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.

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2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I	Annual Report	t Identification Information				
For calend	ar plan year 2016 or f	fiscal plan year beginning 01/01/2	2016 	and ending 1	2/31/2016	
A This re	turn/report is for:	X a single-employer plan		plan (not multiemployer) (employer information in a	,	
		a one-participant plan	a foreign plan			,
B This ret	urn/report is	the first return/report	the final return/repor			
		an amended return/report	a short plan year ret	turn/report (less than 12 m	nonths)	
C Check	box if filing under:	Form 5558	automatic extension	า	DFVC program	
	· - · - · · · ·	special extension (enter descri				
Part II		ormation—enter all requested in	formation		T 41	
1a Name		PROFIT SHARING PLAN			1b Three-digit	_
DINDER & C	ONNELL DDS LLC F	PROFIT SHARING PLAN			plan numbe (PN) ▶	001
					1c Effective da	te of plan 1/01/1986
		oyer, if for a single-employer plan)				entification Number
		om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post		structions)	(=::1)	3-3882681
•	CONNELL DDS LLC	50, 55a.m.,, a.i.a <u>a.i.</u> 5. 15. 5.g., pool	a. codo (e.e.g, coo		2c Sponsor's te	elephone number -787-4966
	D. D. (.)./-D-				2d Business co	de (see instructions)
145 CENTAL NEW YORK,	PARK WEST NY 10023				6	21210
,						
3a Plan a	dministrator's name a	and address X Same as Plan Spor	nsor.		3b Administrato	or's EIN
					3c Administrato	or's telephone number
4 If the	name and/or EIN of th	ne plan sponsor has changed since	the last return/report filed	d for this plan, enter the	4b EIN	
name		umber from the last return/report.	·	·	4c PN	
		s at the beginning of the plan year			5a	
_		s at the end of the plan year			5b	
C Numb		account balances as of the end of			5c	
d(1) Tot	al number of active pa	articipants at the beginning of the pl	an year		5d(1)	
d(2) Tot	al number of active p	articipants at the end of the plan year	ar		5d(2)	
		t terminated employment during the			5e	
		or incomplete filing of this return			use is established	l.
SB or Sche		other penalties set forth in the instruction and signed by an enrolled actuary, a collete				
SIGN		d/valid electronic signature.	05/08/2017	JACK BINDER		
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing as plan	administrator
SIGN						
HERE		oyer/plan sponsor	Date			loyer or plan sponsor
Preparer's	name (including firm	name, if applicable) and address (ir	nclude room or suite num	nber)	Preparer's teleph	one number

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	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of								X Yes	No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condi	tions.)						× Yes	No
	If you answered "No" to either line 6a or line 6b, the plan cann					_	_	_	□ Nat datas	
	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 deter	minea
	rt III Financial Information		<u> </u>							
	Plan Assets and Liabilities		(a) Beginning				((b) End		
	Total plan assets	7a		673730)				2974017	
	Total plan liabilities	7b	2	673730	\				2974017	
	Net plan assets (subtract line 7b from line 7a)	7c			'					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) T	otal	
а	Contributions received or receivable from: (1) Employers	8a(1)		64859						
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		237108	3					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							301967	
d	Benefits paid (including direct rollovers and insurance premiums			4.500						
	to provide benefits)	8d		1500)					
	Certain deemed and/or corrective distributions (see instructions).	8e		4.00						
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f		180	, 					
<u>g</u>	Other expenses	8g							4000	
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1680	
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i							300287	
	Transfers to (from) the plan (see instructions)	8j								
	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2H 2R 3B 3D 2A									
b	If the plan provides welfare benefits, enter the applicable welfare f	feature cod	des from the List of Pla	n Chara	acteris	tic Cod	des in t	he instru	ictions:	
Par	t 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 contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's \Program)	Voluntary F	Fiduciary Correction	10a		X				
b		t? (Do not	include transactions	10b		X				
C	Was the plan covered by a fidelity bond?			10c	Χ					100000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
е		her person ne or all of	s by an insurance the benefits under	10e		Х				
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g		Х				
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 t exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i						

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Part	VI	Pension Funding Compliance						
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)					[] `	∕es X No
		the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a			
12		s a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?					│	res X No
	(lf "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	grant	aiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	/lonth _	s, and	d enter t Day		of the lette Year _	er ruling
If	you co	empleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		1		
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		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the live amount)			12d			
		ne 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 X N	lo
	If "Y€	s," enter the amount of any plan assets that reverted to the employer this year			13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougol of the PBGC?		er the			Yes	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	olan(s)) to			
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3) PN(s)
Part	VIII	Trust Information						
14a	Name	of trust			14b ⁻	Trust's E	EIN	
14c	Name	of trustee or custodian					s or custod ne number	ian's
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No	
		lid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	IШ		n-based narbor	d [Prior ye test	ear" ADP
				"Curre	ent year test	<u>"</u>	N/A	
16a 		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
	for the	e 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	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rece	ent determi	nation
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 sepa e?		rom	Ye	s [No	
19	Was a	any plan participant a 5% owner who had attained at least age 70 $^{1\!\!/}$ during the prior plan year?			Ye	s	No	

