Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits 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 sections 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

2017

This Form is Open to Public Inspection

Part I		t Identification Information						
For calend	lar plan year 2017 or f	iscal plan year beginning 01/01/2	2017	and ending 1	2/31/2017			
a single-employer plan A This return/report is for: a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)								
		a one-participant plan	a foreign plan					
B This ret	urn/report is	the first return/report	the final return/report					
		an amended return/report	a short plan year retu	urn/report (less than 12 m	nonths)			
C Check	box if filing under:	X Form 5558	automatic extension	ı	DFVC progra	am		
	T	special extension (enter desc	• ,					
Part II	Basic Plan Info	ormation—enter all requested in	formation		•			
1a Name GROSS & F	•	1K PROFIT SHARING PLAN & TR	UST		1b Three-dig plan num (PN) ▶			
					1c Effective	date of plan 01/01/1990		
		oyer, if for a single-employer plan)	2. Paul			Identification Number		
	`	om, apt., suite no. and street, or P.0 ce, country, and ZIP or foreign pos	,	structions)	(EIN)	13-3662203		
•	LORES, DDS, PC			,		s telephone number 45-473-4565		
					2d Business	code (see instructions)		
12 DAVIS A	VE EPSIE, NY 12603				621210			
TOOGRIKEE	17 012, 141 12000							
3a Plan administrator's name and address X Same as Plan Sponsor.			3b Administr	rator's EIN				
					3c Administrator's telephone number			
					Administrator's telephone number			
		ne plan sponsor or the plan name honsor's name, EIN, the plan name			4b EIN			
	sor's name	moor o name, Ent, the plan name t	and the plan namber nem	ano laot rotaliti, roporti	4d PN			
C Plan N	Name							
5a Total	number of portionant	a at the hearinning of the plan year			5a	32		
		s at the beginning of the plan year. s at the end of the plan year			5b	25		
		s at the end of the plan year			1			
comp	lete this item)				. 5c	25		
` '	·	articipants at the beginning of the p	•		5d(1)	28		
		articipants at the end of the plan ye			5d(2)			
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					. 5e	0		
		or incomplete filing of this retur						
SB or Scho		ther penalties set forth in the instru and signed by an enrolled actuary, a polete.						
SIGN	Filed with authorized	d/valid electronic signature.	04/15/2018	CORAZON FLORES				
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing as p	lan administrator		
SIGN								
HERE	Signature of emple	oyer/plan sponsor	Date	Enter name of individ	lual signing as e	mployer or plan sponsor		

