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	_	i Identification Information						
For calend	dar plan year 2017 or fi	iscal plan year beginning 01/01/	2017		and ending 12	2/31/2017		
A This re	eturn/report is for:	X a single-employer plan			n (not multiemployer) (loyer information in ac		-	
		a one-participant plan	a foreign plan	3 - 1	.,.			,
B This ref	turn/report is	X the first return/report	the final return/					
		an amended return/report	a short plan yea	ar return/ı	report (less than 12 m	onths)		
C Check	box if filing under:	X Form 5558	automatic exte	nsion		DFVC pr	rogram	
	_	special extension (enter desc						
Part II	Basic Plan Info	ormation—enter all requested in	nformation					
1a Name	•	(K) PROFIT SHARING PLAN				1b Three plan r	number	001
						1c Effect	tive date of	
Mailin	ig address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.				2b Emplo	-	ication Number 581486
-	r town, state or province HODONTICS PC	ce, country, and ZIP or foreign pos	ital code (if foreign, s	ee instrud	ctions)	2c Spon	sor's telepl	hone number 1-1373
						2d Busin	ess code (see instructions)
	OGE PLZ, STE 243 K, NY 10573						6212	10
3a Plan a	administrator's name ar	nd address X Same as Plan Spo	onsor.			3b Admir	nistrator's E	ΞIN
						3c Admir	nistrator's t	elephone number
		ne plan sponsor or the plan name honsor's name, EIN, the plan name				4b EIN		
a Spons	sor's name Name					4d PN		
5a Total	number of participants	s at the beginning of the plan year				5a		1
		s at the end of the plan year				5b		1
		account balances as of the end of				5c		1
d(1) To	tal number of active pa	articipants at the beginning of the p	olan year			5d(1)		1
` '	•	articipants at the end of the plan ye				5d(2)		1
than	100% vested	o terminated employment during th				5e		0
		or incomplete filing of this return						obla a Calcadula
SB or Sch		ther penalties set forth in the instru and signed by an enrolled actuary, aplete.						
SIGN	Filed with authorized	d/valid electronic signature.	08/22/2018	•	JUDITH OKUN			
HERE	Signature of plan a	administrator	Date		Enter name of individe	ual signing a	as plan adn	ninistrator
SIGN	Filed with authorized	d/valid electronic signature.	08/22/2018	,	JUDITH OKUN			

Date

HERE

Enter name of individual signing as employer or plan sponsor

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	Were all of the plan's assets during the plan year invested in eligibl Are you claiming a waiver of the annual examination and report of a							X Yes	No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	and condit	ions.)					X Yes	No
_	If you answered "No" to either line 6a or line 6b, the plan cannot be also in a defined benefit plan in it sourced under the DDCC in						_	☐ Not deterr	minad
C	If the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from the		= '					. (See instruct	
		ет вос р	remain ming for this p	iaii yea	'			(See ilistruct	.10113.)
Pa	rt III Financial Information				1				
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End	of Year	
<u>a</u>	Total plan assets	7a	;	32465				61024	
b	Total plan liabilities	7b		0				0	
	Net plan assets (subtract line 7b from line 7a)	7c		32465				61024	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b) -	Total	
a	Contributions received or receivable from: (1) Employers	8a(1)		6056					
	(2) Participants	8a(2)	2	24000					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b		3503					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						33559	
d 	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		5000					
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)	8h						5000	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						28559	
j_	Transfers to (from) the plan (see instructions)	8j							
Par	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension $2E 2J 3D$	feature co	des from the List of Pl	an Cha	racteris	stic Co	des in the ins	tructions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Pla	n Chara	acterist	ic Cod	es in the instr	uctions:	
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 contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	40-		V			
h	Program) Were there any nonexempt transactions with any party-in-interest			10a		X			
	reported on line 10a.)			10b		Χ			
<u>C</u>	, , , , , , , , , , , , , , , , , , , ,			10c		Χ			
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		Χ			
е	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.)	e or all of	the benefits under	10e		X			
f	Has the plan failed to provide any benefit when due under the plan	n?	·····	10f		X			
g			·	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 2520.101	ne required	d notice or one of the	10i					

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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)	nedule S	B	Y	′es 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?	n 302 o	f 	Y	′es X No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an granting the waiver			of the lette Year _	r ruling
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?		Ye	s X N	0
	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

Department of Labor Employee Benefits Security Administration

Parraion 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 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 For calendar plan year 2017 or	rt Identification Informatio	01/01/2017	and ending	12/31/203	7		
For Calendar pien your 2017 Or	a single-employer plan	a multiple-employer plan					
A This return/report is for: B This return/report is:	a one-participant plan the first return/report	a list of participating emp a foreign plan the final return/report					
	an amended return/report	a short plan year return/n	eport (less than 12 i	nonths)			
C Check box If filing under:	Form 5558	automatic extension		☐ DFVC p	rogram		
Part III Part - Director							
an III Basic Plan In	formation enlor all requester	Information	_	1b Three-digit			
	PC 401(k) Profit Shar	ing Plan		plan numbe (PN) ▶			
				1c Effective di 01/01/2			
Mailing Address (include re	oloyer, if for a single-employer plan; com, apt., suite no. and street, or P	.O. Bax)	tions)	2b Employer Identification Number (EIN) 47-2581486			
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Okun Orthodontics PC					telephone number 20-1373		
14 Rye Ridge Plz,	Ste 243			2d Business c 621210	ode (see instructions).		
US Rys Brook MY 10573	and address X Same as Plan S			3b Administrat	To be the second		
				3c Administrat	tor's telephone number		
	he plan sponsor or the plan name onsor's name. EIN, the plan name			4b EIN			
a Sponsor's name C Plan Name				4d PN			
a Total number of participan	is at the beginning of the plan year	Action 1		5a	1		
	is at the end of the plan year			5b	1		
Number of participants with complete this item)	account balances as of the end o	the plan year (only defined con	Inbution plans	5c	1		
(1) Total number of active p	articipants at the beginning of the p	lan year		5d(1)	1		
	articipants at the end of the plan ye		W. 45	5d(2)	1		
less than 100% vested	o terminated employment during the	e plan year with accrued benefit	s that were	50	ø		
Inder penalties of perjury and	e or incomplete filing of this retu other penalties set forth in the instr and signed by an enrolled actuary mplete.	uctions, I declare that I have ex-	amined this return/re	port, including, if a	pplicable, a Schedule		
SIGN Y	COX.		dith Okun				
HERE Signature of plan ad	minjetrator	- VI	ter name of individu	al signing as plan a	administrator		
HERE Signature of employ	eriplan sponsor	al a gA(N)	dith Okun der name of Individu	al signing as emplo	oyer or plan sponsor		
		2					

