## Form 5500-SF

Department of the Treasury

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Internal Revenue Service

## 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

2017

This Form is Open to Public Inspection

Parti	Allilual Kepol	t identification information							
For calenda	ar plan year 2017 or	fiscal plan year beginning 01/01/2	2017	and ending 12	/31/2017				
A This ret	A This return/report is for:  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.)								
D This nat									
<b>B</b> This retu	irn/report is	the first return/report	X the final return/report						
an amended return/report a short plan year return/report (less than 12 months)									
C Check b	oox if filing under:	Form 5558	automatic extension		DFVC program	m			
		special extension (enter desc	. ,						
Part II	Basic Plan Inf	ormation—enter all requested in	formation						
1a Name		PC 401K PROFIT SHARING PLAN	& TRUST		<b>1b</b> Three-digit plan numb (PN) ▶				
					1c Effective d	ate of plan 01/01/1990			
		oyer, if for a single-employer plan)			<b>2b</b> Employer I	dentification Number			
		om, apt., suite no. and street, or P.0 ce, country, and ZIP or foreign pos		ructions)	(EIN) 14-1660709				
-	ILLOUGHBY, DDS, F			. donone,	<b>2c</b> Sponsor's telephone number 845-471-4383				
					2d Business c	ode (see instructions)			
46 FOX STR POUGHKEP:	EET SIE, NY 12601					621210			
	,								
3a Plan a	dministrator's name a	and address X Same as Plan Spo	nsor.		<b>3b</b> Administra	tor's EIN			
					<b>3c</b> Administra	tor's telephone number			
4 16.1	., -,, .,				41				
this pl	an, enter the plan sp	ne plan sponsor or the plan name h onsor's name, EIN, the plan name a		he last return/report.	<b>4b</b> EIN				
•	or's name				4d PN				
C Plan N	ame								
<b>5a</b> Total r	number of participant	s at the beginning of the plan year.			5a	7			
		s at the end of the plan year			5b	0			
		account balances as of the end of			5c	0			
<b>d(1)</b> Tota	al number of active p	articipants at the beginning of the p	lan year		5d(1)	7			
<b>d(2)</b> Tota	al number of active p	articipants at the end of the plan ye	ar		5d(2)	0			
than '	100% vested	o terminated employment during th			5e	0			
Caution: A	penalty for the late	or incomplete filing of this retur	n/report will be assessed	unless reasonable cau					
SB or Sche		other penalties set forth in the instru and signed by an enrolled actuary, aplete.							
SIGN	Filed with authorize	d/valid electronic signature.	01/26/2018	JAMES WILLOUGHBY	AMES WILLOUGHBY				
HERE	Signature of plan	administrator	Date	Enter name of individu	Enter name of individual signing as plan administrator				
SIGN									
HERE	Signature of empl	oyer/plan sponsor	Date	Enter name of individu	e of individual signing as employer or plan sponso				

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	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.)						X Yes No X Yes 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 in If "Yes" is checked, enter the My PAA confirmation number from the	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes No	Not determined . (See instructions.)	
Pa	t III Financial Information	1							
7	Plan Assets and Liabilities		(a) Beginning (	of Year			(b) End	l of Year	
a	Total plan assets	7a	199	56188				0	
b	Total plan liabilities	7b		0				0	
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	19	56188				0	
_8_	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total	
a	Contributions received or receivable from:  (1) Employers	8a(1)	,	10555					
	(2) Participants	8a(2)		30000					
	(3) Others (including rollovers)	8a(3)		0					
b	Other income (loss)	8b	1.	14080					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						154635	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	enefits paid (including direct rollovers and insurance premiums provide benefits)							
e	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f	Administrative service providers (salaries, fees, commissions)		0						
g	Other expenses		0						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)							2110823	
<u>   i                                 </u>	i Net income (loss) (subtract line 8h from line 8c)							-1956188	
j	Transfers to (from) the plan (see instructions)								
Pai	Part IV Plan Characteristics								
9a 	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  2E 2F 2G 2J 2K 2R 2T 3B 3D								
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	ic Cod	des in the inst	ructions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	include transactions	10b		X			
С	Was the plan covered by a fidelity bond?			10c	X			265000	
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		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	Has the plan failed to provide any benefit when due under the plan?					X			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g	Χ			0	
h	2520.101-3.)			10h		X			
i	,								

