## 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.

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information							
For calenda	ar plan year 2015 or fi	scal plan year beginning 01/01/2	2015	and ending 12	2/31/2015				
A This ret	turn/report is for:	a single-employer plan a one-participant plan		ver plan (not multiemployer) g employer information in ac	-				
<b>B</b> This retu	urn/report is	the first return/report an amended return/report	the final return/rep	oort return/report (less than 12 m	onths)				
C Check I	box if filing under:	X Form 5558 special extension (enter descr	automatic extens	ion	DFVC	program			
Part II	Basic Plan Info	ormation—enter all requested in	formation			-			
1a Name		·			<b>1b</b> Three-digi plan numb (PN) ▶				
					1c Effective of	late of plan 01/01/2005			
Mailing	g address (include roo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post		instructions)	(EIN)	Identification Number 26-3765332			
FLH MEDICA	AL PC	2c Sponsor's telephone number 315-230-5644							
196 NORTH GENEVA, N					20 Business (	code (see instructions) 621111			
3a Plan a	dministrator's name a	nd address Same as Plan Spons	sor.		<b>3b</b> Administra				
FLH MEDICAL PC 196 NORTH GENEVA, N					3c Administrator's telephone number				
4 1611	V 51N 61					115-230-5644			
name	, EIN, and the plan nu	e plan sponsor has changed since mber from the last return/report.	the last return/report to	led for this plan, enter the	4b EIN				
	or's name				4c PN	110			
<b>5a</b> Total r	number of participants	s at the beginning of the plan year				119			
		s at the end of the plan year			5b	114			
		account balances as of the end of	' '	•	5c	95			
<b>d(1)</b> Tota	al number of active pa	articipants at the beginning of the pl	an year		5d(1)	110			
		articipants at the end of the plan yea			5d(2)	104			
than	100% vested	terminated employment during the			<b>5e</b> 0				
		or incomplete filing of this return							
SB or Sche		ther penalties set forth in the instruction and signed by an enrolled actuary, a plete.							
SIGN	Filed with authorized	/valid electronic signature.	10/12/2016	10/12/2016 WENDY DISBROW					
HERE	Signature of plan a	administrator	Date	n administrator					
SIGN									
HERE	Signature of emplo	ial 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

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<b>b</b>	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann	an indeper and condit not use Fo	ndent qualified public a ions.)rm 5500-SF and mus	ccount	ant (IQ ad use	PA) Form	5500.			X Ye	
C	f the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes	No	<u> </u>	Not dete	ermined
Par	t III Financial Information		Г								
	Plan Assets and Liabilities		(a) Beginning	•				(b) E	nd of	Year	
	Total plan assets	7a		2860	)182					3297	7334
	Total plan liabilities	7b		2000	1400					2207	722.4
	Net plan assets (subtract line 7b from line 7a)	7c	(2) A	2860	1102				\ <b>T</b> = 1	3297	334
	ncome, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:		(a) Amou	ınt				(D	) Tot	tai	
	(1) Employers	8a(1)		133	3553						
(	(2) Participants	8a(2)		452	2496						
	(3) Others (including rollovers)	8a(3)		29	9071						
	Other income (loss)	. 8b		-6	5072						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								609	0048
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		171	821						
е (	Certain deemed and/or corrective distributions (see instructions)	8e									
f /	Administrative service providers (salaries, fees, commissions)	. 8f			75						
g	Other expenses	. 8g									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								171	896
	Net income (loss) (subtract line 8h from line 8c)	8i								437	7152
_ j	Transfers to (from) the plan (see instructions)	8j									
Par											
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 3D 2A 2G	feature co	odes from the List of Plant	an Cha	racteri	stic Co	des in t	the inst	ruction	ons:	
В	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	ic Coc	les in th	e instr	uctio	ns:	
Part	V Compliance Questions						T				
10	During the plan year:				Yes	No	N/A			Amoun	t
а	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		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						250000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som	ner person ne or all of	s by an insurance the benefits under			X					
f	the plan? (See instructions.)  Has the plan failed to provide any benefit when due under the pla			10e							
-				10f		X					
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount a			10g		X					
n	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					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?			10j		X					
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									Ye	s No
11a	Enter the unpaid minimum required contribution for all years from						11a				
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of t	he Cod	e or se	ction (	302 of E	RISA?	,	Ye	s 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 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		"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)?		Design- based safe ADP/ACF harbor test method						
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	age 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).	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

