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.

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Parti	Annuai Repor	t identification information							
For calenda	ar plan year 2016 or	fiscal plan year beginning 01/01/2	2016 	and ending	12/31/2016				
A This ret	urn/report is for:	a single-employer plan		er plan (not multiemployer ng employer information in					
		a one-participant plan	_ ' ' ' '						
B This retu	ırn/report is	the first return/report	the final return/re	port					
_		an amended return/report	a short plan year	return/report (less than 12	months)				
C Check b	oox if filing under:	Form 5558	automatic extens	sion	DFVC prograr	n			
		special extension (enter desc	• /						
Part II		ormation—enter all requested in	formation		41	1			
1a Name MICHAEL V.		401(K) PROFIT SHARING PLAN AI	ND TRUST		1b Three-digit plan number (PN) ▶				
					1c Effective da	ate of plan 10/01/1996			
Mailing	address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.0				dentification Number 14-1728057			
	town, state or provir CONTE, DDS, PC	nce, country, and ZIP or foreign pos	tal code (if foreign, see	instructions)	2c Sponsor's telephone number 518-472-8064				
					2d Business c	ode (see instructions)			
P.O. BOX 12 GLENMONT,						621210			
OLLI MIOITI,	, 111 12001								
3a Plan a	dministrator's name	and address X Same as Plan Spo	nsor.		3b Administrat	or's EIN			
					3c Administrat	or's telephone number			
4 If the r	name and/or EIN of t	he plan sponsor has changed since	the last return/report f	illed for this plan, enter the	4b EIN				
	EIN, and the plan n	umber from the last return/report.	·	,	4c PN				
		ts at the beginning of the plan year.			_				
		ts at the end of the plan year			F1.	!			
C Number	er of participants with	h account balances as of the end of	the plan year (only de	fined contribution plans	5c				
'	,	participants at the beginning of the p			5 1(4)				
d(2) Tota	al number of active p	participants at the end of the plan ye	ar		. 5d(2)				
e Numb	er of participants that	at terminated employment during the	e plan year with accrue	ed benefits that were less	5e				
Caution: A	penalty for the late	e or incomplete filing of this retur	n/report will be asse	ssed unless reasonable (cause is establishe	d.			
SB or Sche		other penalties set forth in the instru and signed by an enrolled actuary, molete							
SIGN		d/valid electronic signature.	06/16/2017	MICHAEL V. CONT	E, DDS				
HERE	Signature of plan	administrator	Date	Enter name of indiv	/idual signing as pla	n administrator			
SIGN					<u> </u>				

Date

Signature of employer/plan sponsor

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

HERE

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

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	Were all of the plan's assets during the plan year invested in eligib								X Ye	es No		
ı	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condi	tions.)						X Ye	es No		
	f you answered "No" to either line 6a or line 6b, the plan cann					_		_				
	f the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	☐ Not de	etermined		
Part	III Financial Information	1	1									
7	Plan Assets and Liabilities		(a) Beginning				((b) End	of Year			
	Total plan assets	7a		729606					84079			
	Total plan liabilities	7b		700000					0.407/	0		
	Net plan assets (subtract line 7b from line 7a)	7c		729606					84079	3 3		
	ncome, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b)	Total			
	Contributions received or receivable from: 1) Employers	8a(1)		14070								
	2) Participants	8a(2)		45884								
	3) Others (including rollovers)	8a(3)		0)							
	Other income (loss)	8b		58408								
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							11830	62		
	Benefits paid (including direct rollovers and insurance premiums											
	o provide benefits)	8d		0	_							
e (Certain deemed and/or corrective distributions (see instructions).	8e		0								
f /	Administrative service providers (salaries, fees, commissions)	8f		7175								
g	Other expenses	8g		0								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					7175					
	Net income (loss) (subtract line 8h from line 8c)	8i							11118	37		
j	Fransfers to (from) the plan (see instructions)	8j		C								
Part	IV Plan Characteristics											
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 3D	feature co	odes 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 Cod	des in t	he instr	uctions:			
Part	V Compliance Questions											
10	During the plan year:				Yes	No	N/A		Amoun	t		
а	Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's Norgram)	oluntary F	iduciary Correction	10a		X						
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		Χ						
С	Was the plan covered by a fidelity bond?			10c	X					10000		
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X						
е				10e		X						
f	f Has the plan failed to provide any benefit when due under the plan?			10f		X			_	_		
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g		X						
	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 c n 5500) and line 11a below)						Yes X No	
		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40							
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?						Yes X No	
	(If "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
	grant	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	onth _	s, and	d 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 1	13.	1		1			
<u>b</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		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l 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			1				
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				Yes	s X N	lo	
	If "Ye	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 brougout 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	lan(s)) to				
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3) PN(s)		
Part	VIII	Trust Information			•				
14a	Name	of trust			14b ⁻	Trust's E	ΞIN		
14c	Name	of trustee or custodian			14d 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		
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	- LL ;		n-based narbor	d [Test	ear" ADP	
			ΙП '	"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	be plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be 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 rec	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 sepa 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).

