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.

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Parti	Annual Repor	t identification information	1			
For calend	lar plan year 2016 or	fiscal plan year beginning 01/01/	2016	and ending 1	2/31/2016	
Δ This re	turn/report is for:	X a single-employer plan		r plan (not multiemployer) employer information in a		
A IIIISTE	eun/report is ior.	a one-participant plan	a foreign plan	omployer illiormation ill a	obordance with the re	minimuduono.
B This ret	urn/report is	the first return/report	the final return/repo	ort		
		an amended return/report	a short plan year re	eturn/report (less than 12 n	nonths)	
C Check	box if filing under:	Form 5558	automatic extension	on	DFVC program	
D 4 !!	T D . D . L (special extension (enter desc	• /			
Part II		ormation—enter all requested in	nformation		T 41 =:	<u> </u>
1a Name		C DROEIT SHADING DI ANI			1b Three-digit	
MICHAEL S	. FREEDUS, DDS, P	.C. PROFIT SHARING PLAN			plan number (PN) ▶	002
					1c Effective date	
						/01/2014
		loyer, if for a single-employer plan)			2b Employer Ide	
		om, apt., suite no. and street, or P. nce, country, and ZIP or foreign pos		netructions)	(=111)	-1597742
	. FREEDUS, DDS, P.		stal code (il loreign, see i	risti detions)	2c Sponsor's tel	ephone number 32-3564
					2d Business cod	e (see instructions)
	UT STREET					1210
ONEONTA,	NY 13820					
20 Dlan -		and address V Carra as Disa Car			2b Administrator	- FINI
Ja Plan a	administrator's name a	and address X Same as Plan Spo	onsor.		3b Administrator	SEIN
					3c Administrator	s telephone number
		he plan sponsor has changed since umber from the last return/report.	e the last return/report file	ed for this plan, enter the	4b EIN	
	sor's name				4c PN	
5a Total	number of participant	ts at the beginning of the plan year			5a	7
b Total	number of participant	ts at the end of the plan year			5b	7
		n account balances as of the end o		•	5c	7
d(1) Tot	tal number of active p	articipants at the beginning of the p	olan year		5d(1)	7
d(2) Tot	tal number of active p	participants at the end of the plan ye	ear		5d(2)	7
		at terminated employment during th			5e	(
Caution: A	A penalty for the late	e or incomplete filing of this retu	rn/report will be assess	sed unless reasonable ca		
		other penalties set forth in the instru and signed by an enrolled actuary,				
	true, correct, and cor		as well as the electronic	vorsion of this return/repo	rt, and to the best of	
SIGN	Filed with authorized	d/valid electronic signature.	08/14/2017	MICHAEL S. FREEDU	JS, DDS	
HERE			_			

Date

Date

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

Signature of plan administrator

Signature of employer/plan sponsor

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

SIGN HERE Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

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b	Were all of the plan's assets during the plan year invested in eligible. 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 cannot be a second to the plan cannot be a se	an indepe and condi not use Fo	ndent qualified public ations.)orm 5500-SF and mus	ccount	ant (IC	PA) Form	5500.		<u> </u>	∕es
	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	Not o	determined
<u> 7</u>	rt III Financial Information Plan Assets and Liabilities	ĺ	(a) Basinning	of Voor	Т			/b)	l of Voor	
_ <u>'</u>	Total plan assets	7a	(a) Beginning (118622			-	(b) Enc	l of Year 1983	261
	Total plan liabilities	7b		0	ı					
	Net plan assets (subtract line 7b from line 7a)	7c		118622					1982	261
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt				(b)	Total	
а	Contributions received or receivable from:		, ,	62424						
	(1) Employers	8a(1)								
	(2) Participants	8a(2)		0	_					
	(3) Others (including rollovers)	8a(3)		21924						
	Other income (loss)	8b		21024	-				84	348
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c							04.	340
	to provide benefits)	8d		3386						
е	Certain deemed and/or corrective distributions (see instructions).	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f		1323						
g	Other expenses	8g		0						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								709
<u>_i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							790	639
j	Transfers to (from) the plan (see instructions)	8j		0						
Pa	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	des 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	acterist	tic Cod	les in t	he instr	ructions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amou	nt
	Was there a failure to transmit to the plan any participant contribu	itions with	n the time period				.47		Alliou	
	described in 29 CFR 2510.3-102? (See instructions and DOL's \ Program)	oluntary F	Fiduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
C				10c		X				
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
е	· · · · · · · · · · · · · · · · · · ·	her persor ne or all of	s by an insurance 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	as 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 t exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i						

Form	5500	-SF	201	6

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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	B) PN(s)
Part	VIII	Trust Information			•			
14a	Name	of trust			14b ⁻	Trust's E	ΞIN	
14c	Name	of trustee or custodian					s or custod ne number	lian'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:	- 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).

