For	Form 5500-SF Short Form Annual Return/Report of Small Emp					OMB Nos.		
	Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee				tiremer	nt	2014	
	epartment of Labor Benefits Security Administration	Income Security Act of 1974 (			This F	form is Open to		
-	enefit Guaranty Corporation	Complete all entries in accordance with the instructions to the Form 5500-SF.						
Part I	Annual Report Ic	dentification Information cal plan year beginning 01/01/207	11/1	and ending 12/3	31/2014	1		
	ai plan year 2014 of lisc	X a single-employer plan		blan (not multiemployer) (F			ox must attach a list	
	turn/report is for: [ urn/report is	a one-participant plan the first return/report an amended return/report	of participating emplo a foreign plan the final return/report	n/report (less than 12 mo	ance wi	-		
C Check	box if filing under:	☐ ☐ Form 5558 ☐ special extension (enter descrip	automatic extension		DFVC program			
Part II	Basic Plan Infor	mation—enter all requested info	ormation					
1a Name SOUTHERN	•	ACTICE, P.C. 401(K) PROFIT SH	ARING PLAN		р	Fhree-digit blan number PN) ▶	001	
					`	ffective date of	f plan /2000	
<b>2a</b> Plan sp SOUTHERN	ponsor's name and addr	ress; include room or suite number	r (employer, if for a single	employer plan)	<b>2b</b> E	fication Number		
1684 FOOTF		J		F	,	Sponsor's telep	nsor's telephone number 716-661-9730	
1684 FOOTE AVENUE EXTENSION JAMESTOWN, NY 14701						Business code (see instructions) 621111		
3a Plan a	dministrator's name and	d address XSame as Plan Sponso	or.		<b>3b</b> A	dministrator's l	EIN	
		plan sponsor has changed since the ber from the last return/report.	he last return/report filed f	for this plan, enter the	<b>4b</b> ⊨	EIN	telephone number	
- <u>·</u>	sor's name	· · · · · · · ·			4c P	<u>N</u>		
_		at the beginning of the plan year			5a		18	
		at the end of the plan year			5b		17	
complete this item)					5c		14	
d(1) Total number of active participants at the beginning of the plan year					5d(1)	)	17	
<b>d(2)</b> Tot	al number of active parti	ticipants at the end of the plan year	r		5d(2	2)	16	
Number of participants that terminated employment during the plan year with accrued benefits that were     less than 100% vested					5e		0	
Caution: A Under pena SB or Sche	A penalty for the late or alties of perjury and othe	r incomplete filing of this return/ er penalties set forth in the instruct d signed by an enrolled actuary, as	/report will be assessed tions, I declare that I have	I unless reasonable caus	ort, incl	luding, if applic		
SIGN	Filed with outportaged volid electronic electronic electronic OC/25/2015 TADIO M. KUANA			TARIQ M. KHAN, M.D.	M.D.			
HERE	Signature of plan ad	ministrator	Date	Enter name of individua	al signi	ing as plan adr	ninistrator	
SIGN HERE								
Signature of employer/plan sponsor         Date         Enter name of indiv           Preparer's name (including firm name, if applicable) and address (include room or suite number ) (optional)         (optional)				ridual signing as employer or plan sponsor Preparer's telephone number (optional)				

	<ul> <li>Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li> <li>Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)</li> </ul>							
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							
•	If you answered "No" to either line ba or line bb, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in							
		isurance p	iogram (see ERISA section 40	21)?		165		
<u> </u>	rt III Financial Information							
7	Plan Assets and Liabilities	_	(a) Beginning of Yea				(b) End of Year 957094	
<u> </u>	Total plan assets	7a	0000	000	_	0		
	Total plan liabilities	7b	8085	-			957094	
	Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	7c	(a) Amount	.00		(b) Total		
	Contributions received or receivable from:							
	(1) Employers	8a(1)	222	-				
	(2) Participants	8a(2)	771					
	(3) Others (including rollovers)	8a(3)		0				
b	Other income (loss)	8b	603	80				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					159706	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0				
е	Certain deemed and/or corrective distributions (see instructions)	8e		0				
f	Administrative service providers (salaries, fees, commissions)	8f	111	80				
g	Other expenses	8g		0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				11180		
i	Net income (loss) (subtract line 8h from line 8c)				148526			
j	Transfers to (from) the plan (see instructions)			0				
Par	Part IV Plan Characteristics							
<b>9a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D								
<b>b</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	10 During the plan year:				Yes	No	Amount	
а	<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in			10a		x		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	-	10b		x		
С	Was the plan covered by a fidelity bond?			10c		Х		
d	<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud			10d		Х		
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			10e	X		7287	
f				10f		Х		
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			10g	Х		4640	
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR			10h		Х		
i	i If 10h was answered "Yes," check the box if you either provided the required notice or one of the			10i				
Part VI Pension Funding Compliance								
11								
11a	11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a							
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection	302 of	ERISA? Yes X No	
	(If "Yes " complete line 12a or lines 12b, 12c, 12d, and 12e below	as applic	able )				I	

