Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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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.

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

P	art I	Annual Repor	t Identification Informatio	n									
For	calenda	r plan year 2015 or	fiscal plan year beginning 01/01	1/2015		and ending 12/	/31/20	015					
Α	This retu	urn/report is for:	a single-employer plan a one-participant plan	lis		an (not multiemployer) (ployer information in acc		-					
В	「his retu	rn/report is	the first return/report an amended return/report	=	final return/report hort plan year return	/report (less than 12 mo	nths)						
С	Check b	ox if filing under:	Form 5558 special extension (enter des	ш	tomatic extension			DFVC progr	ram				
Pa	art II	Basic Plan Inf	ormation—enter all requested	informatio	nn								
1a	Name o	of plan	OF ROCHESTER, P.C. PROFIT S				1b	Three-digit plan number (PN) ▶	001				
							1c	Effective date of 12/0	f plan 1/1976				
2a	Mailing	address (include ro	loyer, if for a single-employer plan om, apt., suite no. and street, or P	O. Box)	//f familian and instance		2b Employer Identification Number (EIN) 16-1079783						
ORTH	,	DIC ASSOCIATES C	nce, country, and ZIP or foreign po OF ROCHESTER	ostai code	(if foreign, see instru	uctions)	2c	Sponsor's telep	hone number 23-2813				
		WAY AVENUE R, NY 14626					2d	Business code (see instructions)				
3a	Plan ac	Iministrator's name a	and address XSame as Plan Spo	onsor.			3b	Administrator's I	EIN				
							3с	Administrator's t	elephone number				
4			he plan sponsor has changed sind umber from the last return/report.	e the last	return/report filed fo	r this plan, enter the	4b EIN						
а	a Sponsor's name							4c PN					
5a	Total n	umber of participant	ts at the beginning of the plan year	r			5		49				
_			ts at the end of the plan year			 -	5	b	52				
С			h account balances as of the end o			-	5	С	52				
d	(1) Tota	al number of active p	participants at the beginning of the	plan year			5d	(1)	36				
d	(2) Tota	al number of active p	participants at the end of the plan y	year			5d	(2)	40				
Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested							5e 2						
			e or incomplete filing of this retu										
SB	or Sche		other penalties set forth in the instrand signed by an enrolled actuary mplete.										
SIG	N	Filed with authorized	d/valid electronic signature.		07/15/2016	RAYMOND STEFANIC	CH, M	ID					
HERE Signature of plan administrator Date Enter name of individual						Enter name of individu	ual signing as plan administrator						

