## 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.

\_\_\_\_

2015

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Parti	Annual Report	identification information											
For calend	For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015												
Δ This ro	eturn/report is for:		er) (Filers checking this box must attach a										
A IIIISTE	eturr/report is ior.	a one-participant plan	a foreign plan	pating employer information in accordance with the form instructions) n									
<b>B</b> This ret	turn/report is	the first return/report	the final return/report	n/report									
		an amended return/report	a short plan year return	n/report (less than 12 mo	months)								
<b>C</b> Check	box if filing under:	X Form 5558	automatic extension		DFV	/C program							
	special extension (enter description)												
Part II	Basic Plan Info	rmation—enter all requested infe	ormation										
1a Name	of plan				<b>1b</b> Three-di								
MARCELLI	US FAMILY & COSME	TIC DENTISTRY, PC 401(K) PROF		plan nur									
				}	(PN) •	001							
					1c Effective date of plan 01/28/2004								
		yer, if for a single-employer plan) m, apt., suite no. and street, or P.O	. Box)		<b>2b</b> Employer Identification Number (EIN) 32-0121376								
City o	r town, state or provinc	e, country, and ZIP or foreign posta		uctions)	` '								
MARCELLU	S FAMILY & COSMET	IC DENTISTRY, PC			2c Sponsor's telephone number 315-673-1131								
28 EAST MA	AIN STREET.				2d Business code (see instructions)								
	S, NY 13108					621210							
<b>3a</b> Plan administrator's name and address ∑Same as Plan Sponsor.					<b>3b</b> Administrator's EIN								
					3c Administ	trator's telephone number							
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. <b>a</b> Sponsor's name													
<u>.</u>		at the beginning of the plan year			<b>4c</b> PN <b>5a</b>	4							
		at the end of the plan year		Î	5b	4							
C Numb	per of participants with	account balances as of the end of t	he plan year (defined bene	efit plans do not	5c	4							
	,	rticinants at the heginning of the pla		Ì	5d(1)	4							
d(1) Total number of active participants at the beginning of the plan year					<b>=</b> 1(a)								
e Number of participants that terminated employment during the plan year with accrued benefits that were less					5e								
Caution:	100% vested	or incomplete filing of this return	/report will be assessed	unless reasonable cau		hed							
Under per SB or Sch	nalties of perjury and otl	her penalties set forth in the instruc nd signed by an enrolled actuary, a	tions, I declare that I have	examined this return/rep	oort, including,	if applicable, a Schedule							
SIGN		valid electronic signature.	08/31/2016	KATHERINE HOBER	INE HOBERT								
HERE	Signature of plan a	dministrator	Date	Enter name of individu	lividual signing as plan administrator								
SIGN													
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individu	dual signing as employer or plan sponsor								
Preparer's		ame, if applicable) and address (in	clude room or suite numbe		Preparer's telephone number								

