Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

HERE

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.

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Part I		Identification Information							
For calenda	ar plan year 2015 or fi	scal plan year beginning 01/01/2	016	and ending 07/31/2	2016				
A This ret	urn/report is for:		er) (Filers checking this box must attach a n accordance with the form instructions)						
		a one-participant plan the first return/report	a foreign plan the final return/report						
B This retu	urn/report is	n/report (less than 12 months)	months)						
C Check b	oox if filing under:	Form 5558	automatic extension		DFVC program				
		special extension (enter descri	· /						
Part II	Basic Plan Info	ormation—enter all requested info	ormation						
1a Name PEDIATRIC		401(K) PROFIT SHARING PLAN		1b	Three-digit plan number (PN) ▶ 002				
				1c	Effective date of plan 01/01/1984				
Mailing	ponsor's name (emplo g address (include roo		Employer Identification Number (EIN) 16-1219915						
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) PEDIATRIC DENTAL CARE, INC.					2c Sponsor's telephone number 716-633-1991				
				2d	Business code (see instructions)			
50 DANBERI VILLIAMSVI	N LANE LLE, NY 14221				621210				
3a Plan a	dministrator's name ar	nd address XSame as Plan Spons	or.	3b	Administrator's EIN				
				3c	Administrator's telephone number	er			
		e plan sponsor has changed since t mber from the last return/report.	the last return/report filed fo	or this plan, enter the 4b	EIN				
	or's name	The roll the fact retain, report.		4c	PN				
5a Total r	number of participants	at the beginning of the plan year		5	a	3			
b Total r	number of participants	at the end of the plan year		5	b	0			
		account balances as of the end of t			ic	0			
d(1) Tota	al number of active pa	rticipants at the beginning of the pla	an year	5d	(1)	0			
d(2) Tota	al number of active pa	articipants at the end of the plan yea	ar	5d	(2)	0			
e Numb	er of participants that	terminated employment during the	plan year with accrued ber	nefits that were less 5	ie	0			
		or incomplete filing of this return							
SB or Sche		ther penalties set forth in the instruc nd signed by an enrolled actuary, a plete.							
SIGN	Filed with authorized/	/valid electronic signature.	07/22/2016	GREGORY F. GEORGE, D	DDS				
HERE	Signature of plan a	udministrator	Date	Enter name of individual sig	gning as plan administrator				
SIGN	, ,				- '				

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

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 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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cannot 	an indepen and condition	dent qualified public a	ccount	ant (IQ	PA)			X	Yes
c If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see ERISA se	ection 4	021)?		Yes	No	Not d	etermine
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End	of Yea	ır
a Total plan assets	7a		1534	287					0
b Total plan liabilities	7b			0					0
C Net plan assets (subtract line 7b from line 7a)	7c		1534	1287					0
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	unt				(b)	Total	
Contributions received or receivable from: (1) Employers	8a(1)			0					
(2) Participants	8a(2)			0					
(3) Others (including rollovers)	8a(3)			0					
b Other income (loss)	8b		58	3744					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								58744
d Benefits paid (including direct rollovers and insurance premiums	8d		1585	3205					
to provide benefits) Certain deemed and/or corrective distributions (see instructions)	8e		1000	0					
f Administrative service providers (salaries, fees, commissions)	8f		7	7826					
g Other expenses	8g		•	0					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							15	593031
i Net income (loss) (subtract line 8h from line 8c)	8i							-15	534287
j Transfers to (from) the plan (see instructions)	8i			0					
Part IV Plan Characteristics	-,								
9a If the plan provides pension benefits, enter the applicable pension	feature cod	des from the List of Pl	an Cha	racteris	stic Co	des in t	he instru	ictions:	
B If the plan provides welfare benefits, enter the applicable welfare fe		(o the Liet - (Die	. 01			la a Cardo		Cara	
B If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the list of Pia	n Chara	acterist	ic Coc	ies in the	e instruc	tions:	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amo	unt
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fi	duciary Correction	10a		X				
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
C Was the plan covered by a fidelity bond?			10c	X					1500
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of t	he benefits under	10e		X				
f Has the plan failed to provide any benefit when due under the plan			10f		Х				
g Did the plan have any participant loans? (If "Yes," enter amount as					X				
h If this is an individual account plan, was there a blackout period? (•	,	10g		^				
2520.101-3.)	•		10h		X				
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						
j Did the plan trust incur unrelated business taxable income?			10j						
Part VI Pension Funding Compliance									
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								. П	Yes X
11a Enter the unpaid minimum required contribution for all years from						11a			<u></u> 1
12 Is this a defined contribution plan subject to the minimum funding						302 of E	RISA?	. П	Yes X