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

2016

This Form is Open to Public Inspection

Part I	Annual Repor	<u>rt Identification Info</u>	ormation						_
For calend		scal plan year beginning				and ending			_
_	eturn/report is for:	X a single-employer	plan	•		• • •		s checking this box must attach a ince with the form instructions)	
		a one-participant p	olan 🔲	a foreign	plan				
B This re	eturn/report is:	the first return/repo	ort 🔲	the final	return/repo	ort			
		an amended return	n/report	a short p	olan year re	turn/report (less than 12	monti	s)	
C Checi	box if filing under:	Form 5558		automati	ic extensio	n 🏡		DFVC program	
	-	special extension	enter description	n)					
Part I	Basic Plan In	formation—enter all re	equested informa	ation					_
	me of plan		•		•			Three-digit	_
Diadas 0	C"						Y	plan number (PN) ▶ 001	
	Connell DDS LLC aring Plan						-	Effective date of plan	-
i ioni oni	anny r ian							1/1/1986	
2a Pla	in sponsor's name (emp	ployer, if for a single-empl	oyer plan)	**:		<u> </u>	2b	Employer Identification Number	_
Ma	iling address (include r	com, apt., suite no. and si	treet, or P.O. Box	x)				(EIN) 13-3882681	
		ince, country, and ZIP or f	oreign postal co	de (if fore	ign, see ins	structions)	2c	Sponsor's telephone number	
Binder &	Connell DDS LLC				S			787-4966	_
) 2d	Business code (see instructions)	
	al Park West			۵					
New York	k, NY 10023			-			6212	.10	
3a Pla	in administrator's name	and address X Sam	e as Plan Spons	sor			3b	Administrator's EIN	
Same							3c	Administrator's telephone number	
			<u> </u>	***	~				
			_ ((
4 Ift	he name and/or EIN of	the plan sponsor has cha	nged since the	est return	report filed	for this plan, enter	4b	EIN	
		an number from the last re	eturn/report.						
	onsor's name						1	PN	_
		ts at the beginning of the	iA 59				<u>5a</u>		4
		ts at the end of the plan y				***************************************	<u>5b</u>		4
	mber of participants wit mplete this item)	h account balances às of	the end of the p		_	•	5c	j	,
d(1)	•	participants at the beginn	ing of the plan v			•••••••••••••••••••••••••••••••••••••••	5d(1		<u>4</u> 3
` '		participants at the end of					5d(2		<u>ء</u>
		at terminated amployment					1		<u> ۲</u>
	s than 100% vested						5e	}	0
Cauti	on: A penalty for the	late of incomplete filing	of this return/i	report wi	II be asses	sed unless reasonable	e cause	e is established.	Ť
Under pe	nalties of perjury and@	her penalties set forth in	the instructions.	I declare	that I have	examined this return/rep	ort. inc	luding, if applicable, a Schedule	
belief, it is	true, correct, and com	nd signed by an enrolled plete.	actuary, as well	as the ele	ectronic ver	sion of this return/report,	and to	the best of my knowledge and	
SIGN	19-52			5/8	19	Jack Binder			
HERE >	Signature of plan ac	ninistrate		Date		Enter name of individu	ıal signi	ing as plan administrator	
SIGN				519	17	Jack Binder			
HERE	Signature of employ	ver/plan sponsor		Date			ıal einni	ing as employer or plan sponsor	_
Preparer		name, if applicable) and a	ddress (include		uite numbe		_	arer's telephone number	-
·	• •	,				,		· · · · · · · · · · · · · · · · · · ·	
							1		ĺ

