For	rm 5500-SF	Short Form Annu	al Return/Repor Benefit Plan	t of Small Employ	vee	0	MB Nos. 1210-0110 1210-0089
	rtment of the Treasury nal Revenue Service	This form is required to be filed		4065 of the Employee Retire	ement		2016
Employee Be	epartment of Labor enefits Security Administration	057(b) and 6058(a) of the Inte le).	ernal		rm is Open to c Inspection		
	enefit Guaranty Corporation	· · · · · · · · · · · · · · · · · · ·	accordance with the ins	tructions to the Form 5500	-SF.		
For calenda	ar plan year 2016 or fisca	Ientification Information al plan year beginning 01/01/2	016	and ending 12/31	1/2016		
	turn/report is for:	a single-employer plan a one-participant plan		olan (not multiemployer) (File mployer information in accor		-	
B This retu	urn/report is	the first return/report an amended return/report	the final return/report a short plan year retu	ırn/report (less than 12 montl	hs)		
C Check I	box if filing under:	Form 5558	automatic extension		DFVC pi	rogram	
Part II	Basic Plan Inform	nation —enter all requested inf	,				
1a Name		·			(PN)	number	
Mailing City or	g address (include room, town, state or province,	rr, if for a single-employer plan) apt., suite no. and street, or P.O country, and ZIP or foreign posta		tructions)	(EIN)	13-40	
MAURICE JOHNSON MD PC						sor's teleph 914-739-	one number 7505
	POND ROAD T MANOR, NY 10567-41	46		2	d Busin	ess code (s 62111	ee instructions) 1
3a Plan a	dministrator's name and	address 🛛 Same as Plan Spon	isor.			nistrator's E nistrator's te	IN elephone number
		blan sponsor has changed since to be from the last return/report.	the last return/report filed		b EIN		
a Spons					C PN		
		t the beginning of the plan year			5a		6
C Numb	er of participants with ac	t the end of the plan year	the plan year (only define	d contribution plans	5b 5c		6
	,				5d(1)		3
• • •	•	cipants at the beginning of the pla cipants at the end of the plan yea			5d(2)		3
e Numb	per of participants that te	rminated employment during the	plan year with accrued b	enefits that were less	5e		C
Caution: A	penalty for the late or	incomplete filing of this return	n/report will be assessed	d unless reasonable cause			
SB or Sche		r penalties set forth in the instruc signed by an enrolled actuary, a ete.					
SIGN	Filed with authorized/va	lid electronic signature.	10/05/2017	MAURICE JOHNSON			
HERE	Signature of plan adr	ministrator	Date	Enter name of individual	signing a	as plan adm	inistrator
SIGN							
HERE	Signature of employe		Date	Enter name of individual			
Preparer's	name (including firm nar	ne, if applicable) and address (in	clude room or suite numb	per) Pi	reparer's	telephone	number
		soo the Instructions for Form 5500					orm 5500-SE (2016)

b	QPA) • Form 5500	X Yes No			
С	If the plan is a defined benefit plan, is it covered under the PBGC in	isurance p	rogram (see ERISA section 4021)?	Yes No	Not determined
Par	t III Financial Information				
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End	of Year
а	Total plan assets	7a	492012		535421
	Total plan liabilities	7b			0
	Net plan assets (subtract line 7b from line 7a)	7c	492012		535421

C	Net plan assets (subtract line 7b from line 7a)	7c	492012	535421
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	10000	
	(2) Participants	8a(2)	0	
	(3) Others (including rollovers)	8a(3)	0	
b	Other income (loss)	8b	36963	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		46963
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	0	
е	Certain deemed and/or corrective distributions (see instructions).	8e	0	
f	Administrative service providers (salaries, fees, commissions)	8f	3554	
g	Other expenses	8g	0	
h		8h		3554
i	Net income (loss) (subtract line 8h from line 8c)	8i		43409
j	Transfers to (from) the plan (see instructions)	8j	0	