	F	orm 5500-SF 2015 Page 3 - 1								
	(If "Ye	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 in: ng the waiver		enter the Day	e date of	the letter ru Year	ling			
If		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_		Τσαι				
b	Enter ti	he 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						
	Subtra	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the	left of a	12d						
		ve amount)			Yes	No	N/A			
Part		e minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets			163	NO	IN/A			
		resolution to terminate the plan been adopted in any plan year?			X Ye	sПNo				
		s," enter the amount of any plan assets that reverted to the employer this year		13a		<u> </u>				
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou PBGC?	ght under the co	ontrol	×	Yes	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		Trust Information								
14a	Name o	f trust		14b 1	rust's Ell	N				
14c Name of trustee or custodian						14d Trustee's or custodian's				
						telephone number				
Par	t IX	IRS Compliance Questions								
15a	Is the	plan a 401(k) plan?		☐ Ye	s	No				
	10 110			Design						
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)?		based safe ADP/ACP harbor test method						
15c		DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c		Ye	No					
		method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?								
16a		the box to indicate the method used by the plan to satisfy the coverage requirements under section			atio ercentage		Average benefit 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		No				
17a		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	If the p	lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play letter, enter the date of that favorable letter/ and the letter's serial r		t to a fa	vorable I	RS opinion	or			
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, entire termination from the IRS, entire termination letter from the IRS, entire termination		the plai	 n's last fa	vorable				
18	Is the I	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	S	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			

Form 5500-SF

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Department of the Tressury Internal Povenue Service

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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).

