Foi	rm 5500-SF	Short Form Annual Return/Report of Small Employee OMB Nos.								
	rtment of the Treasury rnal Revenue Service	This form is required to be file	etirement	2018						
	epartment of Labor enefits Security Administration	Income Security Act of 1974		057(b) and 6058(a) of the I						
Pension B	enefit Guaranty Corporation	Complete all entries in		tructions to the Form 55	00-SF.	Public inspection				
Part I		dentification Information			10.1.10.0.10					
For calend	ar plan year 2018 or fis	cal plan year beginning 01/01/2			/31/2018	de la dede la construction de la co				
A This re	turn/report is for:	X a single-employer plan		plan (not multiemployer) (F employer information in acc		•				
B This ret	urn/report is	a one-participant plan								
		the first return/report	the final return/report							
		an amended return/report	a short plan year ret	urn/report (less than 12 mc	onths)					
C Check	box if filing under:	Form 5558	automatic extension	· [DFVC p	rogram				
		special extension (enter desc	ription)							
Part II	Basic Plan Infor	mation—enter all requested in	formation							
1a Name	•				1b Three	e-digit number				
50011 5. 5	SOULE' DDS 401(K) PR	OFIT SHARING PLAN			(PN)					
					1c Effect	tive date of plan				
2a Dian a	popeor's pamo (omploy	vor if for a single employer plan			26 [mail	01/01/2008				
Mailin	2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box)				(EIN)	oyer Identification Number 13-4209391				
•	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) COTT S. SOULE' DDS					2c Sponsor's telephone number 518-355-3100				
				-	2d Busir	ness code (see instructions)				
	URG STREET M, NY 12303					621210				
	,									
3a Plan a	idministrator's name and	d address 🛛 Same as Plan Spor	nsor.		3b Admi	nistrator's EIN				
				-	3c Administrator's telephone number					
		plan sponsor or the plan name have			4b EIN					
•	sor's name	sor's name, EIN, the plan name a	and the plan humber from	the last return/report.	4d PN					
C Plan N										
5a Total	number of participants	at the beginning of the plan year.			5a	7				
-		at the end of the plan year			5b	6				
C Numb	per of participants with a	account balances as of the end of	the plan year (only define	ed contribution plans	5c	6				
•	,	ticipants at the beginning of the pl		-	5d(1)	6				
		ticipants at the end of the plan ye	-		5d(2)	6				
e Numl	ber of participants who t	terminated employment during the	e plan year with accrued l	benefits that were less	5e	0				
than Caution: A	100% vested	or incomplete filing of this return	n/report will be assesse	d unless reasonable cau		lished				
Under pen SB or Sche	alties of perjury and oth edule MB completed an	er penalties set forth in the instru d signed by an enrolled actuary, a	ctions, I declare that I hav	e examined this return/rep	ort, includi	ng, if applicable, a Schedule				
SIGN	true, correct, and comp	lete. valid electronic signature.	05/29/2019	SCOTT S. SOULE, DD	S					
HERE	Signature of plan ac	J. J	Date	Enter name of individu		as nlan administrator				
SIGN	· ·	valid electronic signature.	05/29/2019	SCOTT S. SOULE, DD	Ŭ	uo piuri duminiotrator				
HERE	Signature of employ	č	Date			as employer or plan sponsor				
For Paperw		e, see the Instructions for Form 5500			a synny i	Form 5500-SF (2018)				

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6a	6a Were all of the plan's assets during the plan year invested in eligib	le assets? (See instructions.)	X Yes 🗌 No
b	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 cann	ot use Form 5500-SF and must instead use Form 5500.	
С	C If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance program (see ERISA section 4021)? Yes No	Not determined
	If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC premium filing for this plan year	. (See instructions.)
Pa	Part III Financial Information		

7	Plan Assets and Liabilities		(a) Beginning of Year			(b) End o			•
а	Total plan assets	7a	10	58953		1056217			217
b	Total plan liabilities	7b		0			0		
С	Net plan assets (subtract line 7b from line 7a)	7c	10	58953			1056217		217
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			()	o) Total	
а	Contributions received or receivable from: (1) Employers	8a(1)		50561			•		
	(2) Participants	8a(2)		47637					
	(2) Others (including rollovers)	8a(3)		0					
b	Other income (loss)	8b	-1	00510					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-2:	312
	Benefits paid (including direct rollovers and insurance premiums	00							
	to provide benefits)	8d		399					
е	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f	Administrative service providers (salaries, fees, commissions)	rice providers (salaries, fees, commissions) 8f							
g	Other expenses			0					
h	otal expenses (add lines 8d, 8e, 8f, and 8g)					424			
i	Net income (loss) (subtract line 8h from line 8c)	8i				-2736			736
j	j Transfers to (from) the plan (see instructions)								
Pa	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E $2F$ $2G$ $2J$ $2K$ $2T$ $3B$ $3D$	feature co	odes from the List of Pl	an Cha	racteris	stic Co	odes in the i	nstructions	3:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	des from the List of Pla	n Chara	acterist	tic Cod	les in the in	structions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	t
a		oluntary F	iduciary Correction	10a		Х			-
b	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	X				110000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х			
e	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.).	e or all of	the benefits under	10e		Х			
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		Х			
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	x				

Page **3-** 1

Part	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and rm 5500) and line 11a below)			B		Yes	X 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 C SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		n 302 o	f 	[Yes	X No
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see institution the waiver.		l enter _ Da		e of the le		ing
lf	you o	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 ative amount)		12d				
e	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	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 brou trol of the PBGC?	ght under the			Yes	X N	0
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred. (See instructions.)	tify the plan(s)	to				
1	13c(1) Name of plan(s): 13c(2) E				EIN(s) 13c(3) PN(s)			۱(s)

