	rm 5500-SF	Short Form Annua	al Return/Repor Benefit Plan	t of Small Empl	oyee	OMB Nos. 1210-0110 1210-0089		
D	Pepartment of Labor Benefits Security Administration	This form is required to be filed Income Security Act of 1974		057(b) and 6058(a) of the		2017 This Form is Open to		
Pension B	Senefit Guaranty Corporation	Complete all entries in a	accordance with the ins	tructions to the Form 5	500-SF.	Public Inspection		
Part I		dentification Information						
For calend	lar plan year 2017 or fisc				<u>2/31/2017</u>	ing this have several attach a		
A This re	eturn/report is for:	X a single-employer plan				king this box must attach a ith the form instructions.)		
B This ret	turn/report is							
		the first return/report an amended return/report	the final return/report	urn/report (less than 12 m	ionths)			
C. Check	box if filing under:				_			
• Oneok	box in hining under.	X Form 5558	automatic extension		DFVC p	rogram		
Part II	Basic Plan Infor	mation—enter all requested info	1)					
1a Name		mation—enter all requested into	ormation		1b Three	e-digit		
	•	PROFIT SHARING PLAN			plan	number		
					(PN)	tive date of plan		
					IC LINEC	01/01/2014		
Mailin	g address (include room	er, if for a single-employer plan) n, apt., suite no. and street, or P.O , country, and ZIP or foreign posta		structions)	(EIN)			
	5. FREEDUS, DDS, P.C.	, country, and zin of foldigripoote			2c Spor	nsor's telephone number 607-432-3564		
					2d Busin	ness code (see instructions)		
53 CHESTN ONEONTA,	IUT STREET NY 13820					621210		
3a Plan a	administrator's name and	d address 🗙 Same 🛛 as Plan Spon	ISOr.		3b Admi	nistrator's EIN		
					3c Admi	nistrator's telephone number		
4 If the	name and/or EIN of the	plan sponsor or the plan name ha	s changed since the last	return/report filed for	4b EIN			
this p		sor's name, EIN, the plan name a			4d PN			
C Plan N								
5a Total	number of participants a	at the beginning of the plan year			5a	7		
		at the end of the plan year			5b	7		
C Numb	per of participants with a	ccount balances as of the end of t	he plan year (only define	ed contribution plans	5c	7		
d(1) Tot	tal number of active part	icipants at the beginning of the pla	an year		5d(1)	7		
d(2) Tot	tal number of active part	ticipants at the end of the plan yea	ar		5d(2)	6		
		erminated employment during the			5e	0		
Caution: /	A penalty for the late of	r incomplete filing of this return er penalties set forth in the instruc	/report will be assesse	d unless reasonable ca				
SB or Sch		d signed by an enrolled actuary, a						
SIGN	Filed with authorized/v	alid electronic signature.	10/01/2018	MICHAEL S. FREEDU	FREEDUS, DDS			
HERE	Signature of plan ad	Iministrator	Date	Enter name of individ	lual signing a	as plan administrator		
SIGN	Filed with authorized/v	valid electronic signature.	10/01/2018	MICHAEL S. FREEDU	JS, DDS			
HERE For Papers	Signature of employ	ver/plan sponsor e, see the Instructions for Form 5500	Date	Enter name of individ	lual signing a	as employer or plan sponsor Form 5500-SF (2017)		
FUL Faperw	TOTA NEULICII ACT NOTICE	, see the manuchons for Form 3300	-01.			v.170203		

