## **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

2018

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information					
For calend	lar plan year 2018 or fi	scal plan year beginning 01/01/2	018	and ending 12	2/31/2018		
A This re	turn/report is for:	a single-employer plan		olan (not multiemployer) ( mployer information in ac			
		a one-participant plan	a foreign plan				
<b>B</b> This ret	urn/report is	the first return/report	the final return/report				
_		an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)		
C Check	box if filing under:	Form 5558	automatic extension		DFVC progra	am	
		special extension (enter descr	. ,				
Part II	Basic Plan Info	ormation—enter all requested inf	ormation		T		
1a Name BINDER & 0	•	PROFIT SHARING PLAN			<b>1b</b> Three-dig plan num (PN) ▶		
					1c Effective	date of plan 01/01/1986	
		oyer, if for a single-employer plan) m, apt., suite no. and street, or P.C	) Roy)			Identification Number	
		ce, country, and ZIP or foreign post		tructions)	(EIN)	13-3882681	
BINDER & C	CONNELL DDS, LLC					s telephone number 12-787-4966	
					2d Business	code (see instructions)	
145 CENTR. NEW YORK	AL PARK WEST , NY 10023		621210				
3a Plan a	administrator's name a	nd address $\overline{X}$ Same as Plan Spor	nsor.		<b>3b</b> Administr	ator's EIN	
					3c Administr	ator's telephone number	
						·	
4 If the	name and/or EIN of the	e plan sponsor or the plan name ha	as changed since the last	return/report filed for	<b>4b</b> EIN		
this p	lan, enter the plan spo	nsor's name, EIN, the plan name a			4-1 50	_	
a Spons C Plan N	sor's name				4d PN		
• Halli	vanie						
<b>5a</b> Total	number of participants	at the beginning of the plan year			5a	4	
<b>b</b> Total	number of participants	at the end of the plan year			5b	4	
	· ·	account balances as of the end of		· ·	5c	4	
<b>d(1)</b> Tot	tal number of active pa	rticipants at the beginning of the plant	an year		5d(1)	3	
		articipants at the end of the plan year			5d(2)	3	
		terminated employment during the			5e	0	
Caution: A	A penalty for the late	or incomplete filing of this return	n/report will be assessed	d unless reasonable ca			
SB or Sch		her penalties set forth in the instruc nd signed by an enrolled actuary, a plete.					
SIGN		/valid electronic signature.	07/07/2019	JACK BINDER			
HERE	Signature of plan a	administrator	Date	Enter name of individ	ual signing as pl	an administrator	
SIGN							
HERE	Signature of emplo	over/plan sponsor	Date	Enter name of individ	ual signing as er	mplover 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.)								X	Yes No
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility							×	Yes No
	If you answered "No" to either line 6a or line 6b, the plan cann								
С	If the plan is a defined benefit plan, is it covered under the PBGC in					_			t determined
	If "Yes" is checked, enter the My PAA confirmation number from the	ie PBGC p	remium filing for this p	lan yea	r			(See	instructions.)
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning (	of Year			(b)	End of Yea	ar
а	Total plan assets	7a	34:	32739				3254	1778
b	Total plan liabilities	7b		0					0
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	343	32739				3254	1778
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt				(b) Total	
а	Contributions received or receivable from: (1) Employers	8a(1)		62834					
	(2) Participants	8a(2)		0					
	(3) Others (including rollovers)	8a(3)		0					
b	Other income (loss)	8b	-22	29206					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-166	6372
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0					
е	Certain deemed and/or corrective distributions (see instructions) $\dots$	8e		0					
f	Administrative service providers (salaries, fees, commissions)	8f	,	11589					
g	Other expenses	8g		0					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						11	1589
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-177	7961
j	Transfers to (from) the plan (see instructions)	8j		0					
Pa	t IV Plan Characteristics								
9a 	If the plan provides pension benefits, enter the applicable pension 2A 2E 2R 3B 3D	feature co	des from the List of Plant	an Cha	racteri	stic Co	odes in the	instruction	s:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	ic Cod	des in the i	nstructions	:
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amour	nt
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.)			10b		X			
С	Was the plan covered by a fidelity bond?			10c	X				350000
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		X			
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.)	ne or all of	the benefits under	10e		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	s of year-	end.)	10g		X			
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	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche (Form 5500) and line 11a below)		В	Y	es 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?		:	Y	es X No
	(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	d enter t Day		of the lette Year _	r ruling
lf :	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	× 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	<b>3c(1)</b> Name of plan(s): 13c(2)	EIN(s)		13c(3)	PN(s)

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Pension Benefit Guaranty Corporation

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).

