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	Annual Report	Identification Information									
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017											
A This return/report is for: a single-employer plan 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 return/report is											
B This retu	urn/report is	the first return/report									
		an amended return/report	a short plan year retu	urn/report (less than 12 m	onths)						
C Check	box if filing under:	Form 5558	automatic extension		DFVC progr	ram					
	T	special extension (enter descri									
Part II	Basic Plan Info	ormation—enter all requested in	formation		1						
1a Name PAUL GERA	•	MD PROFIT SHARING PLAN			1b Three-di plan nun (PN) ▶						
			1c Effective date of plan 01/01/1990								
		yer, if for a single-employer plan) m, apt., suite no. and street, or P.C	D. Box)		2b Employe (EIN)	r Identification Number 27-5286921					
•	town, state or province RANDSIRE, DMD, PLL	ee, country, and ZIP or foreign post C	al code (if foreign, see ins	structions)	2c Sponsor's telephone number 914-413-1657						
					2d Business	s code (see instructions)					
26 LAKEVIE HARTSDALE					621210						
3a Plan a	dministrator's name ar	nd address 🛚 Same as Plan Spor	nsor.		3b Administ	rator's EIN					
					3c Administ	rator's telephone number					
						·					
4 If the r	name and/or FIN of the	e plan sponsor or the plan name ha	as changed since the last	return/report filed for	4b EIN						
this pl	lan, enter the plan spo	nsor's name, EIN, the plan name a									
•	or's name				4d PN						
C Plan N	vame										
5a Total	number of participants	at the beginning of the plan year			5a	6					
		at the end of the plan year			5b	2					
		account balances as of the end of			5c	2					
d(1) Tota	al number of active pa	rticipants at the beginning of the pl	lan year		5d(1)	6					
		articipants at the end of the plan ye			5d(2)	2					
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested						0					
Caution: A	A penalty for the late	or incomplete filing of this return	n/report will be assesse	d unless reasonable ca	use is establis	hed.					
SB or Sche		her penalties set forth in the instru nd signed by an enrolled actuary, a plete.									
SIGN	Filed with authorized	/valid electronic signature.	05/01/2018	EVELYN C. BOLWEL	BOLWELL						
HERE	Signature of plan a	dministrator	Date	Enter name of individ	lual signing as p	olan administrator					
SIGN	Filed with authorized	/valid electronic signature.	05/01/2018	EVELYN C. BOLWEL	L						
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individual signing as employer or plan spo							

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6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							X Yes No	
b	b 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.)								
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.								
C	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	ie PBGC pr	emium filing for this p	lan yea	r			(See instructions.)	
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of	of Year			(b) Fr	nd of Year	
a	Total plan assets	. 7a		33927			(/	2642208	
	Total plan liabilities	7b		0					
	Net plan assets (subtract line 7b from line 7a)	7c	238	33927	_				
8	Income, Expenses, and Transfers for this Plan Year	, ,,	(a) Amoun						
	Contributions received or receivable from:		(a) Amoun				(D)) TOTAL	
u	(1) Employers	8a(1)		5175					
	(2) Participants	. 8a(2)	4	19100				Yes No Not determined No Not determined No See instructions. Not determined No Not determined No Not determined No Not determined Not determined	
	(3) Others (including rollovers)	. 8a(3)							
b	Other income (loss)	. 8b	23	37758					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)							292033	
	Benefits paid (including direct rollovers and insurance premiums								
		le benefits)							
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	. 8e		0					
<u>f</u>	Administrative service providers (salaries, fees, commissions)	. 8f		0	_				
<u>g</u>	Other expenses	. 8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h						48219	
i_	Net income (loss) (subtract line 8h from line 8c)	. 8i						243814	
j	Transfers to (from) the plan (see instructions)								
Pai	Part IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2R 2T 3B 3D	feature cod	des from the List of Pla	an Cha	racteri	stic Co	des in the ir	nstructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Plan	n Chara	acteris	tic Cod	les in the ins	structions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
a		ıtions within	the time period		1.00			Amount	
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	/oluntary Fi	duciary Correction	10a		X			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X			
С	C Was the plan covered by a fidelity bond?			10c	X			200000	
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					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	ın?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-e	nd.)	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					
				·		_	· <u></u>		

