Form 5500-SF Sh			m Annual Return/Report of Small Employee			OMB Nos. 1210-0110 1210-0089		
	Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee			~	2013			
Department of Labor This form is required to be filed under sections 104 and 4065 of the Employee Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6050 the Internal Revenue Code (the Code).						This Form is Open to Public		
	Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.					Inspection		
Part I Annual Report Identification Information								
For calenda	ar plan year 2013 or fisca			and ending 1	2/31/2	2013		
	urn/report is for:			an (not multiemployer)		a one-participant plan		
B This ret	urn/report is:		e final return/report					
			short plan year returr	n/report (less than 12 mo	onths)	—		
C Check b	oox if filing under:	Y Form 5558 at	utomatic extension			DFVC program		
		special extension (enter description)						
Part II		nation—enter all requested information	on		41			
1a Name of ADIRONDAC	•	CIAL SURGERY 401(K) PLAN TRUST			10	Three-digit plan number (PN) ▶ 002		
					1c	Effective date of plan		
						01/01/1999		
	oonsor's name and addre	ess; include room or suite number (emp CIAL SURGERY	bloyer, if for a single-	employer plan)	2b	Employer Identification Number (EIN) 16-1534351		
5 PALISADE	S DRIVE				2c	Sponsor's telephone number 518-348-0634		
SUITE 210 ALBANY, NY	´ 12205				2d	Business code (see instructions) 621210		
3a Plan ad	ministrator's name and	address 🛛 Same as Plan Sponsor Nan	ne Same as Plan	Sponsor Address	3b	Administrator's EIN		
 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. 						4b EIN		
a Sponso					4c	PN		
		the beginning of the plan year			5a	57		
		the end of the plan year			5b	67		
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)					5c	67		
	•	uring the plan year invested in eligible	,	,		X Yes No		
		e annual examination and report of an See instructions on waiver eligibility and				X Yes No		
	,	er line 6a or line 6b, the plan cannot	,					
C If the p	lan is a defined benefit p	plan, is it covered under the PBGC insu	rance program (see	ERISA section 4021)? .		Yes No Not determined		
Caution: A	penalty for the late or	incomplete filing of this return/repor	t will be assessed	unless reasonable cau	se 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.								
SIGN	Filed with authorized/va	lid electronic signature.						
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	ual sig	ning as plan administrator		
SIGN								
HERE	Signature of employe		Date		-	ning as employer or plan sponsor		
Preparer's	name (including firm nan	ne, if applicable) and address; include r	oom or suite numbe	r (optional)	Prep	parer's telephone number (optional)		

