Form 5500-SF

Department of the Treasury
Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Internal Revenue Service

This form is required to

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).

ent **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.

Part I		Identification Information							
For calenda	ar plan year 2016 or f	iscal plan year beginning 01/01/20)16	and ending 12	2/31/2016				
A This ret	urn/report is for:	a single-employer plan a one-participant plan	a multiple-employer pla list of participating em a foreign plan	in (not multiemployer) (ployer information in ac					
P This rote	um /man ant in	the first return/report	the final return/report						
B This retu	im/report is	H	븜	/ranget /laga than 12 m	antha)				
		an amended return/report	a short plan year return	report (less than 12 m	ionins)				
C Check b	oox if filing under:	Form 5558 special extension (enter descri	automatic extension		DFVC program				
Dort II	Pacia Blan Infe	<u> </u>	,						
Part II 1a Name		ormation—enter all requested info	ormation		1b Three-digit				
		ROFIT SHARING PLAN			plan number (PN)	001			
					1c Effective date 01	e of plan /01/2012			
Mailing	oonsor's name (emplo g address (include roo		2b Employer Ide (EIN) 13	ntification Number -3974330					
	MURA, DMD PLLC	ce, country, and ZIP or foreign posta	il code (if foreign, see instri	uctions)	2c Sponsor's tel	ephone number 186-1121			
	PARK S RM 3D NY 10019-1628		2d Business code (see instructions) 621210						
3a Plan a	dministrator's name a	nd address X Same as Plan Spon	sor.		3b Administrator	's EIN			
					3C Administrator	's telephone number			
name,	EIN, and the plan nu	e plan sponsor has changed since the plan sponsor has changed since the plant from the last return/report.	he last return/report filed fo	or this plan, enter the	4b EIN				
a Sponso					4c PN				
5a Total r	number of participants	s at the beginning of the plan year			5a	4			
		s at the end of the plan year			5b	4			
	er of participants with ete this item)	account balances as of the end of the	he plan year (only defined	contribution plans	5c	4			
d(1) Tota	al number of active pa	articipants at the beginning of the pla	n year		5d(1)	4			
d(2) Tota	al number of active pa	articipants at the end of the plan yea	r		5d(2)	4			
than '	100% vested	terminated employment during the			5e	0			
		or incomplete filing of this return, ther penalties set forth in the instruct				plicable, a Schedule			
SB or Sche		ind signed by an enrolled actuary, as							
SIGN HERE		/valid electronic signature.	09/15/2017	HIROSHI KIMURA, DI	·				
	Signature of plan	administrator	Date	Enter name of individ	lual signing as plan a	administrator			
SIGN HERE									
	Signature of emplor name (including firm	oyer/plan sponsor name, if applicable) and address (inc	Date clude room or suite numbe	Enter name of individ	lual signing as emplo Preparer's telepho	· · · · · · · · · · · · · · · · · · ·			

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 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 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.) 									X Yes			
	If you answered "No" to either line 6a or line 6b, the plan cann									ш		
С	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	Not dete	rmined		
Pa	rt III Financial Information											
7	Plan Assets and Liabilities		(a) Beginning (of Year			((b) End	of Year			
a	Total plan assets	7a		242127	,	312243						
b	Total plan liabilities	7b										
C	Net plan assets (subtract line 7b from line 7a)	7c		242127		312243						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total						
а	Contributions received or receivable from:	8a(1)		59483								
	(1) Employers	8a(2)		0								
-	(3) Others (including rollovers)	8a(3)										
	Other income (loss)	8b		10633								
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							70116			
	Benefits paid (including direct rollovers and insurance premiums	- 55										
	to provide benefits)	8d										
<u>e</u>	Certain deemed and/or corrective distributions (see instructions).	8e										
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f		0								
g	Other expenses	8g		0								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						70446				
<u></u>	Net income (loss) (subtract line 8h from line 8c)	8i							70116			
j	Transfers to (from) the plan (see instructions)	8j										
Pa	t IV Plan Characteristics											
9a —.	If the plan provides pension benefits, enter the applicable pension 2A 2E 3B 3D											
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	tic Cod	des in t	he instr	uctions:			
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 contributed 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.)			10b		X						
С	Was the plan covered by a fidelity bond?			10c	X					50000		
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 idearrier, insurance service, or other organization that provides some or all of the benefite plan? (See instructions.)			10e		X						
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X						
g	Did the plan have any participant loans? (If "Yes," enter amount a	s 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	he require	d notice or one of the	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 Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)								
		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 Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?							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	B) 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 Benefite 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 6058(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

