## 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 section 6058(a) of the Internal Revenue Code (the Code).

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OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

P	rension Benefit Guaranty Corporation	▶ Complete all entries in accord	dance wit	h the instructions to the Form 550	0-SF.	7	
		Identification Information					
For	calendar plan year 2009 or fis	scal plan year beginning 12/01/2009	9	and ending 1	1/30/2	2010	
Α.	This return/report is for:	x single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan	
В	This return/report is for:	first return/report	final retur	n/report			
		an amended return/report	short plar	year return/report (less than 12 mo	nths)		
C	Check box if filing under:	Form 5558		extension	,	DFVC program	
	Check box if filling drider.	special extension (enter description		o oxionolon		_ bi vo program	
D.	nut II Dania Dian Infa						
		rmation—enter all requested information	ation		1h	There a direit	
	Name of plan	YEES PROFIT SHARING PLAN			ID	Three-digit plan number	
IIXA L	J. ZINNEN, DDO, I O LIVII LO	TEEST NOTH SHAKING LEAN				(PN) • 001	
					1c	Effective date of plan	
						12/01/1976	
	•	dress (employer, if for single-employer	plan)		2b	Employer Identification Number	
IRA [	D. ZINNER, DDS, PC				0 -	(EIN) 13-2879367	
445 [	TACT 64CT CTDEET				2C	Plan sponsor's telephone number 212-421-8118	∍r
	EAST 61ST STREET / YORK, NY 10021				2d	Business code (see instructions)	
						621210	
		d address (if same as Plan sponsor, e			3b	Administrator's EIN	
IRA [	D. ZINNER, DDS, PC	115 EAST 61 NEW YORK,			0 -	13-2879367	
		TEW Ford,	141 10021		3C	Administrator's telephone number 212-421-8118	∍r
4	f the name and/or FIN of the r	port filed for this plan, enter the	4b EIN				
	4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name						
					4c	PN	
5a	5a Total number of participants at the beginning of the plan year						
b	<b>b</b> Total number of participants at the end of the plan year						
С	_						
	•				5c		0
		during the plan year invested in eligib				Yes	No
D		the annual examination and report of a (See instructions on waiver eligibility a				X Yes	No
		ther 6a or 6b, the plan cannot use Fo					
Pa	rt III Financial Inforn	nation					
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year	
а	Total plan assets		. 7a	1315599	)		0
b	Total plan liabilities		. 7b	(	)		0
С	Net plan assets (subtract line	e 7b from line 7a)	7c	1315599	)		0
8	Income, Expenses, and Tran	sfers for this Plan Year		(a) Amount		(b) Total	
а	Contributions received or rec						
	(1) Employers		. 8a(1)	(	)		
	(2) Participants		8a(2)	(	)		
	(3) Others (including rollover	Others (including rollovers)			)		
b	Other income (loss)		8b	-38424	ļ.		
С	Total income (add lines 8a(1)	), 8a(2), 8a(3), and 8b)	. 8c			-384	24
d	1 \	t rollovers and insurance premiums	. 8d	1277175	5		
е	•	ective distributions (see instructions)	. 8e	(	)		
f		ers (salaries, fees, commissions)		(	)		
g				(	_		
h	•	I, 8e, 8f, and 8g)				12771	75
i		ne 8h from line 8c)				-13155	
i		see instructions)		(			
			OI		,		