1210-0089

OMB Nos. 1210-0110

2016

This Form is Open to Public Inspection

Pension Be	nefit Guaranty Corporation	► Complete all entries in acco	rdance with the instru	ctions to the Form 5500	-SF.				
Part I	Annual Report I	dentification Information							
For calenda	r plan year 2016 or fisc	al plan year beginning	01/01/2016	and ending	12/31/20	16			
A This retu	urn/report is for:	x a single-employer plan	a list of participating e	lan (not multiemployer) (l employer information in a					
a one-participant plan a foreign plan B This return/report tis: the first return/report the final return/report									
		an amended return/report	a short plan year retu	rn/report (less than 12 mo	onths)				
C Check b	ox if filing under:	Form 5558	automatic extension		DFVC	program			
Bassini I	Dania Dian Info	<u> </u>							
Part II 1a Name		mation enter all requested inf	ormation		1b Three-dig	nit I			
	•	DS, PC 401(k) Profit Sha	ring Plan and Tr	rust	plan num (PN) ▶				
					1c Effective 10/01/	•			
Mailing	Address (include roor	yer, if for a single-employer plan) n, apt., suite no. and street, or P.O. e, country, and ZIP or foreign postal	Box) code (if foreign, see ins	tructions)		r Identification Number 4-1728057			
•	ael V. Conte, D	•	3030 (II 7010IgII) 000 III		•	s telephone number 472 – 8064			
	Box 127				2d Business 621210	code (see instructions)			
	enmont NY 12037 dministrator's name an	d address X Same as Plan Spon	sor		3b Administrator's EIN				
					3c Administr	rator's telephone number			
					O / (d/iiiiio)	ator o tolophono numbor			
		plan sponsor has changed since th ber from the last return/report.	e last return/report filed	for this plan, enter the	4b EIN				
a Spons	or's name				4c PN				
5a Total r	number of participants	at the beginning of the plan year	************************************		5a	9			
	•	at the end of the plan year			5b	9			
C Number	er of participants with a ete this item)	ccount balances as of the end of the	e plan year (only defined	l contribution plans	5c	9			
` '	·	icipants at the beginning of the plan	year		5d(1) 5d(2)	7			
Numbe		icipants at the end of the plan year erminated employment during the pl	an year with accrued be	nefits that were		7			
less th	an 100% vested	***************************************	***************************************	••••••	5e	0			
		or incomplete filing of this return/							
SB or Sch	alties of perjury and ot edule MB completed a true, correct -a nd com	her penalties set forth in the instruct nd signed by an enrolled actuary, as plete.	ions, I declare that I hav well as the electronic v	e examined this return/repor	t, and to the be	if applicable, a Schedule st of my knowledge and			
SIGN	//past	M	06/16/17	Michael V. Conte	e, DDS				
1.0 (1.0 (1.0 (1.0 (1.0 (1.0 (1.0 (1.0 (ignature of plan adm	injstratoj	Date	Enter name of individua	ıl signing as pla	n administrator			
	1 /m/l	WX	06/16/17	Michael V. Conte	e, DDS				
SIGN / HERE/S	ignature of employer	/plan sponsor	Date	Enter name of individua	al signing as em	ployer or plan sponsor			
Preparer's		name, if applicable) and address (inc	clude room or suite numb	per)	Preparer's tele Skip this o				

