Form 55	00-SF	Short Form Annu	•	ort of Small Empl	oyee	(OMB Nos. 1210-0110 1210-0089
Department of th Internal Revenu		This form is required to be fil	Benefit Pla		Petirement		2015
Department o Employee Benefits Secu	urity Administration	Income Security Act of 197		6057(b) and 6058(a) of the		This Form is Open to Public Inspection	
Pension Benefit Guara				instructions to the Form 5	500-SF.	Fubi	cinspection
		dentification Information		and anding 1	2/24/2015		
For calendar plan y	ear 2015 of lisc	al plan year beginning 01/01,		and ending 1 ver plan (not multiemployer)	2/31/2015 (Filers check	cina this ho	v must attach a
A This return/repo	ort is for:	a one-participant plan		g employer information in a	`	0	
B This return/repor	rt is	the first return/report an amended return/report	the final return/rep	oort eturn/report (less than 12 m	onths)		
C Check box if filir	ng under:	Form 5558	automatic extens		· —	FVC progra	am
		special extension (enter dese	1 /				
	c Plan Infor	mation—enter all requested in	nformation		1	T	
1a Name of plan FINGER LAKES HE	MATOLOGY AN	ND ONCOLOGY PLLC 401K PF	ROFIT SHARING PLAN		1b Three plan r (PN)	umber	001
					1c Effect	ive date of	plan /2002
Mailing addres	s (include room,	er, if for a single-employer plan) , apt., suite no. and street, or P.			2b Emplo	yer Identifi	cation Number 41307
		country, and ZIP or foreign pos D ONCOLOGY, PLLC	stal code (if foreign, see	instructions)	2c Spons	sor's teleph 315-46	one number 2-1400
	-				2d Busine		ee instructions)
3 AMBULANCE DRI CLIFTON SPRINGS,		5				62149	98
3a Plan administra	ator's name and	address Same as Plan Spor	nsor.		3b Admir		
INGER LAKES HEN	ATOLOGY AN	D ONCOLOGY, PLLC 6 AMBL CLIFTO	JLANCE DRIVE N SPRINGS, NY 14432	2-1135	3c Admir		41307 elephone number
						315-462	2-1400
		plan sponsor has changed since ber from the last return/report.	e the last return/report fi	led for this plan, enter the	4b EIN		
a Sponsor's nam	ie				4c PN		
5a Total number of	of participants a	t the beginning of the plan year					22
	• •	t the end of the plan year					4
		ccount balances as of the end o			5c		4
d(1) Total numbe	er of active parti	cipants at the beginning of the p	olan year		5d(1)		21
		cipants at the end of the plan ye			5d(2)		2
than 100% ve	sted	erminated employment during th			5e		0
Under penalties of	perjury and othe 3 completed and	r incomplete filing of this return er penalties set forth in the instru- l signed by an enrolled actuary,	uctions, I declare that I h	nave examined this return/re	port, includin	g, if applica	
		alid electronic signature.	10/17/2016	BRUCE YIRINEC			
HERE	ture of plan ad		Date	Enter name of individ	lual signing a	s plan adm	inistrator
SIGN HERE							
Signa		er/plan sponsor me, if applicable) and address (Date include room or suite nu	Enter name of individ	lual signing a Preparer's		
For Paperwork Redu	ction Act Notice	and OMB Control Numbers, see t	he instructions for Form	5500-SF.		F	Form 5500-SF (2015)

6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)					X Yes No
b	Are you claiming a waiver of the annual examination and report of a							X Yes No
	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 cann							
	If the plan is a defined benefit plan, is it covered under the PBGC in							No Not determined
Pa	t III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning	of Yea	ar			(b) End of Year
а	Total plan assets	7a		1946				1171216
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c		1946	827			1171216
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	Int				(b) Total
а	Contributions received or receivable from:			_				
	(1) Employers	8a(1)		-	373			
	(2) Participants	8a(2)		43	130	_		
	(3) Others (including rollovers)	8a(3)						
	Other income (loss)	8b		25	786	_		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				_		75289
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		850	375			
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f			525			
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)							850900
-	Net income (loss) (subtract line 8h from line 8c)	8i						-775611
j	Transfers to (from) the plan (see instructions)	8j						
Par	t IV Plan Characteristics	-,	1					
	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2G 3D 2F	feature co	odes from the List of Pla	an Chai	racteris	stic Co	odes in	the instructions:
В	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	les from the List of Pla	n Chara	acterist	ic Coc	les in th	ne instructions:
Part	V Compliance Questions							
10	During the plan year:				Yes	No	N/A	Amount
а	Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period					
	described in 29 CFR 2510.3-102? (See instructions and DOL's V					х		
b	Program) Were there any nonexempt transactions with any party-in-interest			10a		^		
	reported on line 10a.)			10b		X		
С	Was the plan covered by a fidelity bond?			10c	X			100000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х		
e	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		
f	Has the plan failed to provide any benefit when due under the pla	n?		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.)			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	he require	d notice or one of the	10i				
j	Did the plan trust incur unrelated business taxable income?			10j				
Part	VI Pension Funding Compliance			. 0]	1		1	<u> </u>

