Form 5500-SF Short Form Annual Return/Report of Small Em Benefit Plan						OMB Nos. 1210-0110 1210-0089			
	rtment of the Treasury nal Revenue Service	This form is required to be filed			etirement	2016			
Employee B	epartment of Labor enefits Security Administration	057(b) and 6058(a) of the de).	Internal	This Form is Open to Public Inspection					
		 Complete all entries in a dentification Information 	ccordance with the ins	structions to the Form 55	500-SF.	•			
For calenda	ar plan year 2016 or fisc)16	and ending 12	2/31/2016				
	Þ	a single-employer plan	a multiple-employer		Filers check	king this box must attach a			
A This ret	urn/report is for:	a one-participant plan	list of participating e	employer information in ac	cordance w	ith the form instructions.)			
B This retu	urn/report is	the first return/report an amended return/report	the final return/repor	t urn/report (less than 12 m	onths)				
C Check	box if filing under:	Form 5558	automatic extension		DFVC p	rogram			
		special extension (enter descri	ption)						
Part II	Basic Plan Inform	mation—enter all requested info	ormation						
1a Name HERBERT T		POYEES RETIREMENT PLAN - F	PROFIT SHARING		1b Thre plan (PN)	number			
					1c Effect	tive date of plan 01/01/1979			
Mailing	address (include room,	er, if for a single-employer plan) apt., suite no. and street, or P.O country, and ZIP or foreign posta			2b Empl (EIN)	oyer Identification Number 11-2478724			
	ARAGIN, DDS, PC	country, and zir or foreign posta	ii code (ii ioreign, see in	sirucions)	2c Sponsor's telephone number 718-236-4389				
7000 BAY PA BROOKLYN,			PARKWAY N, NY 11204		2d Business code (see instructions) 621210				
3a Plan a	dministrator's name and	address 🛛 Same as Plan Spon	sor.		3b Admi	nistrator's EIN			
4 If the r	name and/or FIN of the r	blan sponsor has changed since t	he last return/report files	I for this plan, onter the	4b EIN	nistrator's telephone number			
	, EIN, and the plan numb	per from the last return/report.			4c PN				
		t the beginning of the plan year			-10 H N	2			
		t the end of the plan year			5b	C			
C Numb	er of participants with ac	count balances as of the end of t	he plan year (only define	ed contribution plans	5c	C			
	,	cipants at the beginning of the pla			5d(1)	2			
		cipants at the end of the plan yea	-		5d(2)	(
e Numb	per of participants that te	rminated employment during the	plan year with accrued b	penefits that were less	5e				
Caution: A	penalty for the late or	incomplete filing of this return	/report will be assesse	d unless reasonable cau					
SB or Sche		er penalties set forth in the instruc I signed by an enrolled actuary, as ete.							
SIGN	Filed with authorized/va	alid electronic signature.	10/07/2017	HERBERT TARAGIN					
HERE Signature of plan administrator Date Enter name of indiv					ual signing	as plan administrator			
SIGN									
HERE Signature of employer/plan sponsor Date Enter name of indiv					ual signing	as employer or plan sponsor			
Preparer's		me, if applicable) and address (in	clude room or suite num			s telephone number			
		see the Instructions for Form 5500	0F			Form 5500-SE (2016)			

6a b c										
Pa	Part III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year						
а	Total plan assets	7a	2411592	0						
b	Total plan liabilities	7b								
C	Net plan assets (subtract line 7b from line 7a)	7c	2411592	0						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total						
а	Contributions received or receivable from: (1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	-20239							

С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		-20239
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2391353	
е	Certain deemed and/or corrective distributions (see instructions).	8e		
f	Administrative service providers (salaries, fees, commissions)	8f		
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		2391353
i	Net income (loss) (subtract line 8h from line 8c)	8i		-2411592
j	Transfers to (from) the plan (see instructions)	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: 2E 3E

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			220000
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)					🗌 Y	es 🗙 No
11a	Ente	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a			
12		nis a defined contribution plan subject to the minimum funding requirements of section 412 of the Co					ΠY	es 🗙 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 inst	ructions,	, and	enter t	he date	of the letter	ruling
		ting the waiver			Day		Year	
-	-	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1			4.04			
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		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the least the amount)			12d			
e	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?				Ye	s 🗙 No)
	lf "Y	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 broug rol of the PBGC?					X Yes	No
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif th assets or liabilities were transferred. (See instructions.)	y the pla	an(s) t	to			
1	3c(1)	Name of plan(s):	13	8 c(2) I	EIN(s)		13c(3)	PN(s)
-								
Part		Trust Information			4.41			
14a	Name	e of trust			140 1	rust's I	EIN	
14c	Name	e of trustee or custodian					's or custodi ne number	an's
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan? If "No," skip b	🗌 Y	′es			X No	
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section)(3) for the plan year? Check all that apply:	⊔⊔ sa	afe ha		Į	<pre> "Prior ye test</pre>	ar" ADP
				Currer DP te	nt 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:	🗌 p	Ratio percer est	ntage		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?	Y	′es			No	
	the le	plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS of ter $03 / 31 / 2014$ and the serial number $J598426A$.						
	letter		iter the c	date o	f the m	lost rec	ent determir	ation
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?		om	Yes	6	No	
19	Was	any plan participant a 5% owner who had attained at least age 70 $^{1\!\!/}_2$ during the prior plan year?			Yes	6	X No	

