## 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

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

Revenue Code (the Code).

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I	Annual Repor	t identification informatio	n							
For calend	dar plan year 2014 or	fiscal plan year beginning 01/01/	2014	and ending 12	/31/2014					
A This re	eturn/report is for:	plan (not multiemployer) loyer information in accor								
		a one-participant plan	a foreign plan							
<b>B</b> This ret	turn/report is	the first return/report	the final return/report							
		an amended return/report	urn/report (less than 12 m	port (less than 12 months)						
C Check	box if filing under:	Form 5558	automatic extension		DFVC program					
		special extension (enter des	cription)							
Part II	Basic Plan Inf	ormation—enter all requested i	nformation							
1a Name ARSHAD M	of plan	I PC 401(K) PROFIT SHARING PL			<b>1b</b> Three-digit plan number					
					(PN) 1c Effective date					
	sponsor's name and a	address; include room or suite num	ber (employer, if for a sing	e-employer plan)	2b Employer Id	1/01/2001 entification Number 2-3846477				
					2c Sponsor's te	elephone number				
1024N HILTON, NY	ON PARMA CORNE ' 14468	RS ROAD			585-392-4114					
- ,					2d Business code (see instructions) 621498					
3a Plan a	administrator's name	and address XSame as Plan Spo	nsor.		<b>3b</b> Administrator's EIN					
					<b>3c</b> Administrato	r's telephone number				
4 16.0					41					
		he plan sponsor has changed sinc umber from the last return/report.	e the last return/report filed	for this plan, enter the	4b EIN					
	sor's name				4c PN					
<b>5a</b> Total	number of participan	ts at the beginning of the plan year			5a	6				
<b>b</b> Total	number of participan	ts at the end of the plan year			5b					
		h account balances as of the end c	of the plan year (defined be		5c					
<b>d(1)</b> Tot	tal number of active p	participants at the beginning of the	plan year		5d(1)	6				
<b>d(2)</b> To	tal number of active r	participants at the end of the plan y	ear		5d(2)	6				
<b>e</b> Numbe	er of participants that	terminated employment during the	plan year with accrued be	nefits that were	5e					
		e or incomplete filing of this retu			use is established					
Under pen	nalties of perjury and	e or incomplete filing of this retu other penalties set forth in the instr and signed by an enrolled actuary,	uctions, I declare that I hav	e examined this return/re	port, including, if ap					
belief, it is	true, correct, and cor			·						
SIGN	Filed with authorize	d/valid electronic signature.	10/14/2015	ARSHAD MASOOD	OD					
HERE	Signature of plan administrator Date Enter nat			Enter name of individ	e of individual signing as plan administrator					
SIGN										
HERE	Signature of emp	loyer/plan sponsor	Date	Enter name of individ	lual signing as empl	oyer or plan sponsor				
Preparer's		name, if applicable) and address (	(include room or suite num			one number (optional)				
•										

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<b>b</b> .	Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of a runder 29 CFR 2520.104-46? (See instructions on waiver eligibility a figure of you answered "No" to either line 6a or line 6b, the plan cannot with the plan cannot want to the pl	an indeper and condit ot use Fo	ndent qualified public accounta ions.) rm 5500-SF and must instead	nt (IQ	PA)  <b>Form</b>	5500.		X	Yes Yes	□ No
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA section 40	)21)?		Yes	No	Not	deter	mined
Par	III Financial Information		<u> </u>							
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End			
	Total plan assets	7a	9686						10603	
0	Total plan liabilities	7b	0000	0					40000	0
	Net plan assets (subtract line 7b from line 7a)	7c	9686	30	-				10603	10
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total		
	Contributions received or receivable from:  1) Employers	8a(1)	493	861						
	2) Participants	8a(2)	239	938						
	3) Others (including rollovers)	8a(3)		0						
	Other income (loss)	8b	253	348						
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							986	47
	Benefits paid (including direct rollovers and insurance premiums									
t	o provide benefits)	8d	66	667						
e (	Certain deemed and/or corrective distributions (see instructions)	8e		0						
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f	3	300						
<u>g</u> (	Other expenses	8g		0						
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							69	
	Net income (loss) (subtract line 8h from line 8c)	8i							916	80
_ J	Fransfers to (from) the plan (see instructions)	8j		0						
b Part	2E 2G 2J 2K 2T 3D  If the plan provides welfare benefits, enter the applicable welfare fe  V Compliance Questions	eature cod	les from the List of Plan Charac	cterist	ic Cod	les in t	he instruc	tions:		
10	During the plan year:				Yes	No		Amo	ount	
a	Was there a failure to transmit to the plan any participant contribut 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				
D	on line 10a.)	`	•	10b		X				
С	Was the plan covered by a fidelity bond?			10c	Χ					61323
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X				
е	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		Χ				
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of vear	end.)	10q	X					13750
	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)									
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101			10i	X					
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)								Yes	No
11a	Enter the unpaid minimum required contribution for current year from	om Sched	lule SB (Form 5500) line 39			11a		1 -	1	
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction :	302 of	ERISA?		Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						<u> </u>			
a	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	-			, and 6 	enter th Day		the le Yea		ling