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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	Yes X No					
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a							
12									
	(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 ruling Year					
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?		X Yes	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	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3) PN(s)					

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 section 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

P	art I Annual Repor	t Identification Information								
For	calendar plan year 2017 or f	iscal plan year beginning	01/01/2017	and ending	12/31/201	17				
A	This return/report is for:	x a single-employer plan a one-participant plan		plan (not multiemployer) (Filers checking this box must attach employer information in accordance with the form instructions.)						
B	This return/report is:	the first return/report	the final return/repor	,						
	This return open to.	· H	=		months)					
		an amended return/report	a short plan year reti	ım/report (less than 12	monus)					
C	Check box if filing under:	Form 5558	automatic extension		DFVC p	rogram				
		special extension (enter descr	ription)							
P	art III Basic Plan Info	ormation enter all requested	information							
1a	Name of plan				1b Three-digit					
	Paul Gerard Grands	ire, DMD Profit Sharing	Plan		plan numb (PN) ▶	001				
					1c Effective d					
2a	Mailing Address (include ro	loyer, if for a single-employer plan) oom, apt., suite no. and street, or P.(nce, country, and ZIP or foreign post	O. Box)	rtructions)		dentification Number -5286921				
	Paul G. Grandsire,		tal code (il loreign, see ins	illuctions)	2c Sponsor's	telephone number				
	raul G. Glandbile,	DND, FILE			(914) 413-1657					
	26 Lakeview Ave.				2d Business c 621210	ode (see instructions)				
	US Hartsdale NY 10530									
3a	Plan administrator's name	and address 🕱 Same as Plan Spo	onsor		3b Administra	tor's EIN				
					3c Administrat	tor's telephone number				
4		he plan sponsor or the plan name ha			4b EIN					
a	Sponsor's name				4d PN					
С	Plan Name									
	Total number of participant	s at the beginning of the plan year	*******************************	********************************	. 5a	6				
b	Total number of participant	s at the end of the plan year			. 5b	2				
C	Number of participants with	account balances as of the end of	the plan year (only define	d contribution plans	50	2				
d(1) Total number of active pa	articipants at the beginning of the pla	an year	····	. 5d(1)	6				
d(•	articipants at the end of the plan yea		***************************************	5.1(0)	2				
е	Number of participants who less than 100% vested	terminated employment during the			5e	0				
Ca	ution: A penalty for the late	e or incomplete filing of this retur	n/report will be assesse	d unless reasonable c	ause is establishe	d.				
SE	Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.									
C	IGN Evelys	1 solweel	13/1/18	Evelyn C. Bolw	ell					
230000	ERE signature of plan add	midistrator	Date	Enter name of individe	ual signing as plan :	administrator				
	1 Pin Pin	ashti, rell	71,118	Evelyn C. Bolw						
239	ERE Signature of employe	grinlen enoneor	Date	<u> </u>		over or plan spenses				
Water	HERE /Signature/of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor									

