## 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

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	1			
For calenda	ar plan year 2017 or f	iscal plan year beginning 01/01/2	2017	and ending 1	2/31/2017	
A This ret	urn/report is for:	X a single-employer plan		plan (not multiemployer) ( employer information in ac	-	
		a one-participant plan	a foreign plan			
<b>B</b> This retu	urn/report is	the first return/report	the final return/repor	rt		
		an amended return/report	a short plan year ret	turn/report (less than 12 m	onths)	
C Check	oox if filing under:	X Form 5558	automatic extension	n	DFVC progra	ım
		special extension (enter desc	ription)			
Part II	Basic Plan Info	ormation—enter all requested in	formation			
1a Name NORTH SHO	•	LOFACIAL SURGERY , P.C. 401(K	() PROFIT SHARING PLA	AN	<b>1b</b> Three-dig plan numl (PN) ▶	
					1c Effective	date of plan 01/01/2005
		oyer, if for a single-employer plan)			<b>2b</b> Employer	Identification Number
		om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign pos		structions)	(EIN)	11-3332192
		LOFACIAL SURGERY P.C.	, ,	,		s telephone number 16-681-5330
					2d Business	code (see instructions)
901 OLD CO PLAINVIEW,	UNTRY ROAD NY 11803					621210
<b>3a</b> Plan a	dministrator's name a	and address X Same as Plan Spo	nsor.		<b>3b</b> Administra	ator's EIN
					3c Administra	ator's telephone number
		ne plan sponsor or the plan name h			4b EIN	
	an, enter tne pian spo or's name	onsor's name, EIN, the plan name a	and the plan number from	n the last return/report.	4d PN	
C Plan N	lame					
<b>5a</b> Total r	number of participants	s at the beginning of the plan year.			5a	2
		s at the end of the plan years			5b	2
<b>C</b> Numb	er of participants with	account balances as of the end of	the plan year (only defin	ed contribution plans	5c	2
	,	articipants at the beginning of the p			5d(1)	2
		articipants at the end of the plan ye	-		5d(2)	2
		o terminated employment during th			5e	0
Caution: A	penalty for the late	or incomplete filing of this retur	n/report will be assesse	ed unless reasonable ca	use is establish	ed.
Under pena SB or Sche	alties of perjury and o	ther penalties set forth in the instru and signed by an enrolled actuary,	ctions, I declare that I ha	ve examined this return/re	port, including, if	applicable, a Schedule
SIGN	Filed with authorized	d/valid electronic signature.	10/15/2018	JULES ROBERTS		
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as pla	an administrator
SIGN						
HERE	Signature of empl	over/plan sponsor	Date	Enter name of individ	ual signing as er	nplover or plan sponsor

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6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)									
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)						X Yes □ No			
	If you answered "No" to either line 6a or line 6b, the plan cann		,							
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes No Not determined			
	If "Yes" is checked, enter the My PAA confirmation number from the $\ensuremath{T}$	e PBGC p	remium filing for this p	lan yea	r		. (See instructions.)			
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning (	of Year			(b) End of Year			
а	Total plan assets	355566								
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	36	66158			355566			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b) Total			
<u>а</u>	Contributions received or receivable from: (1) Employers	8a(1)		4214						
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
<u>b</u>	Other income (loss)	8b		2128						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					6342			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		16934						
e	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)	(add lines 8d, 8e, 8f, and 8g)					16934			
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					-10592			
<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 2G 2J 2R	feature co	des from the List of Pl	an Cha	racteri	stic Co	des in the instructions:			
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	acterist	ic Cod	es in the instructions:			
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	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	•		10b		X				
С	Was the plan covered by a fidelity bond?			10c	Χ		40000			
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		X				
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.)					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-e	end.)	10g		Χ				
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 exceptions to providing the notice applied under 29 CFR 2520.10			10i						
_			· <del></del>		_					

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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)		В	Ye:	s 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?	n 302 of		Ye	s X No
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	d enter t		of the letter r Year	uling
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?		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	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	<b>3c(1)</b> Name of plan(s): 13c(2)	EIN(s)		13c(3) F	PN(s)