OMB Nos. 1210-0110 1210-0089

2015

This Form is Once to

Pension Benefit Gustanty Corporation	Pension Benefit Gueranty Compression Complete all entiries in accordance with the instructions to the Form 5500-SF. Public Inspection								
Part I Annual Report	i Kientification Information		mondis in the Colli	3040-3F.	A STATE OF THE PROPERTY OF THE				
For calendar plan year 2015 or a	iscal plan year beginning 01/01/201	6	and ending 07	/31/2016	TO THE TAXABLE PARTY OF THE PAR				
A This return/report is for:	a single-employer plan a one-perticipant plan	a multiple-employer list of participating e a foreign plan	plan (not multiemployer employer information in a) (Filers che xxxordance v	cking this box must attach a Alth the form instructions)				
B This return/report is	the first return/report an amended return/report	Ine final return/report	: am/report (less than 12 r	nonths)					
C Check box if filing under:	Form 5558 Especial extension (enter descrip				OFVC program				
Part II Basic Plan Info	rmation—enter at requested info	mation		**********************	Marie Commission of the Commis				
1a Name of plan Pediatric Dental Care, PC 401(k) F	Profit Sharing Plan	3 ()	William Control of the Control of th	(PN)	Hamber 500				
2a Plan sponsor's name (emplo	755		AND THE PROPERTY OF THE PROPER		/1984				
Mailing address (include roor City or town, state or province	yar, it for a single-employer plan) n, apt., suite no. and street, or P.O. e, country, and ZIP or foreign postal	Box) code (if foreign, see Insi	huctions)	(EIN)	oyer Identification Number 16-1219915				
PEDIATRIC DENTAL CARE, INC.					sor's telephone number (716) 633-1991				
50 Danbern Lane				2d Business code (see instructions) 621210					
Williamsville, NY 14221									
3a Flan administrator's name an	d address KSame as Plan Sponsor	raseccia, esta esta espesa (1907) remerciamente Gr	ormania orași	3h Admir	ishator's EIN				
4 If the name and or FIN of the		1864 Marketon (1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984		3C Admin	istrator's telephone number				
name, EIN, and the plan man a Sponsor's name	plan sponsor has changed since the ber from the last return/report.	a bast return/report filled f	or this plan, enter the	4b em	CONTRACTOR OF THE PROPERTY OF				
and the second s	of the Leavenner of the			4c PN					
Tribut remains of perincipation	at the beginning of the plan year	 	28 #282 ###############################	5a					
C Number of participants with a	at the end of the plan year Occurst balances as of the end of the	erecenseranismosperanismos	**************************************	- 5b	O ************************************				
complete this sem;,	其中一十年17、15×15、17、17、17、12、12、12、12、12、12、12、12、12、12、12、12、12、	والمراوة والمراجع والمراسية والمراسية والمراسية والمراسية والمراسية	t Allian t desentations are one pool hope giptoris is suppresent.	5c	Ö				
G(1) Total number of active part	licipants at the beginning of the plan	John mereenanteringhaben-papere	terenenar markatodeska historia kada kada	5d(1)	0				
G(Z) Total reguler of active part	liciponts at the end of the plan year	762442) -111 5-2444444444444444444444444444444444444	enilue autoretend belophopp hilam mewassanin	5d(2)	0				
O Number of participants that to than 100% vested	eminated employment during the plant incomplete filing of this returning	an year with accrued be	nefits that were less	5e	Ð				
MALLON AND THE PROPERTY AND AND A CORPORATION ASSESSMENT AND THE PROPERTY OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS	o penames set with in the treatgraph I signed by an emotied actuary, as v	are a correcte three internal	ektari primi primi de Edulai da de Lacelei						
SIGN //	1	7/9/1/	Gregory F. George, DC	s	AND THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF TH				
Signature of placeful	wightentor	Date	Enter neave of individu	al signing as	plan administrator				
SIGN ///	Marie Company of the	and the state of t	and the second s	**************	110-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1				
Signature of employ Preparer's name (Including Brisk na	oripian sponeor me, il applicable) and address (inclu	Date de room or suite number	Either mame of individu	al signing as Preparer's te	employer or plan sponsor tophone number				
			1:						

