-	Form 5500-SF Short Form Annual Return/Report of Small Benefit Plan					OMB Nos. 1210-0				
	tment of the Treasury nal Revenue Service	This form is required to be filed		065 of the Employee R	etirement		2016			
Employee Be	partment of Labor enefits Security Administration	Income Security Act of 1974 (7(b) and 6058(a) of the		This Form is Open to Public Inspection				
	nefit Guaranty Corporation	Complete all entries in ad	ccordance with the instr	uctions to the Form 5	500-SF.					
Part I For calenda	Annual Report In ar plan year 2016 or fisc	dentification Information	16	and ending 12	2/31/2016					
		a single-employer plan	a multiple-employer pla			kina this bo	must attach a			
A This ret	urn/report is for:	a one-participant plan		ployer information in ac		-				
B This retu	rn/report is	the first return/report an amended return/report	the final return/report	p/report (less than 12 m	onths)					
C Check b	box if filing under:	Form 5558	automatic extension		-	orogram				
		special extension (enter descrip				- 5				
Part II	Basic Plan Infor	mation—enter all requested info	,							
1a Name	of plan	N D'AGOSTINO, P.C. PROFIT SH			1b Threplan (PN	number	001			
					1c Effe	ctive date of 09/08	plan /2003			
Mailing	address (include room	er, if for a single-employer plan) , apt., suite no. and street, or P.O. , country, and ZIP or foreign postal		(uctions)	2b Employer Identification Number (EIN) 13-3719145					
	RM OF JONATHAN D'A		r code (il loreign, see insti		2c Sponsor's telephone number 718-967-1600					
622 BARLOV STATEN ISL	/ AVENUE AND, NY 10312				2d Busi	ness code (s 5411	see instructions) 10			
3a Plan ad	dministrator's name and	l address 🛛 Same as Plan Spons	sor.		3b Adm	inistrator's E	EIN			
					3c Adm	inistrator's t	elephone number			
		plan sponsor has changed since the bar from the last return/report.	ne last return/report filed fo	or this plan, enter the	4b EIN					
a Sponso	or's name				4c PN	T				
5a Total r	number of participants a	t the beginning of the plan year			5a		63			
		t the end of the plan year			5b		66			
		ccount balances as of the end of th			5c		66			
d(1) Tota	al number of active parti	icipants at the beginning of the pla	n year		5d(1)		43			
e Numb	er of participants that te	icipants at the end of the plan year erminated employment during the p	plan year with accrued ber	nefits that were less	5d(2) 5e		40			
		r incomplete filing of this return/				blished				
Under pena SB or Sche	alties of perjury and othe	er penalties set forth in the instruct d signed by an enrolled actuary, as	ions, I declare that I have	examined this return/re	port, incluc	ling, if applic				
SIGN	Filed with authorized/va	alid electronic signature.	10/13/2017	DANIEL RICHARDS						
HERE					ual signing	as plan adn	ninistrator			
SIGN HERE										
	Signature of employ name (including firm na	er/plan sponsor me, if applicable) and address (inc	Date clude room or suite numbe	Enter name of individ		as employe s telephone				

6a b				
	If the plan is a defined benefit plan, is it covered under the PBGC in	isurance p	logram (see ERISA section 4021)?	
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	2132311	2214942
b	Total plan liabilities	7b		
С	Net plan assets (subtract line 7b from line 7a)	7c	2132311	2214942
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	128666	
	(2) Participants	8a(2)	53637	
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	158249	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		340552
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	232965	
е	Certain deemed and/or corrective distributions (see instructions).	8e		
f	Administrative service providers (salaries, fees, commissions)	8f		
g	Other expenses	8g	24956	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		257921
i	Net income (loss) (subtract line 8h from line 8c)	8i		82631

Part IV Plan Characteristics

j

Transfers to (from) the plan (see instructions)

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 2H 2J 3D

8j

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		X		
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		X		
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			15251
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		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le ative 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 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)	EIN(s)		13c(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:		Desig safe h	n-basec arbor	ł	"Prior y test	ear" ADP
				"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		er 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	

