Form 5500-SF		Short Form Annua	al Return/Report Benefit Plan	of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089					
	rtment of the Treasury nal Revenue Service	This form is required to be filed	This form is required to be filed under sections 104 and 4065 of the Employee Retirement								
	epartment of Labor enefits Security Administration	Income Security Act of 1974 (urity Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). This Form is Ope								
Pension Be	enefit Guaranty Corporation			Public Inspection the instructions to the Form 5500-SF.							
Part I		lentification Information									
For calenda	ar plan year 2016 or fisc				2/31/2016						
A This ret	urn/report is for:	a single-employer plan				ing this box must attach a 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 m	onths)						
C Check	box if filing under:	Form 5558 special extension (enter descrip	automatic extension		DFVC pr	ogram					
Part II	Basic Blan Infor	nation —enter all requested info	,								
1a Name	of plan	AND ANDREW TRIMBOLI, DDS		ING PLAN AND	(PN)	number					
						01/01/1994					
Mailing	address (include room,	r, if for a single-employer plan) apt., suite no. and street, or P.O. country, and ZIP or foreign posta		uctions)	(EIN)	oyer Identification Number 30-0003087					
DONNA STE	VENS TRIMBOLI, DDS	AND ANDREW TRIMBOLI, DDS,	, PC		2c Sponsor's telephone number 845-462-1542						
	22 IBM ROAD, SUITE 203B POUGHKEEPSIE, NY 12601				2d Business code (see instructions) 621210						
3a Plan a	dministrator's name and	address X Same as Plan Spons	sor.		3b Admir	nistrator's EIN					
					3c Admir	iistrator's telephone number					
name	, EIN, and the plan numb	plan sponsor has changed since the performed since the set of the last return/report.	he last return/report filed fo	or this plan, enter the	4b EIN						
	or's name				4c PN 5a	13					
		t the beginning of the plan year			5a 5b	13					
		t the end of the plan year count balances as of the end of th			50 50	13					
	,	cipants at the beginning of the pla			5d(1)	12					
	•	cipants at the end of the plan year	•		5d(2)	11					
e Numb	per of participants that te	rminated employment during the	plan year with accrued ber	nefits that were less	5e	0					
Caution: A	penalty for the late or	incomplete filing of this return	report will be assessed	unless reasonable cau	use is estab	lished.					
SB or Sche		r penalties set forth in the instruct signed by an enrolled actuary, as ete.									
SIGN Filed with authorized/valid		lid electronic signature.	10/04/2017	ANDREW TRIMBOLI							
HERE	Signature of plan ad	ministrator	Date	Enter name of individu	individual signing as plan administra						
SIGN HERE											
	Signature of employed name (including firm nar	er/plan sponsor ne, if applicable) and address (inc	Date clude room or suite numbe			is employer or plan sponsor 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			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility			
•	If you answered "No" to either line 6a or line 6b, the plan cann			
C	If the plan is a defined benefit plan, is it covered under the PBGC in	isurance p	brogram (see ERISA section 402	I)? Yes No Not determined
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a	Total plan assets	7a	2537862	2910626
b	Total plan liabilities	7b	0	0
C	Net plan assets (subtract line 7b from line 7a)	7c	2537862	2910626
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from:		94313	
	(1) Employers	8a(1)		
	(2) Participants	8a(2)	66740	
	(3) Others (including rollovers)	8a(3)	0	
b	Other income (loss)	8b	232818	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		393871
d	Benefits paid (including direct rollovers and insurance premiums		0	
	to provide benefits)	8d	0	
e	Certain deemed and/or corrective distributions (see instructions).	8e	0	
f	Administrative service providers (salaries, fees, commissions)	8f	21107	
g	Other expenses	8g	0	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		21107
i	Net income (loss) (subtract line 8h from line 8c)	8i		372764
i	Transfers to (from) the plan (see instructions)	8i	0	