7 Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Year				
a Total plan assets	. 7a	116301		1535086					
b Total plan liabilities	. 7b		0			0			
C Net plan assets (subtract line 7b from line 7a)	. 7c	116301	9	1535086					
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total			
a Contributions received or receivable from:	90(1)	8188	1						
(1) Employers	. 8a(1) . 8a(2)	12537							
(2) Participants		889							
(3) Others (including rollovers) b Other income (loss)		229430							
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		-			445577			
d Benefits paid (including direct rollovers and insurance premiums									
to provide benefits)	. 8d	7351							
e Certain deemed and/or corrective distributions (see instructions)	. 8e		0						
f Administrative service providers (salaries, fees, commissions)			0						
g Other expenses			0						
h Total expenses (add lines 8d, 8e, 8f, and 8g)						73510			
Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (acc instructions)			_	_		372067			
j Transfers to (from) the plan (see instructions) Part IV Plan Characteristics	· 8j		0						
Part V Compliance Questions									
10 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? (See instructions and DOL's Voluntary Fiduciary Correction Program)			10a	Х		21			
	• Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)								
			10b		X				
C Was the plan covered by a fidelity bond?			10b 10c	Х	X	1000			
 C Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? 	s fidelity bond,	that was caused by fraud		X	× ×	1000			
 d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or ot insurance service, or other organization that provides some or al 	s fidelity bond, her persons b I of the benefit	that was caused by fraud by an insurance carrier, ts under the plan? (See	10c 10d	X		1000			
 d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or of insurance service, or other organization that provides some or al instructions.) 	s fidelity bond, her persons b I of the benefit	that was caused by fraud by an insurance carrier, ts under the plan? (See	10c 10d 10e	x	X				
 d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or of insurance service, or other organization that provides some or al instructions.) f Has the plan failed to provide any benefit when due under the plan 	s fidelity bond, her persons b I of the benefit	that was caused by fraud by an insurance carrier, ts under the plan? (See	10c 10d 10e 10f		x x	1000			
 d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or of insurance service, or other organization that provides some or al instructions.) 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 a generation of the plan have any participant loans? 	s fidelity bond, her persons b l of the benefit an? as of year end	that was caused by fraud by an insurance carrier, ts under the plan? (See	10c 10d 10e		X				
 d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or of insurance service, or other organization that provides some or al instructions.) 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 a h If this is an individual account plan, was there a blackout period? 2520.101-3.) 	s fidelity bond, her persons b l of the benefit an? as of year end (See instructi	that was caused by fraud by an insurance carrier, ts under the plan? (See 1.)	10c 10d 10e 10f		x x				
 d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or of insurance service, or other organization that provides some or al instructions.) f Has the plan failed to provide any benefit when due under the planest of the plan have any participant loans? (If "Yes," enter amount and the fit his is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10 	s fidelity bond, her persons b I of the benefit an? as of year end (See instruction the required n	that was caused by fraud by an insurance carrier, ts under the plan? (See 1.)	10c 10d 10e 10f 10g		x x x				
 d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or of insurance service, or other organization that provides some or al instructions.) f Has the plan failed to provide any benefit when due under the planest of the plan have any participant loans? (If "Yes," enter amount a lift this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance 	s fidelity bond, her persons b l of the benefit an? as of year end (See instructi the required n 01-3	that was caused by fraud by an insurance carrier, ts under the plan? (See 1.) ons and 29 CFR otice or one of the	10c 10d 10e 10f 10g 10h 10i	×	x x x x	2			
 d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or of insurance service, or other organization that provides some or al instructions.) f Has the plan failed to provide any benefit when due under the planest of the plan have any participant loans? (If "Yes," enter amount a block out period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below) 	s fidelity bond, her persons b I of the benefit an? as of year end (See instruction the required n 01-3 nents? (If "Yea	that was caused by fraud y an insurance carrier, ts under the plan? (See 	10c 10d 10e 10f 10g 10h 10i	X	x x x x	2			
 d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or of insurance service, or other organization that provides some or al instructions.) f Has the plan failed to provide any benefit when due under the plate g Did the plan have any participant loans? (If "Yes," enter amount a lif this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below) 	s fidelity bond, her persons b l of the benefit an? as of year end (See instructi the required n)1-3 nents? (If "Yea	that was caused by fraud y an insurance carrier, ts under the plan? (See 	10c 10d 10e 10f 10g 10h 10i	Schee	X X X Iule SE	2 3 (Form			
 d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	s fidelity bond, her persons b l of the benefit an? as of year end (See instruction the required n 01-3 nents? (If "Yes from Schedule g requirement	that was caused by fraud by an insurance carrier, ts under the plan? (See 	10c 10d 10e 10f 10g 10h 10i	Schee	X X X Iule SE	2 3 (Form			
 d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or of insurance service, or other organization that provides some or al instructions.) f Has the plan failed to provide any benefit when due under the planest of the plan have any participant loans? (If "Yes," enter amount a lift this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)	s fidelity bond, her persons b l of the benefit an? as of year end (See instructi the required n 01-3 nents? (If "Yes from Schedule g requirement <i>i</i> , as applicabl	that was caused by fraud by an insurance carrier, ts under the plan? (See 	10c 10d 10e 10f 10g 10h 10i e or se	Schee	X X X Iule SE	2 8 (Form Yes X ERISA? Yes X			
 d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or of insurance service, or other organization that provides some or al instructions.) f Has the plan failed to provide any benefit when due under the plageneric provide any benefit when due under the plageneric plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below) 11a Enter the unpaid minimum required contribution for current year for the minimum funding for a prior year is be granting the waiver. 	s fidelity bond, her persons b l of the benefit an? as of year end (See instruction the required n 01-3 nents? (If "Year from Schedule g requirement: v, as applicabl ing amortized	that was caused by fraud y an insurance carrier, ts under the plan? (See 	10c 10d 10e 10f 10g 10h 10i e or see	Schee	X X X Iule SE	2 8 (Form Yes X ERISA? Yes X			
 d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	s fidelity bond, her persons b l of the benefit an? (See instruction (See instruction) (See instructio	that was caused by fraud y an insurance carrier, ts under the plan? (See 	10c 10d 10f 10g 10h 10i e or see	Schee Schee 	X X X X Iule SE 11a 302 of				

C	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	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 of the PBGC?				Yes X No		
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)						
1	3c(1) Name of plan(s): 13	8 c(2) EIN	l(s)	13c(3) PN(s)		
Part	VIII Trust Information (optional)		1			
14a Name of trust				14b Trust's EIN		

