| | rm 5500-SF | Short Form Annua | OMB Nos. 1210-0110 1210-0089 | | | | | |
|--------------------------|---|---|---------------------------------|---------------------------|--|---|--|--|
| | rtment of the Treasury nal Revenue Service | Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee Re | | | | 2016 | | |
| | epartment of Labor enefits Security Administration | Income Security Act of 1974 (| | 7(b) and 6058(a) of the | | This Form is Open to | | |
| Pension Be | enefit Guaranty Corporation | Complete all entries in a | | , | 00-SF. | Public Inspection | | |
| Part I | | dentification Information | | | | | | |
| For calend | ar plan year 2016 or fisc | | | y | /31/2016 | the data have seen to the short | | |
| A This ref | turn/report is for: | X a single-employer plan | | | | king this box must attach a with the form instructions.) | | |
| B This retu | urn/report is | the first return/report an amended return/report | the final return/report | n/report (less than 12 mo | onths) | | | |
| C Check | box if filing under: | Form 5558 | automatic extension | [| DFVC p | rogram | | |
| | I I | special extension (enter descri | | I | | | | |
| Part II | Basic Plan Infor | mation—enter all requested info | , | | | | | |
| 1a Name | of plan | EPROFIT SHARING PLAN & TRU | | | (PN) | number 001 | | |
| | | | | | TC Effec | tive date of plan 07/01/1972 | | |
| Mailing | g address (include room | er, if for a single-employer plan) , apt., suite no. and street, or P.O. country, and ZIP or foreign posta | | uctions) | (EIN) | | | |
| | DAVID L AINBINDER DDS PC | | | | 2c Sponsor's telephone number 845-342-5411 | | | |
| 2 ALBERT S MIDDLETOV | T VN, NY 10941 | | | | 2d Busir | ness code (see instructions) 621210 | | |
| 3a Plan a | dministrator's name and | address 🗙 Same as Plan Spons | sor. | | | nistrator's EIN | | |
| | | | | | 3C Admi | nistrator's telephone number | | |
| | | plan sponsor has changed since the ber from the last return/report. | he last return/report filed fo | or this plan, enter the | 4b EIN | | | |
| a Spons | or's name | | | | 4c PN | | | |
| 5a Total | number of participants a | t the beginning of the plan year | | | 5a | 12 | | |
| | | t the end of the plan year | | | 5b | 0 | | |
| | | ccount balances as of the end of th | | - | 5c | 0 | | |
| d(1) Tot | al number of active parti | cipants at the beginning of the pla | n year | | 5d(1) | 7 | | |
| • • | | icipants at the end of the plan year erminated employment during the | | F | 5d(2) 5e | C | | |
| | | incomplete filing of this return | | | | - | | |
| Under pena SB or Sche | alties of perjury and othe | r incomplete filing of this return er penalties set forth in the instruct I signed by an enrolled actuary, as ete. | tions, I declare that I have | examined this return/rep | oort, includi | ng, if applicable, a Schedule | | |
| SIGN | Filed with authorized/va | alid electronic signature. | 02/13/2017 | DAVID AINBINDER | | | | |
| HERE | Signature of plan ad | ministrator | Date | Enter name of individu | as plan administrator | | | |
| SIGN HERE | | | | | | | | |
| | Signature of employ | er/plan sponsor me, if applicable) and address (inc | Date | | | as employer or plan sponsor | | |
| Fieparers | name (including initi na | חופ, וו מטטופאס (וות | nuae room of suite numbe | ·) | | s telephone number | | |
| | | | | | | | | |