Part IV Plan Characteristics

9a	If the	plan	provides	pension	benefits,	enter the a	pplicable pe	ension feature	codes fror	n the List of	Plan Chara	acteristic C	odes in the i	nstructions:
	2A	2E	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			50000
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		
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)					י 🗌 א	′es	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					. П Y	′es 🗙	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	uction	is, and	enter t	he date	of the lette	r 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		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le tive amount)			12d				
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 XN	0	
		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 🛛	No	
C	lf, du	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify h assets or liabilities were transferred. (See instructions.)			to				
		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	e of trustee or custodian					s or custod ne number	an'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:		Desigi safe h	n-basec arbor	[Prior ye test	ar" ADP	
				"Curre ADP t	nt year' est	,	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	ntage		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		-			-			ł
17b	10 11 -	plan is an individually-designed plan that received a favorable determination letter from the IRS, end	ter the	date	of the m	ost rec	ent determi	nation	
	letter	//							
18	letter Defin Were		rated f	rom	Yes	6 [No		

	orm 5500-SF	Short Form Annual	Return/Report Benefit Plan	of Small Employ	yee		OMB Nos. 1210-0110 1210-0089
	Internal Revenue Service	This form is required to be f	iled under sections 104	and 4065 of the Employe	ee		2016
	Department of Labor ee Benefits Security Administration	Retirement Income Security Ac the Inte	t of 1974 (ERISA), and ernal Revenue Code (th		8(a) of		is Open to Public
	ion Benefit Guaranty Corporation	Complete all entries in acco	ordance with the inst	ructions to the Form 550	00-SF.		
Part For cal	endar plan year 2016 or fis	dentification Information	01/01/0016			100 10000	
	cildar plan year 2010 01 iis	x a single-employer plan	01/01/2016	and ending		/31/2016	
A Thi	s return/report is for:	a one-participant plan		plan (not multiemployer) employer information in			
B Thi	s return/report is:	the first return/report	the final return/repo	rt			
		an amended return/report	a short plan year re	turn/report (less than 12 n	nonths)		
C Che	eck box if filing under:	x Form 5558	automatic extension	i		DFVC progra	im
		special extension (enter descript	tion)				
Part	II Basic Plan Info	mation enter all requested inf	ormation				
	ame of plan		onnation		1b 1	hree-digit	
M	AURICE JOHNSON MD	PC PROFIT SHARING PLAN			p p	lan number	0.01
					1c E	PN) ► Effective date o 01/01/2000	001 f plan
2a PI	an sponsor's name (employ	ver, if for a single-employer plan)					fication Number
M	ailing Address (include roor	n, apt., suite no. and street, or P.O. e, country, and ZIP or foreign postal	Box)	atructions)		EIN) 13-40	
	AURICE JOHNSON MD	structions)		ponsor's telep			
					2d E	Business code ((see instructions)
19	85 CROMPOND ROAD					21111	÷
	CORTLANDT MANOR NY 105						
3a Pl	an administrator's name an	d address 🗴 Same as Plan Spons	sor		3b A	dministrator's	EIN
					3c A	dministrator's t	telephone number
4 If t na	he name and/or EIN of the me, EIN, and the plan num	plan sponsor has changed since the ber from the last return/report.	e last return/report filec	l for this plan, enter the	4b E	IN	
	onsor's name				4c P	N	
5a To	tal number of participants a	at the beginning of the plan year			5a		6
		at the end of the plan year			5b		6
C NU	mber of participants with a	ccount balances as of the end of the	e plan year (only define	d contribution plans	5c		6
		cipants at the beginning of the plan			5d(1)	3
					5d(2		3
e Nu	mber of participants that te	rminated employment during the pla	an year with accrued be	enefits that were	5e	/	0
Cautio		r incomplete filing of this return/r		The second s		stabliched	······
		er penalties set forth in the instruction					able a Cabadala
SB or S	Schedule MB completed an it is true, correct, and comp	d signed by an enrolled actuary, as	well as the electronic v	version of this return/repor	t, and to	the best of my	knowledge and
SIGN	1 Mar 1)	2	1015/17	Maurice Johnson			
HERE	Signature of plan admi	nistrator	Date	Enter name of individua		i as plan admi-	histrator
engen er fan ste					a signing	i as pian admir	IISUIALUI
SIGN	Signature of employer/	alan sponsor	Date		l airre t		
	eignatare er employen	ame, if applicable) and address (incl	Date	Enter name of individua		as employer o er's telephone r	
Skip	this question					this questioner	
For Pa	perwork Reduction Act N	otice, see the instructions for For	m 5500-SF.			Fo	rm 5500-SF (2016)

