## 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).

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2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

 Complete all entries in accordance with the instructions to the Form 5500-SF. Annual Report Identification Information For calendar plan year 2016 or fiscal plan year beginning and ending X 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.) **A** This return/report is for: a one-participant plan a foreign plan the final return/report B This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: DFVC program Form 5558 automatic extension special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit JAMES J. WILLOUGHBY, DDS, PC 401K PROFIT SHARING PLAN & TRUST plan number 002 (PN) • 1c Effective date of plan 01/01/1990 2a Plan sponsor's name (employer, if for a single-employer plan) **2b** Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) (EIN) 14-1660709 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Sponsor's telephone number JAMES J. WILLOUGHBY, DDS, PC 845-471-4383 2d Business code (see instructions) **46 FOX STREET** 621210 POUGHKEPSIE, NY 12601 **3a** Plan administrator's name and address X Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 5a 5a Total number of participants at the beginning of the plan year ...... 5b **b** Total number of participants at the end of the plan year..... Number of participants with account balances as of the end of the plan year (only defined contribution plans 5c complete this item)..... 5d(1) d(1) Total number of active participants at the beginning of the plan year..... 5d(2) d(2) Total number of active participants at the end of the plan year.....

than 100% vested \_\_\_\_\_\_ | \_\_\_\_ |
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Number of participants that terminated employment during the plan year with accrued benefits that were less

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.

belief, it is t	rue, correct, and complete.						
SIGN	Filed with authorized/valid electronic signature.	02/20/2017	JAMES WILLOUGHBY				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN							
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan				
Preparer's name (including firm name, if applicable) and address (include room or suite number )			r)	Preparer's telephone number			

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6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)						XY	es No	
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condit	ions.)						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 ir	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	□INO	☐ Not d	etermined	
Pa	rt III   Financial Information	ſ									
	Plan Assets and Liabilities	_	(a) Beginning	of Year 764916				(b) End	of Year 19561	00	
_ <u>a</u>	Total plan assets	7a 	1	704910		0					
	Total plan liabilities	7b	1	764916		1956188					
	Net plan assets (subtract line 7b from line 7a)	7c									
<u>8</u> a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amour	it				(b) 1	Total		
а	(1) Employers	8a(1)		53907							
	(2) Participants	8a(2)		56395							
	(3) Others (including rollovers)	8a(3)		0							
b	Other income (loss)	8b		134463							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							2447	'65	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		36570							
е	Certain deemed and/or corrective distributions (see instructions).	8e		0							
f	Administrative service providers (salaries, fees, commissions)	8f		16923							
g	Other expenses	8g		0							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				53493					
i	Net income (loss) (subtract line 8h from line 8c)	8i				191272					
j	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 2E 2F 2G 2J 2K 2R 2T 3B 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	des in	the inst	ructions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	tic Cod	des in t	he instr	uctions:		
Par	t V Compliance Questions										
10	During the plan year:				Yes	No	N/A		Amour	nt	
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 Verogram)	oluntary F	iduciary Correction	10a		X					
b	,	t? (Do not	include transactions	10b		X					
	Was the plan covered by a fidelity bond?			10c	Χ					265000	
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused	10d		X					
е	by fraud or dishonesty?  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?			10f		X					
g		-		10g	X					7529	
h	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		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)					[] `	∕es X No	
		the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
12		s a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?					<b>│</b>	res X No	
	(lf "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
	grant	aiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	/lonth _	s, and	d enter t Day		of the lette Year _	er ruling	
If	you co	empleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		1			
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		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the live amount)			12d				
		ne 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	s X N	lo	
	If "Y€	s," enter the amount of any plan assets that reverted to the employer this year			13a				
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougol of the PBGC?		er the			Yes	No	
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	olan(s)	) to				
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		<b>13c(3)</b> PN(s)		
Part	VIII	Trust Information							
14a	Name	of trust			14b <sup>-</sup>	Trust's E	EIN		
14c	Name	of trustee or custodian			<b>14d</b> Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No		
		lid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	IШ		n-based narbor	d [	Prior ye test	ear" ADP	
				"Curre	ent year test	<u>"</u>	N/A		
16a 		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perce test	entage		verage enefit test	□ N/A	
	for the	e plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No		
	the le								
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rece	ent determi	nation	
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		rom	Ye	s [	No		
19	Was a	any plan participant a 5% owner who had attained at least age 70 $^{1\!\!/}$ during the prior plan year?			Ye	s	No		