| 6a | Were all of the plan's assets during the plan year invested in eligib | le assets? | (See instructions.) | | | | X Yes No |
|-----|---|--------------|------------------------------|----------|---------|----------|-------------------|
| b | Are you claiming a waiver of the annual examination and report of a | | | | | | X Yes 🗌 No |
| | 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 | | | | | | |
| с | If the plan is a defined benefit plan, is it covered under the PBGC in | | | | | | |
| | rt III Financial Information | | 5 (| , | | | |
| 7 | Plan Assets and Liabilities | | (a) Beginning of Yea | ar | | | (b) End of Year |
| a | Total plan assets | 7a | 107032 | | | | 0 |
| | Total plan liabilities | 7u 7b | | 0 | | | 0 |
| | Net plan assets (subtract line 7b from line 7a) | 7c | 107032 | 21 | | | 0 |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | | | | (b) Total |
| а | Contributions received or receivable from: | | | 0 | | | |
| | (1) Employers | 8a(1) | | 0 | | | |
| | (2) Participants | 8a(2) | 1236 | - | | | |
| | (3) Others (including rollovers) | 8a(3) | | 0 | | | |
| b | Other income (loss) | 8b | 707 | '8 | | | |
| С | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | 19438 |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | 108975 | 59 | | | |
| е | Certain deemed and/or corrective distributions (see instructions). | 8e | | 0 | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | | 0 | | | |
| g | Other expenses | 8g | | 0 | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | 1089759 |
| i | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | -1070321 |
| j | Transfers to (from) the plan (see instructions) | 8j | | 0 | | | |
| Pa | rt IV Plan Characteristics | | | | | | |
| 9a | If the plan provides pension benefits, enter the applicable pension 2A 2E 2H 2J 2R 3D 2F 2T | feature co | des from the List of Plan Ch | aracteri | stic Co | odes in | the instructions: |
| b | If the plan provides welfare benefits, enter the applicable welfare for | eature code | es from the List of Plan Cha | racteris | tic Coc | les in t | he instructions: |
| Par | t V Compliance Questions | | | | | | |
| 10 | During the plan year: | | | Yes | No | N/A | Amount |
| | Was there a failure to transmit to the plan any participant contribu | tions withir | n the time period | | | | |
| | described in 29 CFR 2510.3-102? (See instructions and DOL's V | /oluntary Fi | iduciary Correction | | X | | |

| | described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) | 10a | | × | | |
|---|--|-----|---|---|--|--------|
| b | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) | 10b | | Х | | |
| C | Was the plan covered by a fidelity bond? | 10c | Х | | | 150000 |
| d | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 10d | | Х | | |
| 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.) | 10h | | 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 | 10i | | | | |

| 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) | | | | | · [] ا | Yes 🗌 No |
| 11a | Ente | 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 | | | | | | Yes 🗙 No |
| | | SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | | | | | | |
| а | | vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see insi | tructior | ns, and | l enter t | he date | of the lette | er ruling |
| | <u> </u> | ting the waiver | | | _ Day | / | Year _ | |
| lf | you c | ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1 | 13. | 1 | | | | |
| b | 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 litive amount) | | | 12d | | | |
| е | Will | 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 resolution to terminate the plan been adopted in any plan year? | | | | X Ye | s 🗌 N | lo |
| | | 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 broug rol of the PBGC? | - | | | | X Yes | No |
| C | | uring 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 p | olan(s) | to | | | |
| 1 | 13c(1) | Name of plan(s): | | 13c(2) | EIN(s) | | 13c(3 | 8) PN(s) |
| | | | | | | | | |
| | | | | | | | | |
| Part | VIII | Trust Information | | | | | | |
| 14a | Name | of trust | | | 14b ⊺ | Frust's I | EIN | |
| | | | | | | | | |
| 14c | Name | e of trustee or custodian | | | 14d 1 | Frustee | 's or custod | lian's |
| | | | | | 1 | telepho | ne number | |
| 1 | | | | | | | | |
| Par | t IX | IRS Compliance Questions | | | | | | |
| 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: | | Desig safe h | n-basec arbor | ł | Prior ye test | ear" ADP |
| | | | | "Curre ADP t | ent year est | 33 | 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 | | ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules? | | Yes | | | No | |
| | the le | | - | | | | | |
| | letter | | nter the | e date | of the m | nost rec | ent determi | ination |
| 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 ce? | | from | Ye | s | No | |
| 19 | Was | any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year? | | | Yes | s | No | |

