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).

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation	► Complete all entries in a	accordance with the instructions to the Form	5500-SI	F.						
Pa	art I Annual Repor	rt Identification Information									
For	calendar plan year 2016 or	fiscal plan year beginning 01/01/2	2016 and ending 1	12/31/20	016						
A	A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking thi list of participating employer information in accordance with the a foreign plan										
Вт	his return/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 months)								
	Check box if filing under:	Form 5558 special extension (enter descri	1 /	DF	VC program						
Pa	rt II Basic Plan Inf	formation—enter all requested in	formation								
	Name of plan TAL DISTRICT PEDIATRIC	DENTISTRY, PC 401(K) PROFIT S	SHARING PLAN		Three-digit plan number (PN) ▶	002					
				1c		ective date of plan 01/01/2002					
2a	Mailing address (include ro	oloyer, if for a single-employer plan) oom, apt., suite no. and street, or P.C		2b	Employer Identi (EIN) 14-10	fication Number 669134					
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) CAPITAL DISTRICT PEDIATRIC DENTISTRY, PC					2c Sponsor's telephone number 518-785-3911						
				2d Business code (see instructions)							
	NTURY HILL DRIVE AM, NY 12110			621210							
3a	Plan administrator's name	and address X Same as Plan Spor	nsor.	3b Administrator's EIN							
				3c	Administrator's	telephone number					
4		the plan sponsor has changed since number from the last return/report.	the last return/report filed for this plan, enter the	4b	EIN						
а	Sponsor's name			4c	PN						
				5		38					
b				5	D						
С			the plan year (only defined contribution plans	5		(
	•		an year	5d(3					
			ar	5d((4)						
Car	than 100% vested		plan year will be assessed upless reasonable or	50							
ual	mon. A penalty for the lat	e or incomplete illing of this return	n/report will be assessed unless reasonable ca	ause is	establistieu.						

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.