	Form 5500-SF 2016		Page 2						
6a 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 a	n indeper	ident qualified public acc	ounta	nt (IQ	PA)			XYes No
	If you answered "No" to either line 6a or line 6b, the plan canno	ot use For	rm 5500-SF and must ir	nstead	d use	Form	5500.		
C	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA sect	ion 40	021)?		Yes	No	Not determined
	art III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End of	Year
<u>a</u>	Total plan assets	7a	4	92,0	012				535,421
b	Total plan liabilities	7b							0
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c	4	92,0	012				535,421
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amoun	t				(b) To	tal
u	(1) Employers	8a(1)		10,0	000	1000			
	(2) Participants	8a(2)		10,0	000		Ser Contraction	and the se	
	(3) Others (including rollovers)	8a(3)		10.000	0	1940			
b	Other income (loss)	8b		36,9	-	100	FALSA STR		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		50,5	.05			a the second	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)								46,963
е	Certain deemed and/or corrective distributions (see instructions)	8d	-		0				
f	Administrative service providers (salaries, fees, commissions)	8e			0				
g	Other expenses	8f		3,5		1000			
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8g			0				
i	Net income (loss) (subtract line 8h from line 8c)	8h					- 510 - 11 - 11 - 11 - 11		3,554
÷		8i			and the second				43,409
De	Transfers to (from) the plan (see instructions) Int IV Plan Characteristics	8j			0	1. 20			
							11		
Ja	If the plan provides pension benefits, enter the applicable pension fea 2A 2E 3D	ature code	es from the List of Plan C	Charad	cterist	ic Coc	les in the	instructio	ns:
b									
U	If the plan provides welfare benefits, enter the applicable welfare feat	ture codes	s from the List of Plan Ch	aract	eristic	: Code	es in the i	nstruction	51
Pa	rt V Compliance Questions								
10	During the plan year:	T			Yes	No	N/A	٨	nount
а	Was there a failure to transmit to the plan any participant contributi	ons within	the time period			1.00	I di / X		noun
	described in 29 CFR 2510.3-102? (See instructions and DOL's Volu	untary Fid	luciary Correction				and the second		
	Program)			10a		x			
b	and any nonexempt transactions with any party-in-interest?	(Do not ir	nclude transactions						
С	reported on line 10a.) Was the plan covered by a fidelity bond?	••••••		10b		x			
d	Did the plan have a loss, whether or not reimbursed by the plan's fit	delity bon	d that was sourced	10c	X				50,000
	by fraud or dishonesty?		u, mai was caused	10d		x			
е		er persons or all of the	by an insurance			x			
f	Has the plan failed to provide any benefit when due under the plan?			10e 10f		x	No.		
g	Did the plan have any participant loans? (If "Yes," enter amount as		Contraction of the second s	10g		x			
h	If this is an individual account plan, was there a blackout period? (S 2520.101-3.)	ee instruc	tions and 29 CER						
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3	required	notice or one of the	10h 10i		x			
				101					

Form 5500-SF 2016

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Pa	t VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions a (Form 5500 and line 11a below)	and complete \$	Schedule	e SB		Yes [] No
	a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 4	0	11a				
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of th ERISA?	ne Code or sec	ction 302	? of		Yes [X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see granting the waiver		and ente		e of the Yea		uling
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lin	ne 13.					
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				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to negative amount)		12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No		J/A
Par	t VII Plan Terminations and Transfers of Assets						
13	a 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 beneficiaries, transferred to another plan, or br control of the PBGC?				Yes [X N	D
c	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide which assets or liabilities were transferred. (See instructions.)	lentify the plan	n(s) to				
1	3c(1) Name of plan(s):	13c(2) E	EIN(s)		130	:(3) PN	(s)
Par	t VIII Trust Information - Skip These Questions	L					
	A Name of trust		14h	Trust's El	N		
				Huoro El			
144					10	and the second	
140	Name of trustee or custodian		020014006850	Trustee o telephone			
Par	t IX IRS Compliance Questions - Skip These Questions				9		
15a	I is the plan a 401(k) plan? If "No," skip b.	Y	'es			No	
15	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:		Design-ba afe harb			Prior y	ear" ADP
		[m] "	Current y			N/A	
16a	What testing method was used to satisfy the coverage requirements under section 410(b) for the pla year? Check all that apply:	an R	Ratio ercentaç		Averag		
401		te	est	,•	benefit	test	
	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a) for the plan year by combining this plan with any other plan under the permissive aggregation rules?		'es		1812-195-14	No	
	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable I the letter/ and serial number	-					
17k		Contor the de	te of the	most rec	ent det	ermina	tion
	If the plan is an individually-designed plan that received a favorable determination letter from the IRS letter/	o, enter the da					
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 s	separated fron] Yes		No	
	Defined Benefit Plan or Money Purchase Pension Plan Only:	separated fron	n [_			