## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

**HERE** 

SIGN 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.

2215

2015

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

_	art i Annuai Kepon	t identification information	1						
Fo	r calendar plan year 2015 or f	iscal plan year beginning 01/01/	2015	and ending 1	2/31/2015				
Α	This return/report is for:	a single-employer plan		plan (not multiemployer) mployer information in ad					
		a one-participant plan a foreign plan							
В	This return/report is	the first return/report	the final return/report						
_		an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)				
С	Check box if filing under:	X Form 5558	automatic extension		DFVC p	rogram			
		special extension (enter desc	1 ,						
P	Part II Basic Plan Info	ormation—enter all requested in	nformation		T				
	Name of plan				<b>1b</b> Three-digit				
NO	RTHERN ORAL & MAXILLOF	FACIAL SURGERY SERVICES, PO	PROFIT SHARING PLAN	N	plan numbei (PN) ▶	002			
					1c Effective dat	l l			
						11/01/1995			
28		oyer, if for a single-employer plan)	3. P)			entification Number			
		om, apt., suite no. and street, or P.o ce, country, and ZIP or foreign pos		tructions)	(=,	6-1454165			
NOF		ACIAL SURGERY SERVICES, P.C		,	2c Sponsor's te	elephone number 5-782-3101			
					2d Business co	de (see instructions)			
	PADDOCK STREET SUITE 1 FERTOWN, NY 13601	03			6	21210			
						21210			
38	Plan administrator's name a	and address XSame as Plan Spor	sor.		<b>3b</b> Administrato	r's EIN			
					3c Administrato	r's telephone number			
4	If the name and/or EIN of the	ne plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b EIN				
	•	umber from the last return/report.			<b>40</b> DN				
	Sponsor's name				<b>4c</b> PN <b>5a</b>	6			
oa k	•	s at the beginning of the plan year. s at the end of the plan year			5b	5			
C		s at the end of the plan year							
	complete this item)	•	5c	4					
C	d(1) Total number of active pa	5d(1)	3						
	• •	articipants at the end of the plan ye			5d(2)	3			
e	· · · · · · · · · · · · · · · · · · ·	t terminated employment during the			5e	0			
		or incomplete filing of this retur							
SE		other penalties set forth in the instru and signed by an enrolled actuary, applete							
		d/valid electronic signature.	10/13/2016	DR. ERHARD BEUTT	ΓENMULLER				

Date

Date

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

Signature of plan administrator

Signature of employer/plan sponsor

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

	Form 5500-SF 2015		Page <b>2</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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	an indepe and condit not use Fo	ndent qualified public ations.)orm 5500-SF and mus	ccount	ant (IQ	PA)  <b>Form</b>	5500.			X Ye	
С	f the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	program (see ERISA se	ection 4	021)?		Yes	No	1	Not dete	ermined
Par	t III Financial Information		1								
7	Plan Assets and Liabilities		(a) Beginning					(b) E	nd of	Year	
	Total plan assets	. 7a		730	808	-				704	4578
	Total plan liabilities	. 7b		720	808	+				70	4578
	Net plan assets (subtract line 7b from line 7a)	. 7c	(a) Ama-		7000	+		/1-	\ T		+376
	Contributions received or receivable from:		(a) Amou	ınt				(1)	) Tot	aı	
	(1) Employers	. 8a(1)		15	985						
	2) Participants	. 8a(2)		17	475						
	(3) Others (including rollovers)	. 8a(3)									
	Other income (loss)	8b		19	035						2405
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	. 8c								52	2495
	to provide benefits)	. 8d		77	226						
е	Certain deemed and/or corrective distributions (see instructions)	. 8e									
f_	Administrative service providers (salaries, fees, commissions)	. 8f		1	499						
<u>g</u>	Other expenses	. 8g									
	Total expenses (add lines 8d, 8e, 8f, and 8g)	1									3725
	Net income (loss) (subtract line 8h from line 8c)									-20	5230
Par	Transfers to (from) the plan (see instructions)  IV Plan Characteristics	8j									
	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2T 3D  If the plan provides welfare benefits, enter the applicable welfare f  V Compliance Questions										
10	During the plan year:				Yes	No	N/A			Amoun	•
a	Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	Fiduciary Correction	10a	100	X	1974			Amoun	
b	Were there any nonexempt transactions with any party-in-interest			40h		X					
	reported on line 10a.)			10b							
c	Did the plan have a loss, whether or not reimbursed by the plan's			10c		X					
	by fraud or dishonesty?			10d		Χ					
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.)	ne or all of	the benefits under	10e	X						1588
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		Χ					
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year	end.)	10g		Χ					
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		X					
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10			10i							
_ j	Did the plan trust incur unrelated business taxable income?			10j	L						
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									Ye	es X No
<u>11a</u>	Enter the unpaid minimum required contribution for all years from	Schedule	SB (Form 5500) line 4	0			11a				
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of t	he Cod	e or se	ection	302 of E	RISA?	·	Ye	es 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)		13c(3) 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 custodia	an's	
	14C 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/ACP 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		rage efit test	
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No		
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A	
17b	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		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	