▶ 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 Annual Repor	rt Identification Information				
For calendar plan year 2016 or	fiscal plan year beginning	01/01/2016	and ending	12/31/2016	
A This return/report is for:	x a single-employer plan	a list of participating	olan (not multiemployer) employer information in		
B This return/report is:	a one-participant plan the first return/report	a foreign plan the final return/report			
This return report is.	H	H .		nontha\	
	an amended return/report	a short plan year rett	ırn/report (less than 12 n	nontns)	
C Check box if filing under:	Form 5558 special extension (enter descr	automatic extension		DFVC pro	gram
Part II Basic Plan Inf	<u> </u>				
1a Name of plan	formation enter all requested	Intormation		1b Three-digit	
•	s, DDS, P.C. Profit Shar:	ing Plan		plan number	
michael D. Freeda.	s, bbs, r.c. Floric Shar.	ing rian		(PN) ►	002
				1c Effective dat 01/01/20:	•
Mailing Address (include re	oloyer, if for a single-employer plan) oom, apt., suite no. and street, or P.0 ince, country, and ZIP or foreign post	O. Box)	.t		entification Number
Michael S. Freedu		ai code (ii ioreigii, see iiis	structions)	2c Sponsor's te	lephone number
	-,,,			(607) 432	2-3564
53 Chestnut Street	t			2d Business coo 621210	de (see instructions)
IIC Oncento NV 12000					
3a Plan administrator's name	and address X Same as Plan Spo	onsor		3b Administrato	r's EIN
				- Tammotrato	
				3c Administrato	r's telephone number
				JC Administrato	i s telephone number
	the plan sponsor has changed since number from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN	
a Sponsor's name				4c PN	
5a Total number of participan	ts at the beginning of the plan year			5a	7
b Total number of participan	ts at the end of the plan year	***************************************		5b	7
C Number of participants with complete this item)	h account balances as of the end of	the plan year (only define	d contribution plans	5c	7
	articipants at the beginning of the pla			5d(1)	7
d(2) Total number of active p	articipants at the end of the plan yea	Γ		5d(2)	7
	at terminated employment during the				
less than 100% vested	***************************************	************************************	***************************************	5e	0
Caution: A penalty for the lat	te or incomplete filing of this retur	n/report will be assesse	d unless reasonable ca	use is established	•
	other penalties set forth in the instru				
SB or Schedule MB completed belief, it is true, correct/and co	d and signed by an enrolled actuary,	as well as the electronic v	ersion of this return/repo	rt, and to the best of	my knowledge and
	all All In	Cr 11/15	1	1 550	
SIGN ////////////////////////////////////	VI Liger Blil	8-14-17	Michael S. Free	· · · · · · · · · · · · · · · · · · ·	
HERE Signature of plan ag	act XII II	Date	Enter name of individua		Iministrator
SIGN	My frudu	8-14-17	Michael S. Free	dus, DDS	
HERE Signature of employ		Date	Enter name of individua		
Preparer's name (including firm Skip this question	n name, if applicable) and address (i	nclude room or suite num	per)	Preparer's telepho Skip this que	ne number
onip inis question				Skip tills que	Stion
				ļ	

