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

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Part I	Annual Repor	rt Identification Information	1								
For calen	dar plan year 2015 or	fiscal plan year beginning 01/01/2	2016		and ending 11	1/07/2	016				
A This re	A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach list of participating employer information in accordance with the form instructions) a foreign plan										
B This re	turn/report is	the first return/report an amended return/report	X the	inal return/report	/report (less than 12 m	onths)					
C Check	box if filing under:	Form 5558	Ш	omatic extension			DFVC progr	ram			
Part II	Basic Plan Inf	formation—enter all requested in	formation	1							
1a Name	e of plan	() PROFIT SHARING PLAN		•		1b	Three-digit plan number (PN) ▶	002			
						1c	Effective date of	•			
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box)					2b	09/01/1989 2b Employer Identification Number (EIN) 16-1073606					
		nce, country, and ZIP or foreign post L. HOUGHTALING, D.D.S., P.C.	tal code (if foreign, see instru	ictions)	2c	Sponsor's telep	hone number 85-0510			
897 DELAWARE AVE. BUFFALO, NY 14209-1603					2d Business code (see instructions) 621210						
3a Plan administrator's name and address XSame as Plan Sponsor.					3b Administrator's EIN						
						3c	Administrator's t	elephone number			
		he plan sponsor has changed since umber from the last return/report.	the last i	eturn/report filed fo	r this plan, enter the	4b	EIN				
a Spon	sor's name					4c	PN				
5a Tota	number of participant	ts at the beginning of the plan year				5	a	8			
		ts at the end of the plan year				5	b	0			
com	C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)							0			
d(1) To	tal number of active p	participants at the beginning of the pl	lan year .			5d		8			
		participants at the end of the plan ye				5d	(2)	0			
thar	100% vested	at terminated employment during the	·			5		0			
Under per SB or Sch	nalties of perjury and o	e or incomplete filing of this return other penalties set forth in the instru- and signed by an enrolled actuary, a mplete.	ctions, I	declare that I have esthe electronic vers	examined this return/rep	port, ir	ncluding, if applic	•			
SIGN HERE	Filed with authorize	d/valid electronic signature.		11/30/2016	JOEL M. LEVIN						
				_							

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

SIGN HERE Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

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 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 cannot be a second to the plan cannot be a second to	an indepen and condition	dent qualified public a	ccount	ant (IQ	PA)			X Yes	
c If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No	Not dete	rmined
Part III Financial Information	, ,								
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End o	f Year	
a Total plan assets	. 7a		615	534					0
b Total plan liabilities	7b		C1 E	.EQ4					0
Net plan assets (subtract line 7b from line 7a) Income. Expenses, and Transfers for this Plan Year	7c	(a) A		5534			(I-) T-	4-1	U
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b) To	tai	
(1) Employers	8a(1)		2	447					
(2) Participants	8a(2)		3	333					
(3) Others (including rollovers)	8a(3)								
b Other income (loss)	8b		22	480					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							28	260
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		643	569					
e Certain deemed and/or corrective distributions (see instructions)	8e								
f Administrative service providers (salaries, fees, commissions)	. 8f			225					
g Other expenses	. 8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							643	794
i Net income (loss) (subtract line 8h from line 8c)	8i							-615	534
j Transfers to (from) the plan (see instructions)	8j								
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D	feature cod	des from the List of Plant	an Cha	racteris	stic Co	des in th	ne instruct	ions:	
B If the plan provides welfare benefits, enter the applicable welfare f	eature code	es from the List of Pla	n Chara	acterist	ic Coc	les in the	e instructio	ns:	
								_	
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 V Program)	/oluntary Fi	duciary 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	Х					50000
d Did the plan have a loss, whether or not reimbursed by the plan's 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	10e		X				
f Has the plan failed to provide any benefit when due under the pla			10f		Х				
g Did the plan have any participant loans? (If "Yes," enter amount a					X				
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ctions and 29 CFR	10g 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	he required	notice or one of the	10ii						
j Did the plan trust incur unrelated business taxable income?			10j						
			IUJ	<u> </u>					
Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								☐ Yes	s X No
11a Enter the unpaid minimum required contribution for all years from						11a			7 140
12 Is this a defined contribution plan subject to the minimum funding							RISA?	Yes	s X No

