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).

OMB Nos. 1210-0110

1210-0089

2013

This Form is Open to Public Inspection

Pension B	enefit Guaranty Corporation	▶ Complete all entries in accordance	ance with the instruc	ctions to the Form 5500	0-SF.		
Part I		dentification Information					
For calend	ar plan year 2013 or fisc	cal plan year beginning 01/01/2013		and ending 1	2/31/20)13	
A This re	turn/report is for:	x a single-employer plan	a multiple-employer pl	lan (not multiemployer)		a one-particip	oant plan
B This re	turn/report is:		the final return/report				
		an amended return/report	short plan year returi	n/report (less than 12 mo	onths)	-	
C Check	box if filing under:		automatic extension			DFVC progra	ım
	<u> </u>	special extension (enter description	,				
Part II		mation—enter all requested informa	tion		41 -		
1a Name CAPITAL DI		ENTISTRY, PC 401(K) PROFIT SHARI	NG PLAN		þ	Γhree-digit plan number PN) ▶	002
						Effective date of	
20.01					01	01/01/	
	ponsor's name and add ISTRICT PEDIATRIC D	lress; include room or suite number (en ENTISTRY, PC	nployer, if for a single-	employer plan)	(EIN) 14-16	fication Number 69134
	/ HILL DRIVE				2c S	Sponsor's telep 518-785	
LATHAM, N	Y 12110				2d ∃	Business code (62121	see instructions)
3a Plan a	dministrator's name and	d address XSame as Plan Sponsor Na	ame Same as Plar	Sponsor Address	3b A	Administrator's I	EIN
					3c A	Administrator's t	telephone number
					,	tariii ilotrator o t	ciopriorio namboi
4 If the	name and/or FIN of the	nlan sponsor has changed since the la	st return/report filed fo	or this plan, enter the	4h =	=INI	
		plan sponsor has changed since the la ber from the last return/report.	st return/report filed fo	or this plan, enter the	4b E		
name a Spons	, EIN, and the plan num or's name	ber from the last return/report.	·	·	4c F		
a Spons 5a Total	, EIN, and the plan num or's name number of participants a	at the beginning of the plan year					31
a Spons 5a Total b Total	, EIN, and the plan num or's name number of participants a number of participants a	at the beginning of the plan year			4c F		31
name	, EIN, and the plan num or's name number of participants a number of participants a per of participants with a	at the beginning of the plan year	an year (defined bene	efit plans do not	4c F		
name a Spons 5a Total b Total c Numb comp	, EIN, and the plan num or's name number of participants a number of participants a per of participants with a lete this item)	at the beginning of the plan year	an year (defined bene	efit plans do not	4c F 5a 5b 5c	PN	32
name a Spons 5a Total b Total c Numb comp 6a Were b Are ye	, EIN, and the plan num or's name number of participants a number of participants a per of participants with a lete this item)	at the beginning of the plan year	an year (defined bene e assets? (See instruc n independent qualifie	efit plans do not tions.)	4c F 5a 5b 5c	PN	32 23 X Yes No
name a Spons 5a Total b Total c Numb comp 6a Were b Are younder	, EIN, and the plan number of participants a number of participants are of participants with a lete this item)	at the beginning of the plan year	an year (defined bene e assets? (See instruc n independent qualifie nd conditions.)	efit plans do not tions.)tions.) (IQI	4c F 5a 5b 5c	PN	32 23 X Yes No
name a Spons 5a Total b Total c Numb comp 6a Were b Are you under If you	p. EIN, and the plan number of participants and the plan participants and per of participants with a lete this item)	at the beginning of the plan year	an year (defined bene e assets? (See instruc n independent qualifie nd conditions.)	efit plans do not tions.)d public accountant (IQI	4c F 5a 5b 5c PA)	5500.	23 X Yes No X Yes No
name a Spons 5a Total b Total c Numb comp 6a Were b Are you under if you c If the	p. EIN, and the plan number of participants and the plan form of participants and the plan form of participants and the plan is a lete this item)	at the beginning of the plan year	an year (defined bene e assets? (See instruc n independent qualifie nd conditions.) tuse Form 5500-SF	efit plans do not tions.)d public accountant (IQI and must instead use ERISA section 4021)?	4c F 5a 5b 5c PA) Form 5	5500. Yes No	23 X Yes No X Yes No
name a Spons 5a Total b Total c Numb comp 6a Were b Are younder if you C If the	p. EIN, and the plan number of participants and the plan participants and the plan participants and per of participants with a lete this item)	at the beginning of the plan year	an year (defined bene e assets? (See instruc in independent qualifie nd conditions.) at use Form 5500-SF surance program (see	efit plans do not tions.)	4c F 5a 5b 5c PA) Form 5	S500. Yes No stablished.	23 X Yes No X Yes No Not determined
name a Spons 5a Total b Total c Number comp 6a Were b Are younder if you c If the Under pen SB or Sche	p. EIN, and the plan number of participants and the plan participants and per of participants with a lete this item)	at the beginning of the plan year	an year (defined bene e assets? (See instruc n independent qualifie nd conditions.)	efit plans do not tions.)	4c F 5a 5b 5c PA) Form 5 se is electric inc	S500. Yes No stablished.	23 X Yes No X Yes No Not determined
