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		Identification Information								
For calenda	ar plan year 2017 or fi	iscal plan year beginning 01/01/2	2017	and ending 12	2/31/2017					
a single-employer plan A This return/report is for: a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)										
		a one-participant plan	a foreign plan	, ,		,				
B This retu	urn/report is	the first return/report	the final return/report							
		an amended return/report	a short plan year retu	ırn/report (less than 12 m	onths)					
C Check I	box if filing under:	X Form 5558	automatic extension		DFVC prog	ram				
		special extension (enter desc	• ,							
Part II	Basic Plan Info	ormation—enter all requested in	formation		T -					
1a Name ROBERT M.	•	C PROFIT SHARING PLAN			1b Three-di plan nun (PN) ▶					
						e date of plan 01/01/1991				
	ponsor's name (emplo		2b Employe	r Identification Number						
		om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign pos		structions)	(EIN)	20-8736608				
•	SCOTTO, DDS, PC	o		a general,		's telephone number 518-374-9770				
				2d Business	s code (see instructions)					
615 UNION STREET SCHENECTADY, NY 12305				621210						
00112112017	12000									
3a Plan administrator's name and address X Same as Plan Sponsor.				3b Administrator's EIN						
					3c Administ	rator'a talanhana numbar				
					JC Administ	rator's telephone number				
		e plan sponsor or the plan name honsor's name, EIN, the plan name			4b EIN					
	or's name	Tiour o Tiamo, Em I, and plan Tiamo	and the plan names non	and last retains open	4d PN					
C Plan N	lame									
5a Total i	number of participants	s at the beginning of the plan year.			. 5a					
		s at the end of the plan year			5b					
C Numb	er of participants with	account balances as of the end of	the plan year (only define	d contribution plans	5c	6				
d(1) Tota	al number of active pa	articipants at the beginning of the p	lan year		5d(1)	6				
		articipants at the end of the plan ye			5d(2)	6				
		terminated employment during th			5e 0					
Caution: A	penalty for the late	or incomplete filing of this retur	n/report will be assessed	d unless reasonable car						
SB or Sche		ther penalties set forth in the instru and signed by an enrolled actuary, aplete.								
SIGN	Filed with authorized	d/valid electronic signature.	09/29/2018	ROBERT M. SCOTTO	D, DDS					
HERE	Signature of plan a	administrator	Date	Enter name of individ	ual signing as p	olan administrator				
SIGN	Filed with authorized	d/valid electronic signature.	09/29/2018	ROBERT M. SCOTTO	TO, DDS					
HERE	Signature of emplo	over/plan sponsor	Date	Enter name of individ	f individual signing as employer or plan sp					

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	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)						X Yes	No		
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.)							X Yes	No	
	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 insurance program (see ERISA section 4021)? ☐ Yes ☐ No							Not dete	rmined		
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this pl	lan yea	r			(See instruc	ctions.)	
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End	of Year		
а	Total plan assets	. 7a	186	63502				2259542		
b	Total plan liabilities	. 7b		0				0		
<u> </u>	Net plan assets (subtract line 7b from line 7a)	. 7c	186	63502				2259542		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) -	(b) Total		
а	Contributions received or receivable from: (1) Employers	. 8a(1)	ı	58477						
	(2) Participants	8a(2)		19600						
	(3) Others (including rollovers)	8a(3)		0						
	Other income (loss)	8b	28	38055						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						396132		
	Benefits paid (including direct rollovers and insurance premiums	- 00								
	to provide benefits)	. 8d		0						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	. 8e		0						
f	Administrative service providers (salaries, fees, commissions)	. 8f		92						
g	Other expenses	. 8g		0	_					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h						92		
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	. 8i						396040		
	Transfers to (from) the plan (see instructions)	8j		0						
	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2R 3D	feature co	des from the List of Pla	an Cha	racteri	stic Co	odes in the ins	tructions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Coc	des in the instr	uctions:		
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	itions withi	n the time period							
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	-	,	10a		X				
b	Were there any nonexempt transactions with any party-in-interest			IVa						
	reported on line 10a.)			10b		X				
С	Was the plan covered by a fidelity bond?			10c	Χ			100000	00	
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	•		10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som									
	the plan? (See instructions.)			10e		X				
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X				
g			•	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						
					-	•	•			

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Part	VI Pension Funding Compliance							
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)								
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	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)	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	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

Pension Benefit Guaranty Corporation

the Internal Revenue Code (the Code).