· · · · · · · · · · · · · · · · · · ·	Form 5500-SF 2015		Page 2									
b	Were all of the plan's assets during the plan year invested in eligit 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 canr If the plan is a defined benefit plan, is it covered under the PBGC in	an independ and condition not use Fori	dent qualified public and public	accoun st inste	tant (IC	QPA) • Form	n 5500.		- -	Ye:	s []	No No
	rt III Financial Information	nsurance pro	ogram (see ERISA s	ection 4	1021)?] Yes	∏N0 [] NO	t dete	rmin	ed
7						-T-	***************************************					
a	Plan Assets and Liabilities Total plan assets	7.	(a) Beginnin	g of Ye 15342		-		(b) End	d of Y		0	***************************************
***************************************	Total plan liabilities	7a 7b		10042	0	┪		**************************************			0	D30-
	Net plan assets (subtract line 7b from line 7a)	7c		15342		_	*****************	Philip - construction	***************************************		0	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amo	unt		_	Y	/h\	Total		·	
а	Contributions received or receivable from:				-				· Otal			
M-Mourisonicon case	(1) Employers	8a(1)		······································	0							
	(2) Participants	8a(2)	CN/// Common of the Common of		0							
	(3) Others (including rollovers)	8a(3)		F07	0							
-	Other income (loss)	8b		587	44	333. 334				5074	•	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c			THE YOUR	1974 1976		48.858.85		58744	Mary 1	
	to provide benefits)	8d		158520)5							
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e			0	1879 1870						
f	Administrative service providers (salaries, fees, commissions)	8f		782	26							
<u>g</u>	Other expenses	8g		0								
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					159			9303		eta municipa
-	Net income (loss) (subtract line 8h from line 8c)	8i	The second secon			-1534287				-		
	Transfers to (from) the plan (see instructions) t IV Plan Characteristics	8j	T- Harris Commence Co	************	0							
B	If the plan provides welfare benefits, enter the applicable welfare for V Compliance Questions	eature codes	s from the List of Plai	n Chara	acterist	ic Co	des in th	ie instruc	tions:			
10	During the plan year:	***************************************	The Production of the Control of the	**********	Yes	No	N/A	<u> </u>	Am	ount		-
а	Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fid	uciary Correction	10a		х					-	
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			406		Х						
С	Was the plan covered by a fidelity bond?			10b				***************************************	·	······································	1500	200
d				10c	Х	***************************************		***************************************			1500	
u	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х						
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	e or all of th	e benefits under	10e		Х			,			
f	Has the plan failed to provide any benefit when due under the plan		· · · · · · · · · · · · · · · · · · ·	10f		Х			-			**************************************
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of vear end	1.)	10g		Х						handar market a
h	If this is an individual account plan, was there a blackout period? (ivg								
	2520.101-3.)	*****************		10h		Х						
	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	l-3		10i								
J	Did the plan trust incur unrelated business taxable income?			10j		.,						······································
Part		***************************************						TANANI MARKATAN MARKAT				
11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)						ule SB	(Form		Yes	X	No
	Enter the unpaid minimum required contribution for all years from				**********	A CONTRACTOR OF THE PARTY OF TH	11a		T		_	totutamano, populari
12	Is this a defined contribution plan subject to the minimum funding	requirement	s of section 412 of th	ne Code	e or se	ction 3	302 of E	RISA?		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.)				***************************************			
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in	structions, and		e date of		uling		
If	granting the waiver		Day		Year			
	Enter the minimum required contribution for this plan year	The second secon	12b	T		***************************************		
			12c	***************************************				
	Enter the amount contributed by the employer to the plan for this plan year		 		ATTICAL TO SERVICE AND ADDRESS OF THE PARTY			
	negative amount)		12d					
1800000000000	Will the minimum funding amount reported on line 12d be met by the funding deadline?		$oxed{\Box}$	Yes	No	N/A		
Part	VII Plan Terminations and Transfers of Assets			***************************************				
<u>13a</u>	Has a resolution to terminate the plan been adopted in any plan year?	***************************************		X Ye	s 🗌 No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a		0			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou of the PBGC?			×	Yes [No		
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi which assets or liabilities were transferred. (See instructions.)	fy the plan(s) to)					
	I3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)		
				l				
Part	VIII Trust Information							
14a	Name of trust		14b T	rust's Ell	V			
140	Name of trustee or custodian		444 Total					
	Name of trastee of custodian		14d Trustee's or custodian's telephone number					
TWO SECRETARIES								
Par	IRS Compliance Questions							
15a	Is the plan a 401(k) plan?		Ye	s	∏No			
			De	sign-	<u> </u>			
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)?	d employer	based safe harbor		ADI			
				ethod	test			
15C	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cutesting method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4	urrent year	Yes	3	No			
	2(a)(2)(ii))?			*****				
16a	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section	on 4 10(b):	Ra pe	rcentage	Average benefit test			
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by com this plan with any other plans under the permissive aggregation rules?	bining	Yes		∏No			
17a	Has the plan been timely amended for all required tax law changes?		Yes	3	No	□ N/A		
17b	Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes).	Enter the a	pplicable	e code	(See in	structions		
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pla advisory letter, enter the date of that favorable letter and the letter's serial in the letter's	number				or		
17d	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, endetermination letter	nter the date of	the plan	's last fav	rorable			
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin	has been Islands)?	Yes		No			
19	Were in-service distributions made during the plan year?		Yes	·	No			
	If "Yes," enter amount		19		·····			
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of what retired), as required under section 401(a)(9)?	ether or not	Yes		No	N/A		