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

Parti	Annual Report	t identification information									
For calenda	ar plan year 2017 or f	iscal plan year beginning 01/01/2	2017	and ending 12/	/31/2017						
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 natu		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 retur	n/report (less than 12 mo	onths)						
C Check b	oox if filing under:	Form 5558	automatic extension		DFVC prograi	m					
		special extension (enter descri	. ,								
Part II	Basic Plan Info	ormation—enter all requested in	formation								
1a Name of DOROTHY N		1(K) PROFIT SHARING PLAN			1b Three-digit plan numb (PN) ▶						
					1c Effective d	ate of plan 01/01/1999					
2a Plan sp	onsor's name (empl	oyer, if for a single-employer plan)			2b Employer I	dentification Number					
		om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post				26-3883892					
	1. CUTOLO, DDS	se, country, and zir or toreign post	ai code (ii loreign, see inst	ructions)		telephone number 6-798-1900					
					2d Business o	ode (see instructions)					
	VAY, SUITE 1 JA, NY 11758					621210					
MACOAI EQ	JA, 141 11750										
3a Plan ad	dministrator's name a	and address X Same as Plan Spor	nsor.		3b Administra	tor's EIN					
					3c Administra	tor's telephone number					
						•					
		ne plan sponsor or the plan name ha onsor's name, EIN, the plan name a		he last return/report.	4b EIN						
a Sponso	or's name				4d PN						
C Plan N	ame										
5a Total n	umber of participants	s at the beginning of the plan year			5a	3					
b Total n	number of participants	s at the end of the plan year			5b	3					
		account balances as of the end of		-	5c	3					
d(1) Tota	al number of active pa	articipants at the beginning of the pl	lan year		5d(1)	3					
d(2) Tota	al number of active pa	articipants at the end of the plan ye	ar		5d(2)	3					
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested				5e	0						
Caution: A	penalty for the late	or incomplete filing of this return	n/report will be assessed	unless reasonable caus	se is establishe	ed.					
SB or Sche		ther penalties set forth in the instru- and signed by an enrolled actuary, a pplete.									
SIGN	Filed with authorized	d/valid electronic signature.	07/17/2018	DOROTHY CUTOLO							
HERE	Signature of plan	administrator	Date	Enter name of individu	al signing as pla	n administrator					
SIGN											
HERE	Signature of empl	oyer/plan sponsor	Date	Enter name of individu	al signing as em	ployer or plan sponsor					

Form 5500-SF 2017 Page **2**

6a 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.)							No No	
С	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No							Not determined.	ed
Da	rt III Financial Information			, , , , , ,				(
7	Plan Assets and Liabilities		(a) Paginning	of Voor			(b) End	of Voor	
<u>'</u> a	Total plan assets	7a	(a) Beginning (01434			(D) Ello	of Year 1083944	
<u>u</u>	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	90	01434				1083944	_
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b) ·	Γotal	
а	Contributions received or receivable from: (1) Employers	8a(1)	,	37757			, ,		
	(2) Participants	8a(2)	2	24000					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	1:	29202					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						190959	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f		8449					
<u>g</u>	Other expenses	8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)							8449	
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i						182510	
	Transfers to (from) the plan (see instructions)	8j							
	t IV Plan Characteristics								
9a —.	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2R 3D								
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Pla	n Chara	acterist	ic Cod	les in the instr	uctions:	
Par	t V Compliance Questions						Ī		
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contribut 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			250000	
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	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	n?		10f		Χ			
g	Did the plan have any participant loans? (If "Yes," enter amount as	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					

Form 5500-SF 2017	Page 3- 1		
-------------------	------------------	--	--

Part	VI 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)	nedule S	B	Y	′es X No			
11a	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 Code or section ERISA?	f 	Y	′es X No				
а	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 granting the waiver							
lf y	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	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)								
е	Will the 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 resolution to terminate the plan been adopted in any plan year?		Ye	s X N	0			
	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 brought under the 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), identify the plan(s which assets or liabilities were transferred. (See instructions.)) to						
1	3c(1) Name of plan(s): 13c(2) EIN(s)		13c(3) PN(s)			

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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).