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Lebor 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** 

	dentification information							
For calendar plan year 2017 or fisc	al plan year beginning	01/01/2017	and ending	12/31/20				
A This return/report is for:	a single-employer plan	a multiple-employer pla list of participating en	an (not multiemployer) (l aployer Information in ac					
	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 retun	n/report (less than 12 me	onths)				
C Check box if filing under:	Form 5558	automatic extension	}	DFVC program	1			
	special extension (enter descri	iption)						
Part II Basic Plan Infor	mation—enter all requested infe	ormation						
1a Name of plan				1b Three-digit	_			
NORTH SHORE ORAL & MA	XILLOFACIAL SURGERY	, P.C. 401(K) PR	ROFIT SHARING	plen numbe (PN) ▶	or 001			
PLAN				1c Effective date of plan 01/01/2005				
2a Plan sponsor's name (employe	r, if for a single-employer plan)				lentification Number			
Mailing address (include room	apt., suite no. and street, or P.O., country, and ZIP or foreign posta	. Box)	uotions)	(EIN) 11-3				
NORTH SHORE ORAL & M			tictoria)	2c Sponsor's telephone number				
			516-681-5330					
901 OLD COUNTRY ROAD					de (see instructions)			
				621210				
PLAINVIEW	NY 11803							
3a Plan administrator's name and	address X Same as Plan Spon	sor.		3b Administrate	or's EIN			
				3c Administrate	or's telephone number			
				AA VALIIIIODOK	n o telephone namical			
	E							
4 If the name and/or EIN of the	lan sponsor or the plan name ha or's name, EIN, the plan name ar	s changed since the last re	eturn/report filed for	4b EIN				
a Sponsor's name	pr s name, cht, the pan name a	MO the bight yourse, nous a	ie iast ierom kieboir	4d PN				
C Plan Name				,				
5a Total number of participants a	the beginning of the plan year		14144-1117-11117-1-1-1-1-1-1	5a	٤			
<b>b</b> Total number of participants a				5b	2			
	count balances as of the end of the			5c	2			
d(1) Total number of active part	cipants at the beginning of the pla	n year		5d(1)	2			
d(2) Total number of active parti	cipants at the end of the plan yea	Г.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		5d(2)	2			
<ul> <li>Number of participants who to than 100% vested</li> </ul>	sminated employment during the			5e	0			
Caution: A penalty for the late or	incomplete filing of this return	report will be assessed	unless reasonable cau					
Under penaities of perjury and other SB or Schedule MB completed and belief, it is true, correct, and complete	r penaities set forth in the instruct bed by an enrolled actuary, as	tions, I declare that I have s well as the electronic ver	examined this return/rep sion of this return/report	oort, including, if e , and to the best o	oplicable, a Schedule f my knowledge and			
SIGN LIU MOLI	1	16/1/18	JULES ROBERTS					
HERE Signature of Jap ad	porietrator	Date	Enter name of individu	ial slanina as nian	administrator			
that again with Mr. A ON //			JULES ROBERTS	en nifimit do hidi	was in sent and			
SIGN //// HERE Signature of employ	er/plan sponsor	/ <i>D</i> / <i>i</i> /// <i>8</i> "	Enter name of individu	ıal signing as emp	lover or plan sponsor			

For Paperwork Reduction Act Notice see the Instructions for Form 5500-SF.

Form 5500-SF (2017)