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6a	Were all of the plan's assets during the plan year invested in eligible	assets?	(See instructions.)	•••••					X Yes	s No
	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility at If you answered "No" to either line 6a or line 6b, the plan cannot	nd conditi ot use Fo	ons.) rm 5500-SF and must ins	tead	use F	orm !	5500.		_	s
C	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA sectio	n 402	21)?	[Yes	N	o Not	determined
Pa	art III Financial Information									
7_	Plan Assets and Liabilities		(a) Beginning of	Yea	7	<u> </u>		(b) End	l of Year	
<u>a</u>	Total plan assets	7a	72	9,6	06	<u> </u>			840	793
<u>b</u>	Total plan liabilities	7b			0	<u> </u>				0
C	Net plan assets (subtract line 7b from line 7a)	7c	A	9,6	06	-				793
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			194705.19930	es d'évisere terr	(b)	Total	
а	Contributions received or receivable from: (1) Employers	8a(1)	1	4,0	70					
	(2) Participants	8a(2)		5,8		1000			1713	
	(3) Others (including rollovers)	8a(3)			0					
b	Other income (loss)	8b	5	8,4	08	24			la series	## T
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	 				5,404138		elen en reservation	118	3,362
d	Benefits paid (including direct rollovers and insurance premiums		Charles Control Contro	A. 35 C. (10 L. 10)	Control of the Control	100				
	to provide benefits)	8d			0	(4) (4) (4) (4) (4) (4) (4) (4) (4) (4)				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e			0					
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f		7,1						
g	Other expenses	8g	the solutions are interested in the solution of the solution o	9 15# NJ 54.9 W S	0					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	ca frage and the		\$2.00	90 to 100				7,175
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i				111,187				L ,187
لے	Transfers to (from) the plan (see instructions)	8j	0				(A)			
P	art IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension for 2A 2E 2J 3D	eature co	des from the List of Plan C	harac	teristi	c Cod	les in t	he instru	ctions:	
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature code	es from the List of Plan Ch	aract	eristic	Code	s in the	e instruc	tions:	
P	art V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
a		tions with	in the time period				14.750 2701.0			
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	oluntary F	iduciary Correction							
	Program)		***************************************	10a		х				
k	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					100,000
C	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х				
•	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		х				
f	f Has the plan failed to provide any benefit when due under the plan?			10f		х				
	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			10g		х				
ŀ	If this is an individual account plan, was there a blackout period? 2520.101-3.)	iod? (See instructions and 29 CFR				х				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i						

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Par	t VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions a (Form 5500 and line 11a below)	ind comp	lete Sc	hedule	SB		Yes 🛭	₹ No
	l Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	0		11a				
12	ERISA? Yes X No							
а	(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, see granting the waiver					e of the		uling
If y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lir			Da	<u>y</u>	100	a!	
b	Enter the minimum required contribution for this plan year			12b				
С	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 to negative amount)			12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	***********			Yes [No		I/A
Par	VII Plan Terminations and Transfers of Assets							· · · · · · · · · · · · · · · · · · ·
13a	Has a resolution to terminate the plan been adopted in any plan year?				Yes	х	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 br control of the PBGC?	-				Yes	X No)
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identification which assets or liabilities were transferred. (See instructions.)	lentify the	e plan(s) to				
1	3c(1) Name of plan(s):	13	c(2) EII	V(s)		13c(3) PN(s)		(s)
				*				
Par	VIII Trust Information - Skip These Questions							
14a	Name of trust			14b	Γrust's E	IN		
140	Name of trustee or custodian			14d Trustee or custodian's telephone number				
Par	IX IRS Compliance Questions - Skip These Questions							
15a	Is the plan a 401(k) plan? If "No," skip b.	[Ye:	s			No	
15b	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:		saf	sign-ba e harbo urrent y	or		"Prior y test	ear" ADP
				P test	Cai		N/A	
16a	What testing method was used to satisfy the coverage requirements under section 410(b) for the pla year? Check all that apply:		Rat per tes	centag	e 🗌	Averaç benefi		□ N/A
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?		Yes				No	
17a	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable I the letter/	IRS opin	ion lette	er or ad	lvisory le	tter, en	ter the	date of
17b	If the plan is an individually-designed plan that received a favorable determination letter from the IRS letter/	S, enter t	he date	of the	most re	cent del	termina	tion
18	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 service?	•] Yes		No	
19	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		•••••] Yes		No	