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inchedion

Pension Bendit Guaranty Corporation	 Complete all entries in a 	ccordance with the inst	uctions to the Form 550	0-SF.	mapachon		
Rait Annual Report Identification Information							
For calendar plan year 2017 or fisc	al plan year beginning	01/01/2017	and ending	12/31/			
A This return/report is for: B This return/report is:	a single-employer plan a one-participant plan the first return/report an amended return/report	a list of participating a foreign plan the final return/repor	er plan (not multiemployer) (Filers checking this box must attaching employer information in accordance with the form instructions.) ort eturn/report (less than 12 months)				
C Check box if filling under:	Form 5558	automatic extension		∏ pev	C program		
	special extension (enter descr	i		Пы	o program		
Part II Basic Plan Infor	mation enter all requested	Information					
1a Name of plan				1b Three-c	digit		
Dorothy M. Cutolo, I	DDS 401(k) Profit Shar	ing Plan		plan nu (PN) ►			
					e date of plan /1999		
2a Plan sponsor's name (employ Mailing Address (include room City or town, state or province	er, if for a single-employer plan) n, apt., suite no. and street, or P.C , country, and ZIP or foreign post	D. Box) al code (if foreign, see ins	tructions)		rer Identification Number 26-3883892		
Dorothy M. Cutolo, I		, , , , , , , , , , , , , , , , , , ,	,		r's telephone number 798-1900		
708 Broadway, Suite 1				2d Business code (see instructions) 621210			
US Massapequa NY 11758							
3a Plan administrator's name and	l address 🗓 Same as Plan Spo	onsor		3b Adminis	trator's EIN		
4 If the name and/or EIN of the this plan enter the plan spons	olan sponsor or the plan name ha or's name, EIN, the plan name ar	s changed since the last r	eturn/report filed for	3c Adminis	strator's telephone number		
a Sponsor's name	or a name, Ent, the plantiality at	io na bigii numba nom a	ia iast fetuninaport.	44 50			
C Plan Name				4d PN	·		
5a Total number of participants at	the beginning of the plan year .	*****************		5a	3		
b Total number of participants at	the end of the plan year	4544Ff>262744-882872762844287446874987444	***********************	5b	3		
complete this item)	count balances as of the end of the	# 1 A # 2 P 4 P 4 P 4 P 4 P 4 P 4 P 4 P 4 P 4 P	contribution plans	5c	3		
d(1) Total number of active partic	lpants at the beginning of the plan	1 year		5d(1)	3		
d(2) Total number of active partic	ipants at the end of the plan year minated employment during the p			5d(2)	3		
less than 100% vested	***************************************	##4 064000000000000000000000000000000000	45540,0440,0461,001,001,001,001,001,001,001,001	5e	0		
Caution: A penalty for the late or							
Under penalties of perjury and othe SB or Schedule MB completed and belief, it is true/correct, authorizingle	l signe₄∖by an enrolled actuary, a	tions, I declare that I have s well as the electronic ve	e examined this return/report,	ort, including, i and to the bes	if applicable, a Schedule st of my knowledge and		
SIGN NOWTRY 14	Cullh		DOROTHY	MC	uroho		
HERE Signature of plan admini	istrator	Date 7/17/18	Enter name of individual	signing as pla	n administrator		
SIGN/ HERE Signature of employer/pi	lan sponsor	Date	Enter name of individual	nigning so see			

Page	2

Earm	5500-	QE.	2017
CULL	ilibuu-	- I C	2017

6a	Were all of the plan's assets during the plan year invested in eligible	assets? (See instructions.)	*****	********	******	*********		X Yes	No
b	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.)									
	If you answered "No" to either line 6a or line 6b, the plan canno									
C	If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	rogram (see ERISA sectio	n 402	21)?	******	. Ye	s No	☐ Not de	termined
	If "Yes" is checked, enter the My PAA confirmation number from the	PBGC pre	emium filing for this year					(8	See instruct	tions.)
Pá	art III Financial Information		······································							
7	Plan Assets and Liabilities	P SIN	(a) Beginning o	f Yea	ır	T		(b) End o	f Year	
a	Total plan assets	7a	9	01,4	34				1,083,9	944
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	9	01,4	34				1,083,9	944
8	Income, Expenses, and Transfers for this Plan Year	A COM	(a) Amount	t				(b) To	tal	
а	Contributions received or receivable from:	0-41		מ עכ	157					
	(1) Employers	8a(1)	 	37,7 24,0		報報				
	(2) Participants	8a(2)		24,0	100	機能				的复数形式 20 成功的 55%
<u>_</u>	(3) Others (including rollovers)	8a(3)	1	00 0	.00	機器				BENEZIO
<u>b</u>	Other income (loss)	8b	T.	29,2	102	把	研究的特		sweets, 150 cent without and	
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		通数排 值					190,9	959 8885
u	to provide benefits)	8ď								
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		8,4	49					Market !
g	Other expenses	8g								
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							8,4	149
	Net income (loss) (subtract line 8h from line 8c)	8i							182,5	510
i	Transfers to (from) the plan (see instructions)						4 4 4			
Pa	irt IV Plan Characteristics	, ,	•			Taka-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
<u></u>	If the plan provides pension benefits, enter the applicable pension fe	ature code	es from the List of Plan Ch	narac	leristic	: Cod	es in th	e instruction	ns:	
	2A 2E 2G 2J 2R 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	s from the List of Plan Cha	aracte	ristic (Code	s in the	instructions	s:	
Pa	rt V Compliance Questions									
10	During the plan year:		* * * * * * * * * * * * * * * * * * * *		Yes	No	N/A	Δ	mount	
a		ions within	the time period							#+++++++++++++++++++++++++++++++++++++
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo									
	Program)	************		10a		х				
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)			10b		х				
С	Was the plan covered by a fidelity bond?		.,	10с	x				25	0,000
d	Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty?	-		10d		х				
е	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.)	or all of t	he benefits under	10e		х				
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 er	nd.)	10g		х				
h	If this is an individual account plan, was there a blackout period? (\$2520.101-3.)			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			10i						

Form	EEOO	CE	201	17

Page 3 -	
raue J -	

Par	Pension Funding Compliance						18000	
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com (Form 5500 and line 11a below)		40.04	☐ Ye	s X	No		
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	*****	11a					
12							No	
а	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 granting the waiver Month Day Year							
If y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5600), 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 the plan year		12c					
d	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	e Will the minimum funding amount reported on line 12d be met by the funding deadline?				No [] N/A		
Parl	VII Plan Terminations and Transfers of Assets			05		<u>, </u>		
13a	Has a resolution to terminate the plan been adopted in any plan year?			Yes	X N	10	2010/01/2010	
	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 brought u control of the PBGC?		******	□ Y	es X] No		
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	ne plan(s)	to			92000 27 2025		
13	13c(1) Name of plan(s): 13c(2) El				13c(3) PN(s)		
							12 Cal (Marie) Ace	