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 2F 2G 2J 2R 2T 3D

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

10	During the plan year:		Yes	No	N/A	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х		
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			300000
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		
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.)	10e		Х		
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			1549
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		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co m 5500) and line 11a below)						Yes 🗙 No	
11a	Ente	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
12		his 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	,	valver of the minimum funding standard for a prior year is being amortized in this plan year, see instr	uctior	ns, and	d enter t	he date	of the lett	er ruling	
	gran	ting the waiver	onth_		_ Day		_ Year		
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.						
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 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)									
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?				Yes	s XI	No	
		es," enter the amount of any plan assets that reverted to the employer this year			13a				
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough rol of the PBGC?	nt und	er the			Yes	X No	
c	lf, d	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)			to				
1		Name of plan(s):		13c(2)	2) EIN(s)			3) PN(s)	
Part	VIII	Trust Information							
14a	Name	e of trust			14b ⊺	Frust's E	IN		
14c	Name	e of trustee or custodian					s or custo ne number		
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:			ign-based "Prior year" ADF harbor test				
				"Curre ADP t	ent year est	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	N/A		
16a		t 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		he 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		ter the	e date	of the m	nost rece	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 separce?		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?			Ye	s	No		

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Form 5500-SF	Short Form Annual Re	oyee	MB Nos. 1210-0110 1210-0089					
Department of the Treasury Internal Revenue Service	This form is required to be filed under	enefit Plan sections 104 and 44	065 of the Employee R	etirement		2016		
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974 (ERISA Reven	Internal This Form is Open to Public Inspection						
Pension Benefit Gueranty Corporation Complete all entries In accordance with the Instructions to the Form 5500-SF. Annual Report Identification Information								
	cal plan year beginning 01/01/2016		and ending 12/3	1/2016				
	🗙 a single-employer plan 🛛 a r	nultiple-employer pla	n (not multiemployer) (Filers check	dng this ba	x must attach a		
A This return/report is for:		st of participating em foreign plan	ployer information in ac	cordance v	Ath the form	instructions.)		
B This return/report is		final retum/report	less at land then 12 -	-utha)				
	/report (less than 12 m	_						
C Check box if filing under.		atomatic extension		DFVC p	rogram			
	special extension (enter description)							
	mation enter all requested information	on		1b Thre				
1a Name of plan DONNA STEVENS TRIMBOLI, DDS AND ANDREW TRIMBOLI, DDS, PC 401K PROFIT SHARING PLAN AND TRUST					number	002		
			ctive date o)1/1994	fplan				
2a Plan sponsor's name (employ Mailing address (include room	n, apt., suite no. and street, or P.O. Box)			2b Employer Identification Number (EIN) 30-0003087				
City or town, state or province DONNA STEVENS TRIMBOLI, DD	e, country, and ZIP or foreign postal code S AND ANDREW TRIMBOLI, DDS, PC	e (if foreign, see instr	uctions)	2c Sponsor's telephone number (845) 462-1542				
22 IBM ROAD, SUITE 203B				20 Business code (see instructions) 621210				
POUGHKEEPSIE, NY 12601								
og figt ædninnsdækk s næne ær	d address 🕅 Same as Plan Sponsor.				inistrator's	telephone number		
	plan sponsor has changed since the las nber from the last return/report.	t return/report filed fo	or this plan, enter the	4b EIN		·		
a Sponsor's name				4C PN				
5a Total number of participants	at the beginning of the plan year			. 5a		13		
b Total number of participants	at the end of the plan year			. 5b		13		
	account balances as of the end of the pla		•	5c	[13		
d(1) Total number of active par	ticipants at the beginning of the plan yea	IF		5d(1)		12		
	ticipants at the end of the plan year			. 5d(2)		11		
	terminated employment during the plan y			5e		0		
Caution: A penalty for the late of	or incomplete filing of this return/repo	rt will be assessed	unless reasonable ca					
SB or Schedule MB completed an belief, it is true, perrect, and comp	ner penalties set forth in the instructions, ad signed by an enrolled actuary, as well bleter	as the electronic ver	examined this return/repo	rt, and to th	e best of m	v knowledge and		
Sign / Purla	Volle	0/4/17	ANDREW TRIMBOLI					
MERE Signature of plan a			Enter name of Individ	dual signing	as plan ad	ministrator		
HERE Signature of employ	vor/olan sponeor	Datê	Enter name of lastici	tural election	ag amalas			
	ame, if applicable) and address (include		Enter name of Individ Pr)		<u>as employ</u> 's telephone			
For Paperwork Reduction Act Nation	a, see the instructions for Form \$500-\$F.		- <u> </u>					
2017-10-00713322140.67-05:00						v 16020/		

