Form 5500-SF

Department of the Treasury

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Internal Revenue Service 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 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**

Parti	Annual Repor	t identification information									
For calend	lar plan year 2018 or	fiscal plan year beginning 01/01/	2018	and ending 12	/31/2018						
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.)											
D. Tri		a one-participant plan	a foreign plan								
B This ret	urn/report is	the first return/report	the final return/report								
		an amended return/report	n/report a short plan year return/report (less than 12 months)								
C Check	box if filing under:	X Form 5558	automatic extension	[DFVC progra	m					
		special extension (enter desc	ription)								
Part II	Basic Plan Inf	ormation—enter all requested ir	formation								
1a Name	of plan	-			1b Three-digi	t					
	•	C PC PROFIT SHARING PLAN			plan numb						
					(PN) ▶	006					
					1c Effective of	late of plan					
						01/01/2015					
2a Plan s	ponsor's name (empl	oyer, if for a single-employer plan)			2b Employer	Identification Number					
Mailin	g address (include ro	om, apt., suite no. and street, or P.0			(EIN)	13-3880743					
City or	r town, state or provin	ice, country, and ZIP or foreign pos	tal code (if foreign, see inst	tructions)	, ,	telephone number					
DENTAL IM	PLANT & COSMETIC	PC				4-469-9814					
				-		code (see instructions)					
P.O. BOX 14	107				Zu Dusiness (
	E, NY 10583-9407					621210					
3a Plan a	administrator's name	and address X Same as Plan Spo	insor		3b Administra	itor's FIN					
Ju Hall c	idininiotrator o riamo t	and address M came as rian ope	11001.		ob /tariiiiotra	KOI O EII Y					
					3c Administra	tor's telephone number					
						•					
4 If the	name and/or FIN of th		as abanged since the last	raturn/ranart filed for	4b EIN						
		ne plan sponsor or the plan name h onsor's name, EIN, the plan name			4D EIN						
•	sor's name	2, a.e p.a	aa p.a		4d PN						
C Plan N											
• Harr	tarro										
5a Total	number of participant	s at the beginning of the plan year.			5a	2					
		s at the end of the plan year			5b	2					
		n account balances as of the end of		·	5c	2					
	,	articipants at the beginning of the p			5d(1)	2					
d(2) Tot	tal number of active p	articipants at the end of the plan ye	ear		5d(2)	2					
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested						0					
		or incomplete filing of this retur			se is establishe	ed.					
		other penalties set forth in the instru									
		and signed by an enrolled actuary,	as well as the electronic ve	ersion of this return/report	, and to the best	of my knowledge and					
belief, it is	true, correct, and cor			T							
SIGN HERE	Filed with authorize	d/valid electronic signature.	09/26/2019	YOSEPH ZAKY							
112112	Signature of plan	administrator	Date	Enter name of individu	ıal signing as pla	an administrator					
SIGN											
HERE	Signature of employer/plan sponsor Date Enter name of individual					lual signing as employer or plan sponsor					

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	Were all of the plan's assets during the plan year invested in eligib		'					. X Yes	No
D	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.)							. X Yes	No
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA se	ection 4	021)?		Yes No	_	
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this p	lan yea	ır			(See instruc	ctions.)
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) En	d of Year	
a	Total plan assets	7a	489	58842				4447543	
	Total plan liabilities	7b							
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c	489	58842				4447543	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total	
a	Contributions received or receivable from: (1) Employers	8a(1)							
	(2) Participants	8a(2)			_				
	(3) Others (including rollovers)	8a(3)			\rightarrow				
<u>b</u>	Other income (loss)	8b	-10	04825					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-104825	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	30	06474	Ц				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					306474		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-411299	
j	Transfers to (from) the plan (see instructions)	8j							
Pai	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 3D	feature co	odes from the List of Plant	an Cha	racteri	stic Co	odes in the in	structions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Pla	n Chara	acteris	tic Co	des in the ins	tructions:	
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 contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Vergram)	oluntary F	iduciary Correction	102		X			
h	Program)			10a					
	reported on line 10a.)	·····		10b		X			
С	Was the plan covered by a fidelity bond?			10c		X			
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	•	·	10d		X			
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som	ne or all of	the benefits under			V			
	the plan? (See instructions.)			10e		X			
f	Has the plan failed to provide any benefit when due under the plan.			10f		X			
g			•	10g		X			
	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	o
	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 5	500-SF
Department of Internal Revi	
Departmen	nt of Labor

