

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2013 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>06/30/2013</u>	
A This return/report is for:	<input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or <input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____
B This return/report is:	<input type="checkbox"/> the first return/report; <input checked="" type="checkbox"/> the final return/report; <input type="checkbox"/> an amended return/report; <input checked="" type="checkbox"/> a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	<input type="checkbox"/>
D Check box if filing under:	<input type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program; <input type="checkbox"/> special extension (enter description)

Part II	Basic Plan Information—enter all requested information										
1a Name of plan <u>SUBURBAN ORTHODONTICS PC PROFIT SHARING PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1997</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>16-1425230</u></td> </tr> <tr> <td colspan="2">2c Sponsor's telephone number <u>716-633-0848</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>621210</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>01/01/1997</u>		2b Employer Identification Number (EIN) <u>16-1425230</u>		2c Sponsor's telephone number <u>716-633-0848</u>		2d Business code (see instructions) <u>621210</u>	
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2c Sponsor's telephone number <u>716-633-0848</u>											
2d Business code (see instructions) <u>621210</u>											
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>SUBURBAN ORTHODONTICS, PC</u> <u>ROBERT S. BAVISOTTO, DDS</u> <u>18 BRAMBLY CT</u> <u>WILLIAMSVILLE, NY 14221</u>	<u>18 BRAMBLY CT</u> <u>WILLIAMSVILLE, NY 14221</u>										

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional) <u>JOSEPH R. WILD, CPA</u> <u>JOSEPH R. WILD, CPA</u> <u>55 PINEVIEW DR, STE 400</u> <u>AMHERST, NY 14228-2101</u>			Preparer's telephone number (optional) <u>716-691-9190</u>

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor Name <input type="checkbox"/> Same as Plan Sponsor Address		3b Administrator's EIN	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		3c Administrator's telephone number 4b EIN 4c PN	
5 Total number of participants at the beginning of the plan year		5	7
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).			
a Active participants		6a	0
b Retired or separated participants receiving benefits		6b	
c Other retired or separated participants entitled to future benefits.....		6c	
d Subtotal. Add lines 6a , 6b , and 6c		6d	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e	
f Total. Add lines 6d and 6e		6f	0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	0
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2G 2J			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) <input type="checkbox"/> H (Financial Information) (2) <input checked="" type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) (4) <input type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)	

SCHEDULE I (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information—Small Plan This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2013
		This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 06/30/2013		
A Name of plan SUBURBAN ORTHODONTICS PC PROFIT SHARING PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 SUBURBAN ORTHODONTICS, PC		
D Employer Identification Number (EIN) 16-1425230		

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

Part I	Small Plan Financial Information
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Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. **Round off amounts to the nearest dollar.**

1 Plan Assets and Liabilities:		(a) Beginning of Year	(b) End of Year
a Total plan assets	1a	1062883	0
b Total plan liabilities	1b		
c Net plan assets (subtract line 1b from line 1a)	1c	1062883	0
2 Income, Expenses, and Transfers for this Plan Year:		(a) Amount	(b) Total
a Contributions received or receivable:			
(1) Employers.....	2a(1)		
(2) Participants.....	2a(2)		
(3) Others (including rollovers)	2a(3)		
b Noncash contributions	2b		
c Other income.....	2c	29525	
d Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	2d		29525
e Benefits paid (including direct rollovers)	2e	1087824	
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Administrative service providers (salaries, fees, and commissions)	2h		
i Other expenses	2i	4584	
j Total expenses (add lines 2e, 2f, 2g, 2h, and 2i).....	2j		1092408
k Net income (loss) (subtract line 2j from line 2d)	2k		-1062883
l Transfers to (from) the plan (see instructions)	2l		

3 Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.		Yes	No	Amount
a Partnership/joint venture interests	3a		X	
b Employer real property	3b		X	
c Real estate (other than employer real property).....	3c		X	
d Employer securities	3d		X	
e Participant loans.....	3e		X	

	Yes	No	Amount
3f Loans (other than to participants)		X	
g Tangible personal property		X	

Part II Compliance Questions

4 During the plan year:	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance.		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible?		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)		X	
e Was the plan covered by a fidelity bond?	X		106288
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?		X	
j Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	X		
k Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	X		
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
 If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☒ Yes ☐ No Amount: 0