6a	Were all of the plan's assets d	ring the plan year invested in eligible assets? (See instructions.)							Yes No		
b	Are you claiming a waiver of thunder 29 CFR 2520.104-46? (	of the annual examination and report of an independent qualified public accountant (IQPA)  37 (See instructions on waiver eligibility and conditions.)						*************	<b>X</b>	res No	
		er line 6e or line 6b, the plan cann					_		_		
C		lan, is it covered under the PBGC in		·			-	_		determined	
	If "Yes" is checked, enter the N	ly PAA confirmation number from th	e PBGC p	premium filing for this p	olan yea	tr			. (See in	structions.)	
Pa	tillii Financial Informa	tion									
7	Plan Assets and Liabilities	. 4	Lington the state of	(a) Beginning	of Yea	- 1		(b) End	of Year	-	
a	Total plan assets		7a		366,		2			355,566	
b	Total plan liabilities		7b				Ŷ				
Ċ	Net plan assets (subtract line 7	b from line 7a)	7c		366,	158				355,566	
8	Income, Expenses, and Transf	ers for this Plan Year		(a) Amour	nt			(b) *	Fotal		
a	Contributions received or recei (1) Employers	/able from:	8a(1)		4,	214	15.450s				
	(2) Participents		8a(2)					Complete Com		State : few and principles State : e. fræ her her her her her her her her her her her her her her	
	(3) Others (including rollovers)	-114.,	8a(3)								
b	Other income (loss)	21	8b								
		Ba(2), 8a(3), and 8b)	8c							6,342	
		ollovers and insurance premiums	8d		16,	934					
ė	Certain deemed and/or correct	ve distributions (see instructions)	8e			_					
_f	Administrative service provider	(salaries, fees, commissions)	81			_			414141		
g	Other expenses		8g	·	மல் வெள்ள மாது உள்ள மு		Tree!				
<u>h</u>	Total expenses (add lines 8d, 8	e, 8f, and 8g)	8h			145,27				16,934	
		8h from line 8c)	81							-10,592	
-		e instructions)	8j						all vallet grand in the state of the state o		
	Plan Characterist										
	2E 2G 2J 2R	nefits, enter the applicable pension									
Ь	If the plan provides welfare be	nafits, enter the applicable welfare fo	eature cod	es from the List of Pla	n Chere	octeris	tic Cod	des in the instr	uctions:		
Par	V Compliance Ques	tions						241	9		
10	During the plan year:	1990 A. S. C.				Yes	No		Amount		
а	described in 29 CFR 2510,3-	to the plan any participant contribut 1027 (See instructions and DOL's V	oluntary F	iduciary Correction	10a		х				
b	Were there any nonexempt to	nsactions with any party-in-interest	? (Do not i	include transactions	10b		х				
C	Was the plan covered by a fir	elity band?			10c	х				40,000	
d	Did the plan have a loss, whe by fraud or dishonesty?	her or not reimbursed by the plan's	fidelity bor	nd, that was caused	10d		х	A H MO SEC	1000		
9	Were any fees or commission carrier, insurance service, or c	s paid to any brokers, agents, or oth ther organization that provides som	er person: e or all of	s by an insurance the benefits under	10e		х				
f	The state of the s	any benefit when due under the plan			10f		х				
g		ant loans? (If "Yes," enter amount as			10g		х				
h	If this is an individual account 2520.101-3.)	plan, was there a blackout period? (	See instru	ctions and 29 CFR	10h		х		AND TO SERVE		
i	If 10h was answered "Yes," c	eck the box if you either provided th tice applied under 29 CFR 2520.101	e required	notice or one of the	101						

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		1						
Part	VI Pension Funding (	ompliance						
11		ubject to minimum funding requirements? (If "Yes," see instructions and w)	complete Sch	edule S	В	]_[	] Ye	s [] N
11a	Enter the unpaid minimum red	uired contributions for all years from Schedule SB (Form 5500) line 40.	****************	11a				
12	ERISA?	olan subject to the minimum funding requirements of section 412 of the	Code or sectio	n 302 ol	Î	] [	Υe	s X N
		lines 12b, 12c, 12d, and 12e below, as applicable.)						
а		ding standard for a prior year is being amortized in this plan year, see in		d enter t Day		of the I Ye		ruling
lf	you completed line 12a, com	lete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.					
b	Enter the minimum required co	ntribution for this plan year		12b				
Ċ	Enter the emount contributed b	y the employer to the plan for this plan year	A	12c				
d		c from the amount in line 12b. Enter the result (enter a minus sign to the		12d	37			4:
		unt reported on line 12d be met by the funding deadline?			Yes	No		N/A
	Plan Terminations	and Transfers of Assets						
13a	Has a resolution to terminate the	plan been adopted in any plan year?			Yes	Х	No	
	If "Yes," enter the amount of a	ny plan assets that reverted to the employer this year		13a				
b		puted to participants or beneficiaries, transferred to another plan, or bro			Yes X No			
ء ,		ssets or liabilities were transferred from this plan to another plan(s), idea transferred. (See instructions.)	ntify the plan(s)	to				
1	3c(1) Name of plan(s):	3,000,000	13c(2)	EIN(s)		13	c(3)	PN(s)
					-			

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