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

2014

This Form is Open to **Public Inspection**

Part I	Annual Report	t Identification Information				
For calend	lar plan year 2014 or t	fiscal plan year beginning 01/01/20	014	and ending 12	/31/2014	
A This re	turn/report is for:	X a single-employer plan		plan (not multiemployer) loyer information in accor		
		a one-participant plan	a foreign plan			
B This ret	urn/report is	the first return/report	x the final return/report	t		
		an amended return/report	a short plan year retu	urn/report (less than 12 m	onths)	
C Check	box if filing under:	X Form 5558	automatic extension		DFVC p	rogram
		special extension (enter descr	iption)			
Part II	Basic Plan Info	ormation—enter all requested inf	ormation			
1a Name DAVID MCE	of plan DONALD, DMD, PA, F	PENSION PLAN			1b Three-digit plan numb (PN) ▶	
					1c Effective d	ate of plan 01/01/2008
	sponsor's name and a	ddress; include room or suite numbe	er (employer, if for a singl	e-employer plan)	2b Employer I	dentification Number 59-3018294
					(=)	telephone number
23 SPANISH TAMPA, FL						code (see instructions)
32 Dlan a	dministrator's name of	and address VCame as Dian Chan	205			621210 tor's FIN
Ja Plan a	administrator's name a	and address Same as Plan Spons	SOT.		3b Administra	IOFS EIN
					3c Administra	tor'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	
	e, EIN, and the plan nu sor's name	umber from the last return/report.			4c PN	
5a Total	number of participant	s at the beginning of the plan year			5a	2
b Total	number of participant	s at the end of the plan year			5b	
		account balances as of the end of			5c	
d(1) Tot	tal number of active pa	articipants at the beginning of the pl	an year		5d(1)	2
d(2) Tot	tal number of active p	articipants at the end of the plan yea	ar		5d(2)	(
		terminated employment during the p	•		5e	(
Caution: A	A penalty for the late	or incomplete filing of this return	n/report will be assesse	d unless reasonable car	use is establishe	d.
SB or Scho		other penalties set forth in the instruction and signed by an enrolled actuary, a nolete.				
SIGN		d/valid electronic signature.	09/01/2015	DAVID MCDONALD		
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing as pla	n administrator
SIGN HERE						
		oyer/plan sponsor name, if applicable) and address (ir	Date			ployer or plan sponsor hone number (optional)
i Tepater S	name (moluumg IIIII	mame, ii applicable) allu auuless (ii	iolade footh of Suite Huttik	oci , (optional)	i reparer s telep	none number (optional)

	Form 5500-SF 2014		Page 2				
b	Were all of the plan's assets during the plan year invested in eligible. 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 lif you answered "No" to either line 6a or line 6b, the plan cannot be a considerable or the c	an indeper and condit	ndent qualified public accounta ions.)	nt (IQ	PA)		X Yes No
C	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40	21)?		Yes	No Not determined
Par	t III Financial Information	1					
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year
<u>a</u>	Total plan assets	7a	12197	778			0
	Total plan liabilities	7b	4040-				
	Net plan assets (subtract line 7b from line 7a)	7c	12197	78			0
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total
	(1) Employers	8a(1)					
	(2) Participants	8a(2)					
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	330)41			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					33041
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	12475	599			
	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	8g	52	220			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					1252819
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					-1219778
j	Transfers to (from) the plan (see instructions)	8j					
b Part	If the plan provides welfare benefits, enter the applicable welfare fe V Compliance Questions	eature cod	es from the List of Plan Charac	cterist	ic Coc	les in t	he instructions:
10	During the plan year:				Yes	No	Amount
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corı	rection Program)	10a		X	
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X	
<u>c</u>	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 or dishonesty?	······		10d		X	
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		X	
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g		X	
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 2520.102			10i			
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
11a	Enter the unpaid minimum required contribution for current year from	om Sched	ule SB (Form 5500) line 39			11a	
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						and the state of t
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and 6 	enter th Day	