5b 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.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined

Part III Trust Information (optional)

6a Name of trust	6b Trust's EIN

Joseph R. Wild

Certified Public Accountant

55 Pineview Dr., Suite 400, Amherst, NY 14228-2170
phone (716) 691-9190 fax (716) 691-9194 e-mail: jrw@wildcpa.com

February 13, 2014

Employee Benefits Security Administration
United States Department of Labor

Re: Suburban Orthodontics, PC, Plan #002
EIN 16-1425230

Request for waiver of late filing penalty

To Whom It May Concern:

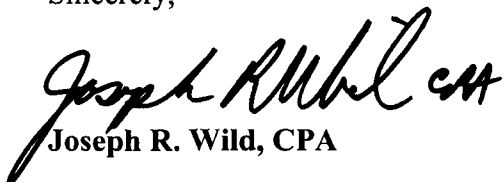
Attached is Form 5500 for the short year ended June 30, 2013. We were unable to file this return through the EFAST system, as a return for calendar year 2012 had already been filed under the same EIN.

As per instructions posted on the USDOL website, the original return was mailed to the Lawrence, Kansas address, postmarked on the due date January 31, 2014. The return was sent back to us as undeliverable and received here on February 8, 2014 (copy enclosed). In an effort to resolve this matter we telephoned DOL on February 10th, and were then informed that we could no longer file the return on the 2012 forms but were required to use 2013 forms; this required not only re-doing the return but also obtaining new signatures from the client.

In light of the fact that we made every attempt to properly file the return on time, in accordance with published guidance from the DOL website, we respectfully request that you waive any penalties for late filing.

Thank you for your prompt consideration of the request. Should you require additional information please do not hesitate to contact us.

Sincerely,



Joseph R. Wild, CPA

Enclosures
JRW/ram

United States Department of Labor

Employee Benefits Security Administration

Frequently Asked Questions About EFAST

What is EFAST?

EFAST is a computerized processing system that is designed to simplify and expedite the receipt and processing of the Form 5500 and Form 5500-EZ by relying on computer scannable forms and electronic filing technologies. The Form 5500 and Form 5500-EZ are filed each year by more than one million pension and other employee benefit plans to satisfy annual reporting requirements under the Employee Retirement Income Security Act (ERISA) and the Internal Revenue Code.

Why was EFAST developed?

The Department of Labor, the Internal Revenue Service (IRS) and the Pension Benefit Guaranty Corporation (PBGC) created the EFAST system in conjunction with the development of computer scannable versions of the Form 5500 and Form 5500-EZ in order to streamline the forms and the methods by which they are filed and processed.

What are the computer scannable forms?

The Form 5500 and Form 5500-EZ are available in two computer scannable formats: **machine print** and **hand print** (the questions are the same; only the appearance is different).

How is the hand print format different from the machine print format?

The EFAST system accepts Machine Print forms, official government-produced Hand Print forms, and computer-generated Hand Print forms.

Filers completing the Form 5500 or 5500-EZ by hand or typewriter must use the official government-produced Hand Print forms. The EFAST system uses optical character recognition technology to scan the data entries in gray "drop out ink" boxes on these specially designed Hand Print forms. The boxes enable the computer to read the manual entries on the forms. The official government-produced Hand Print forms are available 24 hours a day, 7 days a week, by calling: 1.800.TAX.FORM (1.800.829.3676).

Private sector vendors have developed computer software that may be used to complete either the Machine Print forms or computer-generated Hand Print forms.

- Once printed out with approved software, the Machine Print forms include a 1D bar code and a 2D bar code that appear on every page of the filing. The 1D bar code includes basic identifying information, for example, it tells the computer which page of the form it is scanning. The 2D bar code encrypts the data printed on the page for easy computerized capture of the information submitted.
- Computer-generated Hand Print forms are also completed using approved software, but print out with only a 1D bar code. Computer-generated Hand Print forms **cannot** be printed out blank, or with limited information, and then completed by pen or typewriter. EFAST uses optical character recognition technology to scan these forms but the computer-generated Hand Print forms do not print the gray "drop-out ink" boxes that tell the filer where to place data on the forms.

