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 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 | | t Identification Information | | | | |
|---------------|----------------------------------|---|--------------------------|--|-------------------------------------|----------------------------------|
| For cale | endar plan year 2018 or | fiscal plan year beginning 01/01/2 | 2018 | and ending 1 | 2/31/2018 | |
| A This | return/report is for: | X a single-employer plan | | plan (not multiemployer) (employer information in ac | | |
| D : | | a one-participant plan | a foreign plan | | | |
| B This | return/report is | the first return/report | the final return/repor | rt | | |
| | | an amended return/report | a short plan year ret | curn/report (less than 12 m | onths) | |
| C Che | ck box if filing under: | X Form 5558 | automatic extension | n | DFVC progra | am |
| | | special extension (enter desc | ription) | | | |
| Part | II Basic Plan Inf | ormation—enter all requested in | formation | | | |
| | me of plan RTHODONTICS PC 401 | 1(K) PROFIT SHARING PLAN | | | 1b Three-dig plan num (PN) ▶ | · |
| | | | | | 1c Effective | date of plan 01/01/2015 |
| | | loyer, if for a single-employer plan) om, apt., suite no. and street, or P.0 | O. Pov) | | | Identification Number |
| | ` | nce, country, and ZIP or foreign pos | , | structions) | (EIN) | 47-2581486 s telephone number |
| OKUN OI | RTHODONTICS PC | | | | | 14-420-1373 |
| 14 DVE E | RIDGE PLZ, STE 243 | | | | 2d Business | code (see instructions) |
| | OOK, NY 10573 | | | | | 621210 |
| 32 Dia | n administrator's name | and address X Same as Plan Spo | noor | | 3b Administra | ator's FIN |
| Ja Fla | ii auriiiiisti atoi s riairie a | and address M Same as Flan Spo | 11501. | | JD Administra | ator 5 Life |
| | | | | | 3c Administra | ator's telephone number |
| | | | | | | |
| | | | | | | |
| | | he plan sponsor or the plan name honsor's name, EIN, the plan name | | | 4b EIN | |
| | onsor's name | 5.155. 5 .1a.1.5, <u>2</u> .1.1, 1.15 p.a.1 .1a.1.5 | aa p.aa | · ino idet return, report | 4d PN | |
| C Pla | ın Name | | | | | |
| 5a To | tal number of participant | ts at the beginning of the plan year. | | | . 5a | 1 |
| b To | tal number of participant | ts at the end of the plan year | | | . 5b | 1 |
| | · · | h account balances as of the end of | | | 5c | 1 |
| d(1) | Total number of active p | participants at the beginning of the p | lan year | | 5d(1) | 1 |
| ` ' | · | participants at the end of the plan ye | | | . 5d(2) | 1 |
| | | no terminated employment during th | | | 5e | 0 |
| Caution | n: A penalty for the late | e or incomplete filing of this retur | n/report will be assesse | ed unless reasonable ca | | |
| SB or S | | other penalties set forth in the instru and signed by an enrolled actuary, applete. | | | | |
| SIGN | Filed with authorize | ed/valid electronic signature. | 10/10/2019 | JUDITH OKUN | | |
| HERE | Signature of plan | administrator | Date | Enter name of individ | lual signing as pl | an administrator |
| SIGN | Filed with authorize | ed/valid electronic signature. | 10/10/2019 | JUDITH OKUN | | |
| HERE | Signature of empl | loyer/plan sponsor | Date | Enter name of individ | lual signing as er | mployer 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.) | | | | | | | | 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.) | | | | | | | | Yes ∏ No |