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b Are und if y c if if " Part 7 Pla a To b To c Ne 8 inc a Co (1) (2) (3)	ere all of the plan's assets during the plan year invested in eligible e you claiming a waiver of the annual examination and report of a set of 20,058,259,0104,462 (See instructions on university and a set of the set of	_	•				******	IXITAS I IIVO
Part 7 Pla a To b To c Ne 8 Inc a Co (1) (2)	nder 29 CFR 2520.104-46? (See instructions on waiver eligibility a	and conditions	i.)	*******		******		
Part 7 Pla a To b To c Ne 8 Inc a Co (1) (2)	you answered "No" to either line 6a or line 6b, the plan canno the plan is a defined benefit plan, is it covered under the PBGC in							□No. □ Not determine
7 Pla a To b To c Ne 8 Inc a Co (1) (2)	"Yes" is checked, enter the My PAA confirmation number from the					•		(See instructions.)
a To b To c Ne 8 Inc a Co (1) (2)	III Financial Information					5.0		
b To c Ne 8 Inc a Co (1) (2)	an Assets and Liabilities		(a) Beginning o	f Yea	Γ.		(b)	End of Year
C Ne 8 Inc a Co (1) (2)	otal plan assets	7a	2,30	83,9	27		1,24,190	2,642,208
8 Inc a Co (1) (2)	otal plan liabilities	7b			0		100	0
a Co (1) (2) (3)	et plan assets (subtract line 7b from line 7a)	7c	2,38	83,9	27	\perp		2,642,208
(1) (2) (3)	come, Expenses, and Transfers for this Plan Year		(a) Amount			_	70%	(b) Total
(3)	ontributions received or receivable from: Employers	8a(1)		5,1	75			
-	Participants	8a(2)		19,1	00			
-	Others (including rollovers)	8a(3)	547					
b Oth	her income (loss)	8b	23	37,7	58			
	ntal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						292,033
	enefits paid (including direct rollovers and insurance premiums provide benefits)	8d	4	18,2	19			
	ertain deemed and/or corrective distributions (see instructions)			,.	0			
_	Iministrative service providers (salaries, fees, commissions)	8f			0			
	her expensesher expenses	8g			0	1000		
-	otal expenses (add lines 8d, 8e, 8f, and 8g)	8h		Service Control	10000			48,219
-	et income (loss) (subtract line 8h from line 8c)	8i						243,814
_	ansfers to (from) the plan (see instructions)	81		14,4	67	600		
Part	and the same of th	0) 1		,.	•	Page 100		
	the plan provides pension benefits, enter the applicable pension for	natura cadas i	from the List of Blos C	horos	torioti	a Carl	oo io the ie	
34 11 11	2A 2E 2F 2G 2J 2R 2T 3B 3D		nom the List of Fight	ilala	iensu	L C00	62 11 116 111	siructions.
b If th	he plan provides welfare benefits, enter the applicable welfare fea	ature codes fro	om the List of Plan Ch	aracto	eristic	Code	s in the ins	tructions:
Part '	V Compliance Questions						0.00	
-	During the plan year:				Yes	No	NA	Amount
	Was there a failure to transmit to the plan any participant contribu	tions within th	e time period				0.01	
d	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	oluntary Fiduc	iary Correction	ΙI		4		
	Program)			10a		х		
	Were there any nonexempt transactions with any party-in-interest eported on line 10a.)			10Ь		x		
	Was the plan covered by a fidelity bond?			10c	х			200,000
	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		x		
e v	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ner persons by e or all of the	y an insurance benefits under	10e		ж		
f H	tas the plan failed to provide any benefit when due under the plan	1?		10f		х		
	Did the plan have any participant loans? (If "Yes," enter amount a			10g		х		
	f this is an individual account plan, was there a blackout period? (See instruction	ons and 29 CFR					
i If	2520.101-3.)			10h		X	Accord to the	and the second second second second second

_	Form 5500-SF 2017 Page 3 -				
Par	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete So (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 sect ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	ion 302	of	. 🗆 Yes	X No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, a granting the waiver	nd ente		te of the lette	er ruling
<u> f</u> y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			<u>.</u>	
b	Enter the minimum required contribution for this plan year.	12b			
С	Enter the amount contributed by the employer to the plan for the 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
Pari	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?	2	Yes	☐ 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?	e		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.)	s) to			
13	3c(1) Name of plan(s): 13c(2) El	N(s)		13c(3) i	PN(s)