D 11/	Dian Characteristics	

HERE

SIGN HERE Signature of plan administrator

Signature of employer/plan sponsor

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

-										
Part	٧	Compliance Questions								
10	Dι	ring the plan year:				Yes	No		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)						0			
b		ere there any nonexempt transactions with any party-in-interest? (Dare 10a.)			10b		X			0
С	W	as the plan covered by a fidelity bond?			10c	Χ				150000
d		the plan have a loss, whether or not reimbursed by the plan's fide dishonesty?			10d		X			0
е	ins	ere any fees or commissions paid to any brokers, agents, or other purance service or other organization that provides some or all of the tructions.)	ne benefits under the	e plan? (See	10e		Х			0
f	На	s the plan failed to provide any benefit when due under the plan? .			10f		X			0
g	Die	the plan have any participant loans? (If "Yes," enter amount as of	year end.)		10g		X			0
h		his is an individual account plan, was there a blackout period? (Sec			10h		X			
i	If 1	Oh was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3.	equired notice or on	e of the	10i		X			
art	۷I	Pension Funding Compliance								
11		his a defined benefit plan subject to minimum funding requirements							Yes	X No
	(If If a gra	this a defined contribution plan subject to the minimum funding req 'Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable waiver of the minimum funding standard for a prior year is being a nting the waiver.	e.) amortized in this plar	n year, see instruc Mont	tions,	and e	nter th	ne date of t	Yes he letter ru Year	lling
-		completed line 12a, complete lines 3, 9, and 10 of Schedule M		-		Г	12b	<u> </u>		0
		ter the minimum required contribution for this plan year				⊢	12c			0
		ter the amount contributed by the employer to the plan for this plan otract the amount in line 12c from the amount in line 12b. Enter the	•				12d			
		gative amount)						 	<del>п., , , , , , , , , , , , , , , , , , , </del>	0
		I the minimum funding amount reported on line 12d be met by the f	funding deadline?					Yes	No	X N/A
Part		Plan Terminations and Transfers of Assets							V v	п
13a		s a resolution to terminate the plan been adopted during the plan y						1	X Yes	
		Yes," enter the amount of any plan assets that reverted to the empl					13a			0
	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?									
С		luring this plan year, any assets or liabilities were transferred from tich assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify th	e plai	n(s) to			_	
1	<b>13c(1)</b> Name of plan(s): <b>13c(2)</b> EIN(s) <b>13c(3)</b> PN(s)									
Caut	ion:	A penalty for the late or incomplete filing of this return/report	will be assessed u	ınless reasonabl	e cau	se is	establ	ished.		
Unde SB o	r pe r Sc	nalties of perjury and other penalties set forth in the instructions, I chedule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.	declare that I have e	examined this retu	rn/rep	ort, in	cludin	g, if applica		
	,	· · · · ·	09/15/2011	MICHAEL WASSE	ERST	EIN				
SIGI	N	Ü								

Date

Date

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor
Employee Senelits 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 section 6058(a) of the Internal Revenue Code (the Code).

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

2009

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I Annual Report Identification Information 11/30/2010 12/1/2009 and ending For calendar plan year 2009 or fiscal plan year beginning single-employer plan one-participant plan multiple-employer plan (not multiemployer) A This return/report is for: final return/report B This return/report is for: first return/report short plan year return/report (less than 12 months) an amended return/report DFVC program automatic extension Form 5558 C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1b Three-digit 1a Name of plan plan number 001 Ira D. Zinner, DDS, PC Employees Profit Sharing Plan (PN) 🕨 1c Effective date of plan 12/1/1976 2b Employer Identification Number 2a Plan sponsor's name and address (employer, if for single-employer plan) 132879367 (EIN) Ira D. Zinner, DDS, PC 2c Plan sponsor's telephone number 2124218118 2d Business code (see instructions) 621210 115 East 61st Street New York NY 10021 3b Administrator's EIN 3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") 132879367 3c Administrator's telephone number 2124218118 Ira D. Zinner, DDS, PC 115 East 61st Street New York NY 10021

4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the	4b EIN				
	name, EIN, and the plan number from the last return/report. Sponsor's name	4c	PŅ			
5a	Total number of participants at the beginning of the plan year	5a	7	3		
b	Total number of participants at the end of the plan year.	5b		0		
C	Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	5c		0		
6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)		*********	$\geq$	Yes No	
b	Are you claiming a waiver of the annual examination and report of an Independent qualified public accountant (IQI under 29 CFR 2520.104-48? (See instructions on waiver eligibility and conditions.)			×	Yes 📗 No	
	If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 55	<u>)0.</u>				
P	irtill Financial Information					

P,	Part III Financial Information								
7	Plan Assets and Liabilities	\$3×54	(a) Beginning of Year	(b) End of Year					
а	Total plan assets	7a	1315599	0					
b	Total plan liabilities	7b	0	0					
C	Net plan assets (subtract line 7b from line 7a)	7c	1315599	0					

