Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Part I

Department of Labor

Annual Report Identification Information

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).

2016

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.

For calend	ar pian year 2016 or f	iscal plan year beginning 01/01/2	2010	and ending 12	2/31/2016				
A This ret	turn/report is for:	a single-employer plan		r plan (not multiemployer) (employer information in ac	-				
		a one-participant plan	a foreign plan						
B This retu	urn/report is	the first return/report	the final return/repo	ort					
	·	an amended return/report	a short plan year re	eturn/report (less than 12 m	nonths)				
C Check	box if filing under:	Form 5558	automatic extension	on	DFVC program				
Dort II	Dania Dian Infe	special extension (enter desc	. ,						
Part II 1a Name		ormation—enter all requested in	formation		1b Three-digit				
		S., P.C. PROFIT SHARING PLAN			plan number (PN)	001			
					1c Effective date of plan 02/01/1973				
Mailing	g address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.0			2b Employer Identification Number (EIN) 13-2736320				
	town, state or proving SZABATURA, D.D.S	nstructions)	2c Sponsor's tel	ephone number '53-7400					
			2d Business cod	e (see instructions)					
424 MADISC NEW YORK,			62	1111					
3a Plan a	dministrator's name a	nd address X Same as Plan Spo	nsor.		3b Administrator	's EIN			
		3c Administrator	'a talanhana numbar						
					3C Administrator	's telephone number			
4 If the r	name and/or EIN of th	e plan sponsor has changed since	the last return/report file	ed for this plan, enter the	4b EIN				
	, EIN, and the plan nu or's name	imber from the last return/report.			4c PN				
5a Total	number of participants	s at the beginning of the plan year.			5a	12			
b Total	number of participants	s at the end of the plan year			5b	12			
		account balances as of the end of	, , , ,		5c	10			
d(1) Tota	al number of active pa	articipants at the beginning of the p	lan year		5d(1)	12			
d(2) Tot	al number of active pa	articipants at the end of the plan ye	ar		5d(2)	11			
		t terminated employment during the			5e	0			
		or incomplete filing of this retur			use is established.				
SB or Sche		ther penalties set forth in the instru and signed by an enrolled actuary, a							
SIGN		/valid electronic signature.	04/11/2017	MICHAEL R. SZABAT	URA				
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing as plan a	administrator			
SIGN									
HERE	Signature of empl	over/plan sponsor	Date	Enter name of individ	lual signing as emplo	over or plan sponsor			
Preparer's		name, if applicable) and address (i		mber)	Preparer's telepho				

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	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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indepen	dent qualified public a	account	ant (IQ	PA)			X Ye	
	If you answered "No" to either line 6a or line 6b, the plan cann								ш	ш
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 de	etermined
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	of Year	
а	Total plan assets	7a	3	782125	,				29400	37
b	Total plan liabilities	7b		C)					0
С	Net plan assets (subtract line 7b from line 7a)	7c	3	782125	5				29400	37
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt				(b) T	otal	
а	Contributions received or receivable from: (1) Employers	8a(1)		C)					
	(2) Participants	8a(2)		102808						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		147827	<u> </u>					
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							2506	35
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1	092057	,					
e	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		547						
g	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	tal expenses (add lines 8d, 8e, 8f, and 8g)							10927	23
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)								-8420	88
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 2T 3D	feature cod	les from the List of Pl	an Cha	racteri	stic Co	odes in	the instr	ructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	ictions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amoun	nt
а	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 Fi	duciary Correction	10a		X				
b		t? (Do not ir	nclude transactions	10b		X				
С	Was the plan covered by a fidelity bond?			10c	X					500000
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 oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of t	he benefits under	10e	X					11064
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-e	nd.)	10g	X					35180
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						

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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 X No
		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40						
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?						Yes X No
	(If "\	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	onth _	s, and	d enter t Day		of the lette Year _	er ruling
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	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 l tive 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			1			
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				Yes	s X N	lo
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year			13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougout of the PBGC?		er the			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	ΞIN	
14c	Name	of trustee or custodian					s or custod ne number	lian's
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:	- LL ;		n-based narbor	d [Test	ear" ADP
			ΙП '	"Curre	ent year test	<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
	for the	be plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	'	Yes			No	
	the le							
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rec	ent determ	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 e?		rom	Ye	s [No	
19	Was	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 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 section 6057(b) and 8058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

