## 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).

2017

This Form is Open to **Public Inspection** 

OMB Nos. 1210-0110

1210-0089

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

Part I		<b>Identification Information</b>	n								
For calenda	ar plan year 2017 or fi	scal plan year beginning 01/01/	<u>/2017</u>		and ending 1	2/31/2017					
■ A This return/report is for:  A This return/report is for:  □ a single-employer plan □ a multiple-employer plan (not multiemployer plan list of participating employer information in						- ·					
<b>B</b> This retu	urn/roport in	a one-participant plan	a foreign	a foreign plan							
D This retu	um/report is	the first return/report	the final r								
an amended return/report a short plan year return/report (less than 12						months)					
C Check b	oox if filing under:	X Form 5558		c extension		DFVC progr	am				
	ı	special extension (enter desc	• /								
Part II		ormation—enter all requested in	nformation			T					
<b>1a</b> Name JACK N. ZO	of plan NAN, DDS, PC PROF	TT SHARING PLAN				1b Three-diplan num (PN) ▶					
						1c Effective	date of plan 01/01/1994				
Mailing	address (include roo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.				<b>2b</b> Employer Identification Number (EIN) 13-3186172					
•	town, state or province ONAN, DDS, PC	ee, country, and ZIP or foreign pos	stal code (if fore	eign, see instru	uctions)		's telephone number 014-948-8111				
440 NI CENT	DAL AVE					2d Business code (see instructions)					
116 N CENT HARTSDALE	E, NY 10530-1910					621210					
3a Plan a	dministrator's name a	nd address X Same as Plan Spo	onsor.			<b>3b</b> Administrator's EIN					
						3c Administrator's telephone number					
		e plan sponsor or the plan name h				4b EIN					
<b>a</b> Spons <b>c</b> Plan N	or's name					4d PN					
<b>5a</b> Total r	number of participants	at the beginning of the plan year.				. 5a	3				
		at the end of the plan yearaccount balances as of the end of				. 5b	3				
compl	ete this item)					5c	2				
` '	·	irticipants at the beginning of the p	•			5d(1) 5d(2)	3				
		articipants at the end of the plan year terminated employment during the				5e	0				
than '	100% vested	or incomplete filing of this retur									
Under pena SB or Sche	alties of perjury and ot edule MB completed a	ther penalties set forth in the instrund signed by an enrolled actuary,	uctions, I declar	e that I have	examined this return/re	port, including,	if applicable, a Schedule				
SIGN	Filed with authorized	/valid electronic signature.	09/28/	/2018	DANIEL ZONAN						
HERE	Signature of plan a					lual signing as p	lan administrator				
SIGN											
HERE For Papersus	Signature of emplo	oyer/plan sponsor	Date		Enter name of individ	lual signing as e	employer 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.)							s No			
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.)							s $\Pi$ No			
	nder 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)										
С	If the plan is a defined benefit plan, is it covered under the PBGC in							termined			
	If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC p	remium filing for this p	lan yea	r		(See instr	uctions.)			
Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning (	of Year			(b) End of Year				
а	Total plan assets	7a	11	12002			1234082				
b	Total plan liabilities	7b									
С	Net plan assets (subtract line 7b from line 7a)	7c	111	12002							
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)									
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	1:	24720							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					124720				
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		2640							
е	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					2640				
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i					122080				
<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 $2A$ $2E$ $3D$	feature co	des from the List of Plant	an Cha	racteri	stic Co	des in the instructions:				
b	If the plan provides welfare benefits, enter the applicable welfare for 4B	eature cod	es from the List of Pla	n Chara	acteris	tic Coc	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.)	? (Do not	include transactions	10b		X					
с				10c	Χ		100	0000			
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused	10d		X	100	000			
е	by fraud or dishonesty?					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	X		15	5534			
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							

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Part	VI Pension Funding Compliance								
11	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)								
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40									
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>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?									
C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)									
1	<b>3c(1)</b> Name of plan(s): 13c(2)	EIN(s)		13c(3) F	PN(s)				

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## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

## 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).

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation	► Complete all entries in acco	rdance with the instr	uctions to the Form 5	500-SF.	rablic ilispection			
Part I Annual Report Id	entification Information							
For calendar plan year 2017 or fisca		/01/2017	and ending	•	1/2017			
A This return/report is for:		,	ng this box must attach a th the form instructions.)					
E This return/report in	a one-participant plan	a foreign plan						
B This return/report is	the first return/report	the first return/report the final return/report						
	months)							
C Check box if filing under:	Form 5558	automatic extension		DFVC program				
	special extension (enter description				"			
1000 1000 1000 1000 1000 1000 1000 100	nation—enter all requested inform	ation		46	11-14			
1a Name of plan				1 1b Three plan r	-aigit iumber 002			
JACK N. ZONAN, DDS, PC	PROFIT SHARING PLAN			(PN)				
				1	lve date of plan L/1994			
2a Plan sponsor's name (employer Mailing address (include room.	r, if for a single-employer plan) apt., suite no. and street, or P.O. Bo	x)			yer Identification Number			
City or town, state or province, DANIEL J. ZONAN, DDS,	country, and ZIP or foreign postal co	de (if foreign, see instr	uctions)	2c Spons	sor's telephone number			
				914-948-8111  2d Business code (see instructions)				
116 N CENTRAL AVE				621210				
HARTSDALE	NY 10530-1910							
3a Plan administrator's name and	address 🔀 Same las Plan Sponsor.			3b Administrator's EIN				
				3c Administrator's telephone number				
				Administrator a telepriorie fidiniser				
	lan sponsor or the plan name has cl			4b EIN				
this plan, enter the plan sponsors  a Sponsor's name	or's name, EIN, the plan name and t	he plan number from th	e last retum/report.	4d PN				
C Plan Name				144 114				
5a Total number of participants at	the beginning of the plan year			5a	:			
<b>b</b> Total number of participants at	the end of the plan year			. 5b	:			
	count balances as of the end of the	• • •	·	5c				
d(1) Total number of active partic	ipants at the beginning of the plan y	ear	***************************************	5d(1)				
d(2) Total number of active partic	cipants at the end of the plan year			5d(2)				
	rminated employment during the pla	•	nefits that were less	5e				
	Incomplete filing of this return/rep		uniess reasonable ca	use is estab	lished.			
SB or Schedule MB completed and	r penalties set forth in the instruction signed by an enrolled actuary, as w	s, I declare that I have ell as the electronic ver	examined this return/re sion of this return/repo	port, including the property in the property i	g, if applicable, a Schedule best of my knowledge and			
belief, it betrue, correct, and comple	•	A 2010	Daniel Zonan					
SIGN HERE	<u> ann</u>	9-28-18						
Signature of plan adm	ninistrator	Date	Enter name of individ	tual signing a	s plan administrator			
SIGN HERE	<u> </u>	q-78-78						
Signature of employe	Signature of employer/plan aponsor Date Enter name of individual signing as employer or plan sponsor							