6a	Were all of the plan's assets during the plan year invested in eligible	assets? (Se	e Instructions.)					X Yes	□No
b	Are you claiming a waiver of the annual examination and report of the								
	under 29 CFR 2520.104-467 (See instructions on waiver eligibility a		The second secon		10-04		-	X Yes	□ No
	If you answered "No" to either line 6a or line 6b, the plan cannot	ot use Form	5500-SF and must li	nstead	use Form	5500.			
G	If the plan is a defined benefit plan, is it covered under the PBGC in	surance prog	ram (see ERISA sec	tion 402	1)7	Yes	□ No	□ Not o	determined
	If "Yes" is checked, entar the My PAA confirmation number from the	PBGC prem	ium filing for this yea	r				(See Instr.	ctions.)
P	art III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Yea	r		(b) End	of Year	
a	Total plan assets	7a		32,4	65			61	,024
b	Total pian liabilities	7b		-	0				0
C	Net plan assets (subtract line 7b from line 7a)	7c		32,4	65			61	024
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	nt			(b) 7	Total	
a	Contributions received or receivable from:	2-145							
	(1) Employers	Sa(1)		6,0		-	_		
-	(2) Participants	8a(2)		24,0	00	_			
b	(3) Others (including rollovers)	8n(3)			22	-			
	Other income (loss)	85		3,5	03	_		-	
d	Total Income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c		-		_		33	559
u	to provide benefits)	8d		5,0	00				
8	Certain deemed and/or corrective distributions (see instructions)	80							
f	Administrative service providers (salaries, fees, commissions)	81			100				
я	Other expenses	89							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		-				5.	000
1	Net income (loss) (subtract line 8h from line 8c)	81							559
1	Transfers to (from) the plan (see instructions)	81							
P	irt IV Plan Characteristics								
_	If the plan provides pension benefits, enter the applicable pension for	ature codes	from the List of Plan	Charact	eristic Cod	les in the	Instruct	ons!	
	2E 2J 3D	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-,		40 111 401		41.04	
b	If the plan provides welfare benefits, enter the applicable welfare fea	atura codes fr	om the List of Plan C	haracle	ristic Code	s in the	instructio	ns:	
1									_
_	art V Compliance Questions				-	1			
10	During the plan year:	-		-	Yes No	N/A	-	Amount	
а	described in 29 CFR 2510.3-1027 (See Instructions and DOL's Vo								
-	Program)	16 (16)	3.6.0.0	10a	x				_
D	Ware there any nonexempt transactions with any party-in-interest reported on line 10a.)	(Do not inch	ide transactions	106	x				
c	Was the plan covered by a fidelity bond?			100	×				
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bond,	that was caused	10d	×				
0	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.)			10e	x				
f	Has the plan failed to provide any benefit when due under the plan	7		101	x				
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year end.		10g	×				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h	x				
1	If 10h was enswered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101		tice or one of the	101					

Eners 5500, CE 204	-

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Part VI	Pension Funding Compliance						
	a defined benefit plan subject to minimum funding requirements?	(If "Yes," see Instructions and c	omplete Sch	edule S	88	☐ Ye	s X f
11a Enter	the unpaid minimum required contributions for all years from Sche	edule SB (Form 5500) line 40		11a			
	a defined contribution plan subject to the minimum funding requi		ode or section	n 302 d	ıf	☐ Ye	s X /
(117)	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as a	applicable.)					4.4
granti	siver of the minimum funding standard for a prior year is being am ng the waiver	Mo	nth	d enter Da		of the lett	er ruling
If you co	npleted line 12s, complete lines 3, 9, and 10 of Schedule MB	Form 5500), and skip to line 1	3.				
b Enter	the minimum required contribution for this plan year,			12b			
C Enter	the amount contributed by the employer to the plan for the plan ye	ar	-	12c			
	ect the amount in line 12c from the amount in line 12b. Enter the rive amount)	result (enter a minus sign to the	left of a	12d			
e Will th	e minimum funding amount reported on line 12d be met by the fun	nding 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 N	a
H*Ye	," entar the amount of any plan assets that reverted to the employ	yer this year		13a			
	all the plan assets distributed to participants or beneficiaries, trans	sferred to another plan, or broug	ht under the			Yes 🗓	No
	ng this plan year, any assets or liabilities were transferred from the assets or liabilities were transferred. (See instructions.)	is plan to another plan(s), identil	y the plan(s) to			
130(1) 6	ame of plan(s):		13c(2) Ell	V(s)		130(3)	PN(5)