| | If you answered "No" to either line 6a or line 6b, the plan cann | | • | | | | | X | |
| С | If the plan is a defined benefit plan, is it covered under the PBGC in | nsurance p | rogram (see ERISA se | ection 4 | 021)? | | Yes N | lo Not | determined |
| | If "Yes" is checked, enter the My PAA confirmation number from th | e PBGC p | remium filing for this pl | lan yea | r | | | (See i | nstructions.) |
| Pa | rt III Financial Information | | | | | | | | |
| 7 | Plan Assets and Liabilities | | (a) Beginning (| of Year | , | | (b) E | nd of Year | • |
| a | Total plan assets | 7a | ` , , , | 61024 | | | (-7 - | | 439 |
| | Total plan liabilities | 7b | | 0 | | | | | 0 |
| С | Net plan assets (subtract line 7b from line 7a) | 7c | (| 61024 | | | | 824 | 439 |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amoun | ıt | | | (| b) Total | |
| а | Contributions received or receivable from: | | , , | | | | , | • | |
| | (1) Employers | 8a(1) | | 6000 | | | | | |
| | (2) Participants | 8a(2) | | 24500 | _ | | | | |
| | (3) Others (including rollovers) | 8a(3) | | | | | | | |
| <u>b</u> | Other income (loss) | 8b | | -4085 | | | | | |
| C | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | 26 | 415 |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | | 5000 | | | | | |
| e | Certain deemed and/or corrective distributions (see instructions) \dots | 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 | | | | | | 5 | 000 |
| <u>i</u> | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | | | 415 |
| 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 2J 3D | feature co | des from the List of Pla | an Cha | racteris | stic Co | des in the | instructions | s: |
| b | If the plan provides welfare benefits, enter the applicable welfare fe | eature cod | les from the List of Pla | n Chara | acterist | tic Cod | les in the ir | nstructions: | |
| Par | t V Compliance Questions | | | | | | | | |
| 10 | During the plan year: | | | | Yes | No | | Amoun | t |
| | Was there a failure to transmit to the plan any participant contribu | itions withi | n the time period | | | | | 7 | |
| | described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) | | | 10a | | Χ | | | |
| b | | | | 100 | | | | | |
| | reported on line 10a.) | ····· | | 10b | | X | | | |
| C | | | | 10c | | X | | | |
| | 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 | | X | | | |
| 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 | | X | | | |
| 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 | | 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 | he require | 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 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 | 11a | | | | | | |
| 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? | | | | | | | | |
| | (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, granting the waiver | and enter Da | | e of the letter ruling Year | | | | |
| lf y | ou 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 🔀 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? | | | | | | | | |
| С | If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.) | n(s) to | | | | | | |
| 1 | 3c(1) Name of plan(s): | (2) EIN(s) |) | 13c(3) PN(s) | | | | |
| | | | | | | | | |