	F	form 5500-SF 2014	Page 3 - 1					
lf y	ou c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Forr	n 5500), and skip to line 13.					
b	Ente	r the minimum required contribution for this plan year			12b			
С	Ente	r 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 (tive amount)	`		12d			
е	Will t	he 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?			X	Yes N	lo	
	If "Ye	es," enter the amount of any plan assets that reverted to the employer th	is year		. 13a			
b		e all the plan assets distributed to participants or beneficiaries, transferre e PBGC?		nder the	control		X Yes	No
С	If du	ring this plan year, any assets or liabilities were transferred from this plant hassets or liabilities were transferred. (See instructions.)		e plan(s)	to			
1	3c(1)	Name of plan(s):		1:	3c(2) E	IN(s)	13c(3) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

b Actuarial value	1	500-SF.	5500 or 5500-SF	chment to Form	ile as an atta	▶ File	cononic Guaranty Corporation	. 0.101011 201	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established. A Name of plan DAVID MCDONALD, DMD, PA, PENSION PLAN B Three-digit plan number (PN) C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF DAVID MCDONALD, DMD, PA D Employer Identification Number (EIN) E Type of plan:	and ending 12/31/2014	and ending 12	а	014	01/01/20	lan year beginning	r plan year 2014 or fiscal ہ	For calendar	F
A Name of plan DAVID MCDONALD, DMD, PA, PENSION PLAN B Three-digit plan number (PN) C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF DAVID MCDONALD, DMD, PA E Type of plan: X Single Multiple-A Multiple-B F Prior year plan size: X 100 or fewer 101-500 More than 500 Part I Basic Information 1 Enter the valuation date: Month 12 Day 31 Year 2014 2 Assets: a Market value 2a 12 b Actuarial value 2b 12 3 Funding target/participant count breakdown (1) Number of (2) Vested Funding (3) Total Funding						llar.	off amounts to nearest de	▶ Round of)
DAVID MCDONALD, DMD, PA, PENSION PLAN C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF DAVID MCDONALD, DMD, PA E Type of plan: Single Multiple-A Multiple-B Part I Basic Information 1 Enter the valuation date: Month 12 Day 31 Year 2014 2 Assets: a Market value 2a 12 b Actuarial value 2b 12 3 Funding target/participant count breakdown (1) Number of (2) Vested Funding (3) Total Funding	cause is established.	use is established.	onable cause is es	eport unless reas	filing of this re	e assessed for late fi	: A penalty of \$1,000 will b	Caution:)
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF DAVID MCDONALD, DMD, PA E Type of plan: X Single Multiple-A Multiple-B Prior year plan size: X 100 or fewer 101-500 More than 500 Part I Basic Information 1 Enter the valuation date: Month 12 Day 31 Year 2014 2 Assets: a Market value 2a 12 b Actuarial value 2b 12 3 Funding target/participant count breakdown plan number (PN) D Employer Identification Number (EIN) 59-3018294	B Three-digit	B Three-digit	В т						
E Type of plan: X Single Multiple-A Multiple-B F Prior year plan size: X 100 or fewer 101-500 More than 500 Part I Basic Information 1 Enter the valuation date: Month 12 Day 31 Year 2014 2 Assets: a Market value 2a 12 b Actuarial value 2b 12 3 Funding target/participant count breakdown 59-3018294	plan number (PN)	plan number (PN	pl			ON PLAN	OONALD, DMD, PA, PENS	DAVID MCDO	D
E Type of plan: X Single Multiple-A Multiple-B F Prior year plan size: X 100 or fewer 101-500 More than 500 Part I Basic Information 1 Enter the valuation date: Month 12 Day 31 Year 2014 2 Assets: a Market value 2a 12 b Actuarial value 2b 12 3 Funding target/participant count breakdown 59-3018294									
E Type of plan: X Single Multiple-A Multiple-B F Prior year plan size: X 100 or fewer 101-500 More than 500 Part I Basic Information 1 Enter the valuation date: Month 12 Day 31 Year 2014 2 Assets: a Market value 2a 12 b Actuarial value 2b 12 3 Funding target/participant count breakdown 59-3018294	D. Frankrige Identification Number (FIN)	D. Caralarian Idantitia	D 5		0 5500 05	0 		C Diamanan	_