Check [EFAST Software and Approved Vendors](#) for updates regarding approved software. Be sure to note whether the vendor's software is approved to produce 2D (Machine Print) or 1D (computer-generated Hand Print) forms.

Machine Print forms can be filed by mail or electronically, but the Hand Print and computer-generated Hand Print forms can be filed only by mail.

Informational copies of the hand print forms and the machine print forms are available at [Forms and Publications](#). These copies are on the EFAST Website for viewing purposes only and are not acceptable for filing.

Will filing some or all of the Form 5500 Series reports using a non-standard form cause my filing to be rejected?

Yes, in some instances. Even if the non-standard filing is not rejected, it may trigger edit test failures and cause EBSA to send the filer correspondence regarding incomplete or inconsistent data.

To ensure the integrity of public disclosure for participants, beneficiaries and others who examine and study the annual returns/reports, all forms and schedules must meet certain minimum standards. Accordingly, we want to encourage filers who do not want to use the official government produced versions of the hand-print forms to use approved software from one of the vendors listed on the EFAST Website. We are making the official forms widely available -- the Form 5500 and Form 5500-EZ are available from the IRS by calling 1.800.TAX.FORMS.

Can I file using a substitute Form 5500?

Paper forms must be obtained from the IRS or printed using software from an EFAST approved software developer. Filings using photocopies of approved forms or other substitute forms may be returned or cause correspondence requiring additional information.

Where do I obtain a copy of the software for the forms?

Software vendors that choose to participate are given the necessary specifications by EFAST to develop their own products and market approved software. Some approved software will include specifications that will allow you to file your Form 5500 or 5500-EZ electronically.

You can check the EFAST Website for a list of approved software developers. EFAST continues to receive calls from potential software developers and is providing software specifications to those who request them.

Why use Form 5500/5500-EZ software for filing?

Filers using approved software will assist the government by reducing paper to be processed and eliminating the need for data entry. This reduces data entry errors, increases filing compliance, and should result in a savings of staff hours and money.

The software will also assist the filer. Most software should provide many error-checking functions that can help filers avoid common mistakes. This may prevent a filing from being rejected.

How do I file the machine print forms?

There are two options for filing:

- **Filing Electronically** - Using EFAST approved computer software, you can submit your Form 5500 or 5500-EZ by modem transfer or file transfer protocol if you are an approved EFAST transmitter or you use an approved EFAST transmitter. You can also mail a computer diskette, CD-ROM or magnetic tape to the Lawrence, Kansas address listed below. See [EFAST A - User's Guide for Electronic/Magnetic Media Filing of Forms 5500/5500-EZ](#).
- **Filing on Paper** - You can use EFAST approved computer software to print out the form on only one-side of standard 8½ by 11 inch paper and file it by mail to the Lawrence, Kansas address listed below.

What do I need to do to become an EFAST electronic filer, an EFAST transmitter (authorized transmitters of forms via modem or file transfer protocol), or an EFAST software developer?

Each of these involves the filing of a Form EFAST-1 application. All electronic filers must obtain an electronic signature. To file via modem, EFAST transmitter authorization is also required. See below for further information.

- An EFAST electronic signature (PIN) is obtained by submitting a completed Form EFAST-1 application. This form must be signed by the individual who signs the Form 5500 or Form 5500-EZ. An individual who signs a Form 5500 for more than one plan needs only one PIN.
- An EFAST Transmitter is any company, trade, business, or other person that transmits Forms 5500 and/or 5500-EZ for filing via modem in compliance with EFAST electronic filing procedures. The application for EFAST Transmitter must be signed by an authorized representative of the company, trade, business, or other person submitting the application.
- An EFAST Software Developer is a company, trade, business, or other person that creates, programs, or otherwise modifies computer software to be used to complete Forms 5500 and/or Forms 5500-EZ in compliance with EFAST specifications. The application for EFAST software developer must be signed by an authorized representative of the company, trade, business, or other person submitting the application.

