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).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

2014

3c Administrator's telephone number 315-230-5644

4b EIN

5c

5e

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Annual Report Identification Information For calendar plan year 2014 or fiscal plan year beginning and ending 12/31/2014 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the final return/report **B** This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Part II 1a Name of plan Three-digit FLH MEDICAL PC 401K PLAN plan number (PN) ▶ 001 Effective date of plan 01/01/2005 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) **2b** Employer Identification Number FLH MEDICAL PC (EIN) 26-3765332 Sponsor's telephone number 315-230-5644 196 NORTH ST GENEVA, NY 14456 Business code (see instructions) 621111 3b Administrator's EIN **3a** Plan administrator's name and address | Same as Plan Sponsor. 26-3765332 FLH MEDICAL PC 196 NORTH ST

4c PN a Sponsor's name Total number of participants at the beginning of the plan year 5a 117 **b** Total number of participants at the end of the plan year..... 5b 128 Number of participants with account balances as of the end of the plan year (defined benefit plans do not

complete this item) d(1) Total number of active participants at the beginning of the plan year..... 5d(1) d(2) Total number of active participants at the end of the plan year..... 5d(2)

e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.

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.

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

GENEVA, NY 14456

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

beliet, it is t	rue, 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 individ	ual signing as employer or plan sponsor		
Preparer's	name (including firm name, if applicable) and address (include re	oom or suite numbei	r) (optional)	Preparer's telephone number (optional)		

88

106

116

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b	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							X Yes	
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40	21)?		Yes	No	Not dete	rmined
Par	t III Financial Information	1	1						
	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End o		100
	Total plan assets	7a	27021	171	-			2860′	182
	Total plan liabilities	7b	27021	171				2860	182
	Net plan assets (subtract line 7b from line 7a)	7c		171			/b) T		102
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) To	rtai	
	(1) Employers	8a(1)	814						
	2) Participants	8a(2)	4146						
	(3) Others (including rollovers)	8a(3)		930					
	Other income (loss)	8b	1435	27					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						640	562
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	4823	387					
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f	1	164					
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						4825	
	Net income (loss) (subtract line 8h from line 8c)	8i						1580)11
J	Transfers to (from) the plan (see instructions)	8j							
Par 9a	t IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension	_							
Part		eature cod	les from the List of Plan Charac	cterist			1		
10	During the plan year: Was there a failure to transmit to the plan any participant contribution.	tiono withi	n the time natical described in		Yes	No	,	Amount	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	iciary Cor	rection Program)	10a		X			
	on line 10a.)	·····		10b		X			
C	Was the plan covered by a fidelity bond?			10c	X				250000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X			
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		X			
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 a	s of year e	end.)	10g		X			
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		Χ			
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	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Yes	No
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	lule SB (Form 5500) line 39			11a	<u> </u>		
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,		·				<u> </u>		
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter th Day		e letter ru Year	uling

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lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to line 13.			
b	Enter the minimum required contribution for this plan year		12b		
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 negative amount)	-	1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g 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 the	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		inder the control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify th	e plan(s) to		
1	3c(1) Name of plan(s):		13c(2) EI	N(s)	13c(3) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

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).

Complete all entries in accordance with the instructions to the Form 5500-SF.

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Part I Annual Repo	rt Identification Information							
For calendar plan year 2014 or	fiscal plan year beginning	01/01/2014	and ending	12/31/2	2014			
A This return/report is for:	X a single-employer plan		fan (not multiemployer) (yer information in accord					
	a one-participant plan	a foreign plan						
B This return/report is	the first return/report	the final return/report						
·	an amended return/report	a short plan year retur	n/report (less than 12 mo	onths)				
C Check box if filing under:	X Form 5558	automatic extension		DFVC pr	ogram			
	special extension (enter des	cription)						
Part II Basic Plan In	formation—enter all requested in	nformation						
1a Name of plan				1b Three-digit				
FLH MEDICAL PC 4011	K PLAN			plan numbe	er 001			
				(PN) >				
				1c Effective da 01/01/2				
	address; include room or suite numb	ber (employer, if for a single	-employer plan)		lentification Number			
FLH MEDICAL PC				(EIN) 26-				
196 North St				2c Sponsor's telephone number 315-230-5644				
					ode (see instructions)			
GENEVA	NY 14456			621111				
3a Plan administrator's name	and address Same as Plan Spor	nsor.		3b Administrate 26-3765				
FLH MEDICAL PC								
				3c Administrator's telephone number 315-230-5644				
196 North St				315-230	-5644			
GENEVA	NY 14456							
	the plan sponsor has changed since	e the last return/report filed f	or this plan, enter the	4b EIN				
name, ElN, and the plan r a Sponsor's name	number from the last return/report.			4c PN				
	nts at the beginning of the plan year				117			
	nts at the end of the plan year			5b	128			
, ,	th account balances as of the end o				120			
				5c	88			
d(1) Total number of active p	participants at the beginning of the p	olan year		5d(1)	106			
d(2) Total number of active	participants at the end of the plan ye	ear		5d(2)	116			
e Number of participants that less than 100% vested	t terminated employment during the	plan year with accrued bene	efits that were	5e	1			
	e or incomplete filing of this retu	rn/report will be assessed	unless reasonable cau	use is established	l.			
Under penalties of perjury and SB or Schedule MB completed	other penalties set forth in the instru and signed by an enrolled actuary,	uctions, I declare that I have	examined this return/re	port, including, if a	pplicable, a Schedule			
belief, it is true, correct, and co	Λ .	102015	Wendy Disbrow	<u></u> .				
SIGN Wend	7	8-28-15	-					
Signature of plan	administrator	Date	Enter name of individ	lual signing as plar	administrator			
SIGN HERE								
Signature of emp	oloyer/plan sponsor	Date			oloyer or plan sponsor			
Preparer's name (including firm	n name, if applicable) and address (include room or suite numbe	er) (optional)	Preparer's teleph	none number (optional)			