E Type of plan: X Single Multiple-A Multiple-B F Prior year plan size: X 100 or fewer 101-500 More than 500 Part I Basic Information 1 Enter the valuation date: Month 12 Day 31 Year 2014 2 Assets: 2	, ,	1 -7			0 01 5500-5F	ne za oi Foim 5500		•	
Part I Basic Information 1 Enter the valuation date: Month 12 Day 31 Year 2014 2 Assets: 2a 12 a Market value 2b 12 b Actuarial value (1) Number of (2) Vested Funding (3) Total Funding	00 00 10204	00 00					OTTALD, DIVID, TA	DITTID WOOD	<i>D</i> ,
Part I Basic Information 1 Enter the valuation date: Month 12 Day 31 Year 2014 2 Assets: 2a 12 a Market value 2b 12 b Actuarial value (1) Number of (2) Vested Funding (3) Total Funding	. V 100 or fewer. 101-500	100 or fewer	n size: V 100 or	F Prior year pla		a-A D Multiple-B	an: V Single Multip	Type of play	F
1 Enter the valuation date: Month 12 Day 31 Year 2014 2 Assets: 2a 12 b Actuarial value 2b 12 3 Funding target/participant count breakdown (1) Number of (2) Vested Funding (3) Total Funding	Note than 500	100 of fewer 101-	arr size. 🔼 100 01	I I IIOI year pia		e-A Ividitiple-B	<u> </u>		
2 Assets: a Market value							Basic Information		
a Market value		-	2014	31 Year <u>1</u>	Day	Month	he valuation date:		
b Actuarial value							:	2 Assets:	2
3 Funding target/participant count breakdown (1) Number of (2) Vested Funding (3) Total Funding	<u> </u>						et value	a Marke	
		2b					arial value	b Actua	
participants Target Target	(=) 100000 (, , =		` '			reakdown	g target/participant count l	3 Funding	3
a For retired participants and beneficiaries receiving payment	0 0	0			payment	eficiaries receiving p	etired participants and bea	a For re	
b For terminated vested participants	0 0	0				nts	terminated vested participa	b For te	
C For active participants	2 908626 908626	2					active participants	C For ac	
d Total	2 908626 908626	2					l	d Total.	
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)		<u>_</u>							4
			_						•
b Cupiling toward well-acting at risk accompations but disregarding transition rule for plane that have been in	act have been in	have been in			•		0 0 01		
at-risk status for fewer than five consecutive years and disregarding loading factor	4b	4b	ctor	garding loading fa	ars and disreg	ive consecutive year	t-risk status for fewer than	at-r	
	_	_						_	5
6 Target normal cost	6 892	6					normal cost	6 Target n	6
Statement by Enrolled Actuary							y Enrolled Actuary	Statement by	St
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was app accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumption combination, offer my best estimate of anticipated experience under the plan.	chments, if any, is complete and accurate. Each prescribed assumption was applied in ne experience of the plan and reasonable expectations) and such other assumptions, in	ents, if any, is complete and acc perience of the plan and reaso	and attachments, if any ccount the experience c	schedules, statements easonable (taking into a	er assumption is rea	. In my opinion, each other	with applicable law and regulation	accordance w	
SIGN HERE 07/15/2015	07/15/2015								
Signature of actuary Date					v	Signature of actuary			
FRANCIS M CONWAY 14-03218					,	ng. ataro or actuary		EDANCIS M.(E
Type or print name of actuary Most recent enrollment number		Most			rtuary	or print name of actu		I IVAIVOID IVI (
ASCENSUS CONSULTING, LLC 813-932-1211		Wioot			, ruar y	or print riainto or doto		ASCENSUS (Δ
·	010-932-1211						CONSOLTING, LLC	AGCENGOS (
508 W FLETCHER AVENUE SUITE 111 TAMPA, FL 33682-3419	Telephone number (including area code)	Telephone	_			Firm name			50
Address of the firm	Telephone number (including area code)	Telephone				Firm name		SUITE 111	SI
If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see	Telephone number (including area code)	Telephon			n			SUITE 111	SI

Page :	2 -	•
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Schedule SB (Form 5500) 2014

