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.

1210-0089

2015

OMB Nos. 1210-0110

This Form is Open to Public Inspection

Par	t I Annual Rep	ort Identification Information							
For ca	alendar plan year 2015	or fiscal plan year beginning 01/01/2	2015 and ending 12	2/31/20	015				
A Th	is return/report is for:	a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions) a one-participant plan							
B This return/report is the first return/report the final return/report an amended return/report a short plan year return/report (less than 12 months)									
C Ch	eck box if filing under: X Form 5558								
Par	II Basic Plan	Information—enter all requested in	formation						
1a N	ame of plan	CS PRACTICE, P.C. 401(K) PROFIT S		1b	Three-digit plan number (PN) ▶	001			
				1c	Effective date of 01/0	f plan 1/2000			
M	lailing address (include	mployer, if for a single-employer plan) e room, apt., suite no. and street, or P.C		2b	fication Number 570481				
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) COUTHERNTIER PEDIATRICS PRACTICE, P.C.					2c Sponsor's telephone num 716-661-9730				
684 FOOTE AVENUE EXTENSION AMESTOWN, NY 14701				2d Business code (see instructions) 621111					
3a Plan administrator's name and address ⊠Same as Plan Sponsor.					3b Administrator's EIN 3c Administrator's telephone number				
		of the plan sponsor has changed since number from the last return/report.	the last return/report filed for this plan, enter the	4b	EIN				
a s	ponsor's name			4c PN					
5a ⊺	otal number of particip	ants at the beginning of the plan year.		5		21			
b T	otal number of particip	51	b	22					
	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	e participants at the beginning of the p	lan year	5d((1)	20			
d(2	Total number of activ	e participants at the end of the plan ye	ar	5d((2)	21			
	than 100% vested		e plan year with accrued benefits that were less	50		0			
			n/report will be assessed unless reasonable cau			abla a Cab - did.			
		•	ctions, I declare that I have examined this return/repas well as the electronic version of this return/report	,	O, 11	*			

belief, it is true, correct, and complete Filed with authorized/valid electronic signature. SIGN 08/30/2016 TARIQ M. KHAN, M.D. **HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator **SIGN HERE** Date Signature of employer/plan sponsor Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number

Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Ves No No No Not N	Form 5500-SF 2015		Page 2							
Part III	b 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	an indepen and condition	dent qualified public a	ccount	ant (IQ	PA)			□	No No
7. Plain Assets and Liabilities	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 determ	nined
a Total plan isasietis	Part III Financial Information									
b Total plan liabilities	7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End		
C Net plan assets (aubtract line 7b from line 7a) 7c 957084 1043267 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total and Contributions received or receivable from: 8e(1) 26854 2 86869 2 86869 3 86		i i		957					104326	
8 Income, Expenses, and Transfers for this Pfan Year a Contributions received or receivable from: (2) Participants. 8a(1) 26854 (2) Participants. 8a(2) (3) Others (including relievens). 8a(3) b Other income (loss). 8a(3) b Other income (add lines 8a(1), 8a(2), 8a(3), and 8b)				0.55		-			404000	
a Contributions received or receivable from: (1) Employers. (2) Participants. (3) Others (including relovers). (3) Others (including relovers). (4) Employers. (5) Other income (loss). (6) Other income (loss). (7) Other income (loss). (8) Other sequence (loss). (9) If the plan provides weather sequence (loss). (10) Other sequence (los		7c			094					1
(t) Employers.			(a) Amou	ınt				(b) I	otai	
So Other income (loss) Seld(s)		8a(1)		26	8854					
b Other income (loss)	(2) Participants	8a(2)		80	869					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	, , , , , , , , , , , , , , , , , , , ,	8a(3)								
d Benefits paid (including direct rollovers and insurance premiums to provide benefits) provides benefits) provides providers (salaries, fees, commissions)		8b		8-	8884					
to provide benefits)		8c							9883	19
f Administrative service providers (salaries, fees, commissions)		8d								
Solid Soli	,	8e								
Total expenses (add lines 8d, 8e, 8f, and 8g)	f Administrative service providers (salaries, fees, commissions)	8f		12	2666					
i Net income (loss) (subtract line 8h from line 8c)	g Other expenses	8g								
Transfers to (from) the plan (see instructions)	h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1266	6
Part IV Plan Characteristics	i Net income (loss) (subtract line 8h from line 8c)	8i							8617	'3
9a	j Transfers to (from) the plan (see instructions)	8j								
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 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	Part IV Plan Characteristics									
Part V Comptiance Questions		feature cod	des from the List of Plant	an Cha	racteri	stic Co	des in th	ne instruc	tions:	
Part V Compliance Questions 10		eature code	es from the List of Pla	n Chara	acterist	ic Coc	les in the	e instructi	ons:	
10 During the plan year: Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)										
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	Part V Compliance Questions									
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10 During the plan year:				Yes	No	N/A		Amount	
reported on line 10a.)	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary Fi	duciary Correction	10a		X				
C Was the plan covered by a fidelity bond?						V				
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?				10b		X				
by fraud or dishonesty?	C Was the plan covered by a fidelity bond?			10c	X				1	150000
carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	by fraud or dishonesty?			10d		Χ				
f Has the plan failed to provide any benefit when due under the plan?	carrier, insurance service, or other organization that provides som	ne or all of t	he benefits under	10e	X					8569
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g × 2272 h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h × 10						X				
h 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 required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3					X					2272
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	h If this is an individual account plan, was there a blackout period? ((See instru	ctions and 29 CFR			X				2212
j Did the plan trust incur unrelated business taxable income? Part VI Pension Funding Compliance 1 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	i If 10h was answered "Yes," check the box if you either provided the	ne required	notice or one of the							
Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)										
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)				10]]					
11a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40	11 Is this a defined benefit plan subject to minimum funding requirem								П Уос	No.
	,								168	^ NO
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?							-	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	3c(3) PN(s)	
Part	: VIII	Trust Information						
14a	Name o	f trust		14b Trust's EIN				
14c	Name	of trustee or custodian		14d Trustee's or custodian's				
140 Name of trustee of custodian				telephone number				
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan?		Ye	S	No		
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?					Design- based safe ADP/ACP harbor test method			
15c	5c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?				s	No		
16a	16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):						rage efit test	
16b	16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?					No		
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A	
17b	17b Date the last plan amendment/restatement for the required tax law changes was adopted/ Enter the applicable code (See instructions for tax law changes and codes).							
17c	17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter / / and the letter's serial number							
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	19 Were in-service distributions made during the plan year?					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	

HERE

OMB Nos. 1210-0110 1210-0089

Form 5500-SF

Ocpariment of the Treasury Informal 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

2015

This Form is Open to **Public Inspection**

Revenue Code (the Code), Complete all entries in accordance with the instructions to the Form 5500-8F.

Part I Annual Report Identification Information For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015 a single-employer plan a multiple-employer plan (not multiemployer). (Filers checking this box must attach a A This return/report is for: list of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan B This return/report is the first rotum/report the final return/report an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: Form 5558 automatic extension DFVC program special extension (enter description) Part II Basic Plan Information enter all requested information 1a Name of plan 1b Three-digit Southerntier Pediatrics Practice, P.C. 401(k) Profit Sharing Plan plan number 001 (PN) ▶ Effective date of plan 01/01/2000 2a Plan sponsor's name (employer, if for a single-employer plan) Employer Identification Number Mailing address (Include room, apt., suite no. and street, or P.O. Box) (EIN) 16-1570481 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Sponsor's telephone number Southerntler Pediatrics Practice, P.C. (716) 661-9730 2d Business code (see instructions) 1684 Foote Avenue Extension 621111 Jamestown, NY 14701 3a Plan administrator's name and address XISame as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number 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. & Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year..... 5a 21 b Total number of participants at the end of the plan year 5b 22 Number of participants with account balances as of the end of the plan year (defined banefit plans do not 5c 14 complete this item) d(1) Total number of active participants at the beginning of the plan year 5d(1) 20 d(2) Total number of active participants at the end of the plan year..... 5d(2) 21 Number of participants that terminated employment during the plan year with accrued benefits that were less 0 Ihan 100% vested..... Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penaltics 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 belief, it is true, correct, and complete. SIGN Tariq M. Khan, M.D. HERE Signature of plan administrator D: Enter name of individual signing as plan administrator SIGN

