#### 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.

2015

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I	Annual Report	<b>Identification Information</b>						
For calen	dar plan year 2015 or fis	scal plan year beginning 10/01/2	015 and ending 09	9/30/20	)16			
<b>A</b> This r	eturn/report is for:	a single-employer plan  a one-participant plan	a multiple-employer plan (not multiemployer) list of participating employer information in act a foreign plan		_			
<b>B</b> This re	eturn/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 m	onths)				
	c box if filing under:	Form 5558 special extension (enter descr	. ,		DFVC progr	ram		
Part II	Basic Plan Info	rmation—enter all requested inf	ormation					
1a Nam DAVID J S	e of plan SHERRICK DDS PC PR	OFIT SHARING PLAN			Three-digit plan number (PN) ▶	001		
				1c	Effective date of 10/0	f plan 1/1981		
Maili	ng address (include roor	yer, if for a single-employer plan) m, apt., suite no. and street, or P.O			Employer Identit (EIN) 14-1	fication Number 620882		
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)  AVID J SHERRICK DDS PC					<b>2c</b> Sponsor's telephone number 518-792-6756			
4 DANAM		04 DAV/A	1000 00	2d	Business code (	see instructions)		
1 BAYWC UEENSB	URY, NY 12804-5822		/OOD DR /BURY, NY 12804-5822		6212	210		
3a Plan	administrator's name ar	nd address Same as Plan Spons	or.	3b	Administrator's I	ΞIN		
				3с	Administrator's t	elephone number		
		e plan sponsor has changed since to mber from the last return/report.	the last return/report filed for this plan, enter the	4b				
<b>a</b> Spor	sor's name			4c	1			
<b>5a</b> Tota	I number of participants	at the beginning of the plan year		5a		3		
				5k	<b>o</b>	3		
			the plan year (defined benefit plans do not	50	:	3		
<b>d(1)</b> ⊤d	otal number of active par	rticipants at the beginning of the pla	an year	5d(	(1)	3		
d(2) T	otal number of active pa	rticipants at the end of the plan yea	ar	5d(	(2)	3		
thai	n 100% vested		plan year with accrued benefits that were less	56		0		
			//report will be assessed unless reasonable car					
Under pe	naities of perjury and off	ner penalties set forth in the instruc	ctions, I declare that I have examined this return/re	port, in	iciuding, if applic	able, a Schedule		

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	06/15/2017	DAVID J SHERRICK				
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 i			vidual signing as employer or plan sponsor			
Preparer's	name (including firm name, if applicable) and address (include r	oom or suite numbe	r)	Preparer's telephone number			
ROBERT S	MCMILLEN			518-792-2117			

BARTLETT PONTIFF STEWART & RHODES P

1 WASHINGTON STREET PO BOX 6128

GLENS FALLS, NY 12801

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<ul> <li>Were all of the plan's assets during the plan year invested in eligib</li> <li>Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a second t</li></ul>	an indepen and conditi ot use For	dent qualified public a ons.)rm 5500-SF and mus	ccount	ant (IQ	PA)  <b>Form</b>	5500.	X Yes No
C If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pi	rogram (see ERISA se	ection 4	021)? .		Yes	No Not determined
Part III   Financial Information	1 1						
7 Plan Assets and Liabilities		(a) Beginning					(b) End of Year
a Total plan assets	7a		715	951			715987
<b>b</b> Total plan liabilities	7b		745	0			715097
Net plan assets (subtract line 7b from line 7a)  Income. Expenses, and Transfers for this Plan Year	7c	(-) A		951			715987
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b) Total
(1) Employers	8a(1)			0			
(2) Participants	8a(2)			0			
(3) Others (including rollovers)	8a(3)			0			
<b>b</b> Other income (loss)	8b			36			
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						36
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0			
e Certain deemed and/or corrective distributions (see instructions)	8e			0			
f Administrative service providers (salaries, fees, commissions)	8f			0			
g Other expenses	8g			0			
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						0
i Net income (loss) (subtract line 8h from line 8c)	8i						36
j Transfers to (from) the plan (see instructions)	8j			0			
Part IV Plan Characteristics							
9a If the plan provides pension benefits, enter the applicable pension 2E 2G	feature co	des from the List of Plant	an Cha	racteris	stic Co	des in th	e instructions:
B If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Pla	n Char	actorist	ic Coc	les in the	
If the plan provides well are benefits, effect the applicable well are to	catare cou	cs from the List of Flat	ii Onait	actorist	10 000	ics in the	motractions.
Part V Compliance Questions							
10 During the plan year:				Yes	No	N/A	Amount
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 Fi	duciary Correction	10a		X		
<b>b</b> Were there any nonexempt transactions with any party-in-interest					,		
reported on line 10a.)			10b		X		
C Was the plan covered by a fidelity bond?			10c	X			76000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Χ		
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some	ner persons	s by an insurance the benefits under	Tou				
the plan? (See instructions.)			10e		X		
f Has the plan failed to provide any benefit when due under the pla	n?		10f		X		
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	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				
j Did the plan trust incur unrelated business taxable income?			10i		Χ		
Part VI Pension Funding Compliance			. 0,	I		1	
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							
11a Enter the unpaid minimum required contribution for all years from						11a	
12 Is this a defined contribution plan subject to the minimum funding							RISA? Yes X No