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If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
<b>b</b> Enter the minimum required contribution for this plan year		12b					
<b>C</b> Enter the amount contributed by the employer to the plan for this plan year		12c					
<b>d</b> Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left onegative 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?		· 🗆 ۲	Yes X No				
If "Yes," enter the amount of any plan assets that reverted to the employer this year		. 13a					
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?	control		Yes 🗙 No				
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)							
13c(1) Name of plan(s):	1	3c(2) El	IN(s)	<b>13c(3)</b> PN(s)			
Part VIII Trust Information (optional)							
14a Name of trust		<b>14b</b> ⊺⊧	rust's EIN				

SOUTHERNTIERPEDS

Form 5500-SF	Short Form Annu	OMB Nos. 1210-0110 1210-0089						
Internet Revenue Service	This form is required to be filed	Retirement	2014					
Department of Labor Employee Banefits Socurity Administration	Income Security Act of 1974	e internal	This Form is Open to					
Pension Bonefit Gueranty Corporation	Public Inspection							
For calendar plan year 2014 or fisc	dentification Information al plan year beginning 01/01/2	2014	and ending	12/31/2014				
	X a single-employer plan				ing this box must attach a list			
A This return/report is for:		of participating empl	over Information in acco	rdance with th	ang this box must attach a list 19 form instructions)			
<u> </u>	a one-participant plan	e-participant plan 🔤 a foreign plan						
B This return/report is	4	the first return/report the final return/report						
ł	an amended return/report	a short plan year retu	im/report (less than 12 r	nonths)				
C Check box if filing under:	Form 5558	automatic extension		DF	VC program			
	special extension (enter descrip	noite						
Basic Plan Inform	nation-enter all requested info	rmation						
1a Name of plan		ALL M		1b Three	-digit			
Southerntier Pediatrics Practice, P.C	. 401(k) Profit Sharing Plan			plan n	umber			
				(PN)				
·				01/01	ive date of plan /2000			
2a Plan sponsor's name and addr Southerntler Pediatrics Practice, P.C	ess; include room or sulte number	(employer, if for a single	e-employer plan)		yer Identification Number 16-1570481			
				2¢ Spons	nsor's telephone number			
1684 Foote Avenue Extension				2d Busine	(716) 661-9730			
Jamestown, NY 14701				821111	ess code (see instructions)			
3a Plan administrator's name and	addresa 🗙 Same as Plan Sponso	Γ,			istrator's EIN			
4 If the name and/or EIN of the p name, EIN, and the plan numb	lan sponsor has changed since the	e last return/report filed f	or this plan, enter the	4b EIN				
a Sponsor's name	ен полт ше ваз таштитерод.			4C PN				
5a Total number of participants at	the beginning of the plan year		****	5a	18			
b Total number of participants at	the end of the plan year			Sb	17			
<ul> <li>Number of participants with acc complete this item)</li> </ul>	count balances as of the end of the	e plan year (defined ben	≘fit plans do not	5c	14			
d(1) Total number of active partic				5d(1)	17			
d(2) Total number of active partic				5d(2)	16			
e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested					0			
Caution: A penalty for the late or i Under penalties of perjury and other SB or Schedule MB completed and belief, it is true, correct, and completed	ncomplete filing of this return/n penaltics set forth in the instruction signed by an enrolled actuary, as w	eport will be assessed	unless reasonable cau	and inclusion	if applicable a Statestute			
		6/12/5	Tarlq M. Khan, M.D.					
Signature of plan adm	inistrator	Date		ol olanima en				
ventije netek Bestende 200			Enter name of individu	iai signing as	pian aoministrator			
Signature of employed	/plan sponsor	Date	Enter name of individu	ual élanina ac	employer or plan sponsor			
Preparer's name (Including firm nam	e, if applicable) and address (inclu		r) (optional)	Proparer'a (e	lephone number (optional)			
For Paperwork Reduction Act Notice a 2016-08-19112:27:19.559-05:00	nd ONB Control Numbers, see the in	structions for Form 66004	3F.		Form 5600-8F (2014) v. 140124			