		rt Identification Information				-
For	calendar plan year 2016 or :	fiscal plan year beginning	01/01/2016	and ending	12/31/201	.6
A	This return/report is for:	a single-employer plan	a multiple-employer p a list of participating a foreign plan	lan (not multiemployer mployer information in) (Filers checking the accordance with the	ls box must attach e form instructions.)
В	This return/report is:	the first return/report	the final return/report	n/report (less than 12	months)	
С	Check box if filing under:	X Form 5558 special extension (enter descr	automatic extension	Till Court (1889 tright (2	DFVC p	rogram
MB	aitail. Basic Plan Inf	formation enter all requested		<u> </u>		
	Name of plan	MD, PLLC Profit Sharing			1b Three-digit plan numb	èr
	,	.,			(PN) ► 1c Effective d 01/01/2	
2a	Plan sponsor's name (emp Mailing Address (includo ro City or town, state or provi	uctions)	2b Employer i	dentification Number -3974330		
	Hiroshi Kimura, Di		, , ,	,	(212) 4	
	30 Central Park S	RM 3D			2d Business of 621210	ode (see instructions)
_	US New York NY 10019-1					
3а	Plan administrator's name	and address X Same as Plan Spo	onsor		3b Administra	tor's EIN
					3c Administra	tor's telephone number
4	If the name and/or EJN of the name, EIN, and the plan or	he plan sponsor has changed since tumber from the last return/report.	the last return/report filed for	r this plan, enter the	4b EIN	
a	Sponsor's name				4c PN	
		s at the beginning of the plan year				4
b		s at the end of the plan year			. 5b	4
C	complete this Item)	account balances as of the end of t	***************************************			4
d(1) Total number of active pa	articipants at the beginning of the pla	n year	***************************************	. 5d(1)	4
d(articipants at the end of the plan year	'		. 5d(2)	4
e	less than 100% vested .	terminated employment during the p	***************************************			. 0
		e or incomplete filing of this retur				
SE	ider penalties of perjury and it is or Schedule MB completed lief, it is true, correct/and col	other penalties set forth in the instruk ಎಂದ signed by an enrolled actuary, a mpleję.	ctions, I declare that I have as well as the electronic ve	examined this return/r sion of this return/repo	eport, including, if a ort, and to the best o	pplicable, a Schedule If my knowledge and
ŠŠ	CN	Tab 2		Hiroshi Kimura	, DMD	
	ERE (Signature of plan ad	ministrator	Date 9/15/17	Enter name of individe	ual signing as plan s	administrator
			7 11	Hiroshi Kimura		The state of the s
W,	ERE Signature of employ	er/plan sponsor	Date 3/5/12	Enter name of individe		yer or plan sponsor
P-D	eparer's name (Including firm (ip this question	name, if applicable) and address (in	iclude room of suite numbe	r)	Preparer's teleph Skip this qu	one number
				· ".		

