Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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 Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information	1									
For calend	ar plan year 2018 or f	iscal plan year beginning 01/01/2	2018		and ending 12	2/31/201	8					
A This ret	urn/report is for:	X a single-employer plan			n (not multiemployer) (_					
	·	a one-participant plan		foreign plan	,			,				
B This retu	urn/report is	the first return/report	the	e final return/report								
		an amended return/report	as	short plan year return	t plan year return/report (less than 12 months)							
C Check	box if filing under:	Form 5558	au	tomatic extension		DFV	C program					
		special extension (enter desc	ription)			<u> </u>						
Part II	Basic Plan Info	ormation—enter all requested in	formation	on								
1a Name		'				1b T	hree-digit					
		OF SOUTHERN TIER EMPLOYEE	ES' PRO	PFIT SHARING PLAI	N AND TRUST	pl	an number PN) ▶	001				
						1c E	ffective date o	f plan 1/2010				
		oyer, if for a single-employer plan)	O D)					fication Number				
		om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post		(if foreign see instr	ictions)	(E	IN) 26-2	497687				
•	•	OF SOUTHERN TIER	tai codo	(ii foreign, see man	actions)	2c Sponsor's telephone number 607-798-7169						
						2d B	usiness code	(see instructions)				
	IDE DR., STE. 201 DN, NY 13905-4178					621210						
3a Plan a	dministrator's name a	nd address 🛛 Same as Plan Spo	nsor.			3b Ad	dministrator's	EIN				
						3c Administrator's telephone number						
						3c Administrator's telephone number						
4						41 -						
		e plan sponsor or the plan name honsor's name, EIN, the plan name a				4b EIN						
a Spons	or's name					4d PN						
C Plan N	lame											
5a Total i	number of participants	s at the beginning of the plan year.				5a		7				
b Total i	number of participants	s at the end of the plan year				5b		6				
		account balances as of the end of		, , ,	•	5с		6				
•	,	articipants at the beginning of the p				5d(1))	6				
d(2) Tot	al number of active pa	articipants at the end of the plan ye	ear			5d(2))	6				
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested						5e		0				
		or incomplete filing of this retur				use is es	stablished.					
SB or Sche	alties of perjury and of edule MB completed a true, correct, and com	ther penalties set forth in the instru and signed by an enrolled actuary, a polete.	ctions, I as well a	declare that I have as the electronic vers	examined this return/re sion of this return/repor	port, incl t, and to	uding, if application the best of m	cable, a Schedule y knowledge and				
SIGN		d/valid electronic signature.		02/12/2019	MARK A. DREHER, D	DS, MD	, PRESIDENT					
HERE	Signature of plan a	administrator		Date	Enter name of individ	ual signi	ng as plan adı	ministrator				
SIGN												
HERE	Signature of emplo	oyer/plan sponsor		Date	Enter name of individ	ual signi	ng as employe	er or plan sponsor				

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	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								No
b	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								No
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.								ш
С	c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?								
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year								
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Year	,		(b) E	nd of Year	
а	Total plan assets	7a	74	48393				806717	
	Total plan liabilities	7b		0				0	
С	Net plan assets (subtract line 7b from line 7a)	7c	7-	48393				806717	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(k	o) Total	
а	Contributions received or receivable from:			45477					
	(1) Employers	8a(1)		45177	-				
	(2) Participants	8a(2)	-	43869	-				
	(3) Others (including rollovers)	8a(3)		0	-				
	Other income (loss)	8b	7	28623	-			00400	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						60423	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		2099					
е	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f	Administrative service providers (salaries, fees, commissions)	8f		0					
g	Other expenses	8g		0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						2099	
i	Net income (loss) (subtract line 8h from line 8c)	8i						58324	
j	Transfers to (from) the plan (see instructions)	8j		0					
Par	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 3D	feature co	des from the List of Plant	an Cha	racteri	stic Co	odes in the i	instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	tic Cod	des in the in	structions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
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)			10a		X			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	,		10b		X			
С	Was the plan covered by a fidelity bond?			10c	X			1000	00
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					X			
е	e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)					X			
f	f Has the plan failed to provide any benefit when due under the plan?					X			
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)					X			
h	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					

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Part	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche (Form 5500) and line 11a below)		В	Y	es No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?		:	Y	es X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver	d enter t Day		of the lette Year _	r ruling
lf :	you completed 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			
С	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 left of a negative 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?		Yes	× N	o
	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 brought under the control of the PBGC?			Yes X	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to			
1	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3)	PN(s)