Date

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

For	n 5500-SF 2015		Page 2								
b Are you cla under 29 C	the plan's assets during the plan year invested in eligible iming a waiver of the annual examination and report of FR 2520.104-46? (See instructions on waiver eligibility wered "No" to either line 6a or line 6b, the plan cannot be in the plan	an indeper	ndent qualified public a	account	ant (IQ	PA)				X Yes	
C If the plan is	s a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	N	lot deter	mined
Part III Fin	nancial Information	1	1								
	and Liabilities		(a) Beginning	•				(b) Eı	nd of		
	ssets	. 7a		8687	7138	-				89730)77
	abilities	. 7b		8687	7120	-				20720	77
	sets (subtract line 7b from line 7a) penses, and Transfers for this Plan Year	. 7с	(a) Ama-	+	8973077						
	ns received or receivable from:		(a) Amou	unt				<u>(u)</u>) Tota	aı	
	ers	. 8a(1)		352	2460						
(2) Particip	ants	. 8a(2)		178	3530						
	(including rollovers)	. 8a(3)									
	ne (loss)	8b		204	1687					7056	
	e (add lines 8a(1), 8a(2), 8a(3), and 8b)d (including direct rollovers and insurance premiums	. 8c								7356	0//
	enefits)	. 8d		448	3888						
e Certain dee	med and/or corrective distributions (see instructions)	. 8e									
f Administrat	ve service providers (salaries, fees, commissions)	. 8f			850						
g Other expe	nses	. 8g									
	ses (add lines 8d, 8e, 8f, and 8g)	1								4497	
	(loss) (subtract line 8h from line 8c)									2859	939
	(from) the plan (see instructions)	· 8j									
B If the plan	provides pension benefits, enter the applicable pension 2K 2T 3D provides welfare benefits, enter the applicable welfare to applicable welfare to appliance Questions										
	plan year:				Yes	No	N/A		۸	mount	
a Was there described Program	a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's N	Voluntary F	iduciary Correction	10a	100	X	197		^	inount	
	e any nonexempt transactions with any party-in-interes			10b		X					
	plan covered by a fidelity bond?				X						500000
d Did the pl	an have a loss, whether or not reimbursed by the plan's	s fidelity bo	nd, that was caused	10c	^						500000
e Were any carrier, in:	r dishonesty? fees or commissions paid to any brokers, agents, or ot surance service, or other organization that provides son (See instructions.)	her person ne or all of	s by an insurance the benefits under	10d 10e		X					
	an failed to provide any benefit when due under the pla			10f		X					
	an have any participant loans? (If "Yes," enter amount a			10g		Χ					
h If this is a	n individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR	10g		X					
i If 10h was	answered "Yes," check the box if you either provided t	the require	d notice or one of the								
_	s to providing the notice applied under 29 CFR 2520.10 an trust incur unrelated business taxable income?			10i 10j							
Part VI Pen	sion Funding Compliance			,	1	1		1			
11 Is this a de	efined benefit plan subject to minimum funding requiren line 11a below)									Yes	X No
	unpaid minimum required contribution for all years from						11a				<u> </u>
	efined contribution plan subject to the minimum funding		· · · · · · · · · · · · · · · · · · ·					RISA?	·	Yes	X No

	F	orm 5500-SF 2015 Page 3 - 1					
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui	
b	Enter t	ne minimum required contribution for this plan year		12b			
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c			
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d			
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A
Part		Plan Terminations and Transfers of Assets			100	110	1471
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No	
		s," 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 brough	ght under the co	ontrol		Yes X	No
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)					
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)
Part	: VIII	Trust Information					
14a	Name o	f trust		14b 1	Γrust's EIN	١	
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's
	rianio	of tubics of suctorial			telephone		o
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		Ye	S	No	
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	esign- ased safe arbor ethod	ADF test	P/ACP
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No	
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No	
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable	
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No	
19	Were in	n-service distributions made during the plan year?		Ye	s	No	
	If "Yes	" enter amount		19			
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A

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Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

Too - Construction	Complete all entries in	accordance with the in	structions to the Form 5500-SF.	Public Inspection
Part I Annual Repo			structions to the Form 5500-SF.	
For calendar plan year 2015 o	r fiscal plan year beginning 01/01/201	15	and ending 12/31/2015	
A This sales a	X a single-employer plan	a multiple-employe	r plan (not multiemployer) (Filers c	booking this to a second
A This return/report is for:	a one-participant plan	list of participating a foreign plan	employer information in accordance	e with the form instructions)
B This return/report is	the first return/report	the final return/repor	t	
	an amended return/report	~	urn/report (less than 12 months)	
C Check box if filling under:	Form 5558	automatic extension		DFVC program
The second secon	special extension (enter descri	ption)	L] or ve program
Part II Basic Plan Inf	ormation—enter all requested info	ormation		
ra ivaille of plan	OF ROCHESTER, P.C. PROFIT SHA	-	pla	aree-digit
				N) F
2a Dian ananasia				ective date of plan /01/1976
City or town, state or provin	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O. ce, country, and ZIP or foreign postal	Box)	2b Fm	ployer Identification Number N) 16-1079783
ORTHOPAEDIC ASSOCIATES (OF ROCHESTER	code (ii loreign, see ins	2c Sp	onsor's telephone number (585) 723-2813
410 RIDGEWAY AVENUE			2d Bus 621	siness code (see instructions)
OCHESTER, NY 14626			021	111
	nd address X Same as Plan Sponsor			
	na dadress Moanie as Plan Sponsor	r .	3b Adn	ninistrator's EIN
4 If the name and/or EIN of the name, EIN and the plan number	e plan sponsor has changed since the mber from the last return/report.	e last return/report filed f	or this plan, enter the 4b EIN	
a Sponsor's name	moer from the last return/report.			
a Total number of participants	at the beginning of the plan year		4c PN	
b Total number of narticinants	at the and of the plan year	***************************************	5a	49
C Number of participants with	at the end of the plan yearaccount balances as of the end of the		5b	52
	***************************************		1 00	52
with rotal number of active par	ticipants at the beginning of the plan.	rear	P.1445	
-(-) rotal number of active par	TICIDANTS at the end of the plan year		# 1/a)	36
			efits that were less	40
aution: A penalty for the late of	sting the pia		5e	2
nder penalties of perjury and oth	or incomplete filing of this return/re	port will be assessed a	inless reasonable cause is estat	olished.
B or Schedule MB completed an elief, it is true, correct, and comp	rer penalties set forth in the instruction d signed by an enrolled actuary, as w lete.	ell as the electronic vers	examined this return/report, including ion of this return/report, and to the	ng, if applicable, a Schedule best of my knowledge and
IGN ERE	K BOOK	7/13/11	Raymond Stefanich, MD	
Signature of plan ac	Iministrator	Date		
GN			Enter name of individual signing a	is plan administrator
Signature of employ	er/plan sponsor	Data		
eparer's name (including firm na	me, if applicable) and address (includ	Date	Enter name of individual signing a	s employer or plan sponsor
		or out to that the training of	/ Preparer's	telephone number
r Paperwork Reduction Act Notice				是名的文字是是一个文章。