## 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

	<u>t Identification Information</u>	n		
For calendar plan year 2015 or		01/01/2015 and ending	12/31/2015	
_	🛛 a single-employer plan	a multiple-employer plan (not multiemploye	, ,	
A This return/report is for:	a one-participant plan	list of participating employer information in	accordance with the form i	nstructions)
	a one-participant plan	a foreign plan		
<b>B</b> This return/report is	the first return/report	the final return/report		
This return/report is	an amended return/report	a short plan year return/report (less than 12	months)	
	an amended return/report	a short plan year return/report (less than 12	monuis)	
C Check box if filing under:		automatic extension	DFVC progra	m
	special extension (enter desc	cription)		
Part II Basic Plan Inf	ormation—enter all requested in	nformation		
1a Name of plan			1b Three-digit	
	illofacial Surgery Se	ervices, PC	plan number	0.00
Profit Sharing Plan			(PN) ▶ 1c Effective date of p	002
			01/01/1995	iaii
2a Plan sponsor's name (emp	loyer, if for a single-employer plan)		2b Employer Identific	ation Number
	om, apt., suite no. and street, or P.		(EIN) 16-1454	
Northern Oral & Max		stal code (if foreign, see instructions)	2c Sponsor's telepho	
Surgery Services, P			(315) 782-3	
-			2d Business code (se	e instructions)
104 Paddock Street	Suite 103		621210	
Watertown		NY 13601		
3a Plan administrator's name	and address XSame as Plan Spon	nsor.	3b Administrator's EII	1
			2	
			3c Administrator's tele	ephone number
A 1611 11 ED 151				
	ne pian sponsor has changed since umber from the last return/report.	e the last return/report filed for this plan, enter the	4b EIN	
a Sponsor's name	, 		4c PN	
5a Total number of participant	s at the beginning of the plan year.		5a	6
<b>b</b> Total number of participant	s at the end of the plan year		5b	5
C Number of participants with	account balances as of the end of	f the plan year (defined benefit plans do not	5c	
complete this item)				4
d(1) Total number of active p	articipants at the beginning of the p	olan year		3
d(2) Total number of active p	articipants at the end of the plan ye	ear	5d(2)	3
		e plan year with accrued benefits that were less	5e	0
		rn/report will be assessed unless reasonable c	ause is established.	0
Under penalties of perjury and o	other penalties set forth in the instru	uctions, I declare that I have examined this return/r	eport, including, if applicab	
SB or Schedule MB completed a belief, it is true, correct, and con		as well as the electronic version of this return/repo	ort, and to the best of my kr	nowledge and
SIGN Suct	le le	/0/12/16 Dr. Erhard B	euttenmuller	
HERE				:-44-
Signature of plan	administrator		dual signing as plan admin	ISTRATOR
SIGN ( ) Le		(0)1z(/C		
Signature of emp	loyer/plan sponsor		dual signing as employer of	
Preparer's name (including firm	mame, if applicable) and address ()	na agree transit of Sime transities 1	Preparer's telephone nu	
		modulo room or outer hambor y		
	,, (	notice from or other names of		
	,,,	indiado fosili o ouno nambol y		
	,	indiado fosili o ouno nambor y		