## 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 6500-SF.

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

Part [	Annual Repor	t Identification Information iscal plan year beginning	01/01/2015	and ending	12/31/20	)15				
POF Carerios	ar pian year zu io oi i	X a single-employer plan	a multiple-employer pl	an (not multiemployer)	(Filers checking this	box must attach a				
A This ret	urn/report is for:		list of participating em	ployer information in ac	cordance with the fo	orm Instructions)				
	•	a one-participant plan	a foreign plan							
This retu	rn/report is	the first return/report	the final return/report							
7 11110 10	in in topolitic	an amended return/report	a short plan year return	n/report (less than 12 m	onths)					
Check h	oox if filing under:	X Form 5558	automatic extension	tomatic extension DFVC program						
OHOUR N	OX II tilling arroot.	X Form 5558  special extension (enter desc	L		ш .	ū				
Part II	Bacic Plan Inf	ormation—enter all requested in								
a Name		offination—enter an requested in	normano.		1b Three-digit					
	ICAL PC 401K	PLAN			plan number (PN) ▶	001				
					1¢ Effective date	of plan				
					01/01/20	05				
Mailing	addrese (Include ro	oyer, if for a single-employer plan) om, apt., suite no, and street, or P.	O. Box)		2b Employer Ide (EIN) 26-3	ntification Number 765332				
	town, state or provin EDICAL PC	ce, country, and ZIP or foreign pos	tal code (if foreign, see instr	uctions)	2c Sponsor's te 315-230-	•				
						le (see Instructions)				
196 No	rth St				621111					
GENEVA		NY 14456								
		and address Same as Plan Spor			3b Administrator's EIN 26-3765332					
	DICAL PC	<u> </u>			3c Administrator's telephone number					
					315-230-	·				
196 No:	rth St									
GENEVA		NY 14456								
4 If the r	name and/or EIN of the	ne plan sponsor has changed since	the last return/report filed for	or this plan, enter the	4b EIN					
		umber from the last return/report.			4c PN					
a Sponse		s at the beginning of the plan year			5a	119				
		s at the end of the plan year			5b	114				
C Numb	er of narticinants with	account balances as of the end of	f the plan year (defined bene	efit plans do not	5c	95				
compl	ete this item)	***************************************	***************************************		5d(1)	11(				
		articipants at the beginning of the			F.1(0)	104				
d(2) Tot	al number of active p	participants at the end of the plan y	ear	nefits that were less						
	4000/ 4 /	at terminated employment during th			5e	(				
					use is established	policable, a Schedule				
Under peni SB or Sche		other penalties set forth in the instr and signed by an enrolled actuary,								
SIGN	X / Sand	y Sistron	X10-12-16	Wendy Disbrow	7					
HERE	Signature of plan	· V	tual signing as plan	administrator						
SIGN	Oignature or pierr	- This is a second of the seco								
HERE	Signature of omn	loyer/plan sponsor	Date	Enter name of individ	dual signing as emp	loyer or plan sponsor				
Preparer's	name (including firm	name, if applicable) and address			Preparer's teleph	one number				
	, ,									
					34.400					
						PLANT TO A STATE OF				