Form 5500-SF 2015		Page <b>2</b>							
<ul> <li>Were all of the plan's assets during the plan year invested in eligib</li> <li>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 be a second to the plan cannot be a second</li></ul>	an indepenand	See instructions.	X Yes	No No					
<b>c</b> 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
Part III Financial Information	, ,								
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End	of Year	
<b>a</b> Total plan assets	7a		487	725				51396	67
<b>b</b> Total plan liabilities	7b								
C Net plan assets (subtract line 7b from line 7a)	7c		487725					51396	57
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amount			(b) T	otal			
(1) Employers	8a(1)		6	834					
(2) Participants	8a(2)		30	361					
(3) Others (including rollovers)	8a(3)								
<b>b</b> Other income (loss)	8b		-10	140					
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							270	55
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
Certain deemed and/or corrective distributions (see instructions)	8e								
f Administrative service providers (salaries, fees, commissions)	8f			0					
g Other expenses	8g			813					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							8	13
i Net income (loss) (subtract line 8h from line 8c)						2624	42		
j Transfers to (from) the plan (see instructions)	8j								
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 th	ne instruc	tions:	
B If the plan provides welfare benefits, enter the applicable welfare fe		as from the List of Dis	n Char	- at a ri at	io Coo	laa ia tha	inatruati		
in the plan provides wellare benefits, enter the applicable wellare is	eature coue	es nom the List of Pla	II Cliai	acterist	ic Coc	ies in the	HISTIUCT	UIIS.	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amount	
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary Fi	duciary Correction	10a		X				
<b>b</b> Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10h		X				
C Was the plan covered by a fidelity bond?				<b>v</b>					00000
d Did the plan have a loss, whether or not reimbursed by the plan's			100	^					30000
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	100		X				
f Has the plan failed to provide any benefit when due under the plan									
· · · · · · · · · · · · · · · · · · ·									
					Х				
·	nis is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)				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?			10i						
Part VI Pension Funding Compliance			,		<u> </u>	<u> </u>			
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	X No
11a Enter the unpaid minimum required contribution for all years from							·1		
12 Is this a defined contribution plan subject to the minimum funding							RISA?	Yes	X No

	F	orm 5500-SF 2015 Page <b>3</b> - 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)		<b>13c(3)</b> 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		a 11 0
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		atio ercentage st	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	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).	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

## OMB Nos. 1210-0110 Short Form Annual Return/Report of Small Employee Form 5500-SF 1210-0089 Benefit Plan Department of the Treasury 2015 Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of This Form is Open to Public Department of Labor the Internal Revenue Code (the Code). Employee Benefits Security Administration Inspection Complete all entries in accordance with the instructions to the Form 5500-SF. Pension Repetit Guaranty Corporation Partil Annual Report Identification Information 01/01/2015 and ending 12/31/2015 For calendar plan year 2015 or fiscal plan year beginning a multiple-employer plan (not multiemployer) (Filers checking this box must attach x a single-employer plan a list of participating employer information in accordance with the form instructions) A This return/report is for: a foreign plan a one-participant plan the final return/report the first return/report B This return/report is: a short plan year return/report (less than 12 months) an amended return/report DFVC program automatic extension x Form 5558 C Check box if filing under: special extension (enter description) Basic Plan Information --- enter all requested information 1b Three-digit 1a Name of plan plan number Marcellus Family & Cosmetic Dentistry, PC 401(k) Profit Sharing Plan 001 (PN) ► 1c Effective date of plan 01/28/2004 2b Employer Identification Number Plan sponsor's name (employer, if for a single-employer plan) Mailing Address (include room, apt., suite no. and street or P.O. Box) (EIN) 32-0121376 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Sponsor's telephone number Marcellus Family & Cosmetic Dentistry, PC (315) 673-1131 2d Business code (see instructions) 621210 28 East Main Street. US Marcellus NY 13108 3b Administrator's EIN Plan administrator's name and address X Same as Plan Sponsor Name 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. 4c PN a Sponsor's name 4 4 5b Total number of participants at the end of the plan year ..... Number of participants with account balances as of the end of the plan year (defined benefit plans do not 4 complete this item) ..... 4 5d(1) d(1) Total number of active participants at the beginning of the plan year 3 5d(2) d(2) Total number of active participants at the end of the plan year Number of participants that terminated employment during the plan year with accrued benefits that were 5e 1 less than 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 penjury 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 beilef, it is true, correct, and complete. litoher SIGN Enter name of individual signing as plan administrator Date Signature of plan administrator HERE Enter name of individual signing as employer or plan sponsor Date HERE Signature of employer/plan sponsor Preparer's telephone number Preparer's name (including firm name, if applicable) and address; include room or suite number