Short Form Annual Return/Report of Small Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Intern	tment of the Treasury nal Revenue Service	This form is required to be fi	iled under sections 104 a	nd 4065 of the Employee Retire	ement	2018		
Employee Be	partment of Labor nefits Security Administratio nefit Guaranty Corporatio	on	Revenue Code (the C			This Form is Open to Public Inspection		
		Complete all entries in		structions to the Form 5500-	SF.			
Part I		rt Identification Informatio r fiscal plan year beginning	n 01/01/2018	and ending	12/31	10000		
This retu	urn/report is for:	a single-employer plan a one-participant plan the first return/report	a multiple-employe	r plan (not multiemployer) (File employer information in accor	rs checking	this box must attach a		
		an amended return/report	a short plan year r	eturn/report (less than 12 month				
Check b	ox if filing under:		automatic extensi scription)	on 📙	DFVC prog	ram		
Part II	Basic Plan In	formation—enter all requested	information					
a Name o		& Cosmetic PC Profit	Sharing Plan		Three-d plan nur (PN)			
				3.9%	01/01	1/2015		
Mailing	address (include re	ployer, if for a single-employer plan oom, apt., suite no. and street, or P ince, country, and ZIP or foreign po	O. Box)			er Identification Number 3 - 3880743		
		& Cosmetic Pc	stal code (ir foreign, see	20	2c Sponsor's telephone number 914-469-9814			
P.O.	Box 1407			20	d Busines	s code (see instructions)		
	sdale Iministrator's name	NY 10583 and address X Same as Plan Sp	-9407 ionsor.	31	62121 b Adminis	0 trator's EIN		
					d Adminis			
If the n	dministrator's name ame and/or EIN of an, enter the plan s		nonsor.	st return/report filed for m the last return/report.	d Adminis	trator's EIN		
If the nithis pla	dministrator's name name and/or EIN of an, enter the plan s or's name ame	and address Same as Plan Sp Same as Plan Sp the plan sponsor or the plan name ponsor's name, EIN, the plan name	has changed since the la and the plan number fro	st return/report filed for m the last return/report.	Administration Admini	trator's EIN		
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If the nothing plan No.	ame and/or EIN of an, enter the plan si ame	the plan sponsor or the plan name ponsor's name, EIN, the plan name into at the beginning of the plan year into at the end of the plan year that account balances as of the end of	has changed since the la and the plan number fro	st return/report filed for m the last return/report. 4t 4te	b Administration Admi	trator's EIN		
If the nothing plan and If the nothing plan and Sponsoc Plan Nothing Total nothing Number complete (1) Total nothing plan and the nothi	ame and/or EIN of an, enter the plan si or's name amme amme amme amme amme for participant switter this item)	the plan sponsor or the plan name ponsor's name, EIN, the plan name that at the beginning of the plan year that account balances as of the end of the plan year participants at the beginning of the plan year of the plan year at the account balances as of the end of the plan year.	has changed since the last and the plan number from the plan number from the plan year (only definition of the plan year (only definition).	st return/report filed for m the last return/report. 41 41 41 41 41 41 41 41 41 4	b Administration Admi	trator's EIN		
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If the n. If the	arme and/or EIN of an, enter the plan sin's name arme arme arme arme arme arme arme a	the plan sponsor or the plan name ponsor's name, EIN, the plan name ponsor's name, EIN, the plan name into at the beginning of the plan year that account balances as of the end of participants at the beginning of the participants at the beginning of the participants at the end of the plan year to terminated employment during the terminated employment during the or incomplete filling of this return other penalties set forth in the instit of and signed by an enrolled actuary impletig.	has changed since the label and the plan number from the plan number from the plan year (only definition of the plan year (only definition of the plan year with accruent plan year year.	st return/report filed for m the last return/report. 41 41 41 41 41 41 41 41 41 4	b Administ c Administ c Administ c EIN d PN 5a 5b 5c d(1) d(2) 5e is establis, including, d to the be	trator's telephone numbe trator's telephone numbe shed. If applicable, a Schedule sist of my knowledge and		
a Plan ad If the n this pla a Sponsec C Plan No Total n C Numbe comple d(1) Tota d(2) Tota e Numb than 1 aution: A nder pena Ber Scheelelef, it is to	ame and/or EIN of an, enter the plan si or's name ame sumber of participar sumber of participarts wi ate this item)	the plan sponsor or the plan name ponsor's name, EIN, the plan name ponsor's name, EIN, the plan name into at the beginning of the plan year that account balances as of the end of participants at the beginning of the participants at the beginning of the participants at the end of the plan year to terminated employment during the terminated employment during the or incomplete filling of this return other penalties set forth in the instit of and signed by an enrolled actuary impletig.	has changed since the lab and the plan number from the plan pear (only definition plan pear with accruent plan pear with accru	st return/report filed for m the last return/report. 41 44 44 45 46 47 48 48 49 49 49 49 49 49 49 49	b Administ c Administ c Administ c EIN d PN 5a 5b 5c d(1) d(2) 5e is establis, including, d to the be	trator's telephone numbe trator's telephone numbe shed. If applicable, a Schedule sist of my knowledge and		
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6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)					. X Yes No
	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.)							
•								☐ Not determined
C	If the plan is a defined benefit plan, is it covered under the PBGC ir If "Yes" is checked, enter the My PAA confirmation number from th							Not determined . (See instructions.)
		ет воо р	remain ming for this p	ian yea	'			(Occ mandenons.)
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning				(b) En	d of Year
<u>a</u>	Total plan assets	7a	4,	858,	842			4,447,543
	Total plan liabilities	7b		0=0	0.40			
	Net plan assets (subtract line 7b from line 7a)	7c		858,	842			4,447,543
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	it			(b)	Total
a	Contributions received or receivable from: (1) Employers	8a(1)			_			
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)						
<u>b</u>	Other income (loss)	8b	_	104,	825			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-104,825
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		306,	474			
е	Certain deemed and/or corrective distributions (see instructions)	8e						
	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						306,474
	Net income (loss) (subtract line 8h from line 8c)	8i						-411,299
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 3D	feature co	des from the List of Pl	an Cha	racteri	stic Co	odes in the in	structions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	des in the ins	tructions:
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 contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's V					Х		
	Program)			10a				
	reported on line 10a.)			10b		Х		
c	Was the plan covered by a fidelity bond?			10c		X		
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х		
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.)			10e		Х		
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		Х		
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Х		
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	he require	d notice or one of the	10i				
	. , , , , , , , , , , , , , , , , , , ,						•	