					\bigcirc
Form 5500-SF	Short Form Annu	ual Return/Repor Benefit Plan	t of Small Em	ployee	OMB Nos. 1210-0110 1210-0089
Internal Revenue Service	This form is required to be fil	ed under sections 104 and	4065 of the Employee	Retirement	2016
Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	the Internal	This Form is Open to Public Inspection			
Part I Annual Report	t Identification Information	accordance with the inst n	tructions to the Forn	1 5500-SF.	
For calendar plan year 2016 or t		-	and ending	12/31/2016	
A This return/report is for:	X a single-employer plan	a multiple-employer p list of participating e a foreign plan	lan (not multiemploye mployer information ir	r) (Filers check accordance wi	ing this box must attach a the form instructions.)
B This return/report is	☐ the first return/report ☐ an amended return/report	☐ the final return/report ☐ a short plan year retu	m/report (less than 1)	months)	
C Check box if filing under:		-		-	
	Form 5558	automatic extension		DFVC pr	ogram
Part II Basic Plan Info	ormation—enter all requested in				- Andrewson -
1a Name of plan	Jination-enter all requested in	nformation		th There	47-14
HERBERT TARAGIN, DDS, PC E	MPOYEES RETIREMENT PLAN	- PROFIT SHARING		1b Three plan r (PN)	lumber
					ive date of plan 01/01/1979
Mailing address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P. ce, country, and ZIP or foreign pos	O. Box)	ructions)	2b Emplo (EIN)	yer Identification Number 11-2478724
HERBERT TARAGIN, DDS, PC	,, , , , , , , , , , , , , , , , , , ,	na obao (n loroign, see ma	idedonay	2c Spon	sor's telephone number 718-236-4389
7000 BAY PARKWAY BROOKLYN, NY 11204		Y PARKWAY YN, NY 11204		2d Busine	ess code (see instructions) 621210
or Plan auministrator's name a	ind address 🛛 Same as Plan Spo	nsor.			istrator's EIN istrator's telephone number
4 If the name and/or EIN of the name, EIN, and the plan nu	e plan sponsor has changed since imber from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN	
a Sponsor's name	niser nem the last retainineport.			4c PN	
5a Total number of participants	s at the beginning of the plan year .			. 5a	2
b Total number of participants	s at the end of the plan year			. 5b	1
 C Number of participants with complete this item) 	account balances as of the end of	the plan year (only defined	l contribution plans	5c	
d(1) Total number of active pa	articipants at the beginning of the p	lan year		5d(1)	
d(2) Total number of active pa	articipants at the end of the plan ye	ar		5d(2)	
e Number of participants that	t terminated employment during the	e plan year with accrued be	nefits that were less	1100	
Caution: A penalty for the late	or incomplete filing of this retur	n/report will be assessed	unless reasonable		ichad
Under penalties of periury and of	ther penalties set forth in the instru	ctions I declare that I have	overninged this seture	and in all the	
SIGN heefut	Fait	10/2/2017	Herbert	Taraqi	n, Pres.
HERE Signature of plan a	idministrator	Date			s plan administrator
SIGN Rectul	Taux -	10 (7/2017	Herbert		The second s
HERE Signature of emplo	yer/plan sponsor	Date	Enter name of indi		s employer or plan sponsor
Preparer's name (including firm r	name, if applicable) and address (in	nclude room or suite numb	ər)	Preparer's	elephone number
For Paperwork Reduction Act Notic	ce, see the Instructions for Form 550	0-SF.			Form 5500-SF (2016)

Part III Financial Information								
c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined								
 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. 								
6a								

7	Plan Assets and Liabilities		(a) Beginning of	f Year				(b) End of Year		
а	Total plan assets	7a	241	11592				0		
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	241	11592				0		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b) Total		
а	Contributions received or receivable from:									
	(1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)		00000	-					
b	Other income (loss)	8b	-2	20239						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-20239		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	239	91353						
е	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						2391353		
i	Net income (loss) (subtract line 8h from line 8c)	8i						-2411592		
j	Transfers to (from) the plan (see instructions)	8j								
Pa	rt IV Plan Characteristics		1							
9a		feature co	odes from the List of Plar	n Char	acteri	stic Co	odes in	the instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare f	eature coo	des from the List of Plan	Chara	cteris	tic Coo	des in t	he instructions:		
Pa	rt V Compliance Questions									
10	During the plan year:				Yes	No	N/A	Amount		
a	 Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) 	/oluntary F	-iduciary Correction	10a		х				
t	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х				
c	Was the plan covered by a fidelity bond?			10c	Х			220000		
C	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х				
	Mare any face or commissions haid to any hypkore esents or at									

	by fraud or dishonesty?	10d	^	
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 m 5500) and line 11a below)					🗌 Y	es 🗙 No	
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
12		nis a defined contribution plan subject to the minimum funding requirements of section 412 of the C SA?			:	🗌 Y	es 🗙 No		
		Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
	gran	vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see in ting the waiver.	Month	ns, and	d enter t Day		of the letter Year	ruling	
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.						
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		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the 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 🗙 No)	
	lf "Y	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 brou rol of the PBGC?					X Yes	No	
С	lf, dı	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden h 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 ⊺	Γrust's Ε	EIN		
14c	Name	e of trustee or custodian			14d Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes		[X No		
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section)(3) for the plan year? Check all that apply:		safe h		L	"Prior ye test	ar" ADP	
				"Curre ADP t	ent year' test		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	plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS etter <u>03 / 31 / 2014</u> and the serial number <u>J598426A</u> .	•						
17b	If the letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, e	enter the	e date	of the m	iost rece	ent determir	nation	
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 sep 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		