Form 5500-SF 2015		Page <b>2</b>							
<ul> <li>Were all of the plan's assets during the plan year invested in eligit</li> <li>Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility</li> <li>If you answered "No" to either line 6a or line 6b, the plan canal</li> </ul>	an indepe	ndent qualified public	accoun	tant (IC	QPA)				Yes No
c If the plan is a defined benefit plan, is it covered under the PBGC i	nsurance	orogram (see ERISA s	ection 4	1021)?	[	Yes	No	☐ Not d	letermined
Part III Financial Information	I was a second				_				
7 Plan Assets and Liabilities		(a) Beginnin					(b) E	nd of Yea	
a Total plan assets	. 7a		/ 3	0,80	8				704,578
b Total plan liabilities	. 7b				_				
C Net plan assets (subtract line 7b from line 7a)	7c		73	0,80	8				704,578
8 Income, Expenses, and Transfers for this Plan Year	Aligan/Ali	(a) Amo	unt		14.50	ANG SAN	<b>()</b> 128332721	) Total	
a Contributions received or receivable from: (1) Employers	8a(1)		1	5,98	5				
(2) Participants	8a(2)		1	7,47	5	1334		19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
(3) Others (including rollovers)	. 8a(3)				\$10 (5)	300000			PART TO
b Other income (loss)	. 8b		1	9,03	5				W. Carlot
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c				23 14				52,495
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		7	7.22	6				
e Certain deemed and/or corrective distributions (see instructions)	. 8e			.,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		2.%		767 MOONS
f Administrative service providers (salaries, fees, commissions)	. 8f			1,49	9				
g Other expenses	. 8g								14 14 25 K
h Total expenses (add lines 8d, 8e, 8f, and 8g)	T					7			
Net income (loss) (subtract line 8h from line 8c)	1					-26,			-26,230
j Transfers to (from) the plan (see instructions)	. 8i								
Part IV Plan Characteristics	-7				-		S - 12.41	***************************************	
9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2T 3D  B If the plan provides welfare benefits, enter the applicable welfare f									
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A	Γ	Amou	
a Was there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's Normal)	oluntary F	iduciary Correction	10a		Х				
b Were there any nonexempt transactions with any party-in-interest			40h		Х				
reported on line 10a.)			10b						
Was the plan covered by a fidelity bond?      Did the plan have a loss, whether or not reimbursed by the plan's			10c		Х				
by fraud or dishonesty?			10d		Х				
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	the benefits under	10e	Х					1,588
f Has the plan failed to provide any benefit when due under the pla	ın?		10f		Х				
g Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х				
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instri	uctions and 29 CFR	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)								Пп	res X No
occo, and the tra solon,						1			

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(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ingranting the waiver.		enter the Day_		ne letter ru Year	ling	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line						
<b>b</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				
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)	I	12d				
Will the minimum funding amount reported on line 12d be met by the funding deadline?			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?			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 brough of the PBGC?	<u></u>			Yes X	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) E	EIN(s)		13c(3) F	PN(s)	
Part VIII Trust Information						
14a Name of trust		14b Trust's EIN				
14c Name of trustee or custodian	14d Trustee's or custodian's telephone number					
Part IX IRS Compliance Questions						
15a Is the plan a 401(k) plan?		∐ Yes	S	☐ No		
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	d employer	Design- based safe harbor method		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))?	01(m)-	Yes	3	No		
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section		Ra pe tes	rcentage	Ave	rage efit test	
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come this plan with any other plans under the permissive aggregation rules?		Yes	3	No		
17a Has the plan been timely amended for all required tax law changes?		Ye	5	☐ No	□ N/A	
17b Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes).				_(See inst		
17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plated advisory letter, enter the date of that favorable letter and the letter's serial number of the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plate advisory letter, enter the date of that favorable letter	mber				or	
17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, endetermination letter		the plan	's last favo	orable		
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	3	☐ No		
If "Yes," enter amount		19				
Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wiretired), as required under section 401(a)(9)?		Yes	3	□ No	∏ N/A	