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Secunty 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 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

2018

This Form is Open to Public Inspection

| Part I Annual Rep | ort Identification Information | 1 | | | | | |
|---|--|---------------------------------------|---|--|-----------------------------------|--|--|
| For calendar plan year 2018 | or fiscal plan year beginning | 01/01/2018 | and ending | 12/31/20: | 18 | | |
| A This return/report is for:B This return/report is: | a single-employer plan a one-participant plan the first return/report | | olan (not mulliemployer) employer information in | | | | |
| · | an amended return/report | | rn/report (less than 12 | months) | | | |
| | | a short plan year reto | minoport (1633 than 12) | | | | |
| C Check box if filing under: | x Form 5558 special extension (enter desc | automatic extension | | DFVC p | rogram | | |
| Part II Basic Plan | Information enter all requested | | | | | | |
| 1a Name of plan | IIIO I I I I I I I I I I I I I I I I I | Information | | 1b Three-digi | <u> </u> | | |
| | cs PC 401(k) Profit Shari | ng Plan | | plan numb (PN) ► | | | |
| | | | | 1c Effective d 01/01/2 | ate of plan | | |
| Mailing Address (includ | employer, if for a single-employer plan) te room, apl., suite no. and street, or P ovince, country, and ZIP or foreign pos | .O. Box) | ructions) | | Identification Number -2581486 | | |
| Okun Orthodonti | | 5.01 0000 (77 101 0.1g.1., 000 1110 1 | , 400, 101, 101, 101, 101, 101, 101, 101 | | telephone number 20-1373 | | |
| 14 Rye Ridge Pl | z, Ste 243 | | | 2d Business code (see instructions) 621210 | | | |
| US Rye Brook NY 1057 | | | | | | | |
| 3a Plan administrator's na | me and address 💹 Same as Plan Sp | oonsor | | 3b Administrator's EIN | | | |
| | | | | 3c Administra | lor's telephone number | | |
| | of the plan sponsor or the plan name is sponsor's name, EIN, the plan name a | | • | 4b EIN | | | |
| a Sponsor's name C Plan Name | | | | 4d PN | | | |
| 5a Total number of particip | pants at the beginning of the plan year | | | . 5a | 1 | | |
| · . | pants at the end of the plan year | | | | 1 | | |
| c Number of participants | with account balances as of the end of | the plan year (only defined | contribution plans | 5c | 1 | | |
| d(1) Total number of activ | e participants at the beginning of the p | lan year | *************************************** | . 5d(1) | 1 | | |
| d(2) Total number of activ | e participants at the end of the plan ye | ar | | E 1(0) | 1 | | |
| e Number of participants less than 100% vested | who terminated employment during the | - | | . 5e | 0 | | |
| Caution: A penalty for the | late or incomplete filing of this retu | rn/report will be assessed | l unless reasonable c | ause is establishe | d. | | |
| Under penalties of perjury a | and other penalties set forth in the instr ted and signed by an enrolled actuary, | uctions, I declare that I have | e examined this return/r | eport, including, if | applicable, a Schedule | | |
| SIGN | () Okea- | 10/10/19 | Judith Okun | | | | |
| HERE Signature of plan | administrator | Date | Enter name of individ | ual signi <u>ng as plan</u> | administrator | | |
| SIGN | Oke | 10 lia 19 | Judith Okun | | | | |
| 1000 == (| loyer/plan sponsor | Date | Enter name of individ | ual signing as emp | loyer or plan sponsor | | |

For Paperwork Reduction Act Notice, see the instructions for Form 5500-SF.

Form 5500-SF (2018) v.171027

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| \sim | n | Q | 13 | , |
|--------|---|-----|-----------|-----|
| | u | Ded | u | An. |

