivable from:) Employers	8a(1)		<u>.</u>				aning the state of		
	Participants	8a(2)								
	Others (including rollovers)			-3,4	56					
	ther income (loss)	8b		<u> </u>	-					-3,456
C T	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c			_					
to	enefits paid (including direct rollovers and insurance premiums provide benefits)		4	181,4	01					
	certain deemed and/or corrective distributions (see instructions)	. 8e		7	04					
	dministrative service providers (salaries, fees, commissions)									
	Other expenses									482,105
<u>h</u> 1	otal expenses (add lines 8d, 8e, 8f, and 8g)	. 8i	<u></u>						-	485,561
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	- 01								
		- 8j								
Part	IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension	n feature C	odes from the List of Pla	n Char	acteris	tic Co	des in	the insti	ructions:	
	If the plan provides pension benefits, enter the applicable pension 2A 2E 3D If the plan provides welfare benefits, enter the applicable welfare									·
		leature co	des hom the Fier or							
b									·····	
b					Vec	No	N/A		Amou	nt
Part	V Compliance Questions During the plan year:				Yes	No	N/A		Amou	nt
Part 10	During the plan year: Was there a failure to transmit to the plan any participant contrib described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	outions with Voluntary	nin the time period Fiduciary Correction	10a	Yes	No X	N/A		Amou	nt
Part 10	During the plan year: Was there a failure to transmit to the plan any participant contrib described in 29 CFR 2510.3-102? (See instructions and DOL's Program) Were there any nonexempt transactions with any party-in-interereported on line 10a.)	outions with Voluntary est? (Do no	nin the time period Fiduciary Correction t include transactions	10a			N/A		Amou	
Part 10 a b	During the plan year: Was there a failure to transmit to the plan any participant contrib described in 29 CFR 2510.3-102? (See instructions and DOL's Program) Were there any nonexempt transactions with any party-in-interereported on line 10a.) Was the plan covered by a fidelity bond?	outions with Voluntary est? (Do no	nin the time period Fiduciary Correction t include transactions		Yes	х	N/A		Amou	
Part 10 a b c d	During the plan year: Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Program) Were there any nonexempt transactions with any party-in-interereported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?	outions with Voluntary est? (Do no	nin the time period Fiduciary Correction t include transactions ond, that was caused	10b		х	N/A		Amou	
Part 10 a b c d	During the plan year: Was there a failure to transmit to the plan any participant contrib described in 29 CFR 2510.3-102? (See instructions and DOL's Program) Were there any nonexempt transactions with any party-in-intere reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides so the plan? (See instructions.)	outions with Voluntary sst? (Do no sst? fidelity b ther personne or all o	nin the time period Fiduciary Correction t include transactions ond, that was caused ons by an insurance of the benefits under	10b 10c		x x x	N/A		Amou	nt 150,00
Part 10 a b c d	During the plan year: Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Program) Were there any nonexempt transactions with any party-in-interereported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides so the plan? (See instructions.)	outions with Voluntary sst? (Do no sst? fidelity b ther personne or all o	nin the time period Fiduciary Correction t include transactions ond, that was caused ons by an insurance of the benefits under	10b 10c 10d		x x	N/A		Amou	
Part 10 a b c d	During the plan year: Was there a failure to transmit to the plan any participant contrib described in 29 CFR 2510.3-102? (See instructions and DOL's Program) Were there any nonexempt transactions with any party-in-intere reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides so the plan? (See instructions.) Has the plan failed to provide any benefit when due under the policy of the plan have any participant loans? (If "Yes," enter amounts."	outions with Voluntary sst? (Do no s's fidelity b other perso ome or all co	nin the time period Fiduciary Correction It include transactions Frond, that was caused Frons by an insurance Frond the benefits under	10b 10c 10d		x x x	N/A		Amou	
Part 10 a b c d	During the plan year: Was there a failure to transmit to the plan any participant contrib described in 29 CFR 2510.3-102? (See instructions and DOL's Program) Were there any nonexempt transactions with any party-in-intere reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides so the plan? (See instructions.)	outions with Voluntary sst? (Do no s's fidelity b other perso ome or all co plan?	nin the time period Fiduciary Correction It include transactions Frond, that was caused Frond by an insurance Frond the benefits under Frond tructions and 29 CFR	10b 10c 10d 10e 10f		x x x	N/A		Amou	

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FEB-	14-2017 02:11P FROM:FORESTHILLSORTHO 7187935309 TO:1	.7812:	137086		P.4	
Part '	/i Pension Funding Compliance	l-t- C-	h a duda C	B		N
11	ts this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp (Form 5500) and line 11a below)	olete Sc	nedule S	D		s No
445	Enter the unpaid minimum required contributions 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 secu	on 302 o	F 	Ye	s 🗓 No
	grove in a sumbate line 42e or lines 12b, 12c, 12d, and 12e helow as applicable.)				e of the letter r	ulina
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc-	tions, a	Day		Year	ug
If :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		1 441			
	Enter the minimum required contribution for this plan year		42~	<u> </u>	<u></u>	<u>.</u>
C	Enter the amount contributed by the employer to the plan for this plan year		- 120	-	<u></u>	
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)	of a	12d		——————————————————————————————————————	NI/A
	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No L	N/A
Part						
				ΧY	es No	
13a	Has a resolution to terminate the plan been adopted in any plan year?			1		0
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			+		
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought control of the PBGC?				X Yes	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.)				-T	
	13o(1) Name of plan(s):	13c	(2) EIN(s)	13c(3)	PN(s)
Par	t VIII Trust Information					
	Name of trust		14b	Trust's	s EIN	
144	Name of trust					
140	Name of trustee or custodian		14d		ee's or custodia none number	an's
Pa	rt IX RS Compliance Questions	r				
15	a Is the plan a 401(k) plan? If "No," skip b	L Y	25		∐ No	
	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section		sign-bas fe harbor		"Prior ye test	ar" ADP
	401(k)(3) for the plan year? Check all that apply:		urrent ye P test	ar''	□ N/A	
16	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	.	atio ercentage est	, []	Average benefit test	□ N/A
	b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?		es		∏ No	··
	a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS of the letter and the serial number					
17	b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, ent letter	er the d	ate of the	most r	recent determi	nation
18	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separ service?	ated fro	m 🛛 `	'es	☐ No	
19	704/ Library Control		D	res	∏ No	.=