A copy of the Form EFAST-1 can be viewed and downloaded on this Website. Downloaded copies of the Form EFAST-1 can be completed by using a computer or by hand and mailed to EBSA at the following address:

**Employee Benefits Security Administration
P.O. Box 7047
Lawrence Kansas 66044-7047**

You may also send it by private delivery service to:

**Employee Benefits Security Administration
Attn: EFAST-1
3833 Greenway Drive
Lawrence, Kansas 66046-5502**

Where do I file the Form 5500 and Form 5500-EZ?

File the Form 5500, with any required schedules, statements, and attachments, to the following addresses:

By Mail Using Paper:

**Employee Benefits Security Administration
P.O. Box 7043
Lawrence, Kansas 66044-7043**

By Mail Using Floppy Disc, CD ROM or Tape:

**Employee Benefits Security Administration
P.O. Box 7041
Lawrence, Kansas 66044-7041**

By Private Delivery Service:

**Employee Benefits Security Administration/NCS
Attn: EFAST
3833 Greenway Drive
Lawrence, Kansas 66046-5502**

File the Form 5500-EZ, with any required schedules, statements, and attachments, to the following addresses:

By Mail Using Paper:

**Employee Benefits Security Administration
P.O. Box 7042
Lawrence, Kansas 66044-7042**

By Mail Using Floppy Disc, CD ROM or Tape:

**Employee Benefits Security Administration
P.O. Box 7041
Lawrence, Kansas 66044-7041**

By Private Delivery Service:

**Employee Benefits Security Administration/NCS
Attn: EFAST
3833 Greenway Drive
Lawrence, Kansas 66046-5502**

As of July 1, 2001, all Forms 5500 (including 1998 and prior year Forms 5500, 5500-C/R, and 5500-EZ) must be filed either electronically or at the EFAST addresses specified above.

Can filers request an extension of time to file their Form 5500/Form 5500-EZ?

Filers may request an extension by filing Form 5558 with the IRS. Approved copies of the Form 5558 will not be returned to the filer. However, a copy of the extension request that was filed must be attached to your filing.

Under certain conditions, filers may also be eligible for extensions relating to an extension of time to file their federal income tax return, Presidentially-declared disasters, or service or support of Armed Forces of the United States in a combat zone. See the Form 5500 instructions for further information on these extensions.

Will EFAST perform edit checks on the Form 5500 or Form 5500-EZ?

Yes. All Form 5500 and Form 5500-EZ filings are subject to preliminary computerized edit checks that check for things such as completeness, accuracy, timeliness, internal consistency, missing schedules or attachments, and failure to answer mandatory questions.

What happens when a filing fails one or more edit checks?

When errors are identified, a filer may receive a deficiency letter from EBSA regarding the error and requesting that corrections be made. A filer's refusal to resolve filing errors can result in the rejection of their filing and exposure to assessment of civil and other penalties.

Should I include any payments I owe with my filing?

Do not send any payment with the Form 5500 or Form 5500-EZ submitted to EFAST. Payments due should be made directly to the appropriate government agency, in accordance with any applicable rules or procedures.

Is there telephone assistance available for Form 5500 and Form 5500-EZ filers?

The toll-free EFAST Help Line telephone number, 1.866.463.3278 provides assistance in the following areas:

- Inquiries regarding correspondence received from EBSA about EFAST processing of Form 5500 or 5500-EZ filing;
- General inquiries regarding the filing of the Form 5500 or 5500-EZ;
- Problems or questions about electronic filing; and
- Confirming EFAST's receipt of submitted forms.

Customer service representatives are available at this toll free number Monday through Friday from 8:00 am to 8:00 pm Eastern Time except for federal holidays. Answers to frequently asked questions as well as a voice mail service are available at this number 24 hours a day, seven days a week. Calls left in the voice mail system will be returned the next business day.

EFAST Help Line, 1.866.463.3278

PH R. WILD, CPA
Division Dr., Suite 400
Rt. NY 14228-2170



UTF

EBSA
P.O. BOX 7043
LAWRENCE, KS 66044-7043

NIXIE

660442018-1N

02/05/14

RETURN TO SENDER
UNABLE TO FORWARD
UNABLE TO FORWARD
RETURN TO SENDER



Form **5500**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of 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 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).**► **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1210-0110
1210-0089**2012****This Form Is Open to
Public Inspection.****Part I Annual Report Identification Information****For the calendar plan year 2012 or fiscal plan year beginning** 01/01/2013 **and ending** 06/30/2013

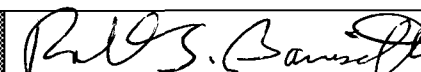
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- D** Check box if filing under: ☐ Form 5558; ☐ automatic extension; ☐ the DFVC program;
☐ Special extension (enter description)

Part II Basic Plan Information — enter all requested information.