	F	orm 5500-SF 2015 Page <b>3</b> - 1							
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing		
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui			
b	Enter t	ne minimum required contribution for this plan year		12b					
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c					
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d					
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗆	N/A		
Part		Plan Terminations and Transfers of Assets			100	110	1471		
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No			
		s," 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 brough	ght under the co	ontrol		Yes X	No		
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)							
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		<b>13c(3)</b> F	PN(s)		
Part	: VIII	Trust Information							
14a	Name o	f trust		14b 1	Γrust's EIN	١			
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's		
Traine of tracted of coolegian						telephone number			
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan?		Ye	S	No			
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based safe ADP/ACP harbor test method					
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No			
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test		
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No			
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A		
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions		
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or		
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable			
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No			
19	Were in	n-service distributions made during the plan year?		Ye	s	No			
	If "Yes	" enter amount		19					
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w ), as required under section 401(a)(9)?		Ye	s	No	N/A		

## 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

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Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to **Public Inspection** 

S. B. S. L. S.		accordance with the motion		<u></u>			
For calendar plan year 2015 or	t Identification Information fiscal plan year beginning 10/01/		and ending 09/30/	2016			
	a single-employer plan	a multiple-employer pla	n (not multiemployer) (File	ers checking this bo	x must attach a		
A This return/report is for:	a one-participant plan	list of participating emp	oloyer information in accord	ance with the form	msudcuons)		
<b>B</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 month	s)			
C Check box if filing under:	Form 5558	automatic extension		DFVC progr	am		
	special extension (enter des				<u></u>		
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	ormation—enter all requested in	nformation	43	Three-digit			
<b>1a</b> Name of plan DAVID J SHERRICK DDS PC P	ROFIT SHARING PLAN	<b>₩</b>	i.	plan number (PN)	001		
·	ž .		10	Effective date of	plan 1/1981		
2a Plan sponsor's name (emp	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.	O. Box)	21	Employer Identit	ication Number 620882		
City or town, state or provint DAVID J SHERRICK DDS PC	nce, country, and ZIP or foreign pos	stal code (if foreign, see instru	octions) 20	Sponsor's telep	hone number 92-6756		
,			20	Business code (	see instructions)		
21 BAYWOOD DR QUEENSBURY, NY 12804-5822	21 BAY QUEEN	WOOD DR ISBURY, NY 12804-5822		621213			
2- 0	and address Vicemens Blan Spa	ne or	31	Administrator's	EIN		
3a Plan administrators name	and address XSame as Plan Spor	1501.	-				
4 If the name and/or EIN of the name. EIN, and the plan n	he plan sponsor has changed sincumber from the last return/report.	e the last return/report filed fo		<b>b</b> EIN			
a Sponsor's name	· · · · · · · · · · · · · · · · · · ·			C PN			
5a Total number of participan	ts at the beginning of the plan year			5a	3		
<b>b</b> Total number of participan	ts at the end of the plan year	·		5b	3		
Number of participants with complete this item)	h account balances as of the end o	of the plan year (defined bene	fit plans do not	5c	3		
	participants at the beginning of the	فحد	5	id(1)	3		
d(2) Total number of active a	participants at the end of the plan y	ear		id(2)	3		
e Number of participants the	at terminated employment during the	ne plan year with accrued ber	nefits that were less	5e	0		
Caution & nanolty for the lat	a or incomplete filing of this retu	rn/report will be assessed :	unless reasonable cause	is established.	anhlo a Schodulo		
Under penalties of perjury and SB or Schedule MB completed belief, it is true, correct, and co	other penalties set forth in the instr and signed by an enrolled actuary	uctions, I declare that I have a section as the electronic vers	examined this return/report, ar	nd to the best of my	knowledge and		
SIGN JAMES	TEL MARK	6-15-17	DAVIDJ.1	NERRICK			
HERE Signature of plan	A1-2-1	Date	Enter name of individual	signing as plan ad	ministrator		
SIGN DANN	The march	6-15-17	DAVIST.	Sheppick			
HERE Signature of emp	li y 47 li 1/2//t Dioyer/plan sponsor	Date	Enter name of individual	signing as employ	er or plan sponsor		
Preparer's name (including firm ROBERT S MCMILLEN BARTLETT PONTIFF STEWA	name, if applicable) and address	(include room or suite numbe	r) Pr	eparer's telephone 518-79	number 92-2117		
1 WASHINGTON STREET	AT ATMODED I						
PO BOX 6128 GLENS FALLS, NY 12801							