H	Annual Report	Identification Information							
Fo	r calendar plan year 2016 or fis	scal plan year beginning	01/01/2016	and ending	12/31/2016				
A	This return/report is for:	a single-employer plan a one-participant plan	a multiple-employer pl a list of participating el a foreign plan	an (not multiemployer) mployer information in	(Filers checking this accordance with the	box must attach form instructions.)			
В	This return/report is:	the first return/report	the final return/report						
_	,	an amended return/report	a short plan year retur	n/report (less than 12 r	nonths)				
C	Check box If filing under:	Form 5658	automatic extension		DFVC pro	gram			
		special extension (enter descri	iption)						
		rmation — enter all requested	information		dh man ma				
1 a	Name of plan			30	1b Three-digit plan number				
	Michael R. Szabatu	ra, D.D.B., P.C. Profit	Sharing Plan		(PN) ▶	001			
					1c Effective dai 02/01/19				
28	Plan sponsor's name (emplo Mailing Address (include roo City or town, state or proving	ructions)	2b Employer Id (EIN) 13-	entification Number 4 2736320					
	Michael R. Szabatu			,	2C Sponsor's te (212) 75				
	424 Madison Avenue	2d Business code (see instructions) 621111							
_	US New York MY 10017	3b Administrator's EIN							
3ē	Plan administrator's name a	ind address 🗵 Same as Plan Spi	DNEOF		an Milliminatoral a				
					3c Administrator's telephone number				
			41		OC Administration	i a talabuana namaa			
4	If the name and/or EIN of the	e plan sponsor has changed since	the last return/report filed i	or this plan, enter the	4b EIN				
	name, EIN, and the plan nu	mber from the last return/report.			4c PN				
	Sponsor's name				_	12			
	Total number of participants	at the beginning of the plan year at the end of the plan year	455-000-04559999999999999	\$\$\$\$\$\$\$4 \$\$\$ metrocoo ra more or ra 1608 16944	-4	12			
b	Total number of participants with	account balances as of the end of	the plan year (only defined	contribution plans	5c	12/20-12-12-12-12-12-12-12-12-12-12-12-12-12-			
C	complete this item)	\$400 bes tableterer or reserves 1985 \$110006 \$200 \$200 \$200 \$49	446-03-05-5-14-5-7-00-0-0-7-7-7-0-0-0-0-0-0-0-0-0-1-1-1-1	14444444444444444444444444444444444444		10			
	* * **	rticipants at the beginning of the pl				11			
C	1(2) Total number of active pa	irticipants at the end of the plan yea terminated employment during the	minimum disconnection of the	nafite that wate	3u(2)				
e	less than 100% vested	rauminated emblohuaut amais me	: par year war zonded oo	POPULO 11101 TOPIC	. 5e	0			
-	Saution: A penalty for the late	or incomplete filing of this retu	rn/report will be assessed	i unless reasonable d	ause is establishe	1,			
L	Index of position and a	other penalties set forth in the instruend and signed by an enrolled actuary,	uctions. I declare that I have	e examined this return	report, including, if a	pplicable, a Schedule			
	NILLIAM	Satistins		Michael R. Sza	batura				
E	Signature of plan ad		Date 4 11 17	Enter name of individ	ual signing as plan s	dministrator			
		Soletur		Michael R. Sza	100				
	Signature of employ		Date 4 hth	Enter name of individ	ual signing as emplo	yer or plan sponsor			
Г	Preparer's name (including firm Skip this question	name, if applicable) and address (per)	Preparer's teleph Skip this qu	one number estion			
			7.		.=				

	Form 5500-SF 2016		Page 2						
b	Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility at if you answered "No" to either line 6a or line 6b, the plan cannot the plan is a defined benefit plan, is it covered under the PBGC in	5500.	X Yes X Yes No. Not retain	_ ⊒No					
C		entaure hu	Diam (see Civion secon) 11 4 U	1)1	13300011		110 [1100 000	
	Financial Information		(a) Beginning of	EVan	200 20070	_	/h) E	nd of Year	
<u>-</u>	Plan Assets and Liebllities Total plan assets	7a	3,76			+	(10) 4.	2,940,0	27
-	Total plan liabilities	7b	3,76	,2,1	0	+		2,520,0	0
	Net plan assets (subtract line 7b from line 7a)	7c	3,78	2.1		1	-	2,940,0	37
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			\top	(1	o) Total	
a	Contributions received or receivable from:				_		75.6		
	(1) Employers	8a(1)			0				
_	(2) Participants	8a(2)	10	2,8	0.6				
b	(3) Others (including rollovers)	8a(3) 8b	1.4	7,8	27		=		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				NAME OF	August 1	250,6	25
ਰ	Benefits paid (including direct rollovers and insurance premiums	- 00		//_				250,0	
	to provide benefits)	8d	1,09	2,0	57		· · · · · · · ·		= = =
e	Certain deemed and/or corrective distributions (see instructions)	8e			-				
f	Administratīve service providers (salaries, fees, commissions)	8f			47				
	Other expenses				19				
	Total expenses (add lines 8d, 8e, 8f, and 8g)			-	# 1	_		1,092,7	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	81				-		(842,08	
1	Transfers to (from) the plan (see instructions)	8j							4
	Plan Characteristics	2							
9a	If the plan provides pension benefits, enter the applicable pension for 2A 2E 2F 2H 2J 2T 3D	eature code	es from the List of Plan C	harac	terist	c Coc	des in the ins	ructions:	
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature codes	from the List of Plan Ch	aract	eristic	Code	s in the instr	uctions:	
ii ii	Compliance Questions								
10	During the plan year:	0 7000			Yes	No	200	Amount	
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 Volence)	oluntary Fid	uciary Correction	10a		x			
b		? (Do not in	nclude transactions	1,00					
	reported on line 10a.)	. (********	10Ь	<u> </u>	X			
C	Was the plan covered by a fidelity bond?			10c	x			50	0,000
d	by fraud or dishonesty?	*******	9448189400404144 <i>a</i> 44394004 <i>a</i> 230000000000000	10d		x			
е	Were any fees or commissions paid to any brokers, agents, or off carrier, insurance service, or other organization that provides som the plan? (See Instructions.)	ne or all of t	he benefits under	10e	ж			1:	1,064
f	Has the plan failed to provide any benefit when due under the plan	n?		10f	1	x			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.) ,	10g	x			3:	5,180
h		(See Instru	ctions and 29 CFR	10h		x			
ī	If 10h was answered "Yes," check the box if you either provided the	he required	notice or one of the	101					