Form 5500-SF	Short Form Annual Return/Report of Small Employe Benefit Plan				OMB Nos. 1210-0110 1210-0089			
Internal Revenue Service	This form is required to be filed				2013			
Department of Labor Employee Benefits Security Administration	yee Benefits Security Administration the Internal Revenue Code (the Code).				This Form Is Open to Public Inspection			
Pension Benefit Guaranty Corporation	Complete all entries in accorda	ince with the instru	ctions to the Form 5500)-SF.	• • • • • • • • • • • • • • • • • • • •			
For calendar plan year 2013 or fisca	lentification Information	01/01/2013	and ending	12/33	1/2013			
			lan (not muliiemployer)		one-participant plan			
B This return/report is:		he final return/report						
	글 느 느 느	short plan year retu	m/report (less than 12 m	onths)				
C Check box if filing under:		utomatic extension		C~7	FVC program			
	special extension (enter description)	ł						
Part II Basic Plan Infor	nation enter all requested inform	ation						
1a Name of plan				1b Thre	e-digit number			
Adirondack Oral & Maxillofacial Surgery 401(k) Plan Trust				(PN)				
					ctive date of plan			
2a Plan sponsor's name and add	ress; include room or suite number (en	oplover if for a single	-employer plan)	01/01/1999 2b Employer Identification Number				
Adirondack Oral & Ma				(EIN) 16-1534351				
				2c Sponsor's telephone number				
5 Palisades Drive				(518) 348-0634 2d Business code (see instructions)				
Suite 210 US Albany	NY 12205			621210				
	address X Same as Plan Sponsor	Name [] Same as	Plan Sponsor Address	3b Administrator's EIN				
				3c Adm	ninistrator's telephone number			
	plan sponsor has changed since the la	st return/report filed	for this plan, enter the	4b ein				
name, EIN, and the plan numb	per from the last return/report.			4c PN				
a Sponsor's name	t the beginning of the plan year	· · · · · · · · · · · · · · · · · · ·		5a	57			
	t the end of the plan year			5b	67			
c Number of participants with ac	count balances as of the end of the pl	an year (defined ben	efit plans do not		67			
	uring the plan year invested in eligible			<u>5</u> c	XYes No			
	te annual examination and report of ar			PA}				
	See instructions on waiver eligibility ar		······································		XYes No			
	er line 6a or line 6b, the plan canno							
c If the plan is a defined benefit	plan, is it covered under the PBGC ins	urance program (se	e ERISA section 4021)?	\\\ 	/es No Not determined			
	r Incomplete filing of this return/rep							
Under penalties of perjury and other	er penalties set forth in the instructions d signed by an enrolled actuary, as we	b) I declare that I hav II as the electronic way	e examined this return/re	port, includ	ding, if applicable, a Schedule			
belief, it is true, correct, and compl	lete.			, and 10 a				
SIGN An	/	91.81.4	Gurinder Wadhwa	, DDS				
HERE Signature of plan agmir	nistrator	Date	Enter name of individua	al signing a	is plan administrator			
SIGN ALA	· · · · · · · · · · · · · · · · · · ·	9/18/14	Gurinder Wadhwa	a, DDS				
HERE Signature of employers		Date			is employer or plan sponsor			
Preparer's name (including firm na	me, if applicable) and address; include	e room or suite numt	per (optional)	Preparer	s telephone number (optional)			
For Paperwork Reduction Act No	otice and OMB Control Numbers, se	e the instructions i	or Form 5500-SF.		Form 5500-SF (2013) v.130118			

Form 5500-SF 2013

Rart III Financial Information (a) Beginning of Year (b) End of Year Plan Assets and Liabilities 7 а 7a 1,163,019 1,535,086 Total plan assets 7b Total plan liabilities..... 0 b 1,163,019 1,535,086 Net plan assets (subtract line 7b from line 7a) 7c С 8 Income, Expenses, and Transfers for this Plan Year 3350 (a) Amount (b) Total Contributions received or receivable from: a 81,881 8a(1) (1) Employers 125,376 8a(2) (2) Participants 8,890 (3) Others (including rollovers) 8a(3) b 8b 229,430 Other income (loss) 8c N 1992 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 445,577 С Benefits paid (including direct rollovers and insurance premiums d 73,510 to provide benefits) 8d 0 Certain deemed and/or corrective distributions (see instructions) 8e е 0 8f f Administrative service providers (salaries, fees, commissions) 0 Other expenses 8g g 8h 73,510 h Total expenses (add lines 8d, 8e, 8f, and 8g) 372,067 81 i. Net Income (loss) (subtract line 8h from line 8c) 0 Transfers to (from) the plan (see instructions) 8i 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: 2F 2G 2J 2т 3D 2EIf the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: b Part V Compliance Questions Yes No Amount 10 During the plan year: Was there a failure to transmit to the plan any participant contributions within the time period described in а 2,117 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) x 10a Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported х 10b on line 10a.) 10c х 100,000 Was the plan covered by a fidelity bond? С Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud d х 10d or dishonesty? Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, A insurance service, or other organization that provides some or all of the benefits under the plan? (See X 106 Instructions.) 10f х 249 Has the plan failed to provide any benefit when due under the plan? х Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g g If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR h 10h х 2520.101-3.) 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 2520.101-3 101 Part VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 11 Yes 🗶 No 5500) and line 11a below) 11a 11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 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 12 (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) 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 а _ Year . If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 12b b Enter the minimum required contribution for this plan year

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Page 3-

		, , ,			
<u> </u>	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	· · · · ·		
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?	Yes 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 cost of the PBGC?		Yes X No		
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)	0			
1	3c(1) Name of plan(s): 13c	:(2) EIN(s)	13c(3) PN(s)		
Part	VIII Trust Information (optional)				
14a i	Name of trust	14b Trust's EIN			

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