| | rm 5500-SF | Short Form Annu | al Return/Repoi Benefit Plan | t of Small Employ | yee | OMB Nos. 1210-0110 1210-0089 | | | |
|-----------------|---|--|---|--|---|--|--|--|--|
| | rtment of the Treasury mal Revenue Service | This form is required to be file | ed under sections 104 and | | | 2016 | | | |
| | epartment of Labor enefits Security Administration | Income Security Act of 1974 | (ERISA), and sections 6 Revenue Code (the Co | | ternal | This Form is Open to | | | |
| Pension Be | enefit Guaranty Corporation | Complete all entries in | accordance with the ins | tructions to the Form 550 | D-SE | Public Inspection | | | |
| Part I | Annual Report | Identification Information | | | | | | | |
| | ar plan year 2016 or fis | cal plan year beginning 01/01/20 | 16 | and ending 12/31/2 | 2016 | | | | |
| | | X a single-employer plan | | plan (not multiemployer) (Fil | | | | | |
| A This ret | turn/report is for: | a one-participant plan | a foreign plan | employer information in acco | ordance wr | th the form instructions.) | | | |
| B This retu | urn/report is | the first return/report | X the final return/repor | t | | | | | |
| | | an amended return/report | a short plan year return/report (less than 12 months) | | | | | | |
| C Check | box if filing under: | Form 5558 | automatic extension | П | DFVC pr | ogram | | | |
| | - | special extension (enter desc | | | Di to pi | ogram | | | |
| Part II | Basic Plan Info | rmation-enter all requested in | | | | | | | |
| 1a Name | | ination-enter all requested in | liomation | | b Three | digit | | | |
| | • | K PROFIT SHARING PLAN & T | RUST | | | number | | | |
| | | | | | (PN) | • 001 | | | |
| | | | | 1 | | ive date of plan /1972 | | | |
| Mailing | g address (include roor | ver, if for a single-employer plan) n, apt., suite no. and street, or P.0 | , | | | oyer Identification Number 14-1547153 | | | |
| • | City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) DAVID L AINBINDER DDS PC | | | structions) | 2c Sponsor's telephone number | | | | |
| | | | | | (845) 342-5411 2d Business code (see instructions) | | | | |
| 2 ALBERT S | бт | | | | 62121 | | | | |
| MIDDLETON | WN, NY 10941 | | | | | | | | |
| | | d address 🛛 Same as Plan Spo | insor. | | 3b Admir | histrator's EIN | | | |
| | | | | 3 | 3c Admir | nistrator's telephone number | | | |
| | | | | | | | | | |
| | | plan sponsor has changed since | the last return/report filed | for this plan, enter the | 4b EIN | | | | |
| | e, EIN, and the plan nur or's name | nber from the last return/report. | | | 4c PN | | | | |
| | | | | | 5a | | | | |
| | | at the beginning of the plan year | | | 5a 5b | | | | |
| | | at the end of the plan year account balances as of the end of | | | | 00 | | | |
| | | account balances as of the end of | | • | 5c | 0 | | | |
| d(1) ⊺ot | al number of active par | ticipants at the beginning of the p | lan year | | 5d(1) | 7 | | | |
| | | rticipants at the end of the plan ye | | | 5d(2) | 0 | | | |
| | | terminated employment during th | | | 5e | 0 | | | |
| Caution: A | A penalty for the late | or incomplete filing of this return | rn/report will be assesse | d unless reasonable caus | | | | | |
| SB or Sche | alties of perjury and of edule MB completed ar true, correct, and comp | her penalties set forth in the instru- signed by an enrolled actuary, | as well as the electronic | ve examined this return/repo version of this return/report, a | ort, includir and to the | ng, if applicable, a Schedule best of my knowledge and | | | |
| SIGN | KAP (1) | 1. ellais | 2/13/1 | David Ainbinder | | | | | |
| HERE | Signature of plan a | | | | | as plan administrator | | | |
| SIGN | signature of piant a | | | | a signing c | | | | |
| HERE | Signature of emplo | ver/nlan snonsor | Date | Enter name of individua | | as employer or plan sponsor | | | |
| Preparer's | | ame, if applicable) and address (| | | | telephone number | | | |
| | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | • | | | |
| | | | | | | | | | |
| | | | | - | | | | | |
| | | | | | | | | | |
| For Panena | ork Reduction Act Notic | e, see the Instructions for Form 550 | NO SE | | | Form 5500-SF (2016) | | | |

| Form 5500-SF 2016 | Page 2 | |
|-------------------|---------------|--|
| | | |
| | | |