	F	orm 5500-SF 2015 Page 3 - 1					
	(If "Ye	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 in: ng the waiver		enter the Day	e date of	the letter ru Year	ling
If		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_		Τσαι	
b	Enter ti	he 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			
	Subtra	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the	12d				
		ve amount)		Yes	No	N/A	
Part		e minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets			163	NO	IN/A
		resolution to terminate the plan been adopted in any plan year?			X Ye	sПNo	
		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 brou	ght under the co	ontrol	×	Yes	No
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi					
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)
		Trust Information					
14a	Name o	f trust		14b 1	rust's Ell	N	
14c	of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s): art VIII Trust Information 4a Name of trust 4c Name of trustee or custodian Part IX IRS Compliance Questions 5a Is the plan a 401(k) plan? 5b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and emp matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? 5c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current 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 or custodi	an's
					telepnon	e number	
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		☐ Ye	s	No	
	10 110			_ D	esign-		
15b				ha	sed safe arbor ethod	ADF test	P/ACP
15c				Yes No			
16a	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):				Ratio Average benefit to		
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		No	
17a		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	If the p	lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play letter, enter the date of that favorable letter/ and the letter's serial r		t to a fa	vorable I	RS opinion	or
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, entire termination letter from the IRS, entire termination letter from the IRS, entire termination letter from the IRS, entire from the IRS, en		the plai	 n's last fa	vorable	
18	Is the I	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	S	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

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

QMB Nos. 1210-0110 1210-0089

2015

Penalon Benefit Guaranty Composition		Revenue Code (the Code	9).		Put	ilc inspection			
	Complete all entries is	n accordance with the inst	ructions to the Form 6	500-SF.	<u> </u>				
限 Bartiles Annual Repo	ort Identification Informatio	n							
For calendar plan year 2015 o	or fiscal plan year beginning 01/01/2	016	and ending 11/	07/2016					
A This return/report is for:		a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking list of participating employer information in accordance with t							
	a one-participant plan	a foreign plan							
B This return/report is	the first return/report an amended return/report	X the final return/report		411					
	T an amonded returns both	X a short plan year retur	rvrepon (less man 12 n	ionurs)					
C Check box if filing under:	Form 5558 special extension (enter des	automatic extension		<u> </u>	DFVC prog	iram			
	nformation—enter all requested i	information		r 2					
1a Name of plan Levin & Houghtaling 401(k) Pro	ofit Sharing Plan			1b Thre	e-digit number				
				(PN)		002			
					tive date o 1/1989	f plan			
2a Plan sponsor's name (em	ployer, if for a single-employer plan)			2b Empl	oyer Identi	fication Number			
Mailing address (include r	oom, apt., suite no. and street, or P. Inco, country, and ZIP or foreign por	.O. Box)	rudiana)		16-107360				
Joel M. Lovin, D.D.S. & John L.	Houghteling, D.D.S., P.C.	au code (II lotelyii, see liisti	ucions,	2c Spor	ponsor's telephone number (716) 885-0510				
÷ 1				2d Busin		see instructions)			
897 Delaware Ave.				6212		and mondonorie).			
Buffalo, NY 14209-1603									
	and address X Same as Plan Spor	nsor.		3b Admi	nistrator's I	EIN			
	B. a.i	•				,			
4 If the name and/or EIN of	the plan sponsor has changed since	o the last return/report filed fo	or this plan, enter the	4b Fin					
a Sponsor's name	number from the last return/report.			4c PN					
1000000	nts at the beginning of the plan year			5a		8			
	nts at the end of the plan year			Sb		<u> </u>			
C Number of participants wi	ith account balances as of the end o	f the plan year (defined bone	ofit plans do not	5c					
complete this item)		***************************************				0			
	participants at the beginning of the p			5d(1)		8			
Q(Z) Total number of active R. Number of participants the	participants at the end of the plan ye rat terminated employment during th	a Blog vang with anger and have		5d(2)		0 .			
than 100% vested	*			5e		. 0			
Caution: A penalty for the la	18 Of INCOMPlété filing of this refui	rn/report will be assessed :	uniess rozeonabio cau	en le netab	lishod,				
SB or Schedule MB completed belief, it is true, correct-and co	other penalties set forth in the instru I and signed by an enrolled actuary,	actions, I declare that I have as well as the electronic ver	examined this return/rep sion of this return/report	ort, includin , and to the	g, if application best of my	able, a Schedule Knowledge and			
	Koun		Joel M. Levin						
Signature of plan	n administrator	Date # 30 116	Enter name of individu	al signing a	s plan adm	ninistrator			
aidNas /		- interest of the second	THE RESTRICT OF THE RESTRICT O			1000 12 11 11			
Signature of om	ployor/plan sponsor	Date	Enter name of individu	e oningis (s	s employe	or plan sponsor			
Preparer's name (including firm	n namo, if applicable) and address (include room or suite numbe	1)	Proparer's					
					-				
			ļ	. //	Name of the	Maria (Nagara) and a south Africa			

