_	rm 5500-SF	Short Form Annual Return/Report of Small Employee Benefit Plan				OMB Nos. 1210-0110 1210-0089			
D	artment of the Treasury ernal Revenue Service		(ERISA), and sections 6057(b) and 6058(a) of the Internal			2018 This Form is Open to			
	Benefits Security Administration Benefit Guaranty Corporation	 Complete all entries in a 	Revenue Code (the Cod	,	500-SE	Public Inspection			
Part I	Annual Report	Identification Information			JUU-3F.				
		scal plan year beginning 01/01/2	018	and ending 12	2/31/2018				
A This re	is return/report is for: 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 								
B This ret	turn/report is	the first return/report							
C Check	box if filing under:	Form 5558 automatic extension DFVC program special extension (enter description) DFVC program							
Part II	Basic Plan Info	rmation—enter all requested info	ormation						
1a Name SALVATOR	e of plan	, PC 401(K) PROFIT SHARING PI			(PN)	number 001			
					1c Effec	tive date of plan 01/01/2005			
Mailin	sponsor's name (employ g address (include roor r town, state or province	structions)	2b Employer Identification Number (EIN) 16-1542536						
-	E J. GUARNIERI, DDS					sor's telephone number 585-248-2575			
	TRAIL, SUITE B D, NY 14534				2d Busir	ness code (see instructions) 621210			
3a Plan a	administrator's name an	nd address 🛛 Same as Plan Spon	sor.		3b Admi	nistrator's EIN			
						nistrator's telephone number			
		e plan sponsor or the plan name ha nsor's name, EIN, the plan name a	5	•	4b EIN				
a Spons C Plan N	sor's name Name				4d PN				
5a Total	number of participants	at the beginning of the plan year			5a	8			
b Total	number of participants	at the end of the plan year			5b	7			
		account balances as of the end of t		•	5c	7			
d(1) Tot	tal number of active par	rticipants at the beginning of the pla	an year		5d(1)	7			
d(2) To	tal number of active par	rticipants at the end of the plan yea	ır		5d(2)	6			
than	100% vested	terminated employment during the			5e	1			
Under pen SB or Sch	alties of perjury and oth	or incomplete filing of this return her penalties set forth in the instruc nd signed by an enrolled actuary, a plete.	tions, I declare that I hav	e examined this return/re	port, includi	ng, if applicable, a Schedule			
SIGN	Filed with authorized/	valid electronic signature.	10/01/2019	SALVATORE J. GUAR	RNIERI, D.C).S.			
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual signing a	as plan administrator			
SIGN									
HERE	Signature of emplo		Date	Enter name of individ	ual signing a	as employer or plan sponsor			
For Paperw	vork Reduction Act Notic	e, see the Instructions for Form 5500	-SF			Form 5500-SF (2018) v.171027			

6a b c								
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year				
а	Total plan assets	7a	1948425	1908000				
b	Total plan liabilities	7b						
C	Net plan assets (subtract line 7b from line 7a)	7c	1948425	1908000				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total				
а	Contributions received or receivable from: (1) Employers	8a(1)	22000					
	(2) Participants	8a(2)	52976					
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	-68902					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		6074				

b Other income (loss)	8b	-68902	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)			6074
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)		37366	
e Certain deemed and/or corrective distributions (see instructions)	8e		
f Administrative service providers (salaries, fees, commissions)		9133	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)			46499
i Net income (loss) (subtract line 8h from line 8c)			-40425
j Transfers to (from) the plan (see instructions)	8j		
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: 2A 2E 2J 3D

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	X		500000
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		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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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 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?							Yes	X 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 the letter ruling granting the waiver							ling	
lf	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 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 Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?						Yes	× 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	3c(1) Name of plan(s):	EIN(s)		13	13c(3) PN(s)		