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Part '	/I Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below)	B 	Yes	No X			
11a							
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?  (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver.			of the letter ru Year	uling		
lf y	ou 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	12b					
С	Enter the amount contributed by the employer to the plan for this plan year	12c					
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)	12d					
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A		
Part \	/II Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?		X Ye	s No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			C		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			X Yes I	No		
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.)	) to					
1	<b>3c(1)</b> Name of plan(s): 13c(2)	EIN(s)		<b>13c(3)</b> P	N(s)		

## 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

2017

This Form is Open to **Public Inspection** 

Part I	Annual Report	t Identification Information	<u> </u>			4/0047		
For calend	ar plan year 2017 or f	iscal plan year beginning 01/01/20			and ending 12/3			
A This re	turn/report is for:	X a single-employer plan	a multiple-employe	r plai emp	n (not multiemployer) (F bloyer information in acc	Filers check cordance w	ting this box must attach a ith the form instructions.)	
		a one-participant plan	a foreign plan					
<b>B</b> This ret	urn/report is	the first return/report	x the final return/rep	ort				
		an amended return/report	a short plan year r	eturn/	report (less than 12 mo	onths)		
C Check	box if filing under:	Form 5558	automatic extensi	on		DFVC p	rogram	
		special extension (enter desc	cription)					
Part II	Basic Plan Info	ormation—enter all requested in	nformation	200000000000000000000000000000000000000				
1a Name	of plan					1b Three	- 1	
		PC 401K PROFIT SHARING PLAN	N & TRUST			plan (PN)	number 002	
					red from		tive date of plan	
						01/0	1/1990	
Mailin	a address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.	O. Box)				oyer Identification Number 14-1660709	
City o	r town, state or provin VILLOUGHBY, DDS, I	ce, country, and ZIP or foreign pos	stal code (if foreign, see	instru	ictions)	2c Sponsor's telephone number		
JAIVIES J. V	VILLOUGHBT, DDS, I	-0					(845) 471-4383	
					5	20 Busin 6212	ness code (see instructions) 10	
46 FOX STI	REET		1					
	PSIE, NY 12601	——————————————————————————————————————				26 A.J:	nistrator's EIN	
3a Plan a	administrator's name a	and address X Same as Plan Spo	onsor.			3D Admi	nistrator's EIN	
						3c Admi	nistrator's telephone number	
4 If the	name and/or EIN of the	ne plan sponsor or the plan name t	has changed since the la	st re	turn/report filed for	4b EIN		
		onsor's name, EIN, the plan name	and the plan number fro	m the last return/report.		4d PN		
a Sponsor's name C Plan Name								
						5a	7	
		s at the beginning of the plan year			i	5b	0	
C Numl	number of participant per of participants with	s at the end of the plan year n account balances as of the end o	of the plan year (only def	ned o	contribution plans	5c	0	
comp	olete this item)				***************************************	5d(1)	7	
. ,		articipants at the beginning of the participants at the end of the plan you		l		5d(2)	0	
e Num	ital number of active places who is a participants who	o terminated employment during the	he plan year with accrue	d ber	nefits that were less	5e	0	
than	100% vested	or incomplete filing of this retu					blished.	
I Indor nor	salties of perium and	ther penalties set forth in the instri	uctions I declare that I h	ave e	examined this return/re	port, includi	ing, if applicable, a Schedule	
SB or Sch	edule MB completed true, correct, and cor	and signed by an enrolled actuary,	, as well as the electronic	c vers	sion of this return/repor	t, and to the	e best of my knowledge and	
SIGN	Jame 5	) Willingly	7/26/	18	JAMES WILLOUGHB			
HERE	Signature of plan	administrator U	Date	AND ASSESSED.	Enter name of individ	ual signing	as plan administrator	
SIGN	Y O							
HERE	Signature of emp	loyer/plan sponsor	Date		Enter name of individ	ual signing	as employer or plan sponsor Form 5500-SF (2017)	
For Papery	vork Reduction Act Not	ice, see the Instructions for Form 55	いいつて、					