<u>beliet, it is t</u>	rue, correct, and complete.						
31314	Filed with authorized/valid electronic signature.	05/25/2017	JASON T. DECKER, DDS				
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 sponsor				
Preparer's	name (including firm name, if applicable) and address (include	room or suite numbe	r)	Preparer's telephone 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.								<u> </u>	'es ☐ No 'es ☐ No	
	If the plan is a defined benefit plan, is it covered under the PBGC in rt III Financial Information	isurance p	orogram (see ERISA se	ection 4	021)?		res	Пио		letermined	
7	Plan Assets and Liabilities		(a) Beginning	of Year				(h) Enc	l of Year		
a	Total plan assets	7a		469934			'	(b) Life	i oi i cai	0	
	Total plan liabilities	7b		0)				0		
	Net plan assets (subtract line 7b from line 7a)	7c	2	469934	ļ					0	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b)	Total		
а	Contributions received or receivable from:			74054							
	(1) Employers	8a(1)		180635							
-	(2) Participants	8a(2)		160633							
	(3) Others (including rollovers)	8a(3)		168535							
	Other income (loss)	8b 8c							423	224	
	Benefits paid (including direct rollovers and insurance premiums	00									
	to provide benefits)	8d		16	;						
e	Certain deemed and/or corrective distributions (see instructions).	8e		0							
f	Administrative service providers (salaries, fees, commissions)	8f		21353							
g	Other expenses	8g		0							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						369			
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i							4018	355	
j	Transfers to (from) the plan (see instructions)	8j	-2871789								
	t IV Plan Characteristics			01							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2R 3D	feature co	ides from the List of Pl	an Cha	racteri	stic Co	odes in	the ins	tructions:		
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	acteris	tic Coc	les in t	he insti	uctions:		
Par	t V Compliance Questions							1			
10	During the plan year:			1	Yes	No	N/A		Amou	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 V		•								
	Program)	-	-	10a		X					
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c	X					287179	
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Χ					
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.)	ne or all of	the benefits under	10e		X					
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		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			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 on 5500) and line 11a below)						Yes X No
		r 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 sect ERISA?								Yes X No
	(If "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
a		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see insting the waiver.		ns, and	l enter t Day		of the lette Year _	er ruling
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.	-		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		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the tive amount)			12d			
		he 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	a resolution to terminate the plan been adopted in any plan year?				Yes	s X N	lo
		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 brou ol of the PBGC?		er the			X Yes	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident n assets or liabilities were transferred. (See instructions.)	tify the p	olan(s)	to			
1	13c(1)	Name of plan(s):	•	13c(2)	EIN(s)		13c(3	3) PN(s)
WHER	E SMI	LES GROW DENTAL 401(K) PROFIT SHARING PLAN	81-47	30429	9 (
Part	VIII	Trust Information						
14a	Name	of trust			14b ⁻	Γrust's E	ΞIN	
140	Name	of trustee or custodian			14d -	Frustoo'	s or custod	lian'e
140	INAIIIC	of trustee of custodian					ne number	liai i S
Par	t 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 (3) for the plan year? Check all that apply:		Desig safe h	n-based arbor	^t	"Prior yet	ear" ADP
	70 T(R)	(o) for the plan year. Oneok an that apply.		"Curre	ent year est	"	N/A	
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:					entage	ntage Average N/A		
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) are plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No	
17a	If the the le	plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS tter	opinior	letter	or advi	sory lett	ter, enter th	ne date of
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, e/	enter the	date	of the m	nost rece	ent determ	ination
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 sep e?		rom	Ye	s	No	
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ 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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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 01/01/2016 and ending 12/31/2016 x a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach A This return/report is for: a list of participating employer information in accordance with the form instructions.) a one-participant plan a foreign plan B This return/report is: the first return/report the final return/report an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: Form 5558. automatic extension DFVC program special extension (enter description) Basic Plan Information --- enter all requested information 1a Name of plan 1b Three-digit plan number Capital District Pediatric Dentistry, PC 401(k) Profit Sharing Plan 002 (PN) ▶ 1c Effective date of plan 01/01/2002 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) 14-1669134 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Capital District Pediatric Dentistry, PC Sponsor's telephone number (518) 785-3911 2d Business code (see instructions) 9 Century Hill Drive 621210 US Latham NY 12110 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. a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year 5a 38 b Total number of participants at the end of the plan year 5b 0 Number of participants with account balances as of the end of the plan year (only defined contribution plans 5c complete this item) 0 d(1) Total number of active participants at the beginning of the plan year 5d(1) 36 d(2) Total number of active participants at the end of the plan year 5d(2) 0 Number of participants that terminated employment during the plan year with accrued benefits that were 5e less than 100% vested 0 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. Jason T. Decker, DDS SIGN HERE Signature of plan administrator Enter name of individual signing as plan administrator Date 5.25.17 Jason T. Decker, DDS SIGN HERE Signature of employer/plan sponsor Enter name of individual signing as employer or plan sponsor

Preparer's name (including firm name, if applicable) and address (include room or suite number) Skip this question