name a Spons 5a Total b Total c Number comp 6a Were b Are younder if you c If the Under pen SB or Schebelief, it is	p. EIN, and the plan number of participants and the plan participants and per of participants with a lete this item)	at the beginning of the plan year	an year (defined bene e assets? (See instruc n independent qualifie nd conditions.)	efit plans do not tions.)	4c F 5a 5b 5c PA) Form 5 se is electric inc	S500. Yes No stablished.	23 X Yes No X Yes No Not determined
name a Spons 5a Total b Total c Numb comp 6a Were b Are you under If you C If the Under pen SB or Sche belief, it is	p. EIN, and the plan number of participants and the plan participants and per of participants with a lete this item)	at the beginning of the plan year	an year (defined bene e assets? (See instruc n independent qualifie nd conditions.)	efit plans do not tions.)	4c F 5a 5b 5c PA) Form 5 se is esport, inc, and to	PN 5500. Yes No stablished. Juding, if application the best of my	32 23 X Yes No X Yes No Not determined able, a Schedule knowledge and
name a Spons 5a Total b Total c Number comp 6a Were b Are younder if you c If the Under pen SB or Schebelief, it is SIGN HERE SIGN	p. EIN, and the plan number of participants and the plan participants and per of participants with a lete this item)	at the beginning of the plan year	an year (defined bene- e assets? (See instruction independent qualifier and conditions.)	efit plans do not tions.) ed public accountant (IQI and must instead use ERISA section 4021)? unless reasonable cau examined this return/repsion of this return/report	4c F 5a 5b 5c PA) Form 5 se is esport, inc, and to	PN 5500. Yes No stablished. Juding, if application the best of my	32 23 X Yes No X Yes No Not determined able, a Schedule knowledge and
name a Spons 5a Total b Total c Numb comp 6a Were b Are younder If you c If the Under pen SB or Sche belief, it is SIGN HERE	p. EIN, and the plan number of participants and the plan participants and per of participants with a lete this item)	at the beginning of the plan year	an year (defined bene e assets? (See instruct in independent qualifier nd conditions.)	efit plans do not tions.)	4c F 5a 5b 5c PA) Form 5 see is eacort, inco, and to	S500. Yes No stablished. Iuding, if application the best of my	23 X Yes No X Yes No Not determined able, a Schedule knowledge and
name a Spons 5a Total b Total c Numb comp 6a Were b Are younder If you c If the Under pen SB or Sche belief, it is SIGN HERE	p. EIN, and the plan number of participants and the plan participants and per of participants with a lete this item)	at the beginning of the plan year	an year (defined bene e assets? (See instruct in independent qualifier nd conditions.)	efit plans do not tions.)	4c F 5a 5b 5c PA) Form 5 see is eacort, incompand to	S500. Yes No stablished. Iuding, if application the best of my ing as plan adming as employe	23 X Yes No X Yes No Not determined able, a Schedule knowledge and
name a Spons 5a Total b Total c Numb comp 6a Were b Are younder If you c If the Under pen SB or Sche belief, it is SIGN HERE	p. EIN, and the plan number of participants and the plan participants and per of participants with a lete this item)	at the beginning of the plan year	an year (defined bene e assets? (See instruct in independent qualifier nd conditions.)	efit plans do not tions.)	4c F 5a 5b 5c PA) Form 5 see is eacort, incompand to	S500. Yes No stablished. Iuding, if application the best of my ing as plan adming as employe	23 X Yes No X Yes No Not determined able, a Schedule knowledge and ninistrator
name a Spons 5a Total b Total c Numb comp 6a Were b Are younder If you c If the Under pen SB or Sche belief, it is SIGN HERE	p. EIN, and the plan number of participants and the plan participants and per of participants with a lete this item)	at the beginning of the plan year	an year (defined bene e assets? (See instruct in independent qualifier nd conditions.)	efit plans do not tions.)	4c F 5a 5b 5c PA) Form 5 see is eacort, incompand to	S500. Yes No stablished. Iuding, if application the best of my ing as plan adming as employe	23 X Yes No X Yes No Not determined able, a Schedule knowledge and ninistrator
name a Spons 5a Total b Total c Numb comp 6a Were b Are younder If you c If the Under pen SB or Sche belief, it is SIGN HERE	p. EIN, and the plan number of participants and the plan participants and per of participants with a lete this item)	at the beginning of the plan year	an year (defined bene e assets? (See instruct in independent qualifier nd conditions.)	efit plans do not tions.)	4c F 5a 5b 5c PA) Form 5 see is eacort, incompand to	S500. Yes No stablished. Iuding, if application the best of my ing as plan adming as employe	23 X Yes No X Yes No Not determined able, a Schedule knowledge and ninistrator

