## 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

2018

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information								
For calend	ar plan year 2018 or fis	scal plan year beginning 01/01/2	2018	and ending 12	2/31/2018					
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.)										
		a one-participant plan	a foreign plan	n,proyor miorination in ac						
<b>B</b> This retu	urn/report is	the first return/report	the final return/report							
		an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)					
C Check	box if filing under:	Form 5558	automatic extension		DFVC progra	am				
Dowt II	Dania Dian Info	special extension (enter desc	' '			_				
Part II		rmation—enter all requested in	formation		41	. 1				
1a Name MICHAEL V	•	11(K) PROFIT SHARING PLAN AN	ND TRUST		<b>1b</b> Three-dig plan num (PN) ▶	·				
					1c Effective	date of plan 10/01/1996				
		yer, if for a single-employer plan) m, apt., suite no. and street, or P.C	D. Box)		<b>2b</b> Employer (EIN)	r Identification Number 14-1728057				
City or		e, country, and ZIP or foreign post		tructions)	2c Sponsor's telephone number					
						518-472-8064 code (see instructions)				
P.O. BOX 127 GLENMONT, NY 12037					621210					
	,									
<b>3a</b> Plan administrator's name and address ∑ Same as Plan Sponsor.					<b>3b</b> Administr	ator's EIN				
					<b>3c</b> Administr	rator's telephone number				
		e plan sponsor or the plan name h			<b>4b</b> EIN					
<b>a</b> Spons	or's name				4d PN					
C Plan N	lame									
<b>5a</b> Total	number of participants	at the beginning of the plan year.			5a	9				
		at the end of the plan year			5b	9				
		account balances as of the end of		=	5c	9				
<b>d(1)</b> Tot	al number of active par	rticipants at the beginning of the p	lan year		5d(1)	7				
d(2) Total number of active participants at the end of the plan year					5d(2)					
than	P Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested									
Under pena SB or Sche	alties of perjury and oth	or incomplete filing of this retur her penalties set forth in the instru nd signed by an enrolled actuary, a plete.	ctions, I declare that I have	e examined this return/re	port, including, i	if applicable, a Schedule				
SIGN		valid electronic signature.	05/15/2019	MICHAEL V. CONTE,	ITE, DDS					
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual signing as p	lan administrator				
SIGN HERE	Filed with authorized/	/valid electronic signature.	ectronic signature. 05/15/2019 MICHAEL V. CONTE, DDS							
UEKE	Signature of emplo	ver/nlan snonsor	Date	Enter name of individ	ual signing as A	mnlover or plan sponsor				

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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)							No	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
С	If the plan is a defined benefit plan, is it covered under the PBGC in							Not determined	
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year								
Pa	Part III   Financial Information								
7	Plan Assets and Liabilities		(a) Beginning (	of Year			(b) En	d of Year	
а	Total plan assets	7a	, , , , , , , , , , , , , , , , , , , ,	67541			(4) = 1	952759	
b	Total plan liabilities	7b		0				0	
С	Net plan assets (subtract line 7b from line 7a)	7с	96	67541				952759	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b)	Total	
а	Contributions received or receivable from: (1) Employers	8a(1)		14316					
	(2) Participants	8a(2)	3	34515					
	(3) Others (including rollovers)	8a(3)		0					
b	Other income (loss)	8b		54252					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-5421	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0					
е	Certain deemed and/or corrective distributions (see instructions)	8e	0						
f	Administrative service providers (salaries, fees, commissions)	8f		9361					
g	Other expenses	8g		0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					9361		
i	Net income (loss) (subtract line 8h from line 8c)	8i						-14782	
j	Transfers to (from) the plan (see instructions)	8j	8i 0						
Pai	Part IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 3D	feature co	des from the List of Pla	an Cha	racteri	stic Co	odes in the in	structions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan	n Chara	cteris	tic Cod	des in the ins	tructions:	
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)			10a		X			
	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	•		10b		X			
С	Was the plan covered by a fidelity bond?			10c	Χ			100000	
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?			10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)			10g	X			32991	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 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	ne required	d notice or one of the	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 (Form 5500) and line 11a below)			Yes 🛚 No						
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a								
12	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	<b>a</b> 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	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 '	VII Plan Terminations and Transfers of Assets									
13a	Has a resolution to terminate the plan been adopted in any plan year?		Ye	s 🔀 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 control of the PBGC?	the		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 which assets or liabilities were transferred. (See instructions.)	n(s) to								
1	<b>3c(1)</b> Name of plan(s):	(2) EIN(s)	)	<b>13c(3)</b> PN(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 section 6057(b) and 6058(a) of