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 Were all of the plan's assets during the plan year invested in elig Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of your answered "No" to either line 6a or line 6b, the plan can be plan is a defined benefit plan, is it covered under the PBGC 	of an indeper by and condit n not use Fo	ndent qualified public accounta ions.)rm 5500-SF and must instead	nt (IQi	PA) Form	5500.			X Yes X Yes	□ No
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) E	nd of	Year	
a Total plan assets	7a	270	217	1				2	860182
b Total plan liabilities									
C Net plan assets (subtract line 7b from line 7a)	7с	270	217	1				2	860182
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				<u>(t</u>	o) Tota	al	
Contributions received or receivable from: (1) Employers	8a(1)		3145						
(2) Participants	8a(2)	4:	L465	1		4.4			
(3) Others (including rollovers)	8a(3)		93	0			Dr. 184	1.764	359.0
b Other income (loss)	8b	14	1352	7					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				acetras of S	at the sections with	er er i Sa	Transcon	640562
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	4.8	3238	7					
e Certain deemed and/or corrective distributions (see instructions)	8e			10 V				ry talijas Staliai	
f Administrative service providers (salaries, fees, commissions)	8f		16	4		200 W.S			
g Other expenses			. (1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	SANA BUSE GAT				SECTION.	P\$1605 (\$150)
h Total expenses (add lines 8d, 8e, 8f, and 8g)									48255
Net income (loss) (subtract line 8h from line 8c)			Section 1	(4) 1944 a	kilgi (viet)	endzgoletk	NASSAS		15801:
j Transfers to (from) the plan (see instructions)	···· 8j			100	14hja 12				
9a If the plan provides pension benefits, enter the applicable pension 2E 2J 3D 2A 2G b If the plan provides welfare benefits, enter the applicable welfare Part V Compliance Questions									
10 During the plan year:				Yes	No		Α	mount	
a Was there a failure to transmit to the plan any participant contri 29 CFR 2510.3-102? (See instructions and DOL's Voluntary F	butions withi iduciary Cor	in the time period described in rection Program)	10a		Х				
b Were there any nonexempt transactions with any party-in-intercon line 10a.)			10b		X				
C Was the plan covered by a fidelity bond?			10c	Х					25000
d Did the plan have a loss, whether or not reimbursed by the plan or dishonesty?			10d		Х				
Were any fees or commissions paid to any brokers, agents, or insurance service, or other organization that provides some or instructions.)	other persor all of the ber	ns by an insurance carrier, nefits under the plan? (See	10e		Х				
f Has the plan failed to provide any benefit when due under the	olan?		10f		х				
g Did the plan have any participant loans? (If "Yes," enter amoun	t as of year	end.)	10g		Х				
h If this is an individual account plan, was there a blackout period 2520.101-3.)	l? (See instr	uctions and 29 CFR	10h		Х			n iç i	
i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.	d the require	d notice or one of the	10i				10 (2) (0)		
Part VI Pension Funding Compliance			•			<u></u>			
11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)								Yes	s No
11a Enter the unpaid minimum required contribution for current yea					11a				

Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?...

a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling

(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)

granting the waiver.

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If	you completed line 12a, complete lines 3, 9, and 10 of Scl	nedule MB (Form 5500), an	dskip	to line 13.			
b	Enter the minimum required contribution for this plan year				12b		
c	Enter the amount contributed by the employer to the plan for	r this plan year			12c		
d	Subtract the amount in line 12c from the amount in line 12b. negative amount)	•	-		12d		
е	Will the minimum funding amount reported on line 12d be m	et by the funding deadline?				Yes	No N/A
Part	VII Plan Terminations and Transfers of Ass	ets					
13a	Has a resolution to terminate the plan been adopted in any plan	year?			Y	es X No	1
	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 benefit of the PBGC?						Yes X No
С	If during this plan year, any assets or liabilities were transfer which assets or liabilities were transferred. (See instructions		plan(s), identify the plan(s)	to		
1	3c(1) Name of plan(s):			1	3c(2) Ell	N(s)	13c(3) PN(s)
A	VIII Trust Information (optional) Name of trust				14b ⊤r	ust's EIN	