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) 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.

c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No No determined

Part III | Financial Information Plan Assets and Liabilities (b) End of Year 7 (a) Beginning of Year 1070321 0 a Total plan assets 7a 0 b Total plan liabilities n 7b 1070321 0 C Net plan assets (subtract line 7b from line 7a) 7c 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total Contributions received or receivable from: а 0 (1) Employers . 8a(1) 12360 8a(2) (2) Participants..... 0 (3) Others (including rollovers)...... 8a(3) 7078 b Other income (loss) 8b 19438 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c d Benefits paid (including direct rollovers and insurance premiums 1089759 to provide benefits) 8d 0 e Certain deemed and/or corrective distributions (see instructions) 8e 0 f Administrative service providers (salaries, fees, commissions) 8f 0 g Other expenses 8g 1089759 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h -1070321 i. Net income (loss) (subtract line 8h from line 8c) 8i Transfers to (from) the plan (see instructions)..... i 0 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 2H 2J 2R 3D 2F 2T 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** Yes No N/A 10 During the plan year: Amount Was there a failure to transmit to the plan any participant contributions within the time period а described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction х 10a Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions х 10b reported on line 10a.) Was the plan covered by a fidelity bond? Х 150000 С 10c d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused х 10d by fraud or dishonesty?..... Were any fees or commissions paid to any brokers, agents, or other persons by an insurance е х carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)..... 10e Has the plan failed to provide any benefit when due under the plan? х f 10f g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) х 10g

 h
 If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)
 10h
 X

 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.
 10i
 10i

Form 5500-SF 2016

| Page | 3- | 1 |
|------|----|---|

| Part | VI Pension Funding Compliance | | | | | |
|------------|--|--------------|--|-----------|---------------------------|-----------|
| 11 | Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con (Form 5500) and line 11a below) | mplete Sch | edule S | В | Y | es 🗌 No |
| <u>11a</u> | 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 Cod ERISA? | de or sectio | n 302 of | | . П Y | es 🗙 No |
| | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | | | | <u> </u> | |
| a | If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru- granting the waiver | | d enter t Dav | | of the letter Year | ruling |
| lf | you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 | | | | , our | |
| | 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 | | | |
| | Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount) | ft of a | 12d | | | |
| e | Will the minimum funding amount reported on line 12d be met by the funding deadline? | | | Yes | No | N/A |
| Part | | | | | | |
| | Has a resolution to terminate the plan been adopted in any plan year? | | | X Yes | | |
| | | | 40. | | | |
| | If "Yes," enter the amount of any plan assets that reverted to the employer this year | | 13a | | | 0 |
| b | Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough 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.) | |) to | | | |
| 1 | 3c(1) Name of plan(s): | 13c(2 |) EIN(s) | | 13c(3) | PN(s) |
| Part | VIII Trust Information | | | | | |
| 14a | Name of trust | | 14b | Trust's E | IN | |
| 14c | Name of trustee or custodian | | | | s or custodi ne number | an's |
| Par | IX IRS Compliance Questions | | | | | |
| 15a | Is the plan a 401(k) plan? If "No," skip b | Yes | | [| No | |
| 15b | How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply: | ⊔ safe | gn-based harbor ent year test | L | Prior ye test | ar" ADP |
| 16a | What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply: | Ration | o entage | | verage enefit test | □ N/A |
| | 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? | Yes | | | No | |
| 17a | 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 | pinion lette | r or adv | sory lett | er, enter the | e date of |
| 17b | If the plan is an individually-designed plan that received a favorable determination letter from the IRS, ent letter | ter the date | of the n | nost rece | ent determin | 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? | | C Ye | s [|] No | |
| 19 | Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year? | | . 🗌 Ye | s | No | |