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).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

| Pension B | enefit Guaranty Corporation | ▶ Complete all entries in accor | dance with the instruc | ctions to the Form 550 | 0-SF. | | spection | |
|------------------|--|---|------------------------------|----------------------------|-----------------|---|--------------------|--|
| Part I | Annual Report I | dentification Information | | | | | | |
| For calend | ar plan year 2013 or fise | cal plan year beginning 01/01/201 | 3 | and ending 1 | 2/31/2 | 2013 | | |
| | turn/report is for: | a single-employer plan | | an (not multiemployer) | | a one-partici | pant plan | |
| B This re | turn/report is: | the first return/report | the final return/report | | | | | |
| _ | | an amended return/report | | n/report (less than 12 m | onths) | | | |
| C Check | box if filing under: | Form 5558 special extension (enter description | automatic extension | | | DFVC progra | am | |
| Dort II | Pasia Blan Infor | <u> </u> | | | | | | |
| Part II | | mation—enter all requested inform | ation | | 1h | Three-digit | 1 | |
| 1a Name | | ROFIT SHARING PLAN | | | טו | plan number | | |
| LL VIIV & FIC | OOTTALING TOTAL | KOTT GHAKING LAN | | | | (PN) • | 002 | |
| | | | | | 1c | Effective date of | f plan | |
| | | | | | | | /1989 | |
| | | ress; include room or suite number (e HOUGHTALING, D.D.S., P.C. | employer, if for a single- | employer plan) | 2b | Employer Identification Number (EIN) 16-1073606 | | |
| 897 DELAW | /ARE AVE | | | | 2c | Sponsor's telep | | |
| | NY 14209-1603 | | | | 2d | Business code 6212 | (see instructions) | |
| 3a Plan a | dministrator's name and | d address XSame as Plan Sponsor N | Name Same as Plar | Sponsor Address | 3b | Administrator's | | |
| | | | | | 3с | Administrator's | telephone number | |
| 4 If the | name and/or FINI of the | plan sponsor has changed since the | last roturn/roport filed for | or this plan, optor the | 4h | FIN | | |
| name | | nber from the last return/report. | ast return/report filed it | or triis plant, enter trie | 40 4c | EIN | | |
| | | at the beginning of the plan year | | | 5a | I IN | 9 | |
| _ | | at the end of the plan year | | | | | | |
| | · | • • | | | 5b | | 9 | |
| | | account balances as of the end of the | | | 5с | | 9 | |
| _ | · | during the plan year invested in eligib | , | * | | | X Yes No | |
| | | the annual examination and report of | | | | | X Yes ☐ No | |
| | | (See instructions on waiver eligibility ther line 6a or line 6b, the plan cann | | | | | M 100 110 | |
| - | | t plan, is it covered under the PBGC ir | | | | | Not determined | |
| C ii tiie | pian is a defined benefit | t plant, is it covered under the 1 BGC if | isurance program (see | LINION SECTION 4021): . | | 163 140 | | |
| Caution: A | A penalty for the late o | r incomplete filing of this return/rep | oort will be assessed | unless reasonable cau | ıse is | established. | | |
| SB or Sche | | er penalties set forth in the instruction d signed by an enrolled actuary, as w lete. | | | | | | |
| SIGN | Filed with authorized/v | valid electronic signature. | 07/03/2014 | JOEL M. LEVIN | | | | |
| HERE | Signature of plan ad | lministrator | Date | Enter name of individu | ual siç | ning as plan adı | ministrator | |
| SIGN | | | | | | | | |
| HERE | Signature of employer/plan sponsor Date Enter name of individual | | Enter name of individe | ual sig | ning as employe | er or plan sponsor | | |
| Preparer's | name (including firm na | ame, if applicable) and address; includ | le room or suite numbe | r (optional) | Prep | arer's telephone | number (optional) | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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| Pai | rt III Financial Information | | | | | | |
|----------|---|-------------|-----------------------------------|-----------|---------|----------|---|
| 7 | Plan Assets and Liabilities | | (a) Beginning of Yea | ır | | | (b) End of Year |
| | Total plan assets | 7a | (a) Beginning of Yea | | - | | 557007 |
| | Total plan liabilities | 7b | | 0 | - | 0 | |