6a	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		1 1 1	
	If you answered "No" to either line 6a or line 6b, the plan cann	ot use Fo	orm 5500-SF and must instead us	se Form 5500.
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	program (see ERISA section 4021)	? Yes No Not determined
	If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC p	premium filing for this plan year	(See instructions.)
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	198261	287954
b	Total plan liabilities	7b	0	0
C	Net plan assets (subtract line 7b from line 7a)	7c	198261	287954
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	61426	
	(2) Participants	8a(2)	0	
	(3) Others (including rollovers)	8a(3)	0	
b	Other income (loss)	8b	36708	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		98134
d	Benefits paid (including direct rollovers and insurance premiums			
	to provide benefits)	8d	6696	
е	Certain deemed and/or corrective distributions (see instructions)	8e	0	
f	Administrative service providers (salaries, fees, commissions)	8f	1745	
g	Other expenses	8g	0	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		8441

Part IV Plan Characteristics

Net income (loss) (subtract line 8h from line 8c).....

j Transfers to (from) the plan (see instructions)

i

9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
	2A 2E 3D

8i

8j

0

89693

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions				
10	During the plan year:		Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х	
С	Was the plan covered by a fidelity bond?	10c		Х	
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		Х	
e	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	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	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х	
i	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	10i			

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Page 3- 1

Part	VI	Pension Funding Compliance					
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch rm 5500) and line 11a below)	nedule	SB		Yes	s 🗙 No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11a				
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sectic SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	on 302	of		Yes	s 🗙 No
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an nting the waiver		r the date	e of the le Yea		uling
lf y	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
b	Ente	r the minimum required contribution for this plan year	12b				
С	Ente	r the amount contributed by the employer to the plan for this plan year	12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ative amount)	12d				
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	es X	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year	13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the trol of the PBGC?	•		Yes	×I	No
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s ch assets or liabilities were transferred. (See instructions.)) to				
1	3c(1) Name of plan(s): 13c(2) EIN(s	5)	130	: (3) F	'N(s)

Form 5500-SF	Short Form Annual Return/I Benefit		e	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be filed under se			2017
Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Income Security Act of 1974 (E the Internal Revenu Complete all entries in accordance wit	e Code (the Code).	This Fo	rm is Open to Public Inspection
Part Annual Report k	lentification Information			
or calendar plan year 2017 or fisca		1/2017 and ending	12/31/201	7
This return/report is for.	a list of p a one-participant plan a foreign the first return/report the final r	e-employer plan (not multiemployer) (Fi articipating employer information in acc plan return/report lan year return/report (less than 12 mon	ordance with th	
Check box if filing under:		o extension		ogram
Part II Basic Plan Infor	nation enter all requested information			
a Name of plan	DDS, F.C. Profit Sharing Plan		1b Three-digit plan numbe (PN) ► 1c Effective da	002
	a, apt., suite no. and street, or P.O. Box) , country, and ZIP or foreign postal code (if for	sign. see instructions)	(EIN) 14-	Ientification Number -1597742 elephone number
53 Chestnut Street			2d Business of 621210	ode (see instructions)
US Oncenta NY 13820 a Plan administrator's name and	address 🔀 Same as Plan Sponsor		3b Administrat	or's EIN
			3c Administrat	or's telephone number
If the name and/or EIN of the this plan, enter the plan spons	plan sponsor or the plan name has changed si or's name, EIN, the plan name and the plan nu		4b EIN	
 a Sponsor's name c Pian Name 			4d PN	
	t the beginning of the plan year		<u>5a</u>	7
C Number of participents with ac	t the end of the plan year	(only defined contribution plans	5b 5c	
	pants at the beginning of the plan year		5d(1)	7
			5d(2)	6
e Number of participants who te	minated employment during the plan year with	accrued benefits that were	5e	0
Caution: A penalty for the late o	r incomplete filing of this return/report will	be assessed unloss maximable cause	a is establiche	
Caution: A penalty for the late o Under penalties of perjury and oth	r incomplete filing of this return/report will er penalties set forth in the instructions, I decla d signed by an egrolled actuary, as well as the	be assessed unless reasonable caus	ie is establishe ort, including, if a	d. applicable, s Scher