Form 5500-SF 2015		Page <b>2</b>		-			
6a Were all of the plan's assets during the plan year invested in elig 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 care	of an indepen y and condition	dent qualified public a	ccount	ant (IQ	PA) 		
c If the plan is a defined benefit plan, is it covered under the PBGC	insurance pr	ogram (see ERISA se	ection 4	021)?	[]	Yes	No Not determined
Part III   Financial Information					Т		
7 Plan Assets and Liabilities a Total plan assets	70	(a) Beginning	<u>дот че</u> 2,86		2		(b) End of Year 3,297,334
a Total plan assetsb Total plan liabilities			2,00	0,10			3,137,7331
C Net plan assets (subtract line 7b from line 7a)			2,86	0,18	2		3,297,334
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou					(b) Total
a Contributions received or receivable from:				) FF	_		
(1) Employers				3,55	_		
(2) Others (in a believe as linears)				2,49 9,07	_		
b Other income (loss)				6,07	_		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				0,07	+		609,048
d Benefits paid (including direct rollovers and insurance premiums						·	
to provide benefits)	8d		17	1,82	1		
e Certain deemed and/or corrective distributions (see instructions).	8e						
f Administrative service providers (salaries, fees, commissions)				7	5		
g Other expenses	<del></del>		****		-		171 000
h Total expenses (add lines 8d, 8e, 8f, and 8g)			····				171,896
Net income (loss) (subtract line 8h from line 8c)      Transfers to (from) the plan (see instructions)					_		437,152
Part IV Plan Characteristics	···  8j						
9a If the plan provides pension benefits, enter the applicable pensio 2E 2J 3D 2A 2G  B If the plan provides welfare benefits, enter the applicable welfare  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 contrib described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary Fi	duciary Correction	10a		Х		
<b>b</b> Were there any nonexempt transactions with any party-in-intere reported on line 10a.)	,		10b		Х		
C Was the plan covered by a fidelity bond?			10c	Х			250,00
d Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?	's fidelity bon	d, that was caused	10c		х		230,00
Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides so the plan? (See instructions.)	other persons ome or all of t	by an insurance he benefits under	10e		х		
f Has the plan failed to provide any benefit when due under the p			10f		Х		
g Did the plan have any participant loans? (If "Yes," enter amount			10g	<del> </del>	Х		
h If this is an individual account plan, was there a blackout period 2520.101-3.)	? (See instru	ctions and 29 CFR	10g 10h		х		
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 required	notice or one of the	10i				
j Did the plan trust incur unrelated business taxable income?			10j		Х		
Part VI Pension Funding Compliance			<del></del>				
11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)							
11a Enter the unpaid minimum required contribution for all years from						T	
12 Is this a defined contribution plan subject to the minimum fundir	ng requireme	nts of section 412 of t	the Cod	le or se	ection	302 of E	RISA? Yes No

	F	orm 5500-SF 2015 Page <b>3 -</b>							
	(If "Ye	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а		viver of the minimum funding standard for a prior year is being amortized in this plan year, see ins	and the second s	enter th Day	e date o			ing	
granting the waiver									
<b>b</b> Enter the minimum required contribution for this plan year									
С	Enter th	e amount contributed by the employer to the plan for this plan year		12c					
d	Subtra	ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l	eft of a	12d					
е		e minimum funding amount reported on line 12d be met by the funding deadline?			Yes	N	o 🗌	N/A	
Part	VII	Plan Terminations and Transfers of Assets							
13a	Has a	resolution to terminate the plan been adopted in any plan year?			_ Y	es 🗌	No		
	If "Yes	," enter the amount of any plan assets that reverted to the employer this year		13a					
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug PBGC?		ontrol		Ye	s 🗌	No .	
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif assets or liabilities were transferred. (See instructions.)	y the plan(s) to	)					
1	13c(1) N	ame of plan(s):	13c(2)	EIN(s)		1	3c(3) P	N(s)	
Part	VIII	Trust Information							
14a	Name c	f trust		14b Trust's EIN					
14c	Name	of trustee or custodian		14d Trustee's or custodian's telephone number					
Par	t IX	IRS Compliance Questions		•					
15a	Is the	olan a 401(k) plan?		Y	es		No		
15b		" how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		b h	esign- ased saf arbor nethod	ë [	ADP/ACP test		
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cumethod" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	·01(m)-	Y	es .		No		
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under section	on 410(b):	∐ p	Ratio ercentag est	je [		rage efit test	
16b		ne plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by com n with any other plans under the permissive aggregation rules?		Y	es 		No		
17a	Has th	e plan been timely amended for all required tax law changes?			es		No	□ N/A	
	for tax	law changes and codes).	Enter the	••••	***************************************			structions	
	adviso	lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plant is letter, enter the date of that favorable letter and the letter's serial new plant is letter and the letter's serial new plant is letter.	umber		······································			or	
	determ	lan is an individually-designed plan and received a favorable determination letter from the IRS, elination letter		the pla	ın's last i	ravoral	ole 		
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		Ye	es		]No		
19	Were i	n-service distributions made during the plan year?		Y	es		No		
		," enter amount		19					
20		equired minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wl ), as required under section 401(a)(9)?		Y	es		No	□ N/A	