	Form 5500-SF 2015		Page 2	<del></del>						
Ga 10	/ere all of the plan's assets during the plan year invested in eligible	assets? (	See Instructions.)					X Yes No		
	re you claiming a waiver of the annual examination and report of a			ntant	(IQPA	d				
							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	XYes ∏No		
- 11	nder 29 CFR 2520.104-467 (See instructions on waiver eligibility at you answered "No" to either line 6a or line 6b, the plan canno	it use Forr	n 5500-SF and mustinst	ead u	ise Fo	orm 5	500.	<u> </u>		
c If	the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see ERISA section	402	1)?		Yes	No Not determined		
Par	III Financial Information									
<del></del>	Ian Assets and Liabilities	4/9	(a) Beginning of	Year			(	b) End of Year		
	otal plan assets	7a	487	7,72	5			513,967		
	otal plan liabilities	7b								
	let plan assets (subtract line 7b from line 7a)	76	487	7,72	5			513,967		
	ncome, Expenses, and Transfers for this Plan Year	學學學	(a) Amount			- E.J T	2111/06/11/09/50	(b) Total		
	ontributions received or receivable from:	8a(1)		6,83	4					
	Destainanta	8a(2)	3(	0,36	1	- ai-	1.2			
	2) Participants	8a(3)					2010 K.B			
<del></del>	Other Income (loss)	8b	(10,	,140	<b>)</b>	14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7.10 M			
	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	BENEFIT BY	i.y.				27,055		
d E	tenefits paid (Including direct rollovers and insurance premiums				-		. XX			
	o provide benefits)	<b>8</b> d				233	50多数268 水质模量等			
	certain deemed and/or corrective distributions (see instructions)	. 8e			<u>.</u>	2/3	ACCUS.			
<u>f</u> /	dministrative service providers (salaries, fees, commissions)	8F	;	87		12.00	1 3			
_	Other expenses	8g		alliants	<b>.</b>	39,4%	S PRODUC	813		
	otal expenses (add lines 8d, 8e, 8f, and 8g)			NAME OF A	Lange Co		<del></del>	26,242		
	Net income (loss) (subtract line 8h from line 8c)		86			137				
7.00	ransfers to (from) the plan (see instructions)	<u> </u>	<u> </u>			15: 3:0		georgia de la companya de la company		
Pai	Plan Characteristics  f the plan provides pension benefits, enter the applicable pension to	eature cod	es from the List of Plan Ch	1arac	teristi	c Cot	les in th	e instructions:		
9a   1		. Calule Coc	es that the rist of France.							
+			a from the Liet of Plan Cha	aracte	arietic	Code	s in the	instructions:		
b	f the plan provides welfare benefits, enter the applicable welfare fe	eature code	IS ITOM THE LIST OF CIAM ONE	21001	2)13 <b>u</b> U	Out	,	Million		
(A)	MAKAN A									
	Compliance Questions			٦	Yes	No	N/A	Amount		
10	During the plan year:  Was there a failure to transmit to the plan any participant contribution.	utions with	in the time period			-				
а	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	ductary Correction			}				
	Program)	*********	**4 5284 568 5288 - 1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	10a		Х	300	· · · · · · · · · · · · · · · · · · ·		
b	Were there any nonexempt transactions with any party-in-interes	t? (De not	include transactions	10b		x				
	reported on line 10a.)			10c		-	27 7 136 27 80 170 27 27 47	30,000		
_ c	Was the plan covered by a fidelity bond?	organisations	and thetruce sources	100		├	100			
d	Did the plan have a loss, whether or not reimbursed by the plants by fraud or dishonesty?	s noemy bu	no, mai was caused	10 <b>d</b>		x	100			
е	by fraud or dishonesty?  Were any fees or commissions paid to any brokers, agents, or o						1 2 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
•	carrier losurance service, or other organization that provides so	me or all öʻ	the benefits under	400	<u> </u>	x				
	the plan? (See instructions.)	*********	*****   2010422344430   100501820   230141234123	10e		┼	6 55 35 (1884)			
f	Has the plan failed to provide any benefit when due under the pl	an?	***************************************	10f		X	Property of			
g	Did the plan have any participant loans? (If "Yes," enter amount	as of year	end.)	10g	ļ	X.	1			
	If this is an individual account plan, was there a blackout period?	(See insti	ructions and 29 CFR	l		_	<b>展觀</b>			
	2520.101-3.)	44-11-4441	PERSONAL SERVICE SERVI	10h	-	X	地域群			
i 	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1	the require	od natice or one of the	10i		_				
j	Did the plan trust incur unrelated business taxable income?			10 <u>j</u>			<u> </u>			
Pa	Pension Funding Compliance		·					<del></del>		
-	Is this a defined benefit plan subject to minimum funding require	ements? (\f	"Yes," see instructions an	d cor	nplete	Sch	edule S	B (Form		
11	5500) and line 11a below)	***********			*******		**********	Yes X No		
	5500) and line 11a below)  a Enter the unpaid minimum required contribution for current year	**********		*******	14414man		11a	ERISA? Yes X No		