| | Net plan assets (subtract line 7b from line 7a) | 76 7c | 46740 | | | 557007 | |
| | Income, Expenses, and Transfers for this Plan Year | 70 | | (b) Total | | | |
| | Contributions received or receivable from: | | (a) Amount | | | | (D) Total |
| | (1) Employers | 8a(1) | 1316 | 3 | | | |
| | (2) Participants | 8a(2) | 1207 | 1 | | | |
| | (3) Others (including rollovers) | 8a(3) | | 0 | | | |
| b | Other income (loss) | 8b | 6969 | 5 | | | |
| С | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | 94929 |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | 531 | 8 | | | |
| <u>e</u> | Certain deemed and/or corrective distributions (see instructions) | 8e | | 0 | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | 1. | 2 | | | |
| g | Other expenses | 8g | | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | 5330 |
| i | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | 89599 |
| 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 2K 3D | feature co | des from the List of Plan Chara | acteris | stic Co | des in | the instructions: |
| b | If the plan provides welfare benefits, enter the applicable welfare for | eature cod | es from the List of Plan Charac | cterist | ic Coc | les in t | he instructions: |
| Par | t V Compliance Questions | | | | | | |
| 10 | During the plan year: | | | | Yes | No | Amount |
| a | | | | 10a | | X | , and an |
| b | Were there any nonexempt transactions with any party-in-interest on line 10a.) | ? (Do not | include transactions reported | 10b | | Х | |
| | | | | 10c | X | | 50000 |
| d | Did the plan have a loss, whether or not reimbursed by the plan's | fidelity bo | nd, that was caused by fraud | 10d | | X | 30000 |
| | Were any fees or commissions paid to any brokers, agents, or oth | | | 100 | | | |
| · | insurance service, or other organization that provides some or all | | | | | X | |
| | instructions.) | | | 10e | | | |
| f | Has the plan failed to provide any benefit when due under the plan | n? | | 10f | | X | |
| g | Did the plan have any participant loans? (If "Yes," enter amount as | s of year e | end.) | 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 | | | |
| Part | T | | | | | | |
| 11 | Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) | | | | | | |
| 11a | Enter the unpaid minimum required contribution for current year fr | | | | | 11a | |
| 12 | Is this a defined contribution plan subject to the minimum funding | | · · · · · · | | | | FRISA? Yes No |
| -12 | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, | - | | , UI 3E | oudii. | 002 UI | LINDA: 100 A NO |
| a | If a waiver of the minimum funding standard for a prior year is beir granting the waiver. | ng amortiz | ed in this plan year, see instruc | | , and e | enter th | I ne date of the letter ruling Year |
| If | you completed line 12a, complete lines 3, 9, and 10 of Schedule | | | u1 | | ⊔ay | i cai |
| | Enter the minimum required contribution for this plan year | , | | | | 12b | |

| Page | 3 - | 1 |
|------|-----|---|
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| 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? | Y | es X 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 the coof the PBGC? | ontrol | | 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(s) to which assets or liabilities were transferred. (See instructions.) |) | | |
| 1 | 3c(1) Name of plan(s): | c(2) Ell | V(s) | 13c(3) PN(s) |
| | | | | |
| | | | | |
| Part | VIII Trust Information (optional) | | | |
| 14a | Name of trust | l 4b Tr | ust's EIN | |
| | | | | |
| | | | | |
| | | | | |