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6a	Were all of the plan's assets during the plan year invested in eligible	assets? (See instructions.)		******		***********		X Yes No	_
b	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	nd conditio	ns.)	******		*******	••••••		XYes No	
_	If you answered "No" to either line 6a or line 6b, the plan cenno									
C	If the plan is a defined benefit plan, is it covered under the PBGC ins	surance pr	ogram (see ERISA sectio	n 402	21)?		Yes	: No	Not determin	ιφα
	artilik Financial Information	American American		_						
7_	Plan Assets and Liabilities		(a) Beginning o	f Yea	ır			(b) End	of Year	
a	Total plan assets	7a	. 24	42,1	.27		312,243			
<u>.b</u>	Total plan liabilities	7b						·		
C	Net plan assets (subtract line 7b from line 7a)	7¢	24	42,1	.27				312,243	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	:		Ţ	_	(b) T	otal	
а —	Contributions received or receivable from: (1) Employers	8a(1)		59,4	83					***
	(2) Participants	8a(2)	,		0					
_	(3) Others (including rollovers)	8a(3)								8
b	Other income (loss)	8b] ;	10,6	33					
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						·	70,116	_
<u>d</u>	Benefits pald (Including direct rollovers and Insurance premiums to provide benefits)	8d								
e	Certain deemed and/or corrective distributions (see Instructions)	8e				3				2
<u></u> f	Administrative service providers (salaries, fees, commissions)	8f			0					壓
g	Other expenses	8g			0					激
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							O	-
<u>i</u>	Net Income (loss) (subtract line 8h from line 8c)	8i							70,116	_
į	Transfers to (from) the plan (see instructions)	8j		,	·					3
XP.	Plan Characteristics									N/ANT
9a	If the plan provides pension benefits, enter the applicable pension fe 2A 2E 3B 3D	ature code	s from the List of Plan Ch	arac	teristic	Cod	es In the) instructio	nş;	_
.b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	from the List of Plan Cha	racte	ristic	Code	s in the	Instruction	ıs;	
	Trive Compliance Questions		• •							_
10	During the plan years				1195	NO	\$ N/A		Amount	_
а	participant contract	ions within	the time period	Γ		· ·				_
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vol			١ ،						
	Program)			10a		x				
<u> </u>	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	************		10b		х				
	Was the plan covered by a fidelity bond?		***************************************	10¢	ж				50,00	0
d		idelity bon	d, that was caused	10d		x				

10f

10g

10h

x

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.)

Has the plan falled to provide any benefit when due under the plan?

If this is an Individual account plan, was there a blackout period? (See instructions and 29 CFR

If 10h was answered "Yes," check the box if you either provided the required notice or one of the

Did the plan have any participant loans? (If "Yes," enter amount as of year end.)

exceptions to providing the notice applied under 29 CFR 2520.101-3

h

	Form 5500-SF 2016 Page 3 -					
BV2388						
	Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp (Form 5500 and line 11a below)	lete So	chedule (58 	Yes	X No
	i 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 ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	or secti	ion 302 d	of	. Tyes	X No
а	If a walver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the walver Month	tions, a	nd enter Da		of the letter r	uling
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				rear	
b	Enter the minimum required contribution for this plan year.		12b			
c	Enter the amount contributed by the employer to the plan for the plan year		12c		<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 of negative amount)	******	12d			
parking comment	Will the minimum funding amount reported on line 12d be met by the funding deadline?	*******),ee [] NO []	N/A
	VIII Plan Terminations and Transfers of Assets					
_13a	Has a resolution to terminate the plan been adopted in any plan year?	*******		Yes	X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			
	Were all the plan assets distributed to participants or beneficialies, transferred to another plan, or brought uncontrol of the PBGC?				Yes X	40
	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See Instructions.)	e plan(s	s) to		•	'
· 1	3c(1) Name of plan(s):	3c(2) E	IN(s)		13c(3) Pi	N(s)
ean	Trust Information - Skip These Questions					
14a	Name of trust		14b	Frust's E	IN	
14c	Name of trustee or custodian		144		or custodian's	
					e number ·	
Pari	IRS Compliance Questions - Skip These Questions					
_15a	Is the plan a 401(k) plan? If "No," skip b.	□ Y	es		☐ 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:		esign-ba afe harbo		"Prior	year" ADF
			Current y DP test	ear"	☐ N/A	
16a	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	□ р	tatio ercentag	e 🗆	Average benefit 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?		es		☐ No	

17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of

the letter / and serial number

17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter / / Defined Benefit Plan or Money Purchase Pension Plan Only:

🗀 Yes

Yes

☐ 'No

· No

Were any distributions made during the plan year to an employee who attained age 62 and had not separated from

19 Was any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?