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6a	Were all of the plan's assets during the plan year invested in eligi	ble assets	? (See instructions.)						X Yes N
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	f an indepe r and condi	ndent qualified public	accour	ntant (I	QPA)			X Yes N
c	If you answered "No" to either line 6a or line 6b, the plan can:							n., n	
COMMON SECURITY	If the plan is a defined benefit plan, is it covered under the PBGC i	insurance i	orogram (see ERISA s	section	4021)?	······ [Yes	∏ио ∐	Not determined
7	Financial Information	MONOTON NOTE							
	Plan Assets and Liabilities		(a) Beginnir			-		(b) End	
_ <u>a</u>	Total plan assets			6155	534	_			0
	Total plan liabilities			0450	***	+		·	0 , .
	Net plan assets (subtract line 7b from line 7a)	. 7c		6155	34	_			0 .
8	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amo	unt		ance	Kenninganingan	(b) To	otal
а	(1) Employers	. 8a(1)		24	47				
	(2) Participants	. 8a(2)		33	333				
	(3) Others (including rollovers)					100 M			
b	Other income (loss)			224	80				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)								28260
d	Benefits paid (including direct rollovers and insurance premiums	. 00							20200
	to provide benefits)	. 8d		6435	69				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	. 8e							
f	Administrative service providers (salaries, fees, commissions)	. 8f		2	25				
g	Other expenses	. 8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h							643794
<u> i </u>	Net income (loss) (subtract line 8h from line 8c)	. 8i							-615534
j	Transfers to (from) the plan (see instructions)	- 8j			-				
Pai	Plan Characteristics					1200000			
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of P	lan Cha	racteri	stic C	odes in th	ne instructi	ons:
В	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	es from the List of Pla	n Char	acteris	tic Co	des in the	instructio	ns:
Pali	V Compliance Questions								
10	During the plan year:				Yes	No	N/A		Amount
а		oluntary F	iduciary Correction	10a		х			Amount
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not i	nclude transactions	10b		Х			
C	Was the plan covered by a fidelity bond?					 			
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bor	nd, that was caused	10c	X	X			50000
	by fraud or dishonesty?			10d	ļ	\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		·	
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 plan			101	-	X		<u> </u>	
g	Did the plan have any participant loans? (If "Yes," enter amount a			10g		X			
h		(See instru	ctions and 29 CFR	10g 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	notice or one of the	10ii					
j	Did the plan trust incur unrelated business taxable income?			10i					
Part	VI Pension Funding Compliance			.0)			السيا		
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "Y	es," see instructions	and cor	npiete	Sched	lule SB (I	orm .	☐ Yes ☒ 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	nts of section 412 of t	he Cod	e or se	ction :	302 of EF	RISA?	Yes X No

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	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			1		
	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions granting the waiver	ctions, and	l enter th	le date of	the letter Year	ruling
	if you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Day		I Gai	
	b Enter the minimum required contribution for this plan year		12b			
	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 left onegative amount)	nf a				
(Separated	Will the minimum funding amount reported on line 12d be met by the funding deadline?		T	Yes	No	N/A
Hill	Plan Terminations and Transfers of Assets			L	<u></u>	
13	Has a resolution to terminate the plan been adopted in any plan year?			X Ye	s 🗆 No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		. 13a			0.
b		inder the c	ontrol	X	Yes [No
		e plan(s) to)			
	13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)

Par	Trust Information				•	·
14a	Name of trust		14h T	rust's EIN		
			175	rust s EIN		
140	Name of trustee or custodian		14d	Truetoo'e	or custod	ion'e
				elephone		iai i S
Pai	IRS Compliance Questions					
15a	l Is the plan a 401(k) plan?		Yes		No	·
	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employee matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba:	sign- sed safe bor thod	ADF	P/ACP
150	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m 2(a)(2)(ii))?	year)-	Yes		No	
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 41		Rai per tes	centage		erage efit test
מסו	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?)	Yes		No	
	Has the plan been timely amended for all required tax law changes?		Yes		No	□N/A
	for tax law changes and codes).	nter the ap	•			structions
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that advisory letter, enter the date of that favorable letter and the letter's serial number	er				OF.
	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the determination letter	e date of t	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) has be made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Island	been ds)?	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 whether retired), as required under section 401(a)(9)?	or not	Yes		No	□ N/A
						** *