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b	Ware 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 If you answered "No" to either line 6a or line 6b, the plan cann	an indeper and condit ot use Fo	ident qualified public a ions.) rm 5500-SF and must	ccounta t Instea	ant (lQ d use	PA) Form	5500.		X Yes	No No
C	If the plan is a defined benefit plan, is it covered under the PBGC in	isurance p	rogram (see ERISA se	ction 4	J21)? .	····· []	Yes	∐No [Not dete	mined
ÿ 📲	Financial Information				-					
7	Plan Assets and Liabilities		(a) <u>Beginning</u> d	of Year				b) End o	f Year	
a	Total plan assets	7a		253786	2				291062	6
b	Total plan llabilities	7b			0					0
C	Net plan assets (subtract line 7b from line 7a)	7c		253786	2				291062	6
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t				(b <u>)</u> Тс	tal	
a	Contributions received or receivable from: (1) Employers	8a(1)		9431	3	nii Sil	5. XI			5 opci k
	(2) Participants	8a(2)		6674	0			57.94 195 -		San San J
	(3) Others (including rollovers)	8a(3)			0	435	rielen rielen art			
þ	Other income (loss)	8b		23281	8		114Z	*)L(_1)B()		11.00
-c	Total Income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		$\pi_{i}^{m} \in \mathcal{G}_{2,2}^{m}$					39387	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			V [8	- all of the	at utar (n. 171	(deal))		1
e	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (selaries, fees, commissions)	8f		2110		141.407 1414 X 1	ions (
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						2110)7	
i	Net income (loss) (subtract line 8h from line 8c)	8i	Annual and a second	1210/11/10/11/10/12 1210/11/1	Υ.	37276				
j	Transfers to (from) the plan (see instructions)	8i			0					
	Plan Characteristics									ikani ing
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2R 2T 3D	féature co	odes from the List of Pla	an Cha	racteri	stic Co	ides in	the instri	uctions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature coo	les from the List of Pla	n Chara	ecterist	ic Cod	tes in t	he instru	ctions:	
1.11/140-201	Compliance Questions									
10	During the plan year.				Yeş	No	N/A		Amount	
8	 Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's N Program) 	/oluntary F	iduciary Correction	10 a		x				
ŀ	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	t? (Do not	Include transactions	10Ъ		x				
_				10c	×					300000
	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		x				
6	Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides son the plan? (See Instructions.)	ne or all of	the benefits under	10e		x				
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		x				
	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g	x		141.2(4CU 7 Z M1404			1549
	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		х	or of senat			
i	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10	he require)1-3	d notice or one of the	10i _						

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	Pension Funding Compliance				_	~		
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co	omolat		alula Pi				<u> </u>
-	(Form 5500) and line 11a below)					🛛	Yes	X No
<u>11a</u>	Enter the unpald 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 Co ERISA?						Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				_			
a	If a walver of the minimum funding standard for a prior year is being amortized in this plan year, see inst granting the waiver		s, and	enter ti Day		of the le		ing
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.						
b	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				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le negative amount)			12d				
Margaret Barnet	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	0 No		N/A
Selfe	Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?				Ye	s X	No	
	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 broug control of the PBGC?					Yes	X N	0
C	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif which assets or liabilities were transferred. (See instructions.)							
	13c(1) Name of plan(s);	1	3c(2)	EIN(s)		130	(3) PN	l{s)
1	Trust Information	- 207						
the stand is a				441 -				
14a	Name of trust			14b 1	"rust'9	EIN		
- 14c	Name of trustee or custodian					's or cust ane numb		3
	IRS Compliance Questions							
15=	l is the plan a 401(k) plan? If "No," skip b		Yes			□ No		
			Desid	n-based	1	- "Drice	year"	A 10 P
15b	How did the plan satisfy the nondisorimination requirements for employee defertals under section 401(k)(3) for the plan year? Check all that apply;		safe h			test	ycai	
			ADP					
16a	What tasting method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:		Ratio perce test	intage		verage enefit tes	n [] N/A
161	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 No		
17a	I if the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS the letter and the serial number		letter	or advi	sory le	tter, ente	the da	ate of
171	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, an letter	nter the	date	of the m	iost rea	ænt deter	mlnati	on
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 sepa service?		rom	Ye:	3	 No		
19	Was any plan participent a 5% owner who had attained at least age 70 ½ during the prior plan year?			Ye	5	No		