► Complete all entries in accordance with the instructions to the Form 5500-SF.

the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

T E	Part I Annual Repor	t Identification Information								
	r calendar plan year 2018 or i		01/01/2018	and ending	12/31/	2018				
_		x a single-employer plan	a multiple-employer	plan (not multiemployer)	(Filers checking	ng this box must attach				
А	This return/report is for:	П година — Г		employer information in	accordance wi	th the form instructions.)				
D	This return/sevent is:	a one-participant plan	a foreign plan							
D	This return/report is:	the first return/report	the final return/report							
		an amended return/report	a short plan year retu	urn/report (less than 12 r	months)					
С	Check box if filing under:	Form 5558	automatic extension		☐ DFV	C program				
		special extension (enter description	on)							
P	art II Basic Plan Inf	ormation enter all requested info	rmation							
	Name of plan	STATE OF THE PROPERTY OF THE P	manor		1b Three-	digit				
	·	DDS, PC 401(k) Profit Shan	ring Plan and T	rugt	plan nu	umber				
		222, 10 101(11, 120220 21102		45 6	(PN) ▶					
					II.	ve date of plan L/1996				
2a	Mailing Address (include ro	ployer, if for a single-employer plan) com, apt., suite no. and street, or P.O. E			, , ,	yer Identification Number 14-1728057				
		nce, country, and ZIP or foreign postal o	ode (it toreign, see ins	structions)	2c Sponso	or's telephone number				
	Michael V. Conte,	DDS, PC				472-8064				
					2d Business code (see instructions)					
	P.O. Box 127				62121	LO				
	US Glenmont NY 12037									
3a	Plan administrator's name	and address X Same as Plan Sponso	or		3b Administrator's EIN					
					3c Administrator's telephone number					
<del>-</del> 4	If the name and/or EIN of t	he plan sponsor or the plan name has c	hanged since the last	return/report filed for	4b EIN					
		onsor's name, EIN, the plan name and t								
а	Sponsor's name				4d PN					
С	Plan Name									
					ļ					
5a	Total number of participant	ts at the beginning of the plan year	•••••	***************************************	5a	9				
b	Total number of participant	ts at the end of the plan year	•••••••	••••••••••••	5b	9				
С		n account balances as of the end of the		· · · · · · · · · · · · · · · · · · ·	5c	9				
d	(1) Total number of active pa	articipants at the beginning of the plan y	ear		5d(1)	7				
d	(2) Total number of active pa	articipants at the end of the plan year	***************************************		5d(2)	6				
е		o terminated employment during the pla			5e	0				
		e or incomplete filing of this return/re			<u> </u>	-				
	······································	other penalties set forth in the instructio	<del></del>							
SE		and signed by an enrolled actuary, as v								
JAR	1/2/1/0	-A	T = nai 9	Michael V. Cont	ם חווים					
100	SIGN / / /VV C		5-15-2019			lan administrator				
	IERE Signature of plan ad	ministrator	Date 5-15-2019	Enter name of individu	······································	ian aurimiistratur				
	SIGN / INV ( CV	~ · ·		Michael V. Cont		mployor or plan changer				
	IERE Signature of employ	er/pian sponsor	Date	Enter name of individu	ai signing as e	mployer or plan sponsor				