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

Short Form Annual Return/Report of Small Employee Benefit Plan

► 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

P	art I	Annual Report	Identification Information						
For	calenda	ar plan year 2017 or fi	scal plan year beginning	01/01/2017	and ending	12/31/201	7		
A	This ret	turn/report is for:	x a single-employer plan	a multiple-employer p a list of participating e a foreign plan	lan (not multiemployer) mployer information in	(Filers checking th accordance with the	is box must attach e form instructions.)		
B	Thic rot	turn/report is:	a one-participant plan the first return/report	the final return/report					
ט	11115 161	umreport is.		H .	m/ranart (laga than 12 t	months)			
			an amended return/report	a snort plan year retui	rn/report (less than 12 r	nonuis)			
С	Check I	box if filing under:	x Form 5558 special extension (enter descri	automatic extension		DFVC pr	ogram		
65	250,8713	Desta Dissalati							
	art II	Basic Plan Info	ormation enter all requested i	nformation		1b Three-digit			
ıa		-		- Dl		plan numbe	er		
	Robe	ert M. Scotto,	D.D.S., PC Profit Shari	ng Pran		(PN) ►	001		
						1c Effective da 01/01/19			
2a	Mailin	a Address (include ro	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.0 ce, country, and ZIP or foreign post	D. Box)	ructions)		dentification Number -8736608		
		ert M. Scotto,		ar code (ir foreign, see mai	, actions,	2c Sponsor's t	elephone number		
	11020					(518) 3			
i					2d Business c 621210	ode (see instructions)			
		henectady NY 12305				01			
3a	Plan a	administrator's name a	and address X Same as Plan Spo	onsor		3b Administrat	or's EIN		
						3c Administrat	or's telephone number		
4	If the	name and/or EIN of th	ne plan sponsor or the plan name ha	as changed since the last r	eturn/report filed for	4b EIN			
	this p	lan, enter the plan spo	onsor's name, EIN, the plan name a	nd the plan number from t	he last return/report.				
а	Spon	sor's name				4d PN			
C	Plan	Name							
5a	Total	number of participants	s at the beginning of the plan year	•••••	******************************		6		
b			s at the end of the plan year			5b	6		
С		total districtions.	account balances as of the end of		contribution plans	5c	6		
d	•	•	rticipants at the beginning of the pla		***************************************	5d(1)	6		
d	(2) Tot	al number of active pa	rticipants at the end of the plan yea	Γ	************************	5d(2)	6		
е			terminated employment during the			5e	0		

			or incomplete filing of this retur						
SI	B or Scl	nalties of perjury and on hedule MB completed s true, correct, angleof	other penalties set forth in the instru and signed by an enrolled actuary, inplete.	as well as the electronic ve	e examined this return/rep	ort, and to the best	of my knowledge and		
illa.		/)/	6	abalis	Robert M. Scot	to, DDS			
1000	SIGN _ HERE :	Signature of plan ad	ministrator	Date /	Enter name of individu		administrator		
	03021	Signature of plan ad	Imporator	Chality	Robert M. Scot				
	SIGN -	Signature of amplant	printer enoncor	Date	Enter name of individu		oyer or plan sponsor		
	15:13 5	Signature of employe	בויףומוו פרטוופטו	Baic			· · · · · · · · · · · · · · · · · · ·		

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6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)						X Yes]No			
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)								٠			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a							********	x Yes	∐No	
	If you answered "No" to either line 6a or line 6b, the plan canno										
С	If the plan is a defined benefit plan, is it covered under the PBGC in					I	Yes				
	If "Yes" is checked, enter the My PAA confirmation number from the	PBGC p	remium filing for this year					(See instruction	ons.)	
Pa	nt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of	f Yea	r			(b) End o	f Year		
a	Total plan assets	7a	1,86	3,5	02				2,259,5	12	
b	Total plan liabilities	7b			0	Ì				0	
С	Net plan assets (subtract line 7b from line 7a)	7c	1,86	3,5	02				2,259,5	12	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b) To	otal		
а	Contributions received or receivable from:	0.40		. 0 1	77	900166 51273					
	(1) Employers	8a(1)		8,4							
	(2) Participants	8a(2)	-	9,6	0	#3445F	orene Name	7465.0×977 272278713			
b	(3) Others (including rollovers)	8a(3)	20	10 1		745 T					
	Other income (loss)	8b	Market and Constitution	8,0	oo Saray	<u> </u>		ALL STATES		MUNICIPE O	
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				र्थे दिल्लाहरू	KEAMETA	eter (fill Sec	396,1	3.2 1	
u	to provide benefits)	8d			0						
е	Certain deemed and/or corrective distributions (see instructions)	8e			0						
f	Administrative service providers (salaries, fees, commissions)	8f			92	E TOTAL					
g	Other expenses	8g			0	707					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			a in the					92	
i	Net income (loss) (subtract line 8h from line 8c)	8i				9			396,0	40	
<u></u>	Transfers to (from) the plan (see instructions)	8j			0	報題	选步	碳酸镁			
Pa	rt IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension for	eature coc	les from the List of Plan C	harac	teristi	ic Cod	les in tl	he instructi	ons:		
	2A 2E 2F 2G 2J 2R 3D										
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature code	s from the List of Plan Ch	aract	eristic	Code	s in the	e instructio	ns:		
Pa	irt V Compliance Questions						,				
10	During the plan year:			,	Yes	No	N/A		Amount		
а											
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	oluntary Fi	duciary Correction			l					
	Program)			10a		X	建造器				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		x					
<u> </u>				10c	x				1,000	,000	
d											
	by fraud or dishonesty?			10d		x					
е		her person	s by an insurance								
	carrier, insurance service, or other organization that provides som the plan? (See instructions.)			10e		x					
f				10f		х					
				10g		х	52.0				
<u>=</u> h							300				
	2520.101-3.)			10h		х					
i	If 10h was answered "Yes," check the box if you either provided the	he require	d notice or one of the	40.							
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3	***************************************	10i		<u> </u>	[48.0E)	nessessinette	are lie to the	SAN SE	

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Part	VI Pension Funding Compliance									
11	1 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500 and line 11a below)									
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?						No			
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				<u> </u>					
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see insgranting the waiver		nd ente Da		e of the l Year	etter r	uling ——			
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line '									
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	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)		12d							
е						Yes No N/A				
Parl	VII Plan Terminations and Transfers of Assets									
13a	Has a resolution to terminate the plan been adopted in any plan year?			Yes	х	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 broughtful of the PBGC?	ght under th	ie 		Yes 🛭	<u>N</u>	o			
С										
13c(1) Name of plan(s): 13c(2) E					EIN(s) 13c(3) PN(s)					