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b	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 under 29 CFR 2520,104-467 (See instructions on waiver eligibility if you answered "No" to either line 6a or line 6b, the plan cannot the plan is a defined benefit plan, is it covered under the PBGC (in	an indepe and condi not use Fo	ndent qualified public a tions.) orm 5500-9F and mus	account it Instea	ant (IC	PA) Form		Yes No Yes No Ot determined		
	If "Yes" is checked, enter the My PAA confirmation number from the	ne PBGC p	premium filling for this p	lan yes	ır		(See	instructions.)		
Pa	rt III Financial Information	7				"				
_7_	Plan Assets and Liabilities		(a) Beginning		-		(b) End of Ye			
	Total plan assets	. 7a	1,	112,	003		****	1,234,082		
b_	Total plan liabilities	. 7b			_					
C	Net plan assets (subtract line 7b from line 7a)	. 7c	1,	112,	002			1,234,082		
8	Income, Expenses, and Transfers for this Plan Year	The state of	(a) Amour	ıt	_		(b) Total			
a	Contributions received or receivable from: (1) Employers	8a(1)					- Kiri			
	(2) Participants	8a(2)			1.5		Shirt Street	: <u></u>		
	(3) Others (including rollovers)	. 8a(3)					- iw - iw - in the interest of			
b	Other income (loss)	8b		124,	720	4				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	HERROR HOLDS					124,720		
d	Benefits paid (including direct rollovers and insurance premiums	8d		2.	640					
	to provide benefits)				-					
					$\dashv$					
	g Other expenses 8g			· · · · · · · ·	- F	100 A	**************************************			
_ <u>n</u>	Total expenses (add lines 8d, 8e, 8f, and 8g) 8h							2,640		
<u></u>	Net Income (loss) (subtract line 8h from line 8c)	81						122,080		
	Transfers to (from) the plan (see Instructions)	8]				1	a sale in the first of the sale in	Specific Comments		
	t IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2A ZE 3D	feature co	odes from the List of Pl	an Cha	racteris	stic Co	des in the instruction	15:		
ь	If the plan provides welfare benefits, enter the applicable welfare f $4\mathrm{B}$	eature cod	tes from the List of Pla	n Chare	acterisi	lic Cod	les in the instructions	3;		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	Amou	nt		
а	Was there a failure to transmit to the plan any participant contributions described in 29 CFR 2510,3-102? (See Instructions and DOL's Norgram)	/oluntary F	iduciary Correction	10a		х				
þ	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		х				
С				10c	х			100,000		
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?			10d		х		·		
е	e 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.)			10e		х	10 8 th at			
f	f Has the plan failed to provide any benefit when due under the plan?					x				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g	Х		1 1 111 111	15,534		
h	2520.101-3.)	<u></u>		10h		х				
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10			10i						

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Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding require (Form 5500) and line 11a below)	rements? (If "Yes," see instruc	tions and complete Sch	edule S	В		Yes	□ No
11a	Enter the unpaid minimum required contributions for all years t					•		
12	Is this a defined contribution plan subject to the minimum fund ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e be	ling requirements of section 4	12 of the Code or sectio	n <b>302</b> o			Yes	X No
a	If a waiver of the minimum funding standard for a prior year is granting the waiver.	being amortized in this plan ye		i enter i Dav		of the lette Year	er ruli	ng
lf y	you completed line 12a, complete lines 3, 9, and 10 of Sche				_			
þ	Enter the minimum required contribution for this plan year			12b				
	Enter the amount contributed by the employer to the plan for thi			12c				
	Subtract the amount in line 12c from the amount in line 12b. El negative amount)	nter the result (enter a minus s	ign to the left of a	12d				
e	Will the minimum funding amount reported on line 12d be met				Yes	No	<b>□</b> •	N/A
Part*	VIII Plan Terminations and Transfers of Assets		"-					
13a	Has a resolution to terminate the plan been adopted in any plan year	ar?			Yes	<u> </u>	vo.	
	If "Yes," enter the amount of any plan assets that reverted to the	ne employer this year		13a	<u> </u>			
b	Were all the plan assets distributed to participants or beneficial control of the PBGC?				[	Yes [	S No	)
c	If, during this plan year, any assets or liabilities were transferre which assets or liabilities were transferred. (See instructions.)	d from this plan to another pla	in(s), identify the plan(s)	to				
1	3c(1) Name of plan(s):		13c(2)	EIN(5)		13c(3	) PN	(s)
	**************************************							