1 a Name of plan SUBURBAN ORTHODONTICS PC PROFIT SHARING PLAN	1b Three-digit plan number (PN) ► 002 1c Effective date of plan 01/01/1997
2 a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) SUBURBAN ORTHODONTICS PC 18 BRAMBLY CT WILLIAMSVILLE, NY 14221	2b Employer Identification Number (EIN) 16-1425230 2c Sponsor's telephone number 716-633-0848 2d Business code (see instructions) 621210

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE		Date 1/29/14	ROBERT S. BAVISOTTO, DDS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address, including room or suite number. (optional) JOSEPH R. WILD, CPA JOSEPH R. WILD, CPA 55 PINEVIEW DRIVE, SUITE 400 AMHERST NY 14228-2101			Preparer's telephone number (optional) 716-691-9190

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.Form **5500** (2012)
v.120126

3 a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor Name <input type="checkbox"/> Same as Plan Sponsor Address		3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5	7
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c , and 6d)		
a Active participants	6a	
b Retired or separated participants receiving benefits	6b	
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a, 7b , and 6c	6d	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines 6d and 6e	6f	0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	0
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).	7	
8 a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">2E</div> <div style="border: 1px solid black; padding: 2px;">2G</div> <div style="border: 1px solid black; padding: 2px;">2J</div> <div style="border: 1px solid black; padding: 2px;"></div> <div style="border: 1px solid black; padding: 2px;"></div> <div style="border: 1px solid black; padding: 2px;"></div> <div style="border: 1px solid black; padding: 2px;"></div> <div style="border: 1px solid black; padding: 2px;"></div> <div style="border: 1px solid black; padding: 2px;"></div> <div style="border: 1px solid black; padding: 2px;"></div> </div>		
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9 a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9 b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) – signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Information) – signed by the plan actuary	b General Schedules (1) <input type="checkbox"/> H (Financial Information) (2) <input checked="" type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) (4) <input type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)	

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with
the instructions to the Form 5500.**OMB Nos. 1210-0110
1210-0089**2013****This Form is Open to Public
Inspection****Part I Annual Report Identification Information**

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 06/30/2013

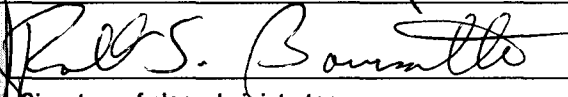
- A** This return/report is for: ☐ a multiemployer plan; ☐ a multiple-employer plan; or
☒ a single-employer plan; ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first return/report; ☒ the final return/report;
☐ an amended return/report; ☒ a short plan year return/report (less than 12 months).
- C** If the plan is a collectively-bargained plan, check here. ☐
- D** Check box if filing under: ☐ Form 5558; ☐ automatic extension; ☐ the DFVC program;
☐ special extension (enter description) _____

Part II Basic Plan Information—enter all requested information

1a Name of plan SUBURBAN ORTHODONTICS PC PROFIT SHARING PLAN	1b Three-digit plan number (PN) ▶ 002
	1c Effective date of plan 01/01/1997
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) SUBURBAN ORTHODONTICS, PC ROBERT S. BAVISOTTO, DDS 18 BRAMBLY CT WILLIAMSVILLE, NY 14221	2b Employer Identification Number (EIN) 16-1425230
	2c Sponsor's telephone number 716-633-0848
	2d Business code (see instructions) 621210

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE 		
Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		
Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE		
Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional) JOSEPH R. WILD, CPA JOSEPH R. WILD, CPA 55 PINEVIEW DR, STE 400 AMHERST, NY 14228-2101		Preparer's telephone number (optional) 716-691-9190

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

**Form 5500 (2013)
v. 130118**

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor Name <input type="checkbox"/> Same as Plan Sponsor Address	3b Administrator's EIN 3c Administrator's telephone number																
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