Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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

Parti	Annual Repor	t identification information				
For calend	ar plan year 2017 or	fiscal plan year beginning 01/01/	2017	and ending 12/	/31/2017	
A This ret	turn/report is for:	X a single-employer plan		an (not multiemployer) (F	_	
		a one-participant plan	a foreign plan			
b This retu	urn/report is	X the first return/report	the final return/report			
		an amended return/report	a short plan year retur	n/report (less than 12 mo	nths)	
C Check	box if filing under:	X Form 5558	automatic extension		DFVC program	m
		special extension (enter desc	. ,			
Part II	Basic Plan Inf	ormation—enter all requested in	formation			
1a Name RAMOS DEI	of plan NTAL 401(K) PROFI	Γ SHARING PLAN			1b Three-digir plan numb (PN) ▶	
					1c Effective d	ate of plan 01/01/2017
Mailing	g address (include ro	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.0	,			dentification Number 20-5357892
City or RAMOS DE		ce, country, and ZIP or foreign pos	tal code (if foreign, see inst	ructions)		telephone number 8-502-9974
					2d Business of	ode (see instructions)
35-53 82ND SUITE 1E	ST					621210
	IEIGHTS, NY 11372					
3a Plan a	dministrator's name a	and address X Same as Plan Spo	nsor.		3b Administra	tor's EIN
					0	
					3c Administra	tor's telephone number
		ne plan sponsor or the plan name h		•	4b EIN	
	sor's name	onsor's name, EIN, the plan name	and the plan number from t		4d PN	
C Plan N						
					.	
		s at the beginning of the plan year.			5a	0
	· · ·	s at the end of the plan year a account balances as of the end of		<u> </u>	5b	4
comp	lete this item)				5c	1
` '	·	articipants at the beginning of the p	•	<u> </u>	5d(1)	0
		articipants at the end of the plan ye			5d(2)	4
		o terminated employment during th			5e	
Caution: A	A penalty for the late	or incomplete filing of this retur	n/report will be assessed	unless reasonable caus		
SB or Sche		other penalties set forth in the instru and signed by an enrolled actuary, aplete.				
SIGN	Filed with authorize	d/valid electronic signature.	10/09/2018	NESTOR RAMOS		
HERE	Signature of plan	administrator	Date	Enter name of individu	al signing as pla	n administrator
SIGN						
HERE	Signature of empl	oyer/plan sponsor	Date	Enter name of individu	al signing as em	ployer or plan sponsor

Form 5500-SF 2017 Page **2**

	Were all of the plan's assets during the plan year invested in eligib		•					X Ye	s No
b	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							. X Ye	s Π No
	If you answered "No" to either line 6a or line 6b, the plan cann							. 🗀 .	о 🗀
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes No	Not de	termined
	If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC p	oremium filing for this pl	lan yea	ır		- <u>-</u>	(See inst	ructions.)
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) En	d of Year	
а	Total plan assets	7a	(3)	0			<u> </u>	23880)
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c		0				23880)
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt			(b)	Total	
а	Contributions received or receivable from:	2 (1)		5000					
	(1) Employers	8a(1)	,	5880					
	(2) Participants	8a(2)		18000	-				
	(3) Others (including rollovers)	8a(3)							
	Other income (loss)	8b						22000	
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						23880	
	to provide benefits)	8d							
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						()
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						23880)
<u>j</u>	Transfers to (from) the plan (see instructions)	8j							
Pai	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature co	odes from the List of Pla	an Cha	racteri	istic Co	odes in the in	structions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Plan	n Chara	acteris	tic Cod	des in the ins	tructions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
а	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)	-	•	10a		X			
b	,			IVa					
	reported on line 10a.)			10b		X			
				10c		X			
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X			
е	Were any fees or commissions paid to any brokers, agents, or other								
	carrier, insurance service, or other organization that provides som the plan? (See instructions.)			10e		X			
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		X			
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		X			
i	If 10h was answered "Yes," check the box if you either provided the	ne require	d notice or one of the						
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i					

Form 5500-SF 2017	Page 3- 1	
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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 Sche (Form 5500) and line 11a below)			Yes	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 ERISA?			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 instructions, and granting the waiver			of the letter rul Year	ing
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	X 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 brought under the control of the PBGC?			Yes X N	0
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	N(s)

For calen	idar plan year 2017 or t	iscal plan year beginning	01/01/2017	and ending	12/31/20	
A This r	eturn/report is for:	X a single-employer plan	list of participating of	plan (not multlemployer) employer information in a	(Filers checking this becordance with the fo	box must attach a erm instructions.)
D 75:		a one-participant plan	a foreign plan			
D INISTE	eturn/report is	X the first return/report	the final return/repor	t		
		an amended return/report	a short plan year ret	urn/report (less than 12 n	months)	
C Check	k box if filing under:	X Form 5558	automatic extension	1	DFVC program	
		special extension (enter desc	ription)			
Part II	Basic Plan Info	ormation—enter all requested in	formation			
1a Name RAMOS		PROFIT SHARING PLAN		•	1b Three-digit plan number	001
					(PN) 1C Effective date	001
		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			01/01/20	•
		yer, if for a single-employer plan) m, apt., suite no. and street, or P.C	D. Box)		2b Employer iden (EIN)20-535	
City o	or town, state or provinc	e, country, and ZIP or foreign post		structions)	2c Sponsor's tele	
RAMOS	DENTAL				(718) 502-	-9974
					2d Business code	(see instructions)
	92ND ST		•			
SUITE	1E ON HEIGHTS		N,	Y 11372	621210	
		nd address X Same as Plan Spor			3b Administrator's	EIN
		Д				
					36 Administrator's	telephone number
						·
		e plan sponsor or the plan name ha			4b EIN	
this p		plan sponsor or the plan name hansor's name, EIN, the plan name a			4b EIN	
this p	lan, enter the plan spor sor's name					
this p a Spons C Plan i	lan, enter the plan spor sor's name Name	nsor's name, EIN, the plan name a	nd the plan number from	the last return/report.	4d PN	
this p a Spons c Plan t	lan, enter the plan spor sor's name Name number of participants	nsor's name, EIN, the plan name a	nd the plan number from	the last return/report.	4d PN	0
this p a Spons c Plan t 5a Total b Total	lan, enter the plan spor sor's name Name number of participants number of participants	nsor's name, EIN, the plan name a at the beginning of the plan year at the end of the plan year	nd the plan number from	the last return/report.	4d PN 5a 5b	0 4
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