Form 5500-SF 2015		Page 2							
6a Were all of the plan's assets during the plan year invested in eligi b 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 can	f an indepe and cond not use F	endent qualified public itions.) orm 5500-SF and mu	accou	ntant (I ead us	QPA)	m 5500			
C If the plan is a defined benefit plan, is it covered under the PBGC i	insurance	program (see ERISA	section	4021)	?	Yes	No Not determined		
Part III Financial Information	Tas/api/ans								
7 Plan Assets and Liabilities		(a) Beginni	ng of Y	ear		Orania i Americana	(b) End of Year		
a Total plan assetsb Total plan liabilities	-		8687	138			8973077		

C Net plan assets (subtract line 7b from line 7a)	7c	,	8687	138		······································	8973077		
a Contributions received or receivable from:		(a) Amo	-				(b) Total		
(1) Employers	7	101000000000000000000000000000000000000	3524						
(2) Participants			1785	30	- 186 188		De la companya de la		
(3) Others (including rollovers)			0046						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)			2046	87 Sales	22 23				
d Benefits paid (including direct rollovers and insurance premiums	. 8c					hari 90000 (155)	735677		
to provide benefits)	. 8d		4488	88					
e Certain deemed and/or corrective distributions (see instructions)	8e				38				
f Administrative service providers (salaries, fees, commissions)	. 8f		8	50	\$4.0 25.2				
g Other expenses	. 8g						Water State of the		
h Total expenses (add lines 8d, 8e, 8f, and 8g)							449738		
Net income (loss) (subtract line 8h from line 8c)		- Control of the Cont			*		285939		
j Transfers to (from) the plan (see instructions)	- Bj				933				
B If the plan provides welfare benefits, enter the applicable welfare for Part V Compliance Questions	eature cod	es from the List of Pla	n Char	acteris	tic Co	des in th	e instructions:		
10 During the plan year:	ODOLOGICAL COMPANY OF A STATE OF			Yes	No	N/A			
Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	duciary Correction	10a	163	X	N/A	Amount		
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not i	nclude transactions	***************************************	 					
c Was the plan covered by a fidelity bond?			10b		Х				
				Х	Х		500000		
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bor	d that was caused	10c	Х	X X		500000		
Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some	fidelity bor	d, that was caused	10c 10d	X			500000		
Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.)	fidelity bor er persons e or all of t	d, that was caused by an insurance he benefits under	10c 10d 10e	X	X X		500000		
Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan.	fidelity bon er persons e or all of t	d, that was caused by an insurance he benefits under	10c 10d 10e 10f	X	X X		500000		
Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (See Instructions).	er persons e or all of t or of year er	d, that was caused by an insurance he benefits under ad.)	10c 10d 10e 10f 10g	X	X X		500000		
by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as 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	er persons e or all of t or of year er See instruc	by an insurance he benefits under	10c 10d 10e 10f 10g 10h	X	X X X		500000		
by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as 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 the exceptions to providing the notice applied under 29 CFR 2520.101. j Did the plan trust incur unrelated business taxable income?	er persons e or all of t or sof year er See instructions e required	by an insurance he benefits under and.)	10c 10d 10e 10f 10g	X	X X X		500000		
Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as 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 2520.101 Did the plan trust incur unrelated business taxable income? Pension Funding Compliance	er persons e or all of t or sof year er See instructions	by an insurance he benefits under and.)	10c 10d 10e 10f 10g 10h 10i		X X X X				
Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as 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 2520.101 Did the plan trust incur unrelated business taxable income? Art VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below).	er persons e or all of t er of year er See instruc e required -3	by an insurance he benefits under and.)	10c 10d 10e 10f 10g 10h 10i 10i 10j	plete S	X X X X X GChed	ule SB (
by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.) 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 as h 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 2520.101 Did the plan trust incur unrelated business taxable income? Pension Funding Compliance	er persons e or all of t or sof year er See instruct e required -3	by an insurance he benefits under and.) ctions and 29 CFR notice or one of the es, " see instructions a	10c 10d 10e 10f 10g 10h 10i 10j	pplete 8	X X X X X X X X X X X X X X X X X X X	11a	Form Yes X No		