SIGN	Muchall Three dus		Michael S. Freedus, DDS
HERE	Signature of plan administrator	Date 10-1-18	Enter name of individual signing as plan administrator
BIGN	Muchael Flee due		Michael S. Freedus, DDS
HERE	Signature of employer/plan sponsor	Date 10-1-15-	Enter name of individual signing as employer or plan sponsor

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

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6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)

b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)

Form 5500-SF 2017

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XYes No

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				(See marri	.)
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				287	,954
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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 brought under the Yes X No Yes X 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.) Yes X No		Form 5500-SF 2017			Page 3 -		<u> </u>					
(Form 5500 and line 11a below) 11a 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 302 of ERISA? 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? 11a 13 (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) Yes X 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 you complete line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Day Year b Enter the mount contributed by the employer to the plan year 12b 12c 12c c Enter the amount contributed by the employer to the plan year 12c 12d 12d e Will the minimum funding amount reported on line 12d be met by the funding deadline? Yes X No N/A Part VI Plan Terminations and Transfers of Assets 13a Yes X No 13a 13 Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the contr	Par	tVI Pension Funding Compliance										
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 302 of ERISA? Image: 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 rulin granting the waiver Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. De 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 12d 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) Yes No e Will the minimum funding amount reported on line 12d be met by the funding deadline? Yes No fi "Yes," enter the amount of any plan assets that reverted to the employer this year 13a b Were ail the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? Yes No c If, during this plan year, any assete or liabilities were transferred from this plan to another plan	11	Is this a defined benefit plan subject to minimum (Form 5500 and tine 11a below)	funding requireme	ents? (If "Yes.'	'see instruction	ns and	complete S	chedule	• SB		Yes 🔯	No
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of Yes X ERISA?	11a								1			
granting the waiver Month Day Year 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. 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 the left of a negative amount) 12d e Will the minimum funding amount reported on line 12d be met by the funding deadline? Yes No 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 Yes X No 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 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.) Yes X No		Is this a defined contribution plan subject to the ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 1	minimum funding r 2d, and 12e below	requirements (of section 412 (of the	*****					
b Enter the minimum required contribution for this plan year		granting the waiver		*******	***************	M	onth					ing
c Enter the minimum required contribution for this plan year minimum funding employer to the plan for the plan year minimum funding amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) 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 e Will the minimum funding amount reported on line 12d be met by the funding deadline? 12d Part VII Plan Terminations and Transfers of Assets 13a Has a resolution to terminate the plan been adopted in any plan year? if "Yes," enter the amount of eny 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 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.) 14c	lf y							1	I			
C Enter the amount contributed by the employer to the plant of	b	Enter the minimum required contribution for this	plan year			*******	******	125				
e Will the minimum funding amount reported on line 12d be met by the funding deadline?	С	Enter the amount contributed by the employer to) the plan for the pl	lan year				12c				
Part VII Plan Terminations and Transfers of Assets 13a Has a resolution to terminate the plan been adopted in any plan year? Image: Part VII 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 Image: Yes Ima	d							12d	l			
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 brought under the Yes X No control of the PBGC? Yes X No control of the 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.)	e	Will the minimum funding amount reported on lin	ve 12d be met by ti	he funding dea	adlino?	*********	******	. L	Yes 🗌] No	<u> </u>	4
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 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.)	Par	VII Plan Terminations and Transf	ers of Assets									
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 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.)	13;	A Has a resolution to terminate the plan been adopt	pted in any plan ye	ar?			*****	[[] ¥#\$	(x	No	
 control of the PBGC? 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.) 		If "Yes," enter the amount of any plan assets that	at reverted to the er	mployer this y	9ar		*******	13a				
which assets or liabilities were transferred. (See instructions.)	b									Yes	X No	
13c(1) Name of plan(s): 13c(2) E(N(s) 13c(3) PN(s)	¢	· + · · · ·		om this plan to	another plan(s	r) ider	tify the plan	(s) to				
	1	3c(1) Name of plan(s):					13c(2) E	(N(s)		13	c(3) PN(\$}

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