	5500-SF	t of Small Emp	OMB Nos. 1210- 1210-						
	t of the Treasury evenue Service	This form is required to be fil		Retrement		2018			
Employee Linnellie	ment of Laber a Security Administration	antes -	4 (ERISA), and sections 6 Revenue Code (the Co		e Internal	This Form is Open to Public Inspection			
	Guaranty Corporation	 Complete all entries in 		tructions to the Form t	\$600-SF.	00110			
		t Identification Information							
For calendar pl	lan year 2018 or	fiscal plan year beginning	51/01/2018	and ending		31/201			
A This return/	veport is for:	a single-employer plan	list of participating e	plan (not multiemployer) employer information in a					
		a one-participant plan	a foreign plan						
8 This return/n	report is	the first return/report	the final return/report	() () () () () () () () () ()					
		an amonded return/report	a short plan year ret	unvreport (less than 12 r	nonths)				
C Check box	if filing under:	K Form 5558	automatic extension		DEVCP				
	1.043	special extension (enter desi			Dever	ogram			
Part II B	aeic Plan Inf	ormation-enter all requested in							
1a Name of pi	and the second state of th	or maniform-enter all requested in	NIVINBUON		1b Three	dink			
111.0	and the second second	ieri, DDS, PC				number			
					(PN)	•	001		
401(k) Profit Sharing Plan						live date of 01/2005			
		loyer, if for a single-employer plan)					ication Number		
		om, apt., suite no. and street, or P. toe, country, and ZIP or foreign por		structions)	and a state of the	16-1542	the second s		
Salvatore	a'ð. Guarn:	ice, country, and ZIP or foreign poe 1er1, DDS, PC			2c Sponsor's telephone number (585)248-2575				
					2d Busin	ess code (see instructions)		
55 Sullys	e Trail, Se	lite B							
Pittsford	1		N	Y 14534	621	210			
3a Plan admir	nistrator's name	and address 🕅 Same las Plan Spo	onsor		3b Admi	nistrator's B	EIN		
					3c Admin	nistrator's l	elephone number		
		he plan sponsor or the plan name i onsor's name, EIN, the plan name			4b EIN				
a Sponsor's		crister's manne, clink, the plan name	and the plan number from	the last returningport.	4d PN				
C Plan Name									
On or a constraint	ber of participant	s at the beginning of the plan year			5a		1		
5a Total numi		ts at the beginning of the plan year ts at the end of the plan year					1		
5a Total numi b Total numi c Number of	ber of participant f participants with	ts at the beginning of the plan year ts at the end of the plan year h account balances as of the end o	f the plan year (only define	ed contribution plans					
5a Total numi b Total numi c Number of complete 1	ber of participant f participants with this item)	ts at the end of the plan year h account balances as of the end of	f the plan year (only define	ed contribution plans	5b		3		
5a Total numi b Total numi c Number of complete 1 d(1) Total nu	ber of participant f participants with this item) umber of active p	ts at the end of the plan year h account balances as of the end of articipants at the beginning of the p	f the plan year (only define plan year	ed contribution plans	5b 5c 5d(1)				
5a Total numi b Total numi c Number of complete 1 d(1) Total nu d(2) Total nu e Number o	ber of participants f participants with this item) umber of active p umber of active p of participants wh	ts at the end of the plan year in account balances as of the end of articipants at the beginning of the plan ye participants at the end of the plan ye to terminated employment during the	f the plan year (only define plan year ear he plan year with accrued (ed contribution plans	5b 5c 5d(1) 5d(2)				
5a Total numi b Total numi c Number of complete 1 d(1) Total nu d(2) Total nu e Number o	ber of participants f participants with this item) umber of active p umber of active p of participants wh	ts at the end of the plan year in account balances as of the end of articipants at the beginning of the plan ye participants at the end of the plan ye to terminated employment during the	f the plan year (only define plan year ear he plan year with accrued (ed contribution plans	5b 5c 5d(1) 5d(2)				
5a Total numi b Total numi c Number of complete 1 d(1) Total nu d(2) Total nu e Number o than 100 ¹ Caution: A per Under penalties SB or Schedule	ber of participants (f participants will this item) umber of active p umber of active p of participants wh % vested naity for the lats s of perjury and o e MB completed	ts at the end of the plan year in account balances as of the end of articipants at the beginning of the p participants at the end of the plan ye to terminated employment during the or incomplete filling of this return other penalties set forth in the instin- and signed by an enrolled actuary.	f the plan year (only define plan year car he plan year with accrued i m/report will be assesse actions. I declare that I hav	ed contribution plans cenefits that were less d unless reasonable c re examined this return/r	5b 5c 5d(1) 5d(2) 5e suse is estat eport, includy	ng, if applic	able, a Schodule		
5a Total numi b Total numi c Number of complete 1 d(1) Total nu d(2) Total nu d(2) Total nu e Number o than 100 ¹ Caution: A per Under penaltier SB or Schedule belef. It is true.	ber of participants (f participants with this item) umber of active p umber of active p of participants whi % vested naity for the lats s of perjury and of e MB completed correct, and corr	ts at the end of the plan year in account balances as of the end of articipants at the beginning of the p participants at the end of the plan ye to terminated employment during the or incomplete filling of this retu- other penalties set forth in the instru- and signed by an enrolled actuary, molete.	f the plan year (only define plan year car he plan year with accrued to m/report will be assesse actions. I declare that I hav as well as the electronic y	ed contribution plans benefits that were less d unless reasonable co e examined this return/repo	5b 5c 5d(1) 5d(2) 5e suse is estat eport, includy ort, and to the	ng, if applic best of my	able, a Schedule knowledge and		
5a Total numi b Total numi c Number of complete 1 d(1) Total nu d(2) Total nu d(2) Total nu e Number o than 100 ⁹ Caution: A per Under penalter SB or Schedule bolief. It is true.	ber of participant (f participants with this item) umber of active p umber of active p of participants wh % vested naity for the lats s of perjury and c e MB completed correct, and corr Data (e.)	ts at the end of the plan year	f the plan year (only define plan year car he plan year with accrued I m/report will be assesse actions. I declare that I hav as well as the electronic v	ed contribution plans benefits that were less d unless reasonable c re examined this return/ ersion of this return/repo Salvatore J.	5b 5c 5d(1) 5d(2) 5e ause is estat eport, includy ort, and to the Guarnier	ng, if applic best of my	able, a Schodule knowledge and		
5a Total numi b Total numi c Number of complete 1 d(1) Total nu d(2) Total nu e Number o ithan 100 ¹ Caution: A per Under penalties SB or Schedule belef. It is true.	ber of participants (f participants with this item) umber of active p umber of active p of participants whi % vested naity for the lats s of perjury and of e MB completed correct, and corr	ts at the end of the plan year	f the plan year (only define plan year car he plan year with accrued to m/report will be assesse actions. I declare that I hav as well as the electronic y	ed contribution plans benefits that were less d unless reasonable co e examined this return/repo	5b 5c 5d(1) 5d(2) 5e ause is estat eport, includy ort, and to the Guarnier	ng, if applic best of my	able, a Schodule knowledge and		

