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	t Identification Information								
For calenda	ar plan year 2018 or f	fiscal plan year beginning 01/01/2	2018	and ending 12	2/31/2018					
A This ret	urn/report is for:	X a single-employer plan		plan (not multiemployer) (employer information in ac	_					
_		a one-participant plan	a foreign plan							
B This retu	urn/report is	the first return/report	the final return/report	t						
		an amended return/report	a short plan year retu	urn/report (less than 12 m	onths)					
C Check b	oox if filing under:	X Form 5558	automatic extension		DFVC progra	am				
		special extension (enter descr	ription)							
Part II	Basic Plan Info	ormation—enter all requested in	formation							
1a Name ROBERT M.	•	C PROFIT SHARING PLAN			1b Three-dig plan num (PN) ▶	′ I				
					1c Effective	date of plan 01/01/1991				
		oyer, if for a single-employer plan)) Paul			Identification Number				
		om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post		structions)	(EIN)	20-8736608 s telephone number				
ROBERT M.	SCOTTO, DDS, PC					18-374-9770				
615 UNION S	STREET				2d Business	code (see instructions)				
	ADY, NY 12305					621210				
20 Diam a	dusinistanto de la como	and address M. Cassa as Dian Cras			3b Administr	otorio CINI				
Ja Pian a	uministrator's name a	and address 🛛 Same as Plan Spor	nsor.		3D Administr	ator's EIN				
					3c Administr	ator's telephone number				
		ne plan sponsor or the plan name ha			4b EIN					
	or's name	onson's name, Lin, the plan name a	and the plan number nom	the last return/report.	4d PN					
C Plan N	lame									
5a Total r	number of participants	s at the beginning of the plan year			5a	6				
		s at the end of the plan year			5b	6				
		account balances as of the end of			5c	6				
	,	articipants at the beginning of the pl			5d(1)	6				
		articipants at the end of the plan year			5d(2)	6				
		o terminated employment during the			5e	0				
Caution: A	penalty for the late	or incomplete filing of this return	n/report will be assesse	d unless reasonable ca	use is establish	ned.				
Under pena SB or Sche	alties of perjury and o	other penalties set forth in the instruction and signed by an enrolled actuary, a	ctions, I declare that I hav	e examined this return/re	port, including, i	f applicable, a Schedule				
SIGN	Filed with authorized	d/valid electronic signature.	09/09/2019	ROBERT M. SCOTTO), DDS					
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as p	lan administrator				
SIGN HERE	Filed with authorized	d/valid electronic signature.	09/09/2019	ROBERT M. SCOTTO), DDS					
Signature of employer/plan sponsor Date Enter name of individual						vidual signing as employer or plan sponsor				

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_	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							
С	If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from th	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes No	Not determined (See instructions.)
Pai	t III Financial Information	1						
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) En	d of Year
<u>a</u>	Total plan assets	7a	22!	59542				2439066
b	Total plan liabilities	7b		0				0
С	Net plan assets (subtract line 7b from line 7a)	7c	225	59542				2439066
	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b)	Total
а 	Contributions received or receivable from: (1) Employers	8a(1)	!	58173				
	(2) Participants	8a(2)	Ę	51700				
	(3) Others (including rollovers)	8a(3)		0				
b	Other income (loss)	8b		70311				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				180184		180184
	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		660				
g	Other expenses	8g		0				
h	expenses (add lines 8d, 8e, 8f, and 8g)							660
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)							179524
j	Transfers to (from) the plan (see instructions)	8j		0				
Par	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 Chai	racteri	stic Co	odes in the in	structions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan	n Chara	acterist	tic Cod	des in the ins	structions:
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)	oluntary F	iduciary Correction	10a		X		
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			225954
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.)	ne or all of	the benefits under	10e		X		
f	Has the plan failed to provide any benefit when due under the pla	n?		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 (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	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se ERISA?		of	Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, granting the waiver	and enter Da		e of the letter ruling Year
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	3c(1) Name of plan(s):	(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

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).