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lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to lin	e 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)			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 the	nis year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		•	ontrol		Yes	( No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	in to another plan(s), ide	ntify the plan(s) to	)			
1	3c(1) Name of plan(s):		130	c(2) EI	N(s)	<b>13c(3)</b> P	N(s)
			1			l	

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust



Authorization to Electronically Sign and File 5500

I hereby authorize Nicole Boyea of The Right TPA, LLC ("Service Provider") to electronically sign and file 5500 forms on my behalf for the following filing year 2014.

I further understand the following:

- I must sign a paper copy of the completed 5500 form.
- An image of my signature will be included with the rest of the return/report posted by the
  Department of Labor on the internet for public disclosure. (Not applicable if this is a one
  participant 5500SF filing.)
- I may revoke or change this authorization at any time by written notification to Service Provider.

Dated: lo, 14. 2011 By: Irrshad Plason

585-392-5226

and ending

T-384 P0002/0004 F-888

12/31/2014

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor EmployeeBenefitsSecurityAdministration Pension Benefit Guaranty Corporation

For calendar plan year 2014 or fiscal plan year beginning

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).

Pension Benefit Guaranty Corporation

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

Ranta Annual Report Identification Information

01/01/2014

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

A This return/report is for:  B This return/report is	a one-participant plan  the first return/report		- '							
to this length to be the	an amended roturn/report	a short plan year return/report (less than 12 months)								
C Check box if filling under:	X Form 5558 special extension (enter descrip	automatic extension DFVC program								
CACAMANA CA	· · · · · · · · · · · · · · · · · · ·	·								
Part II Basic Plan Info	ermation—enter all requested info	rmation		1b Three-digit						
ARSHAD MASOOD PHYSIC	plan number (PN) ▶									
				1c Effective dat 01/01/20						
2a Plan sponsor's name and ad ARSHAD MASOOD PHYSI	dress; include room or suite number CIAN PC	r (employer, if for a single	-employer plan)	2b Employer Ide (EIN) 22-3	entification Number 846477					
1024N HILTON PARMA	CORNERS ROAD			2c Sponsor's te 585-392-	•					
TOPEN HELDION COMME.					de (see instructions)					
HILTON	NY 14468	·		621498	wh. CIN					
3a Płan administrator's name a	nd address  XSame as Plan Sponso	or.		3b Administrato	rs 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					4b EIN					
name, EIN, and the plan number from the last return/report.  a Sponsor's name										
5a Total number of participants	at the beginning of the plan year			5a	6					
	at the end of the plan year			5b	6					
	account balances as of the end of tr			5c	6					
d(1) Total number of active pa	rticipants at the beginning of the pla	n year	***************************************	5d(1)	6					
, ,	rticipants at the end of the plan year			5d(2)	6					
less than 100% vested	· ·			5e						
Caution: A penalty for the late	or incomplete filing of this return! her penalties set forth in the instruct	report will be assessed	unless reasonable cau	use is established. oot including if an	nlicable, a Schedule					
SB or Schedule MB completed at belief, it is true, correct, and com-	nd signed by an enrolled actuary, as	well as the electronic ver	sion of this return/report	i, and to the best of	my knowledge and					
SHOW ATS hand	P HOSE K TONE	866)	ARSHAD MASOOD	D						
CHERE Signature of plan a	dministrator	Date	Enter name of individ	tual signing as plan	administrator					
SIGN HERE	<u> </u>	<del></del>								
Section Signature or empre	yer/plan sponsor ame, it applicable) and address (inc	Date Ude room or suite number	Enter name of individer ) (optional)		oyer or plan sponsor one number (optional)					
Trepered a featile (freewaing free	<u></u>		, , , , ,							
		V-			Form 5500 SE (2014)					