Form 5500-SF 2015 Page 3 - 1					
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below as applicable.)					TOTAL TRANSPORT
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver.		enter the	e date of		ruling
in you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.	Day	Martin Company a.,	Year	_
b Enter the minimum required contribution for this plan year		12b	T		
C Enter the amount contributed by the employer to the plan for this plan year		12c		***************************************	
Subtract the afflount in line 120 from the amount in line 12h. Enter the result (enter a serious serio	1 5: 4	-			
The state of the s		12d			
e Will the minimum funding amount reported on line 12d be met by the funding deadline?	****************		Yes	No	N/A
The state of the s			······································		
13a Has a resolution to terminate the plan been adopted in any plan year?	*************************		Yes	s 🛛 No	
b Were all the plan assets distributed to participants or beneficients or beneficients.		. 13a			
of the PBGC?		ı	П	Yes X	No
which assets or liabilities were transferred from this plan to another plan(s), identi-	fy the plan(s) to)		<u> </u>	·
13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(e)
					(0)
Part VIII Trust Information			L_		
14a Name of trust		14h Tr	ust's EIN		
		170 ;;	ust s Env)	
14c Name of trustee or custodian		441 =			
		140 l	rustee's elephone	or custod	ian's
Part IX IRS Compliance Questions					
15a is the plan a 401(k) plan?		Yes		No	
		Des	ign-		······································
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	employer		ed safe	ADI	
		met		test	t
15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cui testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.40(2)(ii))?		Yes		No	
2(a)(2)(ii))?					
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section	n 410(b):	☐ Ratio	o entage	Ave	erage
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410/b) and 404/c) to		test		ben	efit test
the plan with any other plans tricer the permissive aggregation rules?		Yes		No	
17a Has the plan been timely amended for all required tax law changes?	.,,,,,,	Yes		ΠNo	∏N/A
	Enter the ap			(See in:	structions
17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan advisory letter, enter the date of that favorable letter	that is subject	to a favo	rable IRS	opinion	or
17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, entertine date of that favorable determination letter.	umber er the date of th	ne plan's	last favo	rable	
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) h made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Is	as been	Yes		<u></u>	
Were in-service distributions made during the plan year?	siands)?			∐No	
If "Yes," enter amount		Yes		No	
Were required minimum distributions made to 5% owners who have attained ago 70.1/ (see all the second secon		19			
retired), as required under section 401(a)(9)?	uici ol llot	Yes	[No	N/A