Р	ao	e	2

6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)						XYes No				
	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	n indepen nd conditi	dent qualified public acco	••••••	•••••	******			XYes No		
	If you answered "No" to either line 6a or line 6b, the plan canno								□ Not determine		
С	If the plan is a defined benefit plan, is it covered under the PBGC in				21)?		Yes				
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC pi	remium filing for this year					(	See instructions.)		
Pa	art III Financial Information	***									
7	Plan Assets and Liabilities	建铸数	(a) Beginning o	f Yea	r			(b) End	of Year		
a	Total plan assets	7a	96	7,5	41				952,759		
b	Total plan liabilities	7b			0				0		
С	Net plan assets (subtract line 7b from line 7a)	7c	96	57,5	41	952,759					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b) T	otal		
а	Contributions received or receivable from:	- 40		. 4 2	16		法数据				
	(1) Employers	8a(1)		4,3		# 6 P	Marian Talangsa	komunika. Kabangalan			
	(2) Participants	8a(2)	:	34,5		132 TE	iyatanin Baringa	gageratik			
	(3) Others (including rollovers)	1	/		0	(100) (200)	errick. Posta				
b	Other income (loss)	8b	(54	1,25	2)	2942 81	in in a fi				
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		100 C		(5,421)			(5,421)		
ď	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d			0	15 TA					
e	Certain deemed and/or corrective distributions (see instructions)	1			0						
f	Administrative service providers (salaries, fees, commissions)	. 8f		9,3	61						
g	Other expenses	ministrative service providers (saturnes, rees, commissions)									
h h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h				2			9,361		
i	Net income (loss) (subtract line 8h from line 8c)	. 8i	construction of the contract o						(14,782)		
÷	Transfers to (from) the plan (see instructions)					F. 144					
D.	j Transfers to (from) the plan (see instructions)										
	If the plan provides pension benefits, enter the applicable pension f	eature cod	les from the List of Plan C	harac	teristi	ic Cod	des in t	ne instruc	tions:		
ou	2A 2E 2J 3D										
	If the plan provides welfare benefits, enter the applicable welfare fe	oturo code	se from the List of Plan Ch	aract	eristic	Code	e in the	instructio	ons.		
D	if the plan provides welfare benefits, efficientle applicable welfare le	ature code	is from the List of Flan On	aracı	0113010	Out	,	, mondou			
B.	art V. Compliance Questions										
10	During the plan year:				Yes	No	N/A		Amount		
10		itions with	in the time period				NAME:				
Ī	described in 29 CFR 2510.3-102? (See instructions and DOL's V										
	Program)			10a		х					
ŀ	Were there any nonexempt transactions with any party-in-interest										
	reported on line 10a.)		***************************************	10b		X	ASSET				
				10c	x	<u> </u>			100,000		
(	Did the plan have a loss, whether or not reimbursed by the plan's			10d		x	10.15 Hate				
	by fraud or dishonesty?			100			2000年2月1日 2000年2月1日 2000年2月1日				
•	Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides son	ner persor ne or all of	is by an insurance the benefits under								
	the plan? (See instructions.)			10e		x					
f	f Has the plan failed to provide any benefit when due under the plan?					х					
	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)				х		18.00		32,991		
				10g			17.500	54C-124C-455			
1	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 t	he require	d notice or one of the								
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3	***************************************	10i		<u> </u>	15.72				

<del> </del>	Form 5500-SF 2018	Page <b>3 -</b>						
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Ye (Form 5500 and line 11a below)						☐ Yes	X No
11a	Enter the unpaid minimum required contributions for all years from Schedule S	SB (Form 5500) lir	ne 40	********	11a			
12	Is this a defined contribution plan subject to the minimum funding requirement ERISA?(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as application.	***************************************					☐ Yes	X No
а	If a waiver of the minimum funding standard for a prior year is being amortized granting the waiver					r the date	of the lette Year	r ruling
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form	5500), and skip t	to line 1	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	Subtract the amount in line 12c from the amount in line 12b. Enter the result (negative amount)				12d			
е	Will the minimum funding amount reported on line 12d be met by the funding	deadline?				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	X No	
-	If "Yes," enter the amount of any plan assets that reverted to the employer this	s year			13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred control of the PBGC?					□ Y	es X	No
С	If, during this plan year, any assets or liabilities were transferred from this plan which assets or liabilities were transferred. (See instructions.)	to another plan(s	s), ident	ify the plan(	s) to			

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

13c(3) PN(s)

13c(2) EIN(s)