► 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

P	art I Annual Report	Identification Information						
For	calendar plan year 2018 or fi	scal plan year beginning	01/01/2018	and ending	12/31/201			
A	This return/report is for:	x a single-employer plan	a list of participating e	lan (not multiemployer) mployer information in	(Filers checking the accordance with the	is box must attach le form instructions.)		
		a one-participant plan	a foreign plan					
В	This return/report is:	the first return/report	the final return/report			•		
		an amended return/report	a short plan year retu	rn/report (less than 12 n	nonths)			
C	Check box if filing under:	x Form 5558	automatic extension		DFVC p	rogram		
•	Check box it ming ander.	special extension (enter desc	rintion)					
		- 니 '						
		ormation enter all requested	information		1b Three-digit			
1a	Name of plan	D.D.S., PC Profit Shari	ng Plan		plan numb			
	MODELO XII DOUBLE,		. -		1c Effective date of plan			
					01/01/1			
2a	Mailing Address (include to	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.	O. Box)		,	Identification Number -8736608		
	City or town, state or provir Robert M. Scotto,	ce, country, and ZIP or foreign pos	ital code (if foreign, see ins	tructions)		telephone number		
					(518) 3			
	CIT Walan Shunch				621210	ode (see instructions)		
	615 Union Street							
	US Schenectady NY 12305				101	1 1- P****		
3a	Plan administrator's name	and address X Same as Plan Sp	onsor		3b Administra	KOFS EIN		
					3c Administra	tor's telephone number		
				return/sonert filed for	4b EIN			
4	If the name and/or EIN of the	ne plan sponsor or the plan name h	ias changed since the last and the plan number from t	he last return/report.	70 211			
_	this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.							
a	•				1			
u	Plati Name							
<u>-</u>	Tabal number of norticinant	s at the beginning of the plan year			5a	6		
	Total number of participant	s 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	i contribution plans	5c	6		
đ	complete this item) (1) Total number of active page	articipants at the beginning of the p	lan year	***************************************	5d(1)	6		
	(2) Total number of active pa	articipants at the end of the plan ye	ar	***************	5d(2)	6		
е	Number of participants who less than 100% vested	terminated employment during the	e plan year with accrued be	nefits that were	5e	0		
_		e or incomplete filing of this retu			ause is establish	ed		
U	nder penalties of perjury and B or Schedule MB completed	other penalties set forth in the instr and signed by an enrolled actuary,	untions I dealars that I have	a evamined this return/s	report, including, il	applicable, a ochennie		
	elief, it is true, correct, and co	Implete	//-	Robert M. Scott	co. DDS			
	IGN /	Solv L	- chila			administrator		
1	IBRE Signature of plan ad	ministrator	19 Jan 19	Enter name of Individu		Commission		
	SIĞN. // /	Y-III		Robert M. Scott				
1	IERE Signature of employ	er pjan spinsor	Date	Enter name of individu	ıal signing as emp			
F	or Paperwork Reduction Ac	t Notice, see the instructions for	Form 5500-SF.			Form 5500-SF (2018) v.171027		

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x

x

x

10f

10g

10h

6a	Were all of the plan's assets during the plan year invested in eligible	assets?	See instructions.)				*******	XYes 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.)								
	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 p	rogram (see ERISA section	on 40	21)?	<u>l</u>	Yes		
	If "Yes" is checked, enter the My PAA confirmation number from the	PBGC pr	emium filing for this year					(See instructions.)	
Pa	itillis Financial Information								
7	Plan Assets and Liabilities		(a) Beginning o	f Yea	ır	T		(b) End of Year	
a	Total plan assets	7a	2,2!	59,5	42		2,439,066		
	Total plan liabilities	7b			0	1	0		
***************************************	Net plan assets (subtract line 7b from line 7a)	7c	2,2	59,5	42		2,439,066		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b) Total	
а	Contributions received or receivable from:	00(4)		58,1	73	1			
	(1) Employers	8a(1)		51,7					
	(2) Participants	8a(2)		J , ,	0	(5) (5) (4) (5) (5) (5) (5) (5) (5) (5) (5) (5) (5			
b	(3) Others (including rollovers)	8a(3) 8b	•	70,3		- C	6.22.54		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			HINE	S STORES	ALICINIA.	180,184	
d						1 1 2 2	*10*		
	to provide benefits)								
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)					2.2			
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f 660				1000			
g	Other expenses	8g	8g 0				iras da		
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		1	10.50	660			
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	18 i		49.0	HALLAY	A Francis	saranest	179,524	
j Izvesto	Transfers to (from) the plan (see instructions)	8j			0	1200	色传染		
	ITUIV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension for	eature cod	es from the List of Plan C	hara	cteristi	c Cod	es in t	he instructions:	
	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 th	e instructions:	
Pa	TtV Compliance Questions				· · · · · · · · · · · · · · · · · · ·				
10	During the plan year:				Yes	No	NA	Amount	
а	Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period						
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	oluntary Fi	duciary Correction						
	Program)			10a		Х	54840E		
b	reported on line 10a.)	***************	*****************************	10b	 	ж		005.054	
C				10c	X			225,954	
d 	by fraud or dishonesty?			10d		x			
е	carrier, insurance service, or other organization that provides som	e or all of	the benefits under	10e		x			
	the plan? (See instructions.)	***********	***************	106	<u> </u>		S2000		

f Has the plan failed to provide any benefit when due under the plan?g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)

h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

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PartVI 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)	Yes X No
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?	Yes 🗓 No
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 t	he letter ruling 'ear
If 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	
C Enter the amount contributed by the employer to the plan for the plan year	
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 Will the minimum funding amount reported on line 12d be met by the funding deadline?	o
Part VII	
	X No
If "Yes," enter the amount of any plan assets that reverted to the employer this year	
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	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.)	
13c(1) Name of plan(s): 13c(2) EIN(s)	13c(3) PN(s)

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