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中部 / Pension Funding Compliance				-				
11 Is this a defined benefit plan subject to minimum funding requirements? (If (Form 5500 and line 11a below)	"Yes," see instructions and	complete	Schedu	le SB	П	Yes [X No	
11a Enter the unpaid minimum required contributions for all years from Schedu	le SR (Form 5500) line 40	*******	118	T				
12 Is this a defined contribution plan subject to the minimum funding requiren	nents of section 412 of the C	ode or se		2 of		Yes [K No	
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as app	licable.)		70					
a If a waiver of the minimum funding standard for a prior year is being amorti							uling	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Fo.				ay	Ye	<u>ar</u>		
b Enter the minimum required contribution for this plan year			12b	T		<i>x</i>	120	
			120	1				
C Enter the amount contributed by the employer to the plan for the plan year			126	-	_			
d Subtract the amount in line 12c from the amount in tine 12b. Enter the resinegative amount)		*********	12d					
Will the minimum funding amount reported on line 12d be met by the funding	ng deadline?	***************************************] Yes [No	<u> </u>	UA	
Plan Terminations and Transfers of Assets								
13a Has a resolution to terminate the plan been adopted in any plan year?		dissolventeson		Yes	X	No		
If "Yes," enter the amount of any plan assets that reverted to the employer	this year	1000 010000001111	13a					
b Were all the plan assets distributed to participants or beneficiaries, transfer control of the PBGC?	red to another plan, or broug	ght under (he		Yes	X N	D	
C If, during this plan year, any assets or liabilities were transferred from this p which assets or liabilities were transferred. (See Instructions.)								
13c(1) Name of plan(s):	1	13c(2)	EIN(s)		13	c(3) PN	(9)	
						w dir		
Trust Information - Skip These Questions								
14a Name of trust			14t	Trust's E	IN			
3								
14C Name of trustee or custodian			140	Trustee	or custo	odian's		
			telephone number					
(Supply Supply S								
IRS Compliance Questions - Skip These Questions	B							
15a is the plan a 401(k) plan? If "No," skip b		🗆 `	í es			No		
15b How did the plan satisfy the nondiscrimination requirements for employee d	eferrals under section		Design-l	based		"Prior y	ear" ADP	
401(k)(3) for the plan year? Check all that apply:		□ •	efe har	bor		test		
	un sun est		Current ADP tes			N/A		
16a What testing method was used to satisfy the coverage requirements under year? Check all that apply:			Ratio ercenti	ige 🔲	Avera	ige lit test	□ N/A	
		t	est		Delle	it test	-	
16b Did the plan satisfy the coverage and nondiscrimination requirements of sector for the plan year by combining this plan with any other plan under the permitted of the plan to the plan under the permitted of the plan to the plan			res			No		
17a If the plan is a master and prototype plan (M&P) or volume submitter plan to the letter / / and serial number								
17b If the plan is an individually-designed plan that received a favorable determinent of the plan is an individually-designed plan that received a favorable determinent of the plan is an individually-designed plan that received a favorable determinent of the plan is an individually-designed plan that received a favorable determinent of the plan is an individually-designed plan that received a favorable determinent of the plan is an individually-designed plan that received a favorable determinent of the plan is an individually-designed plan that received a favorable determinent of the plan is an individual plan that received a favorable determinent of the plan is an individual plan that received a favorable determinent of the plan is a plan that received a favorable determinent of the plan is a plan that the	nation letter from the IRS, e	nter the di	ate of th	er Jaom e	cent de	etermina	ition	
18 Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attai				☐ Yes		No :	3	
19 Was any plan participant a 5% owner who had attained at least age 70 ½ d		***********	- 11	Yes		No		