8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal	
	Contributions received or receivable from:			Ó					
	(1) Employers			. 0	100			To the second	
	(2) Participants			0	12Ci				2 7 kg 17 kg
	(3) Others (including rollovers)		-3	8424		\$		in de la district Selection de la Company Selection de la Company	
	Other income (loss)				25.5	230,522	to gre uper cent di cen	-38	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	1 60	Participation of the Control of the			SANS S			
d	to provide benefits)	. 8d	127	7175	100				riga Vila. Kilonovana
е	Certain deemed and/or corrective distributions (see instructions)	. 8e		0	{??	9 (a) (b)			
f	Administrative service providers (salaries, fees, commissions)	. 8f		0	7			1. 4 A 4 A	
g	Other expenses			0		7777.			<u> </u>
h	Total expenses (add lines 8d, 8e, 8f, and 8g)				(S) (S)			12771	
i	Net income (loss) (subtract line 8h from line 8c)	- 8i	Start Sandania	da e		**************************************	1800 <b>1</b> 800 81808	-13155	Appear ages at the
j	Transfers to (from) the plan (see instructions)	·  8j		0	Q.	eta ed o		Kanaa	apaga anga apaga
Ba	rt IV Plan Characteristics								
Pa 9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Char	acteri	stic Co	des in	the instru	tions:	<del></del>
00									
	2E	familiare es	don from the List of Blan Char	arterio	lin Cor	doe in	the instruc	lians:	
b	If the plan provides welfare benefits, enter the applicable welfare	leatule w	Des Hotti (He List of Plan Chart	1010110		u <del>00</del> m	ule mad de	LIOTIO.	
<del>,,,,,</del>									
Pat	Compliance Questions						·		
10	During the plan year:			·	Yes	No		Amount	
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	uciary Con	rection Program)	10a	<u> </u>	X			
t	Were there any nonexempt transactions with any party-in-interest on line 10a.)	t? (Do not	include transactions reported	10b		×	<u> </u>		
c	Was the plan covered by a fidelity bond?			10c	X	:	-		15000
C	or dishonesty?		3136 ***** *****************************	10d		X			1
•	Were any fees or commissions paid to any brokers, agents, or old insurance service or other organization that provides some or all instructions.)	of the ben-	efits under the plan? (See	10e		×			
f	Has the plan failed to provide any benefit when due under the pla	in?	ng till elvenkelerbildig, tisenebssateris	10f		X			
ç	- must be the transfer of the San Tanana and the			10g		X	<del> </del>		1
	If this is an individual account plan, was there a blackout period?			109		<del>  ^ ` </del>	100		urtiger en
•	2520.101-3.)	·····		10h	<u> </u>				
i	If 10h was answered "Yes," check the box if you either provided I	he require	d notice or one of the	40:					4 +4
95. Jul 1	exceptions to providing the notice applied under 29 CFR 2520.10	11-3	***************************************	10i	<u> </u>	L	Ki (swi)	236.206	<i>*</i> ***********************************
	tVI Pension Funding Compliance		V 1 1 1 1		0-1-				
11	ls this a defined benefit plan subject to minimum funding requirem 5500))							Yes	No 🔀
12	Is this a defined contribution plan subject to the minimum funding							Yes	X No
	(if "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applic							23	
8	If a waiver of the minimum funding standard for a prior year is being	ng amortiz		ctions	and e	inter th	ne date of I	he letter n	Jina
18	granting the waiver. you completed line 12a, complete lines 3, 9, and 10 of Schedul								
	Enter the minimum required contribution for this plan year				Γ	12b	Ī	~ ***	
						12c	1		·······
d	Subtract the amount in line 12c from the amount in line 12b. Enter negative amount)	r the result	(enter a minus sign to the left	of a		12d			
	Will the minimum funding amount reported on line 12d be met by						Yes	No	∏ N/A
A	VII Plan Terminations and Transfers of Assets							4.4	·
		00.0000	any prior wood					× Yes	∏ No
132	Has a resolution to terminate the plan been adopted during the planting the plantin					13a	r	100	140
	If "Yes," enter the amount of any plan assets that reverted to the e	employ <b>er</b> U	ns year			145	1		

Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?

Yes No

Caution: A penalty for the late or incomplete filing of this retur	n/report will be assessed unless reasonable cause is established.
	ctions, I declare that I have examined this return/report, including, if applicable, a Schedule as well as the electronic version of this return/report, and to the best of my knowledge and
SIGN June 465	TRAD. ZINNER 185 Practat
HERE Signature of plan administrator	Date 7/4// Enter name of individual signing as plan administrator
SIGN Affice ( )	JAAD. ZINDER Droulost
HERE Signature of employer/plan sponsor	Date 9/6/11 Enter name of individual signing as employer or plan sponsor
	// -