## 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

2016

This Form is Open to **Public Inspection** 

Part I		<u>Identification Information</u>								
For calenda	ar plan year 2016 or f	iscal plan year beginning 01/01/201	16	and ending 12/3	31/2016	_				
▲ This ref	urn/report is for:	X 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.)							
A THISTE	umireport is for.	a one-participant plan	a foreign plan							
<b>B</b> This retu	ırn/report is	the first return/report	the final return/report							
		an amended return/report	a short plan year return	n/report (less than 12 m	nonths)					
C Check	box if filing under:	Form 5558	automatic extension		DFVC progra	am				
		special extension (enter desci	ription)							
Part II	Basic Plan Info	ormation—enter all requested in	formation							
1a Name of plan  JAMES J. WILLOUGHBY, DDS, PC 401K PROFIT SHARING PLAN & TRUST					1b Three-dig plan num (PN) ▶					
					1c Effective 01/01/19					
Mailing	address (include roo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.C		-	2b Employer (EIN) 14-	Identification Number				
•	town, state or province ILLOUGHBY, DDS, P	ce, country, and ZIP or foreign post PC	al code (if foreign, see instr	ructions)		s telephone number (845) 471-4383				
46 FOX STREET					2d Business 621210	code (see instructions)				
POUGHKEP	SIE, NY 12601									
3a Plan a	dministrator's name a	nd address X Same as Plan Spor	nsor.		3b Administrator's EIN					
		_								
					3c Administrator's telephone number					
4 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.				4b EIN						
	or's name	mbor from the last rotal froport.			4c PN					
<b>5a</b> Total i	number of participants	at the beginning of the plan year			5a					
<b>b</b> Total	number of participants	at the end of the plan year			. 5b	7				
		account balances as of the end of		•	5c	7				
<b>d(1)</b> Tota	al number of active pa	rticipants at the beginning of the pl	an year		5d(1)	7				
` '	•	articipants at the end of the plan yea			5d(2)	7				
than <sup>1</sup>	100% vested	terminated employment during the			5e	0				
Caution: A	penalty for the late	or incomplete filing of this return	/report will be assessed	unless reasonable ca	use is establish	ed.				
SB or Sche	edule MB completed a rue, correct, and com	her penalties set forth in the instruction of signed by an enrolled actuary, a plete.	is well as the electronic ver	sion of this return/repor	rt, and to the bes	t of my knowledge and				
SIGN	Jemes 5).	Willingen	2/20/17	JAMES WILLOUGHB	Υ					
HERE C	Signature of plan a	idministrator	Date	Enter name of individ	lual signing as pl	an administrato <u>r</u>				
SIGN HERE				_						
	Signature of emplo		Date			nployer or plan sponsor				
Preparers	name (including tirm r	name, if applicable) and address (ir	iclude room or suite numbe	er)	Preparer's tele	phone number				

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b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)  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.)  If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.								_	
	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?	····· L	Yes	∐ No _	Not dete	mined
Pa	rt III Financial Information	1	1	• • • • • • • • • • • • • • • • • • • •	-T					
	Plan Assets and Liabilities		(a) Beginning	of Year 176491				(b) End o	of Year 195618	•
_ <u>a</u>	Total plan liabilities	7a		17049	0					0
	Total plan liabilities	7b		176491	<del>-</del> +			_	195618	
	Net plan assets (subtract line 7b from line 7a)	7c			+					0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	<u>t</u>	$\dashv$			(b) To	otal	
а	Contributions received or receivable from: (1) Employers	8a(1)		5390	7					
	(2) Participants	8a(2)		5639	95					
	(3) Others (including rollovers)	8a(3)			0					
b	Other income (loss)	8b		13446	33					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							24476	5
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)				0					
е_	Certain deemed and/or corrective distributions (see instructions) 8e				0					
f	Administrative service providers (salaries, fees, commissions)	dministrative service providers (salaries, fees, commissions) 8f			23					
g	Other expenses	8g	0							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				53493				
i	Net income (loss) (subtract line 8h from line 8c)	8i				191272				
j	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 2E 2F 2G 2J 2K 2R 2T 3B 3D	feature co	odes from the List of PI	an Cha	racteri	stic Co	des in	the instr	uctions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Chara	cterist	tic Cod	les in t	he instru	ctions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
а	Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	iduciary Correction	10a		х				
t	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	•		10b		Х				
C	Was the plan covered by a fidelity bond?			10c	Х					265000
d	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		х				
6	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		х				
f	Has the plan failed to provide any benefit when due under the pla	in?		10f		Х				

g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) .....

If 10h was answered "Yes," check the box if you either provided the required notice or one of the

h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

exceptions to providing the notice applied under 29 CFR 2520.101-3 .....

Х

Х

10g

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Part	VI	Pension Funding Compliance	_						
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c m 5500) and line 11a below)						Yes X	No
11a	Ente	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
12		ois a defined contribution plan subject to the minimum funding requirements of section 412 of the Co					Ιг	Yes X	No
		SA?Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		•••••				, –	
a		vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ting the waiver		s, and	l enter t Day		e of the le Yea		
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13						
<u> </u>	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		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the leative amount)			12d				
ее	Will	the minimum funding amount reported on line 12d be met by the funding deadline?	<u>.</u>			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 X	No	
	If "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a				
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug rol of the PBGC?		er the			Yes	No No	
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th assets or liabilities were transferred. (See instructions.)	fy the p	lan(s)	to				
1	3c(1)	Name of plan(s):	1	3c(2)	EIN(s)		130	<b>c(3)</b> PN(s)	)
Part		Trust Information							
14a I	Name	of trust			14b 1	Trust's	EIN		
14c	Name	e of trustee or custodian					s's or cust one numb		
Part	IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			☐ No		
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section	L		n-based arbor	i	"Prior test	r year" AD	P
			IП.	"Curre	ent year est	n 	□ N/A		
16a 		t testing method was used to satisfy the coverage requirements under section 410(b) for the plan  Check all that apply:		Ratio perce test	entage		Average penefit tes	st     1	WA
16b		he plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			☐ No		
17a		plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS		letter	or advi	sory le	tter, enter	the date	of
17b		plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost red	cent deter	mination	
18	Defin Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepace?		rom	Ye	s	No		
19	Was	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Ye	s	☐ No		