| 6a | Were all of the plan's assets during the plan year invested in eligible | assets? (See | instructions) | | | | | | XYes | □No |
|-----|---|-----------------|----------------------------------|------------|----------|-------|-----------|-------------|-------------|------------|
| Ь | Are you claiming a waiver of the annual examination and report of an | | | | | | | | ETT. | Г., |
| | under 29 CFR 2520 134 462 (See instructions on waiver eligibility at if you answered "No" to either line 5a or line 5b, the plan canno | | | | | | | ······· | IX Yes | No |
| C | If the plan is a defined benefit plan is a covered under the PBGC ins | | | | | | | | o [Not | datartulaa |
| ैं | | | | | | | | | | |
| | If "Yes" is checked, enter the My PAA confirmation number from the | PBGC premi | um ming for this year | | | | | | (See Instri | uctions) |
| P | art III Financial Information | | | | | | | | | |
| 7 | Plan Assets and Liabilities | | (a) Beginning | of Year | | | | (b) End | of Year | |
| a | Total plan assets | 7a | | 61.0. | 24 | ě | | 2 | 82 | , 439 |
| b | Total plan habilities | 7b | M7 | | 0 | | | 57 | | 0 |
| С | Net plan assets (subtract line 7b from line 7a) | 7c | | 61.0 | 24 | | | | 82 | , 439 |
| 8 | Income Expenses, and Transfers for this Plan Year | | (a) Amoun | it | | | | (b) | Total | |
| а | Contributions received or receivable from: | 159.0003 | | I Poperate | 17000 | | - | | | |
| | (1) Emuloyers | 8a(1) | | 5,0 | | - | | | | |
| | (2) Participants | 8a(2) | | 24,5 | 00 | - | | | - 9 | |
| | (3) Others (including followers) | 8a(3) | | | | - | | | | |
| b | | 86 | | 4,08 | 5) | | | 10.1 | T. | |
| C | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8¢ | | | | | | | 26 | ,415 |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits; | 8d | | 5,0 | 00 | | | | | |
| e | Certain deemed and/or corrective distributions (see instructions) | Se . | | | | 100 | | - | | |
| t | Administrative service providers (salaries, fees commissions) | 8f | | | | | | 0.75 | | |
| g | Other expenses | 8g | | | | | | 1 | | |
| h | Total expenses (add lines 8d 8e 8f, and 8g) | 8h | | | - 111 | - | | | 5 | ,000 |
| i | Net income (loss) (subtract line 8h from line 8c) | 8) | | _ | _ | 1 | | | | ,415 |
| ì | Transfers to (from) the plan (see instructions) | 81 | | | | + | | | | - |
| , D | art IV Plan Characteristics | 9 | | | | | | | | |
| - | | | | | en en | 17-4 | | in the same | V | |
| Ja | If the plan provides pension benefits, enter the applicable pension fe 2E 2J 3D | ature codes | from the List bit man (| raraci | ensuc | Cook | is in the | Instruc | tions: | |
| b | If the plan provides welfare benefits, enter the applicable welfare lea | iture codes fr | on the List of Plan Ci | aracte | ristic (| Codes | in the | instructi | ons: | |
| P | art V Compliance Questions | | | | | | | | | |
| 10 | During the plan year | | | | Yes | Na | N/A | | Amount | |
| | Was there a failure to transmit to the plan any participant contribut | ions within th | e time period | T | 103 | 140 | 14.0 | | Allivant | |
| 335 | described in 29 CFR 2510.3 1027 (See instructions and DOL's Vo | | 2000 N.S. 2005 N. W. H. H. H. L. | 1 1 | | | | | | |
| | Program) | | etototototototus museum m | 10a | | x | | | | |
| 1 | Were there any nonexempt transactions with any party in-interest | ? (Do not mak | ude transactions | 20000 | - | 96659 | | | | |
| | reported on line 10a ; | | | 1 | | X | \vdash | | | |
| (| Was the plan covered by a fidelity bond? | ****** | | 10c | | X | | | | |
| (| Did the plan have a loss, whether or not reimbursed by the plan's to by fraud or dishonesty? | | | 100 | | х | | | | |
| (| Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some the plan? (See instructions.) | e or all of the | benefits under | 10e | | x | | | | |
| | Has the plan taked to provide any benefit when due under the plan | n? | | 10f | | χ | | | | |
| 1 | Did the plan have any participant loans? (If "Yes" enter amount as | | | | | χ | | | | |
| | with the print state and perfections reserve to the control of the perfect of | | | 1.09 | - | - | - | | | |
| 9 | 1. If this is an indisadual account plan was there a Nackmit negot? (| Sam atthewated | hos and ZW LER | | | | | | | |
| - | 1 If this is an individual account plan, was there a blackout period? (2520 161-3.) | | | 10h | | x | 1 | | | |
| - | | | | 100 | | x | - | - | _ | |

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| | |

| Par | : 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 | 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 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | | | | | | | | |
| a | grantin | ver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction g the waiver | | | the date | | tter ruli | ng | |
| lf y | ou com | pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. | | | | | | | |
| b | Enter ti | ne minimum required contribution for this plan year. | | 12b | | | | | |
| С | Enter ti | ne 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) | | | | | | | _ | | |
| е | Will the | minimum funding amount reported on line 12d be met by the funding deadline? | | | Yes 🗌 |] No | □ N | 'A | |
| Par | VII | Plan Terminations and Transfers of Assets | | | | | | | |
| _13a | Has a r | esolution 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 Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | | | | | | | | | |
| С | 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 | 13c(1) Name of plan(s): 13c(2) Eli | | | ۷(s) | | 13c | (3) PN(| s) | |
| | | | | - | | | | | |