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If you answered "No" to either line & aor line 6b, the plan cannot use Form \$500-\$F and must instead use Form \$500. If the plan is a defined benefit plan, is it covered under the PBGC premium filling for this plan year		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.)									
7		C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year									
a Total plan assets	Pa	rt III Financial Information	1								
D Total plan liabilities	_7_	Plan Assets and Liabilities		(a) Beginning (of Year			(b) En	d of Year		
C Net plan assets (subtract line 7b from line 7a)	<u>a</u>	Total plan assets	. 7a	333	34445				3010441		
8 income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers 8a(1) 38468 (2) Participants (3) Others (including rollovers) 8a(2) 108376 (3) Others (including rollovers) 8a(3) 0 0 0 0 0 0 10 Other income (loss) 8b 557342 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c 704186 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 6c C rotal income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c 8c 704186 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 1013705 e C certain deemed and/or corrective distributions (see instructions) 8d 1013705 g Other expenses (see instructions) 8d 1013705 g Other expenses (see instructions) 8d 10138705 g Other expenses (see instructions) 8d 10138705 g Other expenses (see instructions) 8d 10138705 g Other expenses (see instructions) 8d 1010889 g Other expenses (see instructions) 8d 1028190 g Other expenses (see instructions) 8d 1028190 g Other expenses (see instructions) 8d 1028190 g Other expenses (see instructions) 8d 10108190 g Other expenses (see instruc	<u>b</u>	Total plan liabilities	. 7b		0		0				
a Contributions received or receivable from: (1) Employers. (2) Participants. (3) Others (including rollovers). (3) Others (including rollovers). (4) Other income (loss). (5) Others (including rollovers). (6) Other income (loss). (7) Other income (loss). (8) Others (including rollovers). (8) Others (including rollovers). (8) Others (including rollovers). (8) Other income (loss). (8) Other expenses (loss). (8) Other expenses. (9) Other expenses. (10) Other expe	<u>C</u>	Net plan assets (subtract line 7b from line 7a)	. 7c	333	34445				3010441		
(1) Employers 8a(1) 38468 (2) Participants 8a(2) 108376 (3) Others (including rollovers) 8a(3) 0 D Other income (loss) 0 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 857342 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 704186 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 1 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 1 d Part IV (see instructions) 1 d IV the plan (see instructions) 1 d IV the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2H 2J 2K 2R 3D D Uring the plan year: 4 a 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 D Were there are yone-expert transactions with any party-in-interest? (Do not include transactions reported on line 10a). 2 Were any fees or commissions paid to any provides my fidelity bond? 10a X D Were there are yone-expert transactions with any party-in-interest? (Do not include transactions reported on line 10a). 10b X D Were there are yone-expert transactions with any party-in-interest? (Do not include transactions reported on line 10a). 10b X D Were there are yone-expert transactions with any party-in-interest? (Do not include transactions reported on line 10a). 10b X D Were there are yone-expert transactions with any party-in-interest? (Do not include transactions reported on line 10a). 10b X D 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 X H as the plan failed to provide any benefit when due under the plan? 10b X If they was answered "Yes," check the box if you either provided the required notice or one of the	8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total		
(2) Participants	а		0-(4)		20400						
(3) Others (including rollovers)		, , ,				\dashv					
b Other income (loss)		``		10		\dashv					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	_										
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)				55	5/342						
to provide benefits)			. 8c						704186		
f Administrative service providers (salaries, fees, commissions)	a		. 8d	10 ⁻	13705	_					
g Other expenses	e	Certain deemed and/or corrective distributions (see instructions)	. 8e		0						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	. 8f	,	14485						
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	. 8g		0						
Transfers to (from) the plan (see instructions)	h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1028190		
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 2H 2J 2K 2R 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: a 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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) C Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e 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.) 10	i	Net income (loss) (subtract line 8h from line 8c)	. 8i						-324004		
Part IV Plan Characteristics	j	Transfers to (from) the plan (see instructions)	- 8i	8i 0							
9a	Pai	5									
Part V Compliance Questions 10 During the plan year: a 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)	9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plant	an Cha	racteri	stic Co	odes in the in	structions:		
10 During the plan year: a 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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e 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.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X	b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Pla	n Chara	acteris	tic Coc	des in the ins	tructions:		
a 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)	Par	t V Compliance Questions									
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10	During the plan year:				Yes	No		Amount		
reported on line 10a.)	а	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	10a		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? • 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 failed to provide any benefit when due under the plan? • Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) • If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) • If 10h was answered "Yes," check the box if you either provided the required notice or one of the	b				10b		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?	С	Was the plan covered by a fidelity bond?			10c	X			350000		
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.)	d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused			10d		X				
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	е	e 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			10e		X				
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	f	f Has the plan failed to provide any benefit when due under the plan?			10f		X				
2520.101-3.)	g					X			12810		
	h	·	•		10h		X				
	i				10i						

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Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below)	nedule S	B	Y	′es X No		
11a	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 or section 302 of ERISA? (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 instructions, an granting the waiver			of the lette Year _	r ruling		
lf y	you completed 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					
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)	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?		Ye	s X N	0		
	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 the control of the PBGC?			Yes X	No		
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.)) to					
1	3c(1) Name of plan(s): 13c(2) EIN(s)		13c(3) PN(s)		

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Annual Report Identification Information

Part I

nyi, ar Kaban na sepsit,

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).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