Form 5500-SF	Short Form Anni	ONE Nos 1210-0110 1210-0089						
Department of the Treasury Internal Revenue Service	This form is required to be fill	Benefit Plan	affile of the Employee D	atirament	2018			
Department of Labor Employee Banettis Security Administration		4 (ERISA), and sections 60 Revenue Code (the Cod	957(b) and 6058(a) of the		This Form is Open to			
Pension Benefit Guaranty Corporation	Camplete all entries in	accordance with the ins	•	100 SE	Public Inspection			
Part Annual Report	dentification information		nociolis ic the colui of	SUVOF.				
For calendar plan year 2018 or fisc	al pian year beginning	01/01/2018	and ending	12/31	72018			
A This return/report is for	🗴 a single-employer plan		olan (not multiemployer) (mployer information in ac		•			
	a one-partic pant plan	a foreign plan						
B This return/report is	the first return/report	the final return/report						
	an amended return/report	a short plan year retu	im/report (less than 12 m	onths)				
C Check box if filing under:	Form 5558	automatic extension		CFVC pro	gram			
	special extension (enter des	cription						
Part II Basic Plan Infor	mation—enter all requested i	oformation.	AND THE RESIDENCE OF THE PROPERTY OF THE PROPE					
1a Name of plan	CONTRACTOR	Charles the second of the second	Martinellinelline weeks on reasons and 18 ft for arraneous and 18 ft for arraneous and 19 ft for the second and	15 Three	igit			
Cral Surgery Assoc	liates Of Southern	Tier Employees'	Profit Sharing	plan nu	mber			
Plan and Trust				(PN)				
					e date of plan 1/2016			
2a Plan sponsor's name (employ				, , .	er identification Number			
	i, apt., suite not and street, or P . country, and ZIP or foreign po		staintinas)	(EIN) 26-2497887				
	ciates Of Southern	•		20 Sponsor's telephone number 607-798-7169				
161 Riverside Dr.,	Ste. 201			2d Busines	ss code (ses instructions)			
Binghamton	NY 13905	-4178		6212	10			
3a Fian administrator's name and	address M Same as Plar Sp	onsor.	THE RESERVE THE PROPERTY OF TH	3b Adroin	strator's EIN			
	h							
				30 Admin.	strator's telephone number			
4 If the name and/or EIN of the this plan, enter the plan spon	plan sponsor or the plan name sor's name, £IN, the plan name			4b EIN				
a Sconsors name	,			4d PN				
C Plan Name				1				
5a Total number of participants a	at the beginning of the claim tear			5a				
b Total number of participants :				5b	(
C. Number of participants with a		of the plan year (only defina	ed contribution plans	Sc				
d(1) Total number of active part				5d(1)	And the state of t			
d(2) Total number of active par				5d(2)				
e Number of participants who t					······································			
than 100% vested				5 e	<			
Caution: A penalty for the late of	r incomplete filling of this ret.	irrifreport will be assesse	d unless reasonable ca	use is establ	shad.			
Under penalties of penjury and oth SB or Schedule MB completed an belief it is true (correct, and comp	d signed by an enrolled actuary	ructions, i declare that I hav , as well as the electromo v	ve examitned this return/reportation of this return/report	port, including it, and to the b	g. If applicable, a Schedule best of my knowledge and			
SIGN Mark Dut		2/12/19	Mark A. Srehe	r, DDS, I	MD, President			
HERE Signature of plan ac	iministrator	Date	Enter name of inclivio	lual signing as	plan administrator			
SIGN					TO A STATE OF THE PARTY OF THE			
HERE		P	Embra mana a di mai a a a	(in plantas	SHAME OF THE PERSON OF THE PER			
Signature of employers Paparwork Reduction Act Notice		Date 500-SF.	1 Care hame of and A	iosi aigintig 8s	Form 5509-3F (2018)			