Form 5500-SF 2015			Page 2			_				
	ear invested in clinible	accete?	(See instructions )						X Yes	No
<ul><li>6a Were all of the plan's assets during the plan y</li><li>b Are you claiming a waiver of the annual exam</li></ul>	ination and report of an	indepen	dent qualified public ac	countar	אנ (ועצר	A)			∑ Yes ∏	No
	s on waiver eligibility and	a conditi	ons.)		********	• • • • • • • • • •				140
If you answered "No" to either line 6a or li	ne 6b, the plan cannot	use For	rogram (see ERISA sec	tion: 40:	21)?	П	yes □	ио ∏ и	ot determine	ď
c If the plan is a defined benefit plan, is it covere	ed under the PBGC insu	itance pi	Ogram (See Enter 1966			ப		<u></u>		
Part III Financial Information	<u> </u>		(-) De viewiew	-		1		(b) End of	Year	
7 Plan Assets and Liabilities	i de la companya de l	4550 Pay	(a) Beginning	7159		$\vdash$	· · · · · · · ·	b) Lite of	715987	
a Total plan assets		7a 7b		7 100	0	<b></b>			0	
<b>b</b> Total plan liabilities		70 7c		7159	51				715987	
C Net plan assets (subtract line 7b from line 7a)	\$	34772 X	(a) Amou	nt				(b) Tot	al	
<ul> <li>8 Income, Expenses, and Transfers for this Pla</li> <li>a Contributions received or receivable from:</li> </ul>	ii teal (%)		(4)		_		43/5 <b>.</b> Ya			
(1) Employers	,	8a(1)			0	1 (1) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A			Bergeron (1994) Andrewood (1994)	
(2) Participants		8a(2)			0	1 - T + 1 + 2 + 2				
(3) Others (including rollovers)		8a(3)			0	1 200 s(t				6000000 780000
b Other income (loss)		8b	n en sekkeens sekkeis en 24 kees	- 195-31 03	36	1 16-373			36	2510850
C Total income (add lines 8a(1), 8a(2), 8a(3), a		8c		-049988111	Heritagia var	1 259320	an disab	a u comagnaga na	Walled and Control	idada 1
d Benefits paid (including direct rollovers and in to provide benefits)	surance premiums	8d			0	300		r G		
e Certain deemed and/or corrective distribution		8e			0		i e se de la compania			
f Administrative service providers (salaries, fee		8f			0					200
g Other expenses		8g	·		0					
h Total expenses (add lines 8d, 8e, 8f, and 8g)		8h					. 0			
Net income (loss) (subtract line 8h from line 8		8i							36	
Transfers to (from) the plan (see instructions)		8j			0					A SE
Part IV Plan Characteristics		****								
9a If the plan provides pension benefits, enter t	he applicable pension fe	eature co	odes from the List of Pla	an Char	acteris	tic Co	des in t	ne instructi	ons:	
2F 2G										
B If the plan provides welfare benefits, enter the	ne applicable wellare lea	ature cod	Jes nont the List of Fig.							
Part V Compliance Questions										
10 During the plan year:					Yes	No	N/A		Amount	
a Was there a failure to transmit to the plan a	ny participant contribution	ons with	in the time period							
described in 29 CFR 2510.3-102? (See in:	structions and DOL's Vo	iuntary i	-louciary Correction	10a		Х				
b Were there any nonexempt transactions wi	th any party-in-interest?	(Do not	include transactions							
reported on line 10a.)	in any party managed.			10b		Х	. 100.00			
c Was the plan covered by a fidelity bond?				10c	×				7:	6000
d Did the plan have a loss, whether or not re	mbursed by the plan's fi	idelity bo	ond, that was caused			X				
by fraud or dishonesty?				10d	-	<del>  ^</del>			<u> </u>	
Were any fees or commissions paid to any carrier, insurance service, or other organization.	brokers, agents, or other	er person	ns by an insurance f the benefits under							
the plan? (See instructions.)	alion that provides some			10e	ļ	X				
f Has the plan failed to provide any benefit v	hen due under the plan	ı?		10f	<u> </u>	X				
g Did the plan have any participant loans? (If				10g		Х			-	
h If this is an individual account plan, was the	ere a blackout period? (S	See insti	ructions and 29 CFR			Х			Piraysiaanida. Namai sasai	
2520 101-3 \	***, **********************************	·····		10h	├	<u>^</u>				aren Gesta
i If 10h was answered "Yes," check the box exceptions to providing the notice applied	if you either provided the	e require	ed notice or one of the	   10i		ŀ				
j Did the plan trust incur unrelated business	taxable income?			10j		Х				
B-4-VI Pension Funding Compliance	Ā									
11 Is this a defined benefit plan subject to min 5500) and line 11a below)	imum fundina requireme	ents? (If	"Yes," see instructions	and co	mplete	Sche	dule SB	(Form	Yes	₹ N
11a Enter the unpaid minimum required contrib	ution for all years from S	Scheduk	e SB (Form 5500) line 4	10			11a			
	o the minimum funding	requiren	nents of section 412 of	the Coo	de or se	ection	302 of	ERISA?	Yes	₹ N
12 Is this a defined contribution plan subject f	o are manufacturiditioning								<del></del>	