QMB Nos. 1210-0110 Form 5500-SF Short Form Annual Return/Report of Small Employee 1210-0089 Benefit Plan Department of the Treasury Internal Revenue Service 2013 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 Department of Labor This Form is Open to Public Employee Benefits Socurity Administration the Internal Revenue Code (the Code). Inspection Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF. Annual Report Identification Information For calendar plan year 2013 or fiscal plan year beginning and ending 12/31/2013 A single-employer plan A This return/report is for: a multiple-employer plan (not multiemployer) a one-participant plan 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) Form 5558 C Check box if filing under: automatic extension DFVC program special extension (enter description) Basic Plan Information-enter all requested information 1a Name of plan Three-digit Levin & Houghtaling 401(k) Profit Sharing Plan plan number 002(PN) 🕨 1c Effective date of plan 09/01/1989 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) Joel M. Levin, D.D.S. & John L. Houghtaling, D.D.S., P.C. 2b Employer Identification Number 16-1073606 (EIN) 2C Sponsor's telephone number (716) 885-0510 897 Delaware Ave. 2d Business code (see instructions) Buffalo, NY 14209-1603 621210 3a Plan administrator's name and address KSame as Plan Sponsor Name | Same as Plan Sponsor Address 3b Administrator's EIN 3C Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. a Sponsor's name 4¢ PN 5a Total number of participants at the beginning of the plan year..... 5a b Total number of participants at the end of the plan year 5b C Number of participants with account balances as of the end of the plan year (defined banefit plans do not 9 complete this item). 5c Ga Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)...... Yes 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.)..... Yes 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. C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined 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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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. Joel M. Levin Signature of bian administrator Enter name of individual signing as plan administrator JOEL U LEVIN Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)

| 7 | art III Financial Information | | | | | | | | | |
|-------------------------------|--|---|--|-----------------------------------|---------|----------------------------|--------------------------------|----------------|-------|------------|
| 2 | Plan Assets and Liabilities | | (a) Beginning of Ye | ar | | | (b) End | of Yea | ar | |
| u | Total plan assets | . 7a | 120456 (J. 4674 0 | | | | 13: | | 7007 | 1144 |
| b | Total plan liabilities | . 7b | el Rothie addition | 0" | | | 1250 | 1007 | 0 | 2301 |
| c | Net plan assets (subtract line 7b from line 7a) | . 7c | 46740 | 08 | | | -1.31 | 55 | 7007 | |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | | | | (b) T | Total | | |
| а | Contributions received or receivable from: | | | | jii. | | | | | |
| | (1) Employers | . 8a(1) | -1254567643 1316 | | | MA. | | | | |
| | (2) Participants | 8a(2) | 1207 | | | | | | | |
| | (3) Others (including rollovers) | 8a(3) | HILL DARKERS USING | | 100 | | | | | |
| | Other income (loss) | . 8b | 6969 | 95 | | | | | | |
| | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | . 8c | | | | | AND COMPANY MANAGEMENT AND CO. | 94 | 1929 | 201-25-200 |
| d | to provide benefits) | . 8d | 1013 456 40 30 4 531 | 8 | | | | | | |
| <u>e</u> | Certain deemed and/or corrective distributions (see instructions) | . 8e | | 0 | | | | | | |
| <u>f</u> | Administrative service providers (salaries, fees, commissions) | . 8f | | 2 | | | | | | |
| <u>g</u> | | . 8g | | PARKED TERM | | | | | | |
| <u>h</u> | Total expenses (add lines 8d, 8e, 8f, and 8g) | . 8h | | | | | -17137 | 5735 | 5330 | 1375 |
| _ <u>i</u> | Net income (loss) (subtract line 8h from line 8c) | . 8i | | | | | 1 4 | 8 | 9599 | : 344 |
| J | Transfers to (from) the plan (see instructions) | - 8j | | 0 ' | | | | | | |
| Pa | rt IV Plan Characteristics | | | | | | | | | |
| 9a | If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 3D | feature cod | les from the List of Plan Char | acteris | stic Co | des in | the instruc | tions: | | |
| b | If the plan provides welfare benefits, enter the applicable welfare for | eature code | s from the List of Plan Chara | cterist | ic Cod | les in t | the instructi | ons: | | |
| 10001000000000 | | ····· | | | | | | | | |
| Par | tV Compliance Questions | | | | | | | | | |
| 10 | During the plan year: | | | | Yes | No | | Amou | nt | |
| | 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide | uciary Corre | ection Program) | 10a | | х | 12.34 | . 18 1 | | 31: |