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Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Reginning of Voc				(b) End c	f Voor			
	Total plan assets	7a	(a) Beginning of Tea	(a) Beginning of Year			(b) Liid C	21629	946		_
	Total plan liabilities	7b	0								_
	Net plan assets (subtract line 7b from line 7a)	7c	160915	2			2162946				
	Income, Expenses, and Transfers for this Plan Year	10	(a) Amount				(b) Total			_	
	Contributions received or receivable from:		(a) Amount				(6) 10	ıaı			
	(1) Employers	8a(1)	6133	8							
	(2) Participants	8a(2)	14312	20							
	(3) Others (including rollovers)	8a(3)	3531	0							
b	Other income (loss)	8b	33103	8							
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						5708	06		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d									
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	. 8f	1701	2							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						17	012		
i	Net income (loss) (subtract line 8h from line 8c)	. 8i						553	794		
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 2F 2G 2J 2K 2R 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instruct	ons:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in t	he instruction	ns:			
D	V O markana a Omarkana										
Par					V	N1-	1				
10	During the plan year:	4:			Yes	No	4	Amoun	t		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corr	ection Program)	10a		X					
D	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
					Χ					2000	20
				10c					C	5000	
d	or dishonesty?	······································		10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all										
	instructions.)		. ,	10e		X					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10q		X					
— h	If this is an individual account plan, was there a blackout period? ((See instru	uctions and 29 CFR	Ŭ		X					
i	If 10h was answered "Yes," check the box if you either provided the	ne required	d notice or one of the	10h							
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i							
Part 11	VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem	ents? (If "	Yes." see instructions and com	nplete	Sched	dule SE	3 (Form				
	5500) and line 11a below)			······				Υ	es >	N	10
	Enter the unpaid minimum required contribution for current year fr		,			11a					_
12	Is this a defined contribution plan subject to the minimum funding			or se	ection	302 of	ERISA?	Y	es >	N	V٥
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			otions	ond :	onto- #	no doto of the	o lotte:	pull-		
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		, and 6	Day		e letter Year _	rulin	<u></u>	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•				461	1			_	
b	Enter the minimum required contribution for this plan year					12b	1				

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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?	Y	es 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 coof the PBGC?	ontrol		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) to which assets or liabilities were transferred. (See instructions.))		
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l 4b Tr	ust's EIN	

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 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

2013

This Form is Open to Public Inspection

								
Part I		01 /01 /0010	d d'	10/01/0010				
	ndar plan year 2013 or fiscal plan year beginning	01/01/2013	and ending	12/31/2013				
			lan (not multiemployer)	er)				
B This		he final return/report						
	an amended return/report	short plan year retu	rn/report (less than 12 m	onths)	•			
C Chec	k box if filing under: 🔀 Form 5558 📗 a	utomatic extension		DFVC program				
	special extension (enter description))						
Part I	Basic Plan Information enter all requested inform	nation						
1a Nar	me of plan			1b Three-digit plan number				
Ca	pital District Pediatric Dentistry, PC 401((PN) ▶	002					
				1c Effective date 01/01/2002				
	n sponsor's name and address; include room or suite number (en	nployer, if for a single	e-employer plan)	2b Employer Iden	······································			
Ca	pital District Pediatric Dentistry, PC			(EIN) 14-16	69134			
				2c Sponsor's tele				
9	Century Hill Drive			(518) 785-				
US La	tham NY 12110			2d Business code 621210	(see instructions)			
	n administrator's name and address X Same as Plan Sponsor	Name Same as	Plan Sponsor Address	3b Administrator's	EIN			
				3c Administrator's	telephone number			
A 15.11	J. T. T. M. of the subsection		C 41.	Ale cui				
	ne name and/or EIN of the plan sponsor has changed since the lame. EIN, and the plan number from the last return/report.	st return/report filed	for this plan, enter the	4b EIN	· · · · · · · · · · · · · · · · · · ·			
	onsor's name			4c PN				
5a Tot	al number of participants at the beginning of the plan year	*********************	******************************	5a	31			
	al number of participants at the end of the plan year			5b	32			
	mber of participants with account balances as of the end of the planter this item)			5c	23			
6a We	re all of the plan's assets during the plan year invested in eligible	assets? (See instruc	ctions.)	202224244444444444	X Yes No			
	you claiming a waiver of the annual examination and report of an		ed public accountant (IQF	PA)				
	ler 29 CFR 2520.104-46? (See instructions on waiver eligibility an		***************************************		X Yes No			
_	ou answered "No" to either line 6a or line 6b, the plan cannot				. 🗆			
	ne plan is a defined benefit plan, is it covered under the PBGC ins				o Not determined			
	n: A penalty for the late or incomplete filing of this return/repo				**************************************			
	penalties of perjury and other penalties set forth in the instructions Schedule MB completed and signed by an enrolled actuary, as we							
	t is true, correct, and complete.	ii as the electronic v	ersion of this returninepor	it, and to the best of h	ly knowledge and			
SIGN	(100	7.18.14	Jason T. Decker	, DDS				
HERE	Signature of plan-administrator	Date	Enter name of individua	al signing as plan adm	inistrator			
CICN		7.18.14	Jason T. Decker					
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individua	·	or plan sponsor			
Prepare	er's name (including firm name, if applicable) and address; include	.[Preparer's telephone				
			, ,					
				 In propriet to a few and the control of the control o	ing the street of the control of the			