Preparer's telephone number Skip this question

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	Were all of the plan's assets during the plan year invested in eligible								XYes	□No	
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.)						XYes	□No			
C	If you answered "No" to either line 6a or line 6b, the plan cannot lifthe plan is a defined benefit plan is it covered under the BRCC in										
1710700	If the plan is a defined benefit plan, is it covered under the PBGC in		rogram (see ERISA sect	ion 40	J21)?	*******	Ye	s []No	Not c	etermine	
7	Financial Information	PARKETARE									
<u>'</u> _	Plan Assets and Liabilities	外系統	(a) Beginning o		*****			(b) End o	of Year		
<u>a</u> b	Total plan linkilities	7a	2,4	69,9		-				0	
C	Total plan liabilities	7b			0	-		0			
8	Net plan assets (subtract line 7b from line 7a)	7c		69,9	934	-		/b\ T	-4-1	0	
a	Contributions received or receivable from:	0.25.05.05.0	(a) Amoun	τ	****	NEEK	\$7 67 5753	(a)	b) Total		
	(1) Employers	8a(1)		74,0	054						
	(2) Participants	8a(2)	1.	80,6	535	1		ENDARIN			
_	(3) Others (including rollovers)	8a(3)			0						
<u>b</u>	Other income (loss)	8b	1	68,5	35			建制建筑			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							423,	224	
d 	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			16						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e	0			333				421977 PAX	
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f		21,3	353	뛢				新疆野	
<u>g</u>	Other expenses	8g		0							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			3300	19		21,369			
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					401,855			855	
<u>i</u>	Transfers to (from) the plan (see instructions)	8j	(2,87	1,78	39)	186					
Pa	art IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension fe	eature cod	es from the List of Plan C	hara	cterist	ic Cod	les in t	he instructi	ons:		
	2E 2F 2G 2J 2K 2R 3D										
b	If the plan provides welfare benefits, enter the applicable welfare feat	ature code	s from the List of Plan Ch	aract	eristic	Code	s in th	e instructio	ns:		
Pa	art V Compliance Questions			****							
10	During the plan year:				Yes	No	N/A		Amount		
a	Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period				25/2				
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	luntary Fid	duciary Correction	ļ							
	Program)			10a		x					
b	Were there any nonexempt transactions with any party-in-interest	? (Do not i	nclude transactions	406					•		
	reported on line 10a.)			10b		X	SHOWS SECTION			07 170	
d				10c	X		\$1.52.52 \$132.554		2	87,179	
	by fraud or dishonesty?	-	·	10d		x					
е	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						х	SIG				
g						x					
h		See instru	ctions and 29 CFR	10g 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	e required	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 instruction	s and complete S	Schedule	SB		63	
(Form 5500 and line 11a below)	********************	······		Yes	X No	
 11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 or 	e 40	11a				
ERISA?	tine Code or sec	tion 302	of	Yes	X No	
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, s granting the waiver	see instructions,				r ruling	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to	Month	Day	/	_ Year		
b Enter the minimum required contribution for this plan year		12b				
C Enter the 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 negative amount)	to the left of a	12d			· · · · · · · · · · · · · · · · · · ·	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes 🗍	No \square	N/A	
Part VII Plan Terminations and Transfers of Assets		<u> </u>	. • • • • •			
13a Has a resolution to terminate the plan been adopted in any plan year?	*********		Yes	X No		
If "Voc " onto the annual of annual and the state of the	*************************	13a				
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or control of the PBGC?	r brought under th	ne	A Tes [] NO			
C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), which assets or liabilities were transferred. (See instructions.)	identify the plan	(s) to				
13c(1) Name of plan(s):	13c(2) E	IN(s)	(s) 13c(3) PN(s)			
Where Smiles Grow Dental 401(k) Profit Sharing Plan	81	-47304	29	0	01	
Part VIII Trust Information - Skip These Questions			I			
14a Name of trust		14b T	rust's EIN			
14c Name of trustee or custodian						
146 Name of flustee of custodian			rustee or o lephone n	custodian's	;	
		10	icpilone ti	uniber		
Part IX IRS Compliance Questions - Skip These Questions						
15a Is the plan a 401(k) plan? If "No," skip b.			Г	□ No		
15b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section			L			
401(k)(3) for the plan year? Check all that apply:		esign-bas ife harbor	_	test	year" AD	
	i i	urrent ye	ar" r	− □ N/A		
	└─ AI	OP test	L			
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the pyear? Check all that apply:	plan Ra	atio ercentage et		verage enefit test	□ N/	
16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a for the plan year by combining this plan with any other plan under the permissive aggregation rules	a)(4)] No		
17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable the letter/ and serial number	e IRS opinion let	er or adv	isory lette	r, enter the	date of	
17b If the plan is an individually-designed plan that received a favorable determination letter from the II letter//	RS, enter the dat	e of the n	nost recer	t determin	ation	

Defined Benefit Plan or Money Purchase Pension Plan Only:

Were any distributions made during the plan year to an employee who attained age 62 and had not separated from

service? _____

19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?

Yes

Yes

☐ No

☐ No