	Form 5500-SF 2017		Page 2	,			
62	Were all of the plan's assets during the plan year invested in eligib	le assets? (	See instructions.)	**********	,,,,,,,,,,,	X Yes No	
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	an independ	lent qualified public account	ant (IQI	PA)	Пу Пи	
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.						
C	If the plan is a defined benefit plan, is it covered under the PBGC in	surance pro	ogram (see ERISA section 4	021)? .		Yes No Not determined	
	If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC pre	mium filing for this plan yea	r		. (See instructions.)	
Da	t III   Financial Information			NAMES OF TAXABLE PARTY.			
7	Plan Assets and Liabilities		(a) Beginning of Year		CONTRACTOR DESCRIPTION OF THE PERSON OF THE	(b) End of Year	
	Total plan assets	7a	19561		and references to the second second second	0	
electronic constitution	Total plan liabilities	7b		0		0	
	Net plan assets (subtract line 7b from line 7a)	7c	19561	88		0	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total	
-	Contributions received or receivable from:						
	(1) Employers	8a(1)	105	-			
	(2) Participants	8a(2)	300				
-	(3) Others (including rollovers)	8a(3)	4440	0			
	Other income (loss)	8b	1140	80		154635	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		-		104000	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	21108				
е	Certain deemed and/or corrective distributions (see instructions)	8e		0			
f	Administrative service providers (salaries, fees, commissions)	8f		0			
g	Other expenses	8g		0		0440000	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			CONTRACTOR OF STREET	2110823	
1	Net income (loss) (subtract line 8h from line 8c)	8i				-1956188	
j	Transfers to (from) the plan (see instructions)	8j		0			
Pa	rt IV Plan Characteristics	AMERICAN AND AND ADDRESS OF A PARTY OF A PAR					
9a	2E 2F 2G 2J 2K 2R 2T 3B 3D				n podra o podrate to pro-		
b	If the plan provides welfare benefits, enter the applicable welfare	feature code	es from the List of Plan Char	acterist	tic Cod	es in the instructions:	
Pa	rt V Compliance Questions	AMARINA (************************************					
10	During the plan year:			Yes	No	Amount	
	Was there a failure to transmit to the plan any participant contr but	utions within	the time period		-		

descr bed in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction 10a Program) ..... Were there any nonexempt transactions with any party-in-interest? (Do not include transactions X 10b reported on line 10a.).... 265000 Was the plan covered by a fidelity bond?..... Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused X 10d 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.) X Has the plan failed to provide any benefit when due under the plan? ..... Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) .... If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR Χ 10h 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.....

P	5500-	OF	MA	-
Form	DOUU-	-55	201	1

13c(1) Name of plan(s):

Part VI **Pension Funding Compliance** is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB Yes X No (Form 5500) and line 11a below) ..... 11a Enter the unpaid minimum required contr butions for all years from Schedule SB (Form 5500) line 40 ...... Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of Yes X No ERISA? ..... (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a 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 letter ruling .....Month Day granting the waiver. If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 12b **b** Enter the minimum required contribution for this plan year ..... 12c 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 12d negative amount) Yes No N/A e Will the minimum funding amount reported on line 12d be met by the funding deadline?..... **Plan Terminations and Transfers of Assets** Part VII Yes 13a Has a resolution to terminate the plan been adopted in any plan year? 0 If "Yes," enter the amount of any plan assets that reverted to the employer this year ...... Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the X Yes No 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.) 13c(2) EIN(s) 13c(3) PN(s)

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