6a Were all of the plan's assets during the plan year invested in eligibl b Are you claiming a waiver of the annual examination and report of	an indeper	ident qualified pub	olic acco	ountant	(IQPA)	•		No No
under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan can	not use F	orm 5500-SF and	l must i	instead				No
c If the plan is a defined benefit plan, is it covered under the PBGC insurar	nce program	(see ERISA section	n 4021)?	?	<u> </u>	es 1	No Not deter	nined
Part III Financial Information	· · · · · · · · · · · · · · · · · · ·					T		
7 Plan Assets and Liabilities	<u> </u>	(a) Begir	ning o		-	<u> </u>	(b) End of Year	-
a Total plan assets	7a	 		2,67	3,730		2	974.017
b Total plan liabilities	7b							0
C Net plan assets (subtract line 7b from line 7a)	7c	<u> </u>		2,67	3,730		2	<u>,974,017</u>
8 Income, Expenses, and Transfers for this Plan Year	ļ	(a)	Amoun	<u>t </u>	A COLOR	70	(b) Total	
Contributions received or receivable from: (4) Foreigness	0-(4)	<u> </u>		. 14				
(1) Employers	8a(1)				4,859			
(2) Participants	8a(2)							
(3) Others (including rollovers)	8a(3)	 	- MA	<u>Y</u>	0			
b Other income (loss)	8b	!	10		37,108	 		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		41	-				301,967
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d				1,500	İ		
Certain deemed and/or corrective distributions (see instructions)	8e			-	1,300			
f Administrative service providers (salaries, fees, commissions)	8f		A CONTRACTOR		180			
	8g ,	D 100			100	i	 · ·	
Dother expenses (add lines 8d, 8e, 8f, and 8g)	₩						··	4.600
	8h0 8i							1,680
Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)	8							300,287
Part IV Plan Characteristics	1 9				0	<u> </u>		
9a If the plan provides pension benefits, enter the applicable pension	Genture co	tes from the List o	f Blan (`harad	oristia	Codos is t	o instructions:	
2E, 2H, 2R, 3B, 3D, 2A	nearure co.	ies nom the List o	FIGHT	maiace	ensuc .	codes in ti	ie mshachons.	
b If the plan provides welfare benefits, enter the applicable welfare to	ature code	es from the List of	Plan Cl	naracte	ristic C	odes in the	e instructions:	
Part V Compliance Questions	·							
10 During the plan year:				Yes	No	N/A	Amount	
a Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Vol								
		••••••	10a		Х			
b Were there any nonexempt transactions with any party-in-interest?								
transactions reported on line 10a.)			10b		X			
d Did the plan have a loss, whether or not reimbursed by the plan's f			10c	Х	<u> </u>			100,000
anned by fraud as dishananta	•		404		х	1 - 1		
Were any fees or commissions paid to any brokers, agents, or other		hv an	10d		 ^-			
insurance carrier, insurance service, or other organization that pro-					i			
benefits under the plan? (See instructions.)			10e		x			
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			10g		Х			
h If this is an individual account plan, was there a blackout period? (\$								
29 CFR 2520.101-3.)			10h		×	 	· · · · · · · · · · · · · · · · · · ·	
i If 10h was answered "Yes," check the box if you either provided the			40.					
one of the exceptions to providing the notice applied under 29 CFF	₹ ∠520.101	-3	10i	L				

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44	rt VI Pension Funding Compliance			
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)		Yes X No	<u> </u>
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	1a		0
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section of ERISA?		Yes X No	כ
	(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. Month	d enter the d		
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	<u> </u>		_
		2b.		—
		2c		—
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a	**		
_ u		2d		0
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	Ye	es No N/	 A
	rt VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?	Yes	X No	
		3a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or prought 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), dentify 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)	_
Pai	rt VIII Trust Information			_
14a	Name of trust	14b Tru	st's EIN	
14c	Name of trustee or custodian	444		
			stee's or custodian's ephone number	
Par				
15a	t IX IRS Compliance Questions Is the plan a 401(k) plan? If "No," skip b			_
15a	t IX IRS Compliance Questions Is the plan a 401(k) plan? If "No," skip b	tele	phone number	<u> </u>
15a	t IX IRS Compliance Questions Is the plan a 401(k) plan? If "No," skip b	Yes Design-based	No "Prior year" ADP test	
15a 15b	t IX IRS Compliance Questions Is the plan a 401(k) plan? If "No," skip b	Yes Design-baset safe harbor "Current year ADP test	No "Prior year" ADP test	
15a	Is the plan a 401(k) plan? If "No," skip b	Yes Design-based safe harbor "Current year	No I "Prior year" ADP test N/A	N/A
15a 15b	Is the plan a 401(k) plan? If "No," skip b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	Yes Design-based safe harbor "Current year ADP test Ratio percentage	No The Prior year ADP test N/A Average	 N/A
15a 15b	Is the plan a 401(k) plan? If "No," skip b	Yes Design-based safe harbor "Current year ADP test Ratio percentage test Yes	No	
15a 15b 16a	Is the plan a 401(k) plan? If "No," skip b	Yes Design-based safe harbor "Current year ADP test Ratio percentage test Yes er or advisor	No N	
15a 15b 16a 16b	Is the plan a 401(k) plan? If "No," skip b	Yes Design-based safe harbor "Current year ADP test Ratio percentage test Yes er or advisor	No N	N/A
15a 15b 16a 16b 17a	Is the plan a 401(k) plan? If "No," skip b	Yes Design-based safe harbor "Current year ADP test Ratio percentage test Yes er or advisor	No N	 N/A