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WHIST AND THE TOTAL THE CONTRACT OF THE CONTRA								
8a. Were all of the plan's assets during the plan year invested in eligible	le assets?	(See instructions.)				<u>S</u>	Yes \ \C	
under 29 CFR 2520 104-46? (Sea instructions on waiver eligibility in	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520 104-467 (See instructions on waiver eligibility and conditions.)							
If you answered "No" to either line 6a or line 6b, the plan cann								
C. If the plan is a defined benefit plan is it covered under the PBSC in							ot cetermined	
If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC pi	remium filing for this p	an year	-	-	. (526	instructions.)	
Part III Financial Information	Authorite to provide a provincial	han management throughpu, pay or the tradition of an ex-				-	Marie James Affrica Marie Printers	
7 Pian Assets and Liabilities		(a) Beginning (of Year			(b) End of Ye	ar	
a Total plan assets	7a		743.3	93			606,717	
b Total plan ilacilities.	7b			0			()	
C Net plan assets (subtract line 7b from line 7a)	70		748.	93			306,717	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total		
a Contributions received or receivable from:			45,	77 191				
(1) Employers	8a(1)	Control of the Contro	43.8	-	-			
(2) Fart-cipants	8a(2)		~		-			
(3) Others (including rollovers).	Sa(3)		- 20 /	20.3	n a mod Ni Thomas Anglinico ()		STATE OF THE PARTY	
b Other income (loss)	3b		-28,6				60,423	
C Total income (add tines 8a(1), 8a(2), 6a(3), and 8b)	8c	THE PARTY AND AND PERSONS NAMED IN COLUMN 2 IN COLUMN			-		00,723	
 G. Benefits paid (Including direct rodovers and insurance premiums to provide benefits). 	8d	Manager and development for the College Control of the College Contr	2,(ng digitation de sous de glande très en sous e e une	
B Certain deemed and/or corrective distributions (see instructions)	8e		- AND THE PROPERTY OF THE PARTY					
f Administrative service providers (salaries, less, commissions)	8f	on a company of a first own and a possible of a company of the first of a first						
G Other expenses	- 8g							
h Total expanses (add lines 6d, 3e, 8f, and 8g)	8h					2,099		
Net income (loss) (subtract line 8n from line 8c)	81	The same of the sa	Mary Marian Control of the Control o			58,324		
Transfers to (from) the plan (see instructions)	8]	0		0				
Part IV Plan Characteristics		a algung 1900, and District Control of the State of the S	(MICANISM MARKET FAMI		us vilization transfer in the Tab		S. Mariantes and a service of the se	
9a If the plan provides pension benefits, enter the applicable pension 2A 2B 2J 2K 3D	feature co	des from the List of Pt	an Chai	acteris	tic Codes	in the instruction	ns:	
b If the plan provides welfare benefits, enter the applicable welfare f	eature cod	es from the List of Pia	n Chara	ciarist	e Codes	in the instruction	S	
Part V Compliance Questions	-	AND STREET, STREET, AND STREET,						
10 During the plan year:				Yes	No	Amai	int	
a. Was there a failure to transmit to the plan any participant contribu	tions within	n the time period	Marketty or the state of the st					
described in 29 CFR 2510.3-1027 (See instructions and DOL's \	foluntary F	iductary Correction	* 0 =		x			
Program) Were there any nonexempt transactions with any party-in-interes			10a					
reported on line 10a.)			106		X			
C Was the plan covered by a fidelity bond?		THE RESERVE THE PROPERTY OF THE PARTY OF THE	10c	Х			100,000	
d Did the plan have a loss, whether or not reimbursed by the plants by fraud or dishonesty?			†Oci		Х			
Were any fees or commissions paid to any brokers, agents, or of carrier, insurance service, or other organization that provides sor the pian? (See instructions).	her person he or all of	s by an insurance the benefits under	10e		Х			
	f Has the plan failed to provide any benefit when due under the clan?				X			
g Did the plan have any participant loans? (If "Yes," enter amount of	s of year-r	enc.)	10g		Х			
h If this is an Individual account plan, was there a blackout period? 2520.101-3.)	(See insire	uctions and 29 CFR	10h		х	- Adding and Herrican Art & Sin		
If " (h was answered "Yes " check the box if you either provided to	he require	d notice or one of the					and the state of t	
exceptions to providing the notice applied under 29 CFR 2520.10	11-3		101					

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Part \	/I Pension Funding Compliance		this telephony man cause a Additional transcript of their agreementations		**********		
11	is this a defined benefit plan subject to minimum funding ((Form 6500) and line 11a below).	requirements? (It "Yes," see instruction:	and complete Sch	equie S	iB	DY	es [No
	Enter the unpaid minimum required contributions for all ye					A. Marcal Woman and	
12	is this a defined contribution plan subject to the minimum ERISA?	funding regularements of section 412 of			f	V []	es 🗓 No
a	(if "Yes," complete line 12a or lines 12b, 12c, 12d, and 1 if a waiver of the minimum funding standard for a prior yearsting the waiver.	ar is being amonized in this plan year, s	es instructions, an	anter Da		of the letter Year	nullng
	ou completed line 12a, complete lines 3, 9, and 10 of 5						
b:	Enter the minimum required contribution for this plan year			120			
	Enter the emount contributed by the employer to the plan (12c			***************************************
	d Subtract the amount in line 126 from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)						
	e Will the minimum funding amount reported on line 12d be met by the funding deadline?					No [N/A
	/III Plan Terminations and Transfers of As		AND THE PROPERTY OF THE PROPER				
13a	Has a resolution to terminate the praniteen adopted in any pl	an year?			Yes	. <u>5</u> ₹ №	·
	If "Yes," enter the amount of any plan assets that reverted			138			
b	Were all the pian assets distributed to participants or ben control of the PBCC?		r brought under the			Yes 🗓	No
C	if, during this plan year, any assets or liabilities were transwhich assets or liabilities were transferred.	sferred from this plan to another plan(s)	. Identify the planks	10			
1	3c(1) Name of plan(s):		13c(2	EIN(s)		13c(3)	PN(s)
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