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

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to **Public Inspection** 

	t Identification Information	1		46/04/	100
For calendar plan year 2018 or f	iscal plan year beginning	01/01/2018	and ending	12/31/20	
A This return/report is for:	X a single-employer plan	a multiple-employer pla list of participating em	n (not multiemployer) (F ployer information in acc	-ilers checking this cordance with the	s box must attach a form instructions.)
	a one-participant plan	a foreign plan			
B This return/report is	the first return/report	the final return/report			
	an amended return/report	a short plan year return	/report (less than 12 mo	onths)	
C Check box if filing under:	Form 5558	automatic extension	[	DFVC program	
	special extension (enter des	cription)	•		
Part II Basic Plan Inf	ormation—enter all requested in	nformation			
1a Name of plan	DDS, LLC PROFIT SHA			1b Three-digit plan number (PN)	r 001
			and the second s	1c Effective da 01/01/1	
Mailing address (include to	oyer, if for a single-employer plan) om, apt., suite no. and street, or P	.O. Box)		<b>2b</b> Employer Id (EIN) 13 - 3	entification Number 882681
City or town, state or provir BINDER & CONNELL	ice, country, and ZIP or foreign po	stal code (if foreign, see instr	uctions)	2c Sponsor's t 212-787	elephone number -4966
					ode (see instructions)
145 CENTRAL PARK	WEST				
NEW YORK	NY 100	023		621210	
3a Plan administrator's name	and address X Same as Plan Sp	onsor.		3b Administrate	or's EIN
•				3c Administrate	or's telephone number
		•			·
•					
				Ab Fit	
4 If the name and/or EIN of this plan, enter the plan so	he plan sponsor or the plan name consor's name, EIN, the plan name	has changed since the last re and the plan number from the	ne last return/report.	4b EIN	
a Sponsor's name				4d PN	
C Plan Name					
5a Total number of participan	ts at the beginning of the plan year	Γ		5a	4
	ts at the end of the plan year			5b	4
c Number of participants wit	h account balances as of the end o	of the plan year (only defined	contribution plans	5c	4
	participants at the beginning of the			5d(1)	3
d(2) Total number of active p	participants at the end of the plan y	/ear		5d(2)	3
than 100% vested	no terminated employment during t		***************************************	5e	0
Coution: A populty for the lat	e or incomplete filing of this retu	irn/report will be assessed	unless reasonable car	use is establishe	d.
Under penalties of perjury and SB or Schedule MB completed belief, it is it ue, correct, and co	other penalties set forth in the instraint and signed by an enrolled actuary	ructions, I declare that I have , as well as the electronic ver	examined this return/repor	port, including, if a t, and to the best	of my knowledge and
SIGN C		>	JACK BINDER		
HERE Signature of plan	administrator	Date 7-7-19	Enter name of individ	ual signing as pla	n administrator
SIGN STOP		open medical description of the second of th	jack binder		
HERE Signature of emp	oloyer/plan sponsor	Date 7-7-19	Enter name of individ	ual signing as em	ployer or plan sponsor Form 5500-SF (2018)
For Papelwork Reduction Act No	tice, see the Instructions for Form 5	ουυ-Sr. '			v.171027