Date

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF. 2015-08-04T10:37:44,405-09:00

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

Signature of employer/plan sponsor

Form 5500-SF (2015) v, 150123

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

	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 cannot be a second to the plan to the pla	f an indepe and condi not use Fo	endent qualified public itions.) orm 5500-SF and mus	accoun st inste	tant (IC ad us	QPA) e Forr	n 5500.		X Ye	es No
C	If the plan is a defined benefit plan, is it covered under the PBGC i	insurance _l	program (see ERISA s	ection 4	1021)?	·[Yes	No	Not dete	ermined
Pa	r III Financial Information									
7	Plan Assets and Liabilities		(a) Beginnin	g of Ye	ar			(b) En	d of Year	
	Total plan assets			9570	94				104326	37
<u>b</u>	Total plan liabilities	7b			0	_				0
C	Net plan assets (subtract line 7b from line 7a)	SLOWERS AND ESTABLISHED TO A		9570	94		1043267			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amo	unt		Sicial	elesso tres vis	(b)	Total	oron source cor
а	Contributions received or receivable from: (1) Employers	8a(1)		268	54					
	(2) Participants	1		808						
	(3) Others (including rollovers)									
	Other income (loss)			-88	34					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)								9883	9 .
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)		and a live increased that so have been expected							
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	. 8e								
f_	Administrative service providers (salaries, fees, commissions)	. 8f		1266	36					
g	Other expenses	. 8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h							1266	6
<u>_i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i					Tanagan como		8617	3
j	Transfers to (from) the plan (see instructions)	- 8j								
uni-areare	N Plan Characteristics	*****						~		
<u> </u>	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D									
B	If the plan provides welfare benefits, enter the applicable welfare f	feature cod	les from the List of Pla	n Chara	acterisi	tic Co	des in ti	ne instruc	tions:	
Part	Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
a	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	/oluntary F	iduciary Correction	10a		х				
b		? (Do not	include transactions	10a 10b		х				
С	Was the plan covered by a fidelity bond?				Х				·	150000
	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10c	^_	×			······································	100000
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.)	her person ne or all of	s by an insurance the benefits under	10u	х					8569
f	Has the plan failed to provide any benefit when due under the pla			10f		Х	il.			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	Х					2272
h	2520.101-3.)	•		10h		Х				
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)	nents? (If "	Yes," see instructions	and con	plete	Sched	lule SB	(Form	Yes	X No
11a	Enter the unpaid minimum required contribution for all years from									

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

Yes X No

12

	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 granting the waiver.	structions, and o	enter the	date of the	ne letter ru Year	ling
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line					
b	Enter the minimum required contribution for this plan year	•••••••••••	12b			
c	Enter the amount contributed by the employer to the plan for this plan year	•	12c			
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)	left of a	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
Pair	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 reverted to the employer this year	•	13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the PBGC?	ght under the co	ntrol		Yes 🛚	No
C	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				
	13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) PN(s)	
		. •				
Pari	Trust Information					
14a	Name of trust		14b ⊺	rust's EIN		
14c	Name of trustee or custodian			rustee's o	or custodia number	ın's
Par	IRS Compliance Questions					
15a	Is the plan a 401(k) plan?		Yes		No	
.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)?		bas bar	sign- sed safe bor thod	ADP/ACP 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 1.42(a)(2)(ii))?	ırrent year 01(m)-	Yes		No	
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section		Rat per test	centage		rage efit 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?		Yes		No	
17a	Has the plan been timely amended for all required tax law changes?		Yes		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 ap	oplicable	code	_ (See ins	structions
17c	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	n that is subject	to a fav	orable IR	S opinion o	or
17d	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, endetermination letter		he 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) made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		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 wretired), as required under section 401(a)(9)?		Yes		No	□ N/A