Form 5500-SF 2015	Page 3-	7				
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	·	<del>-</del>			T-T	
a If a waiver of the minimum funding standard for a prior year is being amortized in granting the waiver.		Month	d enter	the date of	f the lette	er ruling
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500	), and skip to lir	ne 13.				
b Enter the minimum required contribution for this plan year	18)	> 4 4 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	12b			
c 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 (enter negative amount)	a minus sign to t	he left of a	12d			
e Will the minimum funding amount reported on line 12d be met by the funding dead				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?	THE	T# 004 P424D F924VVVP#17 140444	IΠν	es X N	lo	
If "Yes," enter the amount of any plan assets that reverted to the employer this yea			13a	1		
b Were all the plan assets distributed to participants or beneficiaries, transferred to a of the PBGC?	nother plan, or br	ought under the	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		□ Yes	X No
c If during this plan year, any assets or liabilities were transferred from this plan to an which assets or liabilities were transferred. (See instructions.)	other plan(s), ide	entify the plan(s) t	0	<u>, • , , , , , , , , , , , , , , , , , ,</u>	1100	
13c(1) Name of plan(s):		13	c(2) EIN	(s)	13c(3	) PN(s)
						<u>-</u>
Part MIII Trust Information			γ	,,		<del></del>
14a Name of trust			14b 3	rust's ElN	1	
14c Name of trustee or custodian		·		Frustee or ephone nu	2 .	n's
Part 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 emmatching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?			ba ha	esign- sed safe rbor ethod	ADI	PACP
15c If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year usin testing method" for nonhighly compensated employees (Treas. Reg. section 1.401(k 2(a)(2)(i))?	)-2(a)(2)(ii) and 1		☐ Ye	s	∏ No	
16a Check the box to indicate the method used by the plan to satisfy the coverage requir			□ Ra Pe	itio ercentage est	Ave Ben	rage efit <b>T</b> est
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) at this plan with any other plans under the permissive aggregation rules?	nd 401(a)(4) by c		☐ Ye		☐ No	
17a Has the Plan been timely amended for all required law changes?		****************	☐ Ye	es ·	☐ No	□ N/A
17b Date of the last plan amendment/restatement for the required tax law changes was instructions for tax law changes and codes).				able code	•	<b>ee</b>
	re letter's serial r	iumber.			·	or
17d If the plan is an individually-designed plan and received a favorable determination le determination letter	···		te of pla	n's last fav	orable	
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA made), American Samoa, Guam, the Commonwealth of the Northern Mariana Island	section 1022(i)( s or the U.S. Virg	(2) has been gin Islands)?	☐ Y€	s	☐ No	
19 Were in-service distributions made during the plan year?		Approaching any broaders and are sup-	☐ Y€	15	∏ No	
If Yes, enter amount	w 10200444041111) kympyc q éqabé	**********************	19			
20 Were minimum required distributions made to 5% owners who have attained age 70	1/2 (regardless of	whether or	□ Y <sub>ℓ</sub>	s	☐ No	□ N/