					OME Nos. 1210-0110				
Form 5500-SF	Short Form Annu	Benefit Plan	of Small Employe	e	1210-0089				
Department of the Treasury Internal Revenue Service	This form is required to be file	ed under sections 104 and 4			2016				
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974	(ERISA), and sections 605 Revenue Code (the Code)		Public Inspection					
Pension Benefit Guaranty Corporation	Complete all entries in		uctions to the Form 5500-S	F.	ine mapeedon				
	t Identification Information		مرائدهم أحمد	10 (01 (00)					
For calendar plan year 2016 or			and ending	12/31/20					
A This return/report is for:	X a single-employer plan		in (not multiemployer) (Filers ployer information in accords						
		ш - ⁻							
B This return/report is	the first return/report	the final return/report							
	an amended return/report	a short plan year return	/report (less than 12 months	5)					
C Check box if filing under:	X Form 5558	automatic extension	[] DI	FVC program					
	special extension (enter desc	ription)							
Part II Basic Plan Inf	ormation-enter all requested in	formation			1				
1a Name of plan		~	. 10	Three-digit plan number					
The Law Offices of Profit Sharing Plan	Jonathan DAgostino, P	.C.		(PN)	001				
FIOLIC SHALLING FIAM			10	Effective date					
				09/08/200					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions))	(EIN) 13-3	ilication Number 719145				
City or town, state or provin The Law Firm of Jon		tal code (if foreign, see instri	2c	Sponsor's telephone number					
THE DAW FILM OF CON	achan b hgoberno		24	(718) 967-1600 2d Business code (see instructions)					
(00 Dec.]			20	541110	(See instructions)				
622 Barlow Avenue			10010						
Staten Island	and address 🕅 Same as Plan Spo	NY	10312 3b	Administrator's	FIN				
Ja Plan administrators name	and address Miganie as han ohr								
			30	Administrator's	telephone number				
4 If the name and/or EIN of t	he plan sponsor has changed since	the last return/report filed for	or this plan, enter the 4b	EIN					
name, EIN, and the plan n	umber from the last return/report.	• 12 • 12		PN					
a Sponsor's name	· · · · · · · · · · · · · · · · · · ·			ja l	63				
	ts at the beginning of the plan year			ib	66				
 D Total number of participan C Number of participants will 	ts at the end of the plan year h account balances as of the end o	f the plan year (only defined		ic					
complete this item)		***************************************			66				
	participants at the beginning of the p			i(1)	43				
d(2) Total number of active	participants at the end of the plan ye	98r		l(2)	40				
them 1009/ upsted	at terminated employment during th			je	3				
Coutlant & namality for the lat	a or incomplete filing of this retu	rn/report will be assessed	unless reasonable cause is	s established.	icable a Schedule				
SB or Schedule MB completed	other penalties set forth in the instru and signed by an enrolled actuary,	as well as the electronic ver	sion of this return/report, and	d to the best of n	iy knowledge and				
belief, it is true, correct, and co	mplete.	11-1-1.4	Jonathan D'Agost:	100					
SIGN HERE		Date	Enter name of individual si		iministrator				
Signature of plan	minispoter	Uale lan	Jonathan D'Agost	. K					
SIGN HERE		Date	Enter name of individual si		er or plan sponsor				
	ployer/plan sponsor n name, if applicable) and address (r) Pre	parer's telephon					
Litebarer a using fundaning mu	a constant of minimum and a second								
For Paperwork Reduction Act No	tice, see the Instructions for Form 55	00-SF.			Form 5500-SF (2016)				

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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 If you answered "No" to either line 6a or line 6b, the plan cann	an indepen and conditi	ident qualified public a ons.)	account	ant (IC	QPA)			X	Yes 🗌 No Yes 🗌 No
С	If the plan is a defined benefit plan, is it covered under the PBGC in					_	-		Not	determined
Pa	rt III Financial Information									
7	Plan Assets and Liabilities	et al ter	(a) Beginning	of Year	.			(b) End	l of Year	
а	Total plan assets	7a		132,						,214,942
<u> </u>	Total plan liabilities	7b								
с	Net plan assets (subtract line 7b from line 7a)	7c	2,	132,	311				2	,214,942
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t				(b) [·]	Total	
a	Contributions received or receivable from: (1) Employers	8a(1)		128,	666					
	(2) Participants	8a(2)		53,	637					
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		158,	249			:	•	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								340,552
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		232,	965					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
<u> </u>	Other expenses	8g		24,	956					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								257,921
_ <u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i								82,631
j	Transfers to (from) the plan (see instructions)	8j								
	t IV Plan Characteristics				-					
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2H 2J 3D									:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	acteris	tic Co	des in t	he instr	uctions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amo	unt
a	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 F	duciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		х				
С	Was the plan covered by a fidelity bond?			10c		х				
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х				
e	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	the benefits under	10e		x				
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-e	nd.)	10g	х					15,251
	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ctions and 29 CFR	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 required	notice or one of the	10i						

Form 5500-SF 2016

Page	3-	

Part	VI Pension Funding Compliance			e		
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sc (Form 5500) and line 11a below)	hedule S	В		Yes	X No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40					
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?	on 302 o	f		Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, a	nd enter i	the date	of the lette	er rulir	η
	granting the waiver	Day	/	Year		9
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г			
	Enter the minimum required contribution for this plan year	12b				
<u> </u>	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)	. 12d			<u> </u>	
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	- <u>1</u>				
13a	Has a resolution to terminate the plan been adopted in any plan year?		Ye	s 🛛 M	10	
	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 brought under th control of the PBGC?	e		Yes [No	
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plane which assets or liabilities were transferred. (See instructions.)					
1	3c(1) Name of plan(s): 13c(2) EIN(s)	s) 13c(3) PN(s)			
Part 14a	VIII Trust Information Name of trust	14b	Trust's	EIN		
140	Name of trustee or custodian	14d	Trustee	's or custo	dian's	
146				ne number		
Par	IX IRS Compliance Questions					
L	Is the plan a 401(k) plan? If "No," skip b			🗌 No		
15b	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section	ign-base harbor		Test	/ear" /	NDP
	64	rent yea ? test		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:	centage		verage enefit test		N/A
	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?			No No		
	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion lett the letter and the serial number					
17b	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the dat letter	e of the r	nost rec	ent determ	inatio	n
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 separated from service?	T Ye	s	No No		
19	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?	🗌 Ye	es	No No		