2017

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

For calendar plan year 2017 or fis	scal plan year beginning 01/01/20	<u> </u>	and ending 12/3	1/2017		
A This return/report is for:	a single-employer plan a multiple-employer plan (not multiemployer plan (st of participating employer information in					
•	a one-participant plan	a foreign plan				
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 mo	onths)		
C Check box if filing under:	Form 5558	automatic extension		DFVC prog	ram	
	special extension (enter des	· · ·				
	rmation—enter all requested in	nformation		41		
1a Name of plan GROSS & FLORES, DDS, PC 401	K PROFIT SHARING PLAN & TI	RUST		1b Three-d plan nur (PN) ▶	•	
					e date of plan	
	m, apt., suite no. and street, or P.	O. Box)	-		er Identification Number 3-3662203	
City or town, state or province GROSS & FLORES, DDS, PC	e, country, and ZIP or foreign pos	stal code (if foreign, see instru	uctions)		r's telephone number (845) 473-4565	
12 DAVIS AVE				2d Busines 621210	s code (see instructions)	
POUGHKEEPSIE, NY 12603						
3a Plan administrator's name an	nd address 🛛 Same as Plan Spo	onsor.		3b Adminis	trator's EIN	
					trator's telephone number	
	e plan sponsor or the plan name I nsor's name, EIN, the plan name			4b EIN		
a Sponsor's name				4d PN		
C Plan Name						
5a Total number of participants	at the beginning of the plan year			5a	32	
	at the end of the plan year			5b	25	
	account balances as of the end o			5c	25	
d(1) Total number of active par	rticipants at the beginning of the p	plan year		5d(1)		
	rticipants at the end of the plan ye			5d(2)		
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable call.				5e	0	
Under penalties of perjury and oth SB or Schedule MB completed ar belief, it is true, porrect, and comp	her penalties set forth in the instruction of the instruction of the second signed by an enrolled actuary,	uctions, I declare that I have	examined this return/re	port, including,	if applicable, a Schedule	
SIGN (SIGN)			CORAZON FLORES			
HERE Signature of plan a	dministrator	Date 415 18	Enter name of individe	ual signing as	plan administrator	
SIGN		η / Υ				
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor						
For Paperwork Reduction Act Notic	e, see the instructions for Form 55	00-SF.			Form 5500-SF (2017)	

						_				
	Were all of the plan's assets during the plan year invested in eligib							X Yes	No	
b	Are you claiming a waiver of the annual examination and report of an independent qualified publi under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							X Yes	No	
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.							<u> </u>		
С	If the plan is a defined benefit plan, is it covered under the PBGC in						_	Not determine	ed	
	If "Yes" is checked, enter the My PAA confirmation number from the					_	_	(See instructions	s.)	
	im let				_					
Pa	rt III Financial Information					_				
7_	Plan Assets and Liabilities		(a) Beginning				(b) End	of Year		
	Total plan assets	7a		333444	-			3010441		
	Total plan liabilities	7b			0			0		
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	_	333444	15			3010441		
_8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt	_		(b) 1	Total		
a	Contributions received or receivable from: (1) Employers	8a(1)		3846	88	·	Autoritation and the second			
	(2) Participants	8a(2)		10837	76			PAGE F		
	(3) Others (including rollovers)	8a(3)			0	. \$		30		
b	Other income (loss)	8b		55734	12	2,4 (3)				
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						704186		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		101370)5					
е	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f		14485						
g	Other expenses									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		,				1028190		
i	Net income (loss) (subtract line 8h from line 8c)	81						-324004		
j	Transfers to (from) the plan (see instructions)	8j	0							
Pai	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2H 2J 2K 2R 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in the ins	tructions:		
b	If the plan provides welfare benefits, enter the applicable welfare f	feature coo	les from the List of Pla	n Chara	acteris	tic Cod	des in the instr	ructions:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	Π	Amount		
	Was there a failure to transmit to the plan any participant contr bu	ıtions withi	n the time period		163	140		Amount		
-	descr bed in 29 CFR 2510.3-102? (See instructions and DOL's \ Program)	Voluntary F	iduciary Correction	10a		x				
t	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	t? (Do not	include transactions	10b		Х		_		
				10c	х			350	0000	
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		×				
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	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)			10g	×			12	2810	
h		(See instru	uctions and 29 CFR	10g		х	<i>25.</i>			
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	d notice or one of the	101						
							<u> </u>			

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Form 5500-SF 2017

Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500) and line 11a below)	complete Sch	edule S	В		Yes	No.
11a	Enter the unpaid minimum required contr butions 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 GERISA?		n 302 of	f 	🛮	Yes [X No
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver.		d enter t Day		of the lett Year	er rulin	ng
lf y	rou completed 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				
с	Enter the amount contributed by the employer to the plan for this plan year	<u>.</u>	12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative 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	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 brocontrol of the PBGC?				Yes	X No	
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ider which assets or liabilities were transferred. (See instructions.)						
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c	3) PN((s)