Pa	rt II	Begin	ning of Year	Carryove	er and Pref	unding Bal	ances						
								(a) (Carryover balance	:	(b) F	refundi	ng balance
7		-	nning of prior year		•	,				0			0
8			for use to offset pr	-		,				0			0
9			ng (line 7 minus lir							0			0
10	Interest	on line 9	using prior year's	actual retu	ırn of	<u></u> %				0			0
11	Prior ye	ar's exce	ess contributions to	o be added	to prefunding	balance:							
	a Prese	ent value	of excess contribu	utions (line	38a from prior	year)							0
			n the excess, if any SB, using prior yea										
	` '		line 38b from prid	-		• •							
	C Total	available	at beginning of cur	rent plan ye	ar to add to pre	funding balance	e						0
	d Portion	on of (c)	to be added to pre	funding bal	ance								
12	Other re	eductions	s in balances due	to elections	or deemed ele	ections							
13	Balance	at begir	nning of current ye	ar (line 9 +	line 10 + line	11d – line 12)				0			0
Pa	art III	Fun	ding Percenta	ages									
14	Funding	target a	ttainment percent	age								14	140.28 %
15	Adjuste	d funding	g target attainmen	t percentage	e							15	140.28 %
Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement						137.68 %							
17	If the cu	ırrent val	ue of the assets o	f the plan is	less than 70 p	percent of the f	funding tar	get, enter s	uch percentage			17	%
Pá	art IV	Con	tributions and	d Liquidi	ty Shortfall	ls							
18	Contribu	utions ma	ade to the plan for	the plan ye	ar by employe	er(s) and emplo	oyees:						
(N /	(a) Date		(b) Amount pa employer((c) Amount employ		(a) D (MM-DD		(b) Amount p employer		(0		nt paid by oyees
(10	ו -טט-וווו	111)	employer	3)	employ	7003	(וווווו)	-1111)	employer	(3)		Cilipi	oyees .
							Totals ▶	18(b)		0	18(c)		0
19	Discoun	ited emp	loyer contributions	s – see instr	ructions for sm	all plan with a	valuation o	date after th	ne beginning of th	e year:			
	a Contr	ributions	allocated toward u	unpaid minii	mum required	contributions f	rom prior y	ears		19a			
	b Contr	ibutions	made to avoid res	trictions adj	usted to valua	tion date				19b			
	C Contr	ibutions a	allocated toward mi	nimum requ	ired contribution	n for current yea	ar adjusted	to valuation	ı date	19c			
20	Quarter	ly contrib	outions and liquidit	y shortfalls:									
	a Did th	ne plan h	ave a "funding sh	ortfall" for th	ne prior year? .								Yes X No
	b If line	20a is "	Yes," were require	ed quarterly	installments fo	or the current y	ear made	in a timely	manner?				Yes No
	C If line	20a is "	Yes," see instructi	ons and cor									
		(4) 4	\ <u></u>			ortfall as of end	d of quarte			_		(4) 441	
		(1) 15	ol .		(2) 2nd			(3)	3rd			(4) 4th	I

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targe	et Normal Cost					
21	Discou	nt rate:								
	a Seg	ment rates:	1st segment: 4.99%	2nd segment: 6.32 %	3rd segment 6.99 %		N/A, fu	II yield	curve	e used
	b Appl	icable month (enter code)			. 21b				3
22	Weight	ed average ret	irement age			. 22				62
23	Mortali	ty table(s) (see	e instructions) X Pre	escribed - combined Pre	escribed - separate	Substitu	te			
Pa	rt VI	Miscellane	ous Items			_				
24				uarial assumptions for the current	plan year? If "Yes." see	e instructions	regarding re	auired		
		-							Yes	X No
25	Has a r	method change	e been made for the current pl	an year? If "Yes," see instructions	regarding required attac	chment			Yes	X No
26	Is the p	olan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	ctions regarding required	l attachment		🗍	Yes	X No
27	If the p	lan is subject to	o alternative funding rules, ent	er applicable code and see instru	ctions regarding	27				
	attachr	nent				. 21				
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	ım Required Contributior	s For Prior Years					
28	Unpaid	l minimum requ	uired contributions for all prior	years		. 28				
29				unpaid minimum required contrib		29				
30	Remaii	ning amount of	unpaid minimum required cor	ntributions (line 28 minus line 29) .		30				0
Pa	rt VIII	Minimum	Required Contribution	For Current Year						
31			nd excess assets (see instruct							
			*			. 31a				892
	_		·	line 31a		. 31b				892
32		zation installme	<u> </u>		Outstanding Bala	ance	lı	nstallm	ent	
	a Net s	shortfall amortiz	zation installment							
	b Waiv	er amortization	n installment							
33				ter the date of the ruling letter gra		33				
21				er/prefunding balances (lines 31a		34				•
-34	Total It	anding requirer	nent before reflecting carryove	, ,		1				0
				Carryover balance	Prefunding bala	ince		tal bala	ance	
35			use to offset funding							0
36	•					36				0
37			· · · · · · · · · · · · · · · · · · ·	ontribution for current year adjuste						0
	(line 19	9c)				37				
_38			ess contributions for current ye			1 1				
						. 38a				0
				prefunding and funding standard of		. 38b				
39	Unpaid	l minimum requ	uired contribution for current ye	ear (excess, if any, of line 36 over	line 37)	. 39				0
40	Unpaid			S		. 40				0
Pa	rt IX	Pension I	Funding Relief Under F	Pension Relief Act of 2010	(See Instructions)				
41	If an ele	ection was mad	de to use PRA 2010 funding re	elief for this plan:						
	a Sche	dule elected					2 plus 7 yea	rs	15	years
	b Eligib	ole plan year(s)) for which the election in line	41a was made		200	8 2009	2010		2011
42	Amoun	t of acceleratio	n adjustment			42				
				d over to future plan years		43				