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62	More all of the plan's eccets during the plan was invested in all with							
b	<ul> <li>b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)</li> </ul>					X Yes    No		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)					X 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.							
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA section 4	021)?	[	] Yes	No Not determined	
Pa	TIII Financial Information						**************************************	
7	Plan Assets and Liabilities		(a) Beginning of Ye	ar			(b) End of Year	
а	Total plan assets	. 7a	80856				957094	
	Total plan liabilities	. 7b		0			0	
C	Net plan assets (subtract line 7b from line 7a)	. 7c	80856	88			957094	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total		
а	Contributions received or receivable from:				463			
	(1) Employers	. 8a(1)	2222	25				
	(2) Participants	8a(2)	7710	)1				
	(3) Others (including rollovers)	8a(3)	· · · · · · · · · · · · · · · · · · ·	0				
b	Other income (loss)	8b	6038	0				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					159706	
	Benefits paid (including direct rollovers and insurance premiums			•	Contraction of the second seco			
	to provide benefits)	8d		0				
	Certain deemed and/or corrective distributions (see instructions)	8e		0	2005 1005 8005	1. je .		
	Administrative service providers (salaries, fees, commissions)	8f	1118					
	Other expenses	8g		0				
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					11180	
·	Net income (loss) (subtract line 8h from line 8c)	8i					148526	
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	feature coo	des from the List of Plan Char	acteri	stic Co	des ir	the instructions:	
	2E 2F 2G 2J 2K 2T 3D							
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan Chara	cterisi	ic Cod	les in	the instructions:	
Pari	V Compliance Questions						······································	
10	During the plan year:				Yes	No		
	<ul> <li>a Was there a failure to transmit to the plan any participant contributions within the time period described in</li> </ul>						Amount	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		х		
b	Were there any nonexempt transactions with any party-in-interest							
	on line 10a.)			10b		X		
C	Was the plan covered by a fidelity bond?			10c		х		
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		
е	Were any fees or commissions paid to any brokers, agents, or oth							
	insurance service, or other organization that provides some or all (			100	х		7287	
f	instructions.) Has the plan failed to provide any benefit when due under the plan?			10e 10f		Х	1201	
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			10g	х		4640	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			10h		х		
i	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							
Part								
11	Is this a defined benefit plan subject to minimum funding requirement	ents? (If "Y	es," see instructions and com	plete	Sched	ule Sf	3 (Form	
11a								
12	Is this a defined contribution plan subject to the minimum funding					11a	ERISA?	
14	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			OF SE	ction 3	02 01	ERISA? Yes X No	
а	If a waiver of the minimum funding standard for a prior year is bein			tione	ando	nter #	A date of the letter ruling	
~	granting the waiver.	9 amonizo	Mon		anu C	nter tr Dav		

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If you completed line 12a, complete lines 3, 9, and	10 of Schedule MB (Form 5500), and skip to line 13.
b Enter the minimum required contribution for this pl	n year 12b
c Enter the amount contributed by the employer to the	e 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 12d
e Will the minimum funding amount reported on line	2d be met by the funding deadline?
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 r	verted to the employer this year 13a
<b>b</b> Were all the plan assets distributed to participants of the PBGC?	or beneficiaries, transferred to another plan, or brought under the control
	transferred from this plan to another plan(s), identify the plan(s) to
13c(1) Name of plan(s):	13c(2) EIN(s) 13c(3) P
Part VIII Trust Information (optional)	
14a Namo of truct	

14a Name of trust	14b Trust's EIN

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