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b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in	an indeper and conditi ot use Fo	ndent qualified public accounts ons.) rm 5500-SF and must instea	int (IC	PA) Form	5500		X Ye	s 🗍	No No
		isurance p	rogram (see ERISA section 40	21)7		] 165		(ADL GE		
	Financial Information	M2000000			$\overline{}$					
<u></u>	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End o		.0603	10
	Total plan assets	7a	· .	6861	0			-	.0603	.10
	Total plan (tabilities	7b		6863	<del>-</del>			-	.0603	
	Net plan assets (subtract line 7b from line 7a)	7c		000.	<del>,</del>				.0003	, 10
-8 -a	Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:		(a) Amount				(b) To	tai	ACCES.	3500
	(1) Employers	8a(1)		4936	51					
	(2) Participants	8a(2)	:	2393	88					
	(3) Others (including rollovers)	8a(3)			0 🎕					<u> </u>
b	Other income (loss)	d8		2534	8		200			
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							986	47
	Benefits paid (including direct rollovers and insurance premiums			666	. 7 🔯					
	to provide benefits)	8d		-	A 200	200				
	Certain deemed and/or corrective distributions (see instructions)	8e		30	0 000			<b>201</b>		
	Administrative service providers (salaries, fees, commissions),,,,,,,	8f			0 88					
	Other expenses (add lines 8d, 8e, 8f, and 8g)	8g		\$35\$Y		<u>Darettern</u>	KALING (TWONG SCORE	<u>ortooli</u> erasca	<u>0666000000000000000000000000000000000</u>	67
	Net income (loss) (subtract line 8h from line 8c)	8h 8i		0.00					916	
	Transfers to (from) the plan (see instructions)		Paragonas (ser Ser Ser Ser Ser Ser Ser Ser Ser Ser S	<u> </u>	0					(88)
Par		8j			O [993]		<u>BOOLEAN</u>		New 150	Skono
b Part	2E 2G 2J 2K 2T 3D  If the plan provides welfare benefits, enter the applicable welfare fe  Compliance Questions	ature code	s from the List of Plan Chara	cterist	ic Coc	les in t	he instructio	ns;		
10	During the plan year:				Yes	No		mount		
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulations)	tions withir reiary Corre	the time period described in ection Program)	10a		Х				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х				
С	Was the plan covered by a fidelity bond?	*************		10c	Х				613	23
d	Did the plan have a loss, whether or not reimbursed by the plan's 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 instructions.)	of the bene	fits under the plan? (See	10e		х				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g	х				137	50
h	If this is an individual account plan, was there a blackout period? (	See instru	ctions and 29 CFR	10h	х					
í	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	VI Pension Funding Compliance									
11	ls this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)							Ye	s 1	No
11a	Enter the unpaid minimum required contribution for current year fr	om Schedi	ile SB (Form 5500) line 39			11a	l			
12	is this a defined contribution plan subject to the minimum funding	requiremen	nts of section 412 of the Code	or se	ction :	302 of	ERISA?	Ye	s X r	No
a	(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			tions,	and e	enter th	e date of the	letter r	uling	_

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if	you completed line 12a, complete lines 3, 9, and 10 of Sch	edule MB (Form 5500), an	d 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. negative amount)	-	_		12d			
е	Will the minimum funding amount reported on line 12d be me	at by the funding deadline?				Yes	No N/A	4
Part	VIII Plan Terminations and Transfers of Asse	ets						
13a	Has a resolution to terminate the plan been adopted in any plan y	/ear7 ,			Ye	es XNo		
	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 benefici of the PBGC?	_			Yes X N	Ιο		
C	If during this plan year, any assets or liabilities were transferrewhich assets or liabilities were transferred. (See instructions.)		plan(s	s), identify the plan(s)	to			
1	3c(1) Name of plan(s);				13c(2) EIN	(8)	13c(3) PN(s	)
							,	
* 100 / 100 / 100	Trust Information (optional)				14h =:	-4		_
143 !	Name of trust				14b Tru	STS EIN		