	Form 5500-SF 2016		Page 2			_				
	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	an indepen and conditi	dent qualified public acco	untar	nt (IQF	PA)			X Yes	
С	If the plan is a defined benefit plan, is it covered under the PBGC is							s ∐No	☐ Not de	etermined
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning o	f Yea	ır			(b) End	of Year	
a	Total plan assets	. 7a	1:	18,6	22	١.			198,	261
b	Total plan liabilities			•	0					
С	Net plan assets (subtract line 7b from line 7a)	. 7c	1:	18,6	22				198,	261
	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b) T	otal	
а	Contributions received or receivable from: (1) Employers	. 8a(1)		52,4	24	27.43 11.43 21.43				
	(2) Participants	. 8a(2)		*******	0					UKEAS
	(3) Others (including rollovers)	. 8a(3)			0		511/1/2			
b	Other income (loss)	. 8b		21,9	24					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							84,	348
d 	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		3,3	86	17.				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	. 8e			0	136				
f	Administrative service providers (salaries, fees, commissions)	. 8f		1,3	23					
g	Other expenses	. 8g			0					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h				Ţ.		***********	4,	709
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i							79,	639
<u></u>	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 to 2A 2E 3D	feature cod	es from the List of Plan C	harad	cterist	ic Cod	les in tl	ne instruct	tions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature code	s from the List of Plan Ch	aract	erietic	Code	e in the	inetructio	nne:	
		ature code		araot	Cristic			, manuche	J113.	
Pa	rt V Compliance Questions									
<u>10</u>	During the plan year:				Yes	No	N/A		Amount	
a	The second secon									
	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary Fi	duciary Correction			l				
b	Program)			10a		X	Coloradore			
D	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)			10b		x				
C				10c		x				
d		fidelity bo	nd, that was caused	10d		х				
е	Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides son the plan? (See instructions.)	her person ne or all of	s by an insurance 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 a	as of vear	end.)	10g		х				
h		(See instru	ictions and 29 CFR	10h		x				
i	If 10h was answered "Yes," check the box if you either provided texceptions to providing the notice applied under 29 CFR 2520.10	he required	notice or one of the	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)	nd complet	Schedul	e SB	☐ Yes	X No
	Enter 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 ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	e Code or s	ection 302	2 of	☐ Yes	X No
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see granting the waiver	Month	s, and ento		e of the lette Year	er ruling
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lir	ne 13.		r		
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 to negative amount)					
ее	Will the minimum funding amount reported on line 12d be met by the funding deadline?	***************************************	. 🗀	Yes [] No []	N/A
Par	t VII Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?	**************	. [Yes	X 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), ide which assets or liabilities were transferred. (See instructions.)					
1	3c(1) Name of plan(s):	13c(2) EIN(s)		13c(3)	PN(s)
Salassa		4.4.4				
Par	t VIII Trust Information - Skip These Questions					
	Trust Information - Skip These Questions Name of trust		14b	Trust's E	IN	
14a			14d	Trustee o	IN or custodian e number	's
140	Name of trustee or custodian		14d	Trustee o	or custodian	's
14a	Name of trustee or custodian		14d	Trustee o	or custodian	's
14a 14a Par 15a	Name of trust Name of trustee or custodian IRS Compliance Questions - Skip These Questions		Yes Design-b	Trustee of telephonological telephonolog	or custodian e number	's or year" ADP
14a 14a Par 15a	Name of trustee or custodian IRS Compliance Questions - Skip These Questions Is the plan a 401(k) plan? If "No," skip b. How did the plan satisfy the nondiscrimination requirements for employee deferrals under section		Yes Design-b safe harb "Current	Trustee of telephonological telephonolog	or custodian e number No	or year" ADP
14a 14a Par 15a 15b	Name of trustee or custodian IRS Compliance Questions - Skip These Questions Is the plan a 401(k) plan? If "No," skip b. How did the plan satisfy the nondiscrimination requirements for employee deferrals under section		Yes Design-b safe hart "Current ADP test Ratio percenta	Trustee of telephonic	or custodian e number No "Pric	or year" ADP
14a 14a 15a 15b	Name of trustee or custodian IRS Compliance Questions - Skip These Questions Is the plan a 401(k) plan? If "No," skip b. How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply: What testing method was used to satisfy the coverage requirements under section 410(b) for the plan	in	Yes Design-b safe hart "Current ADP test	Trustee of telephonic	or custodian e number No "Pric test N/A Average	or year" ADP
14a 14a 15a 15b 16a	Name of trustee or custodian IRS Compliance Questions - Skip These Questions Is the plan a 401(k) plan? If "No," skip b. How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply: What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply: Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(a)(b)		Yes Design-b safe hark "Current ADP test Ratio percenta test Yes	Trustee of telephonic assed our year"	or custodian e number No "Prictest N/A Average benefit tes	or year" ADP
14a 14a 15a 15b 16a 16b	IRS Compliance Questions - Skip These Questions Is the plan a 401(k) plan? If "No," skip b. How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply: What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply: 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? If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable I	10	Yes Design-b safe hart "Current ADP test Ratio percenta test Yes letter or a	Trustee of telephonic assed soor year"	or custodian e number No "Price test N/A Average benefit tess No etter, enter ti	or year" ADP
14a 14a 15a 15b 16a 16b	Name of trustee or custodian IRS Compliance Questions - Skip These Questions Is the plan a 401(k) plan? If "No," skip b. How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply: What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply: 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? If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable I the letter // and serial number If the plan is an individually-designed plan that received a favorable determination letter from the IRS	RS opinion 6, enter the	Yes Design-b safe hart "Current ADP test Ratio percenta test Yes letter or a	Trustee of telephonic assed soor year"	or custodian e number No "Price test N/A Average benefit tess No etter, enter ti	or year" ADP