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)	Yes No
11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40	
12	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

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					1		
	(lf "`	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ting the waiver.		enter th Day	e date of	the letter ru Year	ling
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		.		
b	Enter	the minimum required contribution for this plan year		12b			
-		the amount contributed by the employer to the plan for this plan year		12c			
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)		12d			
е	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?			Ye	es X No	
		es," enter the amount of any plan assets that reverted to the employer this year		13a			
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou					
	of th	e PBGC?	-			Yes X	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi h assets or liabilities were transferred. (See instructions.)	fy the plan(s) to				
1	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)
Part	VIII	Trust Information	-				
14a	Name	of trust		14b	Trusťs E	IN	
14c	Nam	e of trustee or custodian		14d		's or custodi ne number	an's
Par	t IX	IRS Compliance Questions					
15a	Is th	e plan a 401(k) plan?		Ye	es	No	
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		b h	esign- ased safe arbor nethod	e ADF test	P/ACP
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?		Y	es	No	
16a	Chec	k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):	Цр	atio ercentag est		erage nefit test
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con lan with any other plans under the permissive aggregation rules?	0	Ye	es	No	
17a	Has	he plan been timely amended for all required tax law changes?		Ye	es	No	N/A
	for ta	the last plan amendment/restatement for the required tax law changes was adopted///x law changes and codes).	•				tructions
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placer letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable 	IRS opinion	or
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/	nter the date of	the pla	in's last fa	avorable	
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		Ye	S	No	
19	Were	in-service distributions made during the plan year?		Ye	es	No	
	lf "Y€	es," enter amount		19			
20	Were	required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w d), as required under section 401(a)(9)?		Y	es	No	N/A

For	m 5500-SF	Short Form Annua	ll Return/Report Benefit Plan	of Small Empl	oyee	OMB Nos. 1210-0110 1210-0089
Depar Inten	rtment of the Treasury nal Revenue Service	This form is required to be filed	under sections 104 and 4			2015
Employee Be	epartment of Labor enefits Security Administration	Income Security Act of 1974 (ERISA), and sections 605 Revenue Code (the Code		e Internal	This Form is Open to Public Inspection
	enefit Guaranty Corporation	Complete all entries in ac	ccordance with the instr	ructions to the Form 5	500-SF.	
Part I For calenda	Annual Report in ar plan year 2015 or fisc	dentification Information al plan year beginning	01/01/2015	and ending	12/3	31/2015
		-	a multiple-employer pl	lan (not multiemployer)		
A This ret	urn/report is for:	a one-participant plan	list of participating em	ployer information in a	ccordance wil	h the form instructions)
B This retu	urn/report is	the first return/report	the final return/report			
	[an amended return/report	a short plan year return	n/report (less than 12 m	nonths)	
C Check b	box if filing under:	X Form 5558	automatic extension		D	FVC program
	j	special extension (enter descrip	btion)			
Part II	Basic Plan Infor	mation—enter all requested info	rmation			
1a Name FINGER		OGY AND ONCOLOGY PLLC	401K PROFIT SH	ARING PLAN	1b Three plan n (PN)	umber 001
						ive date of plan
Mailing	address (include room	er, if for a single-employer plan) , apt., suite no. and street, or P.O.			2b Emplo	yer Identification Number 03-0441307
		country, and ZIP or foreign postal		ructions)	2c Spons	sor's telephone number
6 AMBU	LANCE DRIVE					ess code (see instructions)
CLIFTO	N SPRINGS	NY 14432-113	5			
	dministrator's name and				3b Admin	istrator's EIN
		OGY AND ONCOLOGY, PLI				441307 istrator's telephone number
6 AMBUI	LANCE DRIVE					462-1400
CLIFTO	N SPRINGS	NY 14432-1135				
		blan sponsor has changed since the ber from the last return/report.	ne last return/report filed fo	or this plan, enter the	4b EIN	
a Sponso	or's name				4c PN	
5a Total r	number of participants a	t the beginning of the plan year				22
		t the end of the plan year count balances as of the end of th				4
				•	. <u>5</u> c	4
d(1) Tota	al number of active parti	cipants at the beginning of the pla	n year			21
		cipants at the end of the plan year erminated employment during the p				2
than 1	100% vested		-		. 5e	0
Under pena SB or Sche	alties of perjury and othe	incomplete filing of this return/ er penalties set forth in the instructi I signed by an enrolled actuary, as	ions, I declare that I have	examined this return/re	eport, includin	g, if applicable, a Schedule
SIGN	and comett, and comple			BRUCE YIRINEC]	
HERE	Signature of plan ad	ministrator	Date	Enter name of individ	dual signing a	s plan administrator
SIGN	· ·					
HERE	Signature of employ	er/plan sponsor	Date	Enter name of individ	dual signing a	s employer or plan sponsor
Preparer's	name (including firm na	me, if applicable) and address (inc	lude room or suite numbe	er)	Preparer's	telephone number
						· · · · ·