(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) <b>a</b> If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the let	ter ruling
city and the standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the let	ter ruling
granting the waiver	
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	
C Enter the amount contributed by the employer to the plan for this plan year	
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)	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?	N/A
Part VII Plan Terminations and Transfers of Assets	
13a Has a resolution to terminate the plan been adopted in any plan year?	No
If "Yes," enter the amount of any plan assets that reverted to the employer this year	·
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	No No
C 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.)	(2) 51/()
13c(1) Name of plan(s): 13c(2) EIN(s) 13	Bc(3) PN(s)
Part VIII Trust Information	
14b Trust's EIN	
14c Name of trustee or custodian  14d Trustee's or custodian telephone nur	
Part IX IRS Compliance Questions	
15a is the plan a 401(k) plan?	No
Design-	ADP/ACP test
testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-	No
2(a)(2)(ii))?  16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	Average benefit test
this plan with any other plans under the permissive aggregation rules?	No -
17a Has the plan been timely amended for all required tax law changes?	No ∐N/A
17b Date the last plan amendment/restatement for the required tax law changes was adopted	See instructions
17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable letter.	
17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last ravorable determination letter.	IDIE
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	No
19 Were in-service distributions made during the plan year?	No
If "Yes," enter amount	<del></del>
Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)?	No N/A

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SERVICE BY FACSIMILE NOT ACCEPTED

June 22, 2017

JAMES R. BURKETT
STEFANIE DILALLO BITTER
KARLA WILLIAMS BUETTNER
ELISABETH B. MAHONEY
JOHN D. WRIGHT
JESSICA HUGABONE VINSON

RICHARD J. BARTLETT 1926-2015 ROBERT S. STEWART 1932-2001 BERTRAM J. DUBE 1916-1999

### REQUEST FOR WAIVER OF LATE FILING PENALTY

The 5500-SF being submitted herewith is for a small plan of only 3 participants. The dentist who is the principal participant also acts as trustee, and I am the only professional on whom he relies for advice in the administration of this plan.

I am the only member of our firm who does any work regarding ERISA. Although I serve as the plan administrator of our firm's own pension plan and sign the Form 5500 for that plan, the only Form 5500's I have been responsible for filing in recent years are for the subject plan and for welfare benefit plans maintained by one 501(c)(3) client.

I have filed the Forms 5500 for the subject plan since its inception and always had the filing deadline double docketed, both on my computer task list and on the firm's corporate docket which is supposed to be distributed monthly.

Unfortunately, when I entered it on my task list, I did not enter it for after 2016, because I had anticipated being retired well before then (I am now 74), and I have discovered that the firm's corporate docket has not been distributed since March due to an employee error.

When it recently occurred to me that the filing had not been done, I immediately commenced obtaining the necessary information to do so.

Based on this unfortunate combination of circumstances, I respectfully request that the penalty for late filing be waived.

Thank you for your consideration.

Robert S. McMillen

KoldS McMillen