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40,425

b	Were all of the plan's assets during the plan year invested in eligib 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 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	an indeper and condit ot use Fo	ndent qualified public accountant (IC iions.) rm 5500-SF and must instead use	QPA) X Yes No
	If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC p	remium 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	1,948,425	1,908,000
b	Total plan liabilities	7b		
С	Net plan assets (subtract line 7b from line 7a)	7c	1,948,425	1,908,000
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	22,000	
	(2) Participants	8a(2)	52,976	
	(3) Others (including rollovers)	8a(3)		
b		8b	-68,902	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		6,074
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	37,366	
е	Certain deemed and/or corrective distributions (see instructions)	8e		
f	Administrative service providers (salaries, fees, commissions)	8f	9,133	
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		46,499

j Transt	fers to (from) the plan (see instructions)
Part IV	Plan Characteristics

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

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

8i

8j

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		X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions	10b		Х	
С	Was the plan covered by a fidelity bond?	10c	Х		500,000
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		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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Part	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete S rm 5500) and line 11a below)			В	[Yes	X No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	1	1a				
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sect SA? 'Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	ion 3	302 oʻ	f 	[Yes	X No
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, a nting the waiver.	nd e	nter f Day		of the l		lling
lf	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	1	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)	1	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	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year	1	3a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the trol of the PBGC?	ne			Yes	s X N	10
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan ch assets or liabilities were transferred. (See instructions.)	(s) to)				
1	3c(1) Name of plan(s): 13c	2) E	IN(s)		13	ic(3) Pl	N(s)