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6a 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	le assets	? (See instructions.)						X Ye	s 🗌 No
N	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condi	tions.)	account	ant (IC	ιΡΑ) 			X Ye	s 🗌 No
	If you answered "No" to either line 6a or line 6b, the plan cann									<u> </u>
С	If 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 🗌	Not dete	rmined
Pa	rt III Financial Information									
_7	Plan Assets and Liabilities		(a) Beginnin	g of Ye	ar			(b) End	of Year	
<u>a</u>	Total plan assets	7a		1,94	6,82	7			1,1	71,216
b	Total plan liabilities	7b								
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c		1,94	6,82	7			1,1	71,216
_8	Income, Expenses, and Transfers for this Plan Year		(a) Amo	unt				(b) T	otal	
а	Contributions received or receivable from:				6,37	2				
	(1) Employers	8a(1)								
	(2) Participants	8a(2)		4	3,13	0				
	(3) Others (including rollovers)	8a(3)			- 70					
	Other income (loss)	8b		2	5,78	6				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c				_				75,289
	to provide benefits)	8d		85	0,37	5				
e	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f			52	5				
	Other expenses	8g							·	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							85	50,900
	Net income (loss) (subtract line 8h from line 8c)	8i								75,611
	Transfers to (from) the plan (see instructions)	8i								
Par	t IV Plan Characteristics	<u> </u>								
	If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of PI	an Cha	racteri	stic Co	odes in t	the instruct	tions:	
	2E 2J 2K 2G 3D 2F									
В	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Pla	n Chara	acterist	ic Coc	les in th	e instructio	ons:	
Part	V Compliance Questions									
10								I		
a	During the plan year: Was there a failure to transmit to the plan any participant contribu	tione withi			Yes	No	N/A		Amount	
u	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		х				
c	Was the plan covered by a fidelity bond?			10c	х					100,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х				
e	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.)	er person	s by an insurance the benefits under	10e		x				
f	Has the plan failed to provide any benefit when due under the plan			10f		x				
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g		х				
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 the exceptions to providing the notice applied under 29 CFR 2520.10	ne required	d notice or one of the	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)	ents? (If "	Yes," see instructions	and con	nplete	Schec	lule SB	(Form	Yes	5 🗌 No
11a	Enter the unpaid minimum required contribution for all years from									
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?	Yes	No No

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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 ye granting the waiver.	Month	enter the Day	date of th	ne letter ruli Year	ng
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and sk	ip to line 13.				
${f b}$ 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 si negative amount)	ign to the left of a	. 12d			
e 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	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 of the PBGC?	n, or brought under the co	ontrol		Yes 🗌 N	No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan which assets or liabilities were transferred. (See instructions.))			
13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) P	N(s)
Part VIII Trust Information				···	
14a Name of trust		14b ⊺r	ust's EIN		
14c Name of trustee or custodian			Frustee's o elephone	or custodia number	n's
Part IX 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 definition matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		bas	sign- sed safe bor thod	ADP/	ACP
15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year usi testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(i 2(a)(2)(ii))?	ii) and 1.401(m)-	Yes		No	
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements ur	nder section 410(b):	Rat per test	centage	Aver bene	age efit test
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4 this plan with any other plans under the permissive aggregation rules?	4) by combining	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			(See in:	
	's serial number		·	-	r
 17d If the plan is an individually-designed plan and received a favorable determination letter from the determination letter 19 Is the Dian maintained line if the transformation in the determination 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 made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U	1022(i)(2) has been J.S. Virgin 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 (regard retired), as required under section 401(a)(9)?	less of whether or not	Yes		No	N/A