Par	Financial Information							
	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year			
ат	otal plan assets	7a	1,609,15	52		2,162,946		
b 7	otal plan liabilities	7b		0				
C N	Net plan assets (subtract line 7b from line 7a)	7c	1,609,15	52				2,162,946
8 1	ncome, Expenses, and Transfers for this Plan Year	17.00	(a) Amount			(b) Total		
	Contributions received or receivable from: 1) Employers	8a(1)	61,33	38				
(2) Participants	8a(2)	143,12	20				
(3) Others (including rollovers)	8a(3)	35,31	LO				12.00
b c	Other income (loss)	8b	331,03	38				
d E	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						570,806
	o provide benefits)	8d						
	Certain deemed and/or corrective distributions (see instructions)	 	17.01					
	Administrative service providers (salaries, fees, commissions)	8f	17,01	12			1004-0	
	Other expenses	8g						
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					······································	17,012
	Net income (loss) (subtract line 8h from line 8c)	8i						553,794
11 V 1850/8158	Transfers to (from) the plan (see instructions)	8j						
Par	t IV Plan Characteristics							
9a I	f the plan provides pension benefits, enter the applicable pension fe	eature cod	es from the List of Plan Charac	teristi	c Cod	es in t	he instructi	ons:
	2E 2F 2G 2J 2K 2R 3D							
b	f the plan provides welfare benefits, enter the applicable welfare fea	ature code	s from the List of Plan Characte	ristic	Code	s in th	e instruction	ns:
Par	T.V Compliance Questions		**************************************					
10	During the plan year:				Yes	No	1	l manuat
10 a	Was there a failure to transmit to the plan any participant contribu	tions within	n the time neriod described in	Γ	165	140	 	Amount
u	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc			10a		х		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		х		
С	Was the plan covered by a fidelity bond?		***************************************	10c	x			60,000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-	-	10d		х		
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		х		
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		х		
	Did the plan have any participant loans? (If "Yes," enter amount a			10g		x		
<u>g</u>				109				
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 2520.101			10i				
Pari	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							☐ Yes 区 No
11a	Enter the unpaid minimum required contribution for current year fr					11a		
12	Is this a defined contribution plan subject to the minimum funding						ERISA?	Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below					<u> </u>		
a	If a waiver of the minimum funding standard for a prior year is being granting the waiver	ng amortiz	ed in this plan year, see instruc		and e	_	he date of th	ne letter ruling Year
If v	If 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		
	Enter the miniman required contribution for this plan year miniman miniman miniman required contribution for this plan year miniman miniman miniman required contribution for this plan year miniman m							

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<u> </u>	Enter the amount contributed by the employer to the plan for this plan yea	ır	*****	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the res negative amount)	,		12d		
е	Will the minimum funding amount reported on line 12d be met by the fund	ling 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	es X	No
	If "Yes," enter the amount of any plan assets that reverted to the employe	r this year		13a		
b	Were all the plan assets distributed to participants or beneficiaries, transfer of the PBGC?		the c	ontrol		Yes X No
C	If during this plan year, any assets or liabilities were transferred from this which assets or liabilities were transferred. (See instructions.)	plan to another plan(s), identify the pla	n(s) to)		
1	3c(1) Name of plan(s):		13c	(2) EIN((s)	13c(3) PN(s)
Part	VIII Trust Information (optional)					
14a i	Name of trust			14b T	rust's EIN	J