| | Were there any nonexempt transactions with any party-in-interest on line 10a.) | ? (Do not in | nclude transactions reported | 10b | | х | 1274 | 1. | ğu: | 354 |
| C | Was the plan covered by a fidelity bond? | | | 10c | Х | | 1.244 | e sé de | 5 E N | รถกกก |
| c | | fidelity bon | d, that was caused by fraud | 10d | | X | - Las | | | |
| e | Were any fees or commissions paid to any brokers, agents, or oth | | | 100 | | | -11.11 | | | |
| | insurance service, or other organization that provides some or all | of the bene | fits under the plan? (See | | | | | | | |
| | instructions.) | | | 10e | | Х | -1894 | 16.70 | stol. | A HAIR |
| f | Has the plan failed to provide any benefit when due under the pla | n? | | اعمدا | | V | 1.21.50.5 | | 1.00 | P.P. (12) |
| | Did the plan have any participant to an O (15 (5)) and to a section of the sectio | | | 10f | | Х | 7 1 7 4 | - C 11 - C 11 | | |
| g | Did the plan have any participant loans? (If "Yes," enter amount a | s of year er | nd.) | 10f 10g | | X | | 20.20 20.21 | 31.3 | |
| | If this is an individual account plan, was there a blackout period? | (See instruc | ctions and 29 CFR | | | | | | | |
| | If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the state of th | (See instruc | tions and 29 CFR | 10g | | Х | | | | |
| i | If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 | (See instruc | tions and 29 CFR | 10g 10h | | Х | | | | |
| | If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem | (See instruction of required 1-3 | notice or one of the | 10g 10h 10i | Sched | X X | 3 (Form | | | 7 No. |
| i Par 11 | If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance | (See instructions) ne required 1-3 | notice or one of the | 10g 10h 10i | | X X | 3 (Form | | res [| (No |
| i Par 11 | If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the unpaid minimum required contribution for current year from the subject to minimum for current year from the subject to mi | (See instruction of required 1-3 | notice or one of the es," see instructions and com | 10g 10h 10i | | X X lule SE | 3 (Form | | res [| |
| i Pari 11 | If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the unpaid minimum required contribution for current year from the subject to the minimum funding to the subject to the minimum funding the subject to the subje | (See instruction of required 1-3ents? (If "Y om Schedu requiremer | notice or one of the es," see instructions and com le SB (Form 5500) line 39 | 10g 10h 10i | | X X lule SE | 3 (Form | | | |
| Par 11 11 11a | If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the unpaid minimum required contribution for current year from 1s this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is being the standard for a prior year is the standard for a prior year is being the standard for a prior year is the standard | ne required 1-3 ents? (If 'Y om Schedu requiremer as applical | notice or one of the es," see instructions and com le SB (Form 5500) line 39 ats of section 412 of the Code ole.) d in this plan year, see instruc | 10g 10h 10i 10i or se | ction (| X X Jule SE 11a 302 of | 3 (Form ERISA? | ne lette | /es [| (No |
| Par 11 11a 11a 12 | If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the unpaid minimum required contribution for current year from 1s this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, | ents? (If "Y om Schedu requiremer as applical ng amortizer | es," see instructions and comments of section 412 of the Code ole.) d in this plan year, see instructions and comments of section 410 of the Code ole.) | 10g 10h 10i 10i or se | ction (| X X Jule SE | 3 (Form ERISA? | | /es [| (No |

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| . 12c | Läbet | Erskrijk bisko |
|------------|--|---|
| | | |
| 120 | | The Robert (SA) |
| | Yes | No N/A |
| | | |
| | Yes X No | |
| 13a | | |
| he control | | Yes X No |
| (s) to | | |
| 13c(2) E | IN(s) | 13c(3) PN(s) |
| | 1969 | - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 |
| | | |
| 14b ⊤ | rust's EIN | |
| ť | 13a the control (s) to 13c(2) E | Yes X No 13a the control |