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

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Annual Report Identification Information For calendar plan year 2014 or fiscal plan year beginning and ending 12/31/2014 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the first return/report the final return/report **B** This return/report is an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Part II 1a Name of plan **1b** Three-digit CAPITAL DISTRICT PEDIATRIC DENTISTRY, PC 401(K) PROFIT SHARING PLAN plan number (PN) ▶ 002 1c Effective date of plan 01/01/2002 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) **2b** Employer Identification Number CAPITAL DISTRICT PEDIATRIC DENTISTRY, PC (EIN) 14-1669134 Sponsor's telephone number 518-785-3911 9 CENTURY HILL DRIVE LATHAM, NY 12110 Business code (see instructions) 621210 **3a** Plan administrator's name and address XSame as Plan Sponsor. Administrator's EIN **3c** Administrator's telephone number 4b EIN If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN Total number of participants at the beginning of the plan year 5a 34 **b** Total number of participants at the end of the plan year..... 5b 37 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c complete this item) d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 33 d(2) Total number of active participants at the end of the plan year..... 5d(2) 33 e Number of participants that terminated employment during the plan year with accrued benefits that were 0 5e less than 100% vested. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete Filed with authorized/valid electronic signature **SIGN HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN **HERE** Enter name of individual signing as employer or plan sponsor Signature of employer/plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional) Preparer's telephone number (optional)

	Form 5500-SF 2014		Page 2								
b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	PA) X Yes X					No				
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pro	gram (see ERISA section 40	21)? .		Yes	No	N	lot de	ermi	ned
Par	t III Financial Information				_						
_7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) E	nd of	Year	7150	
	Total plan assets										
	Total plan liabilities	0					245	0 7150			
		an assets (subtract line 7b from line 7a)									
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(D) Tot	aı		
	(1) Employers	. 8a(1)	570	85							
	(2) Participants	. 8a(2)	1334								
	(3) Others (including rollovers)	. 8a(3)		0							
b	Other income (loss)	. 8b	1609	003							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							35	1396	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	370	94							
	Certain deemed and/or corrective distributions (see instructions)	0									
f	Administrative service providers (salaries, fees, commissions)	98									
g	Other expenses	0									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)						5	7192			
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)						29	4204			
j	Transfers to (from) the plan (see instructions)	· 8j		0							
Part	If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan	eature codes	from the List of Plan Charac	cterist	ic Coc	les in t	the instru	uction	ns:		
10	During the plan year:				Yes	No		Α	moun	t	
a 	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	uciary Correc	ction Program)	10a	X						2829
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
C	Was the plan covered by a fidelity bond?			10c	X					25	50000
d	or dishonesty?	<u></u>		10d		X					
e	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 benef	its under the plan? (See	10e		X					
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	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							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Υ	es 🔀	< No
11a	Enter the unpaid minimum required contribution for current year for	rom Schedul	e SB (Form 5500) line 39			11a					
12	Is this a defined contribution plan subject to the minimum funding	g requiremen	ts of section 412 of the Code	or se	ction	302 of	ERISA?	·	Υ	es 🗡	No.
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below		•								
а	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.	-			, and 6 	enter tl Day			e letter 'ear _	rulin	g

	Form 5500-SF 2014	Page 3 - 1			
lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 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 negative amount)	-	1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g 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 the	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?	inder the control		Yes X No	
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify th	e plan(s) to		
1	3c(1) Name of plan(s):	13c(2) EI	N(s)	13c(3) PN(s)	

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

Form 5500-SF, Line 10a Schedule of Delinquent Participant Contributions

Plan Name: Capital District Pediatric Dentistry, PC 401(k) Profit Sharing Plan

EIN: 14-1669134 PN: 002 Plan Year End: December 31, 2014

	Participant Contributions Transferred Late to Plan		nat Constitute Non- ohibited Transactio	•	Total Fully Corrected
Year	Check here if Late Participant Loan Repayments are included	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Under VFCP and PTE 2002-51
2014	\$2,829		\$2,829		

All late participant contributions and lost earnings have been remitted to the Plan.

Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Department of Labor
Reposite 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 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

2014

This Form is Open to Public Inspection

_			rt Identification Information						
For			fiscal plan year beginning	01/01/201	4 a	nd ending	12/31	L/2014	
		n/report is for:	x a single-employer plan a one-participant plan the first return/report	a multiple-emplo of participating e a foreign plan the final return/re	mployer info			-	ox must attach a list tructions)
			an amended return/report	a short plan year	return/repor	t (less than 12 m	onths)		
С	Check bo	x if filing under:	x Form 5558	automatic extens	ion		ום	FVC progra	m
<u> </u>	Lizarii I	Dania Dian In							
	art II Name o		formation enter all requested	information			1h		
ια			Pediatric Dentistry, PC	401(k) Profit	Sharing E	Plan	(PN)	number ▶	002
								ctive date o	f plan
2a	Plan spo Capita	onsor's name and al District	address; include room or suite numb Pediatric Dentistry, PC	er (employer, if for a	ingle-emplo	yer plan)	2b Emp		fication Number 59134
				• .					hone number
	9 Centu	ry Hill Drive						8) 785-:	
	US Lath	am NY .12110		•			1	ness code : 210	(see instructions)
3a	Plan adı	ministrator's name	e and address 🕱 Same as Plan Sp	onsor Name			3b Adm	inistrator's	EIN
				•					•
				•			3c Adm	inistrator's	telephone number
				•					
4	If the no	ma and/or FINI of	the also according to the second size of	Abo Institution	:	-1	Ab cou		
4			the plan sponsor has changed since number from the last return/report.	the last return/report	ilea for this p	olan, enter the	4b EIN		
a	_		•				4c PN		
5a	Total nu	mber of participar	nts at the beginning of the plan year	***************************************			5a		34
b			nts at the end of the plan year				5b		37
С			th account balances as of the end of				5c		24
d(participants at the beginning of the pla				5d(1)		33
d((2) Total :	number of active p	participants at the end of the plan yea	ır	***************	***************************************	5d(2)		· 33
e	Number	of participants the	at terminated employment during the	•		at were	5e		0.
							ll_		
			te or incomplete filing of this return						echle a Cahodula
SE	3 or Sched		d other penalties set forth in the instru d and signed by an enrolled actuary, complete.						
	IGN	00		911811	Jason	n T. Decker	, DDS		
1.5.7.3	12.4.44	nature of plan a	dministrator	Date	Enter r	name of individus	al signing as	plan admi	nistrator
S	IGN	CAC		9.15.1	Jason	n T. Decker	, DDS		
		nature of emplo	yer/plan sponsor	Date	Enter r	name of individua	al signing as	s employer	or plan sponsor
Pr	eparer's n	ame (including fir	m name, if applicable) and address; i	nclude room or suite r	umber (option	onal)	Preparer's	telephone	number (option
		• • •	e de la companya del companya de la companya del companya de la co			•			••
			. ·				nja dama iz februa	iaraa (daa ee be	. ing e. and is superaviored.