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62	Were all of the plan's assets during the plan year invested in eligible	le assets?	(See instructions.)					XΥ	es No
b	Are you claiming a waiver of the annual examination and report of a	an indeper and condit	ndent qualified public at ions.)	ccounta	nt (IQI	PA) 	***************************************	XY	es 🗌 No
	If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in	ot ase to	ing 9900-or and must grogram (see FRISA ser	ction 40	21)?		Yes No	∏ Not d	etermined
С	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 th	e PRGC n	remium filina for this niz	an vear				<u> </u>	tructions.)
	If "Yes" is checked, enter the My PAA committation humber from the		Territoria integral and pro-						
Pa	tilli Financial Information	"Üleren memerek veli"	T						
7	Plan Assets and Liabilities		(a) Beginning o				(b) End	of Year	054 770
а	Total plan assets	7a	3,4	432,				3,	254,778
b	Total plan liabilities	7b			0	<b></b>			054 550
c	Net plan assets (subtract line 7b from line 7a)	7c	3,.	432,	739			3,	254,778
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	t			(b)	Total	vareinia a committi
а	Contributions received or receivable from: (1) Employers	8a(1)		62,8					
	(2) Participants	8a(2)			0				
	(3) Others (including rollovers)	8a(3)			0				
b	Other income (loss)	8b	_	229,	206				4.55.000
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					Sent and the control of the control	ialis e VIII de Carlos III	-166,372
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0				
e	Certain deemed and/or corrective distributions (see instructions)	8e			0				
f	Administrative service providers (salaries, fees, commissions)	. 8f		11,	589				
q	Other expenses	. 8g			0			<i>Sprances</i>	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	1				11,5			
i	Net income (loss) (subtract line 8h from line 8c)	1						-177,961	
ī	Transfers to (from) the plan (see instructions)	. 8j			0				
Pa	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension								
b	If the plan provides welfare benefits, enter the applicable welfare	feature co	des from the List of Pla	n Chara	acteris	tic Coc	les in the ins	ructions:	
Рa	rt V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
	Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary	Fiduciary Correction	10a		х			
	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	st? (Do not	t include transactions	10b		Х			
_	Was the plan covered by a fidelity bond?			10c	Х				350,000
	d Did the plan have a loss, whether or not reimbursed by the plan't by fraud or dishonesty?	s fidelity b	ond, that was caused	10d		Х			
	Were any fees or commissions paid to any brokers, agents, or o carrier, insurance service, or other organization that provides so the plan? (See instructions.)	ther perso me or all o	ns by an insurance of the benefits under	10e		х		w	
	f Has the plan failed to provide any benefit when due under the pl	an?		10f	<u> </u>	Х			
	Did the plan have any participant loans? (If "Yes," enter amount	as of year	-end.)	10g		х			
	h If this is an individual account plan, was there a blackout period?	? (See inst	ructions and 29 CFR	10h		х			
	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1	the require	ed notice or one of the	10i	<u> </u>				

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Part	VI Pension Funding Compliance			<b></b>			
11	Is this a defined benefit plan subject to minimum fund (Form 5500) and line 11a below)	***************************************		**********	8	<u> </u>	Yes   No
11a	Enter the unpaid minimum required contributions for a	all years from Schedule SB (Form 5500) line 40		11a		1	
12	Is this a defined contribution plan subject to the minin	num funding requirements of section 412 of the Co	ode or section	1 302 0	***************************************		Yes X No
	If a waiver of the minimum funding standard for a prio	r year is being amortized in this plan year, see ins	TOTAL	enter Da	the date	of the lette Year	er ruling
lf	you completed line 12a, complete lines 3, 9, and 10	of Schedule MB (Form 5500), and skip to line	13.	40):	1		
b	Enter the minimum required contribution for this plan y	еаг		12b	<u> </u>		
С	Enter the amount contributed by the employer to the p	lan for this plan year		12c			
	Subtract the amount in line 12c from the amount in linegative amount)			12d			1 140
е	Will the minimum funding amount reported on line 12	d be met by the funding deadline?			Yes	No	∐ N/A
Part			<del></del>				
13a	Has a resolution to terminate the plan been adopted in a	ny plan year?			Yes	X 1	No
	If "Yes," enter the amount of any plan assets that rev			13a			
b		beneficiaries, transferred to another plan, or brou	ght under the			Yes	X No
С	If, during this plan year, any assets or liabilities were	transferred from this plan to another plan(s), ident	tify the plan(s)	) to			
	which assets or liabilities were transferred.	Γ	13c(2)	EIN(s	)	13c(	(3) PN(s)
	13c(1) Name of plan(s):	Ī					