Form 5500-SF	Short Form Annual Return/Report of Small Employed Benefit Plan				OMB Nos. 1210-0110 1210-0089			
Department of the Treasury Internal Revenue Service	This form is required to be		d 4065 of the Employee		2018			
Department of Labor Employee Benefits Security Administration	Retirement Income Security Ac	ot of 1974 (ERISA), and se ernal Revenue Code (the C	ction 6057(b) and 6058(a		Form is Open to Public Inspection			
Pension Benefit Guaranty Corporation	► Complete all entries in acc	ordance with the instruc	tions to the Form 5500	SF.				
Part Annual Report le	dentification Information	01/01/0010	and ending	12/31/20	18			
For calendar plan year 2018 or fisc		01/01/2018						
A This return/report is for:	x a single-employer plan	a list of participating er	an (not multiemployer) (F nployer information in ac	cordance with	the form instructions.)			
B This return/report is:	the first return/report an amended return/report	the final return/report a short plan year return	n/report (less than 12 mc	onths)				
C Check box if filing under:	Form 5558	automatic extension			program			
	special extension (enter descri	ption)		······				
Part II Basic Plan Infor	mation enter all requested in	nformation		1b Three-did	nit			
1a Name of plan Scott S. Soule' DDS	401(k) Profit Sharing	Plan		plan num (PN) ►				
				1c Effective 01/01/				
Matthew Address (include ree	Plan sponsor's name (employer, if for a single-employer plan) Mailing Address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)							
City or town, state or provinc Scott S. Soule' DDS		2c Sponsor's telephone number (518) 355-3100						
2521 Hamburg Street				2d Business code (see instructions) 621210				
2521 Manburg Soleet								
US Rotterdam NY 12303 3a Plan administrator's name an	nd address X Same as Plan Spo	onsor		3b Adminis	b Administrator's EIN			
				3c Adminis	trator's telephone number			
4 If the name and/or EIN of the	e plan sponsor or the plan name h nsor's name, EIN, the plan name a	as changed since the last r nd the plan number from th	eturn/report filed for ne last return/report.	4b EIN				
a Sponsor's name	1301 3 Hame, Ent, ale plan hame -			4d PN				
c Plan Name								
5a Total number of participants	at the beginning of the plan year	******		<u>5a</u>	7			
b Total number of participants	at the end of the plan year		*******	5b	6			
C Number of participants with	account balances as of the end of	the plan year (only defined	contribution plans	5c	6			
d(1) Total number of active pa	rticipants at the beginning of the pl	an year	******	5d(1)	6			
d(2) Total number of active pa	rticipants at the end of the plan yes	ar	*****	5d(2)	6			
e Number of participants who less than 100% vested	terminated employment during the	e plan year with accrued be	nefits that were	5e	0			
Caution: A penalty for the late	or incomplete filing of this retu	rn/report will be assesse	d unless reasonable ca	use is establi	shed.			
	other penalties set forth in the instr and signed by an enrolled actuary,	unitered to be a local de la bou	a avamined this return/r	enorr incluaina	I applicable, a ochedulo			
STRATIGATE LA	K. Avla	5/29/19	Scott S. Soule,	DDS				
HERE Signature of plan adu	ministrator Λ	Date	Enter name of individu	al signing as p	lan administrator			
	L'AL	5/29/19	Scott S. Soule,					
	rinian sponsor	Date			mployer or plan sponsor			
HERE Signature of employe	suhigii shousoi	1	1		Earm 5500-SE (2018)			

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

	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 an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	. XYes 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.	
С	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this year ______ (See instructions.)

7 Plan A	Assets and Liabilities			
		经济投资估计计	(a) Beginning of Year	(b) End of Year
a Total n	olan assets	7a	1,058,953	1,056,217
	olan liabilities	7b	0	0
	an assets (subtract line 7b from line 7a)	7c	1,058,953	1,056,217
	e, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contril	butions received or receivable from: mployers	8a(1)	50,561	
	articipants	8a(2)	47,637	
	thers (including rollovers)	8a(3)	0	
	income (loss)	8b	(100,510)	
	income (add lines 8a(1), 8a(2), 8a(3), and 8b)			(2,312)
d Benef	its paid (including direct rollovers and insurance premiums vide benefits)	0.1	399	
e Certai	in deemed and/or corrective distributions (see instructions)	8e	0	
	nistrative service providers (salaries, fees, commissions)	0.5	25	
	expenses	8g	0	[1] · · · · · · · · · · · · · · · · · · ·
	expenses (add lines 8d, 8e, 8f, and 8g)			424
	acome (loss) (subtract line 8h from line 8c)			(2,736)
j Trans	sfers to (from) the plan (see instructions)		0	

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 2T 3B 3D

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	N/A	Amount
<u>10</u> a	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		x	Electron State	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x		
c	Was the plan covered by a fidelity bond?	10c	x			110,000
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		
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		x		
f	Has the plan failed to provide any benefit when due under the plan?	10f		x		
q	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		x	Solution Lateration Lateration	to an alternative state of the second state of the second state of the second state of the second state of the
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 required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i	x			

Form 5500-SF 2018

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Page	S	-	1 1

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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 con (Form 5500 and line 11a below)	nplete Sc	hedule	SB	🗌 Yes	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 302 of ERISA?							
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 Day Year							
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					<u> </u>	
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							
e	negative amount)			Yes	No 🗌	N/A	
Par	VII Plan Terminations and Transfers of Assets						
13a	I Has a resolution to terminate the plan been adopted in any plan year?		<u> </u>	Yes	X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a				
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the 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.)							
1		13c(2) E	IN(s)		13c(3) F	PN(s)	