	Form 5500-SF 2014		Page 2						
6a \	Vere all of the plan's assets during the plan year invested in eligible	assets? (See instructions.)			******		x Yes	□No
_	Are you claiming a waiver of the annual examination and report of a		•	(IQP	A)				
ι	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	nd condition	ons.)		••••••	••••••	********	x Yes	No
I	f you answered "No" to either line 6a or line 6b, the plan canno	t use For	m 5500-SF and must instead						
c I	f the plan is a defined benefit plan, is it covered under the PBGC in	surance pi	rogram (see ERISA section 402	1)?	L	Ye	s No	Not de	termined
Pai	till Financial Information	Date Constitution							
7 !	Plan Assets and Liabilities		(a) Beginning of Year	·	<u> </u>		(b) End of		
	Total plan assets	7a	2,162,94		ļ			2,457,1	
	Total plan liabilities	7b	0.100.0	0	 			0 457 1	0
	Net plan assets (subtract line 7b from line 7a)ncome, Expenses, and Transfers for this Plan Year	7c	2,162,94 (a) Amount	<u>+ b</u>	 		(b) Tot	2,457,1 al	150
	Contributions received or receivable from:	201000000000000000000000000000000000000	(a) Amount		700	7.505			5.4515.214
	1) Employers	8a(1)	57,08						
	2) Participants	8a(2)	133,40		Salti.		A TENERAL WAR	55540642 6444642	TENA TU
	3) Others (including rollovers)	8a(3)	100.00	0	· 技術等	्रिक्षेत्रस्य इत्यक्षत्रस्य		1479567125 7	
	Other income (loss)	8b 8c	160,90	73 3840	132,50; N	CENEY:		251 3	
	Benefits paid (including direct rollovers and insurance premiums	00		<u>Striftelije</u>	1 488		-vandiori	351,3	
	o provide benefits)	8d	37,09		3-50				(1.36)-213-21
	Certain deemed and/or corrective distributions (see instructions)	8e		0	10. 10.2 1 10. 70.	144			respectively
	Administrative service providers (salaries, fees, commissions)	8f	20,09		25 7 15 10 3 14		office of the service	Post Contract Contract Contract Con	
	Other expenses	8g	 	0	1983 8	467-16	SEMESTALIZATION	57 1	02
	Fotal expenses (add lines 8d, 8e, 8f, and 8g) Net income (loss) (subtract line 8h from line 8c)	8h 8i			3	57,192 294,204			
	Fransfers to (from) the plan (see instructions)	8j		0	i Panar				
	t IV Plan Characteristics	<u> 0j</u>			2004/414	organica.	ay may a sagara a sagar	4.0 (p. 40) may - 4	Med. (442-103.14)
	f the plan provides pension benefits, enter the applicable pension for	eature cod	es from the List of Plan Charac	teristi	c Cod	es in t	he instruction	ns:	
	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	s:	
Pa	t V Compliance Questions								
10	During the plan year:				Yes	No	А	mount	
а	Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period described in	40-	v				2,829
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc Were there any nonexempt transactions with any party-in-interest			10a					2,025
	on line 10a.)			10b		x			
C	Was the plan covered by a fidelity bond?			10c	x			25	0,000
d	Did the plan have a loss, whether or not reimbursed by the plan's			40-1		v			
	or dishonesty?		·	10d		X			
е	insurance service, or other organization that provides some or all								
	instructions.)			10e		Х			
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		х			
h	If this is an individual account plan, was there a blackout period?	-							
	2520.101-3.)			10h		Х	ensanderen Andersoneren	1,7 92350 m	
į	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					
Par	e de l'acceptant l				L	<u> </u>	In the second second second	Jack J. C. Nayster	Las registros Japaneses
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Yes	X No
11:	Enter the unpaid minimum required contribution for current year fr								
12	Is this a defined contribution plan subject to the minimum funding					02 of	FRISA?	Yes	X No
12						32 31	-13(0/1): ***		
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below If a waiver of the minimum funding standard for a prior year is being the standard for a prior year.			tions	and e	nter t	he date of th	e letter ru	lina
u	granting the waiver								

		• .	٠,								, · ·		· · · ·		
	For	m 5500-	SF 2014				75 - 1 1 5.0 1		Pa	ige 3-	7		4		
If yo				nplete lin	es 3, 9, aı	nd 10 o	f Schedule I	MB (Form			ine 13.				
b	Enter ti	ne minimu	m required	d contributi	ion for this	s plan ye	ear		************				12b		
				•	٠.			• •	. 14						
С	Enter ti	ne amoun	t contribute	ed by the e	mployer t	o the pla	an for this pl	an year					12c		
ď	Subtrace negative	ot the amount	ount in line	12c from t	he amour	nt in line	12b. Enter t	he result (enter a mir	nus sign to	the lef	t of a	12d		
	•						be met by th	•					🗀	Yes	No N/
Part	VII	Plan T	erminati	ons and	l [·] Transf	fers of	Assets		• • • • • • • • • • • • • • • • • • • •		• • • •				,
13a	Has a r	esolution	to termina	te the plan	been add	opted in	any plan yea	ar?					. 🖸 Y	es X N	o · ,
	If "Yes,	" enter the	e amount c	of any plan	assets th	at rever	ted to the en	nployer th	is year		*********		13a	: :	
							eneficiaries,					under the o	ontrol	<i>"</i>	Yes 🗓 No
С	If during	g this plar issets or l	year, any iabilities w	assets or ere transfe	liabilities v	were tra e instruc	nsferred fror	n this plan	to another	r plan(s), id	dentify t	he plan(s) t	Ò .		
1:	3c(1) Na	ame of pla	ni(s):			• •	1.847.49		•	*		- 130	(2) EIN	(s)	13c(3) PN(s)
Part	Wilfe	Truet	nformat	ion (ont	ional)								•	· · .	
	lame of		inormac	ion (opt	ionarj					•			14h T	rust's EIN	
		truot		•								•	'	iusts Liiv	
			: "	• •		:								•	
		• •		•		•							٠.	•	
									•			*			
							•		•			•	•		
		:	*.		•									,	•
												••			•
							•						• •		
														•	
												-			
								•							
				· .			•								
			. •											•	•