	F	Form 5500-SF (2018)	Page 3 -					
Part	VI P	Pension Funding Compliance						
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," se 5500) and line 11a below)		d complete Sch	edule S	3	_ Y	es 🗌 No
11a	Enter	the unpaid minimum required contributions for all years from Schedule SB (Fo	orm 5500) line 40		11a			
12	ERISA	s a defined contribution plan subject to the minimum funding requirements of s			n 302 of		Y	es 🛛 No
		es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
a		viver of the minimum funding standard for a prior year is being amortized in thing the waiver.					the letter Year _	ruling
lf	you cor	mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lin	e 13.				
b	Enter th	ne minimum required contribution for this plan year			12b			
С	Enter th	ne 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 ve amount)			12d			
е	Will th	e minimum funding amount reported on line 12d be met by the funding deadli	ne?			Yes	No	N/A
Part	VII F	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	s," enter the amount of any plan assets that reverted to the employer this year			13a			
b		all the plan assets distributed to participants or beneficiaries, transferred to ar					Yes X	No
С	,	ing this plan year, any assets or liabilities were transferred from this plan to ar assets or liabilities were transferred.	nother plan(s), ide	ntify the plan(s)	to			

13c(2) EIN(s)

13c(3) PN(s)

13c(1) Name of plan(s):