ATTACHMENT TO SCHEDULE SB (FORM 5500) Line 22

Name of Plan Sponsor:

David McDonald, D.M.D., P.A.

Name of Plan:

David McDonald, D.M.D., P.A. Pension Plan

Plan Sponsor's EIN:

59-3018294

Plan Number:

002

Reference:

Line 22

All participants are assumed to retire at their Normal Retirement Age or, if later, one year after valuation date.

Method of Weighted Average Retirement Age:

The sum of the product of the assumed retirement age for each participant and the present value of accrued benefits using plan rates divided by the sum of present value of accrued benefits.

David McDonald, D.M.D., P.A. David McDonald, D.M.D., P.A. Pension Plan

Plan Sponsor's EIN: 59-3018294 Plan Number: 002 Schedule SB, Part V - Statement of Plan Provisions

Employer and Plan Data	
Initial effective date	01/01/2008
Plan year begins	01/01/2014
Plan year ends	12/31/2014
Valuation date	12/31/2014
Eligibility Requirements	
Waiting period (mos)	12
Minimum age	21
Minimum age (mos)	0
Normal Retirement	
Minimum age	62
Minimum years of service	0
Minimum years of participation	5
Retirement date	Date of event

Benefits

Pension Formula: Benefit Formula

Type of Formula: Unit benefit non-integrated

Effective Date: 01/01/2008

Unit type: Percent
Unit based on: Participation
Maximum total percent: 100.00%
Tiers based on: None

First tier: 0.50% for 1st None
Second tier: None for next None
Third tier: None for remaining yrs

Maximum credit:

Past years: 9 Future years: 99 Total years: 40

Benefits

Pension Formula: President

Type of Formula: Unit benefit non-integrated

Effective Date: 01/01/2008

David McDonald, D.M.D., P.A. David McDonald, D.M.D., P.A. Pension Plan

Plan Sponsor's EIN: 59-3018294 Plan Number: 002 Schedule SB, Part V - Statement of Plan Provisions

Unit type:

Percent

Unit based on:

Participation

Maximum total percent:

96.00%

Tiers based on:

None

First tier:

8.00%

for 1st None

Second tier:

None

for next None

Third tier:

None

for remaining yrs

Maximum credit:

Past years:

7

Future years:

99

Total years:

12

Vesting

Primary

Vesting Schedule

2/20

Secondary Vesting Schedule

Immediate

David McDonald, D.M.D., P.A.

David McDonald, D.M.D., P.A. Pension Plan

Plan Sponsor's EIN59-3018294 Plan Number: 002

Schedule SB. Part V - Statement of Actuarial Assumptions

Fu	ınd	ing	Me	th	od:

Cost Method: PPA Unit Credit

Asset Valuation: Assets on the valuation date are equal to the prior year assets adjusted for contributions and payments and interest

at the valuation rate, subject to the 90%/110% market value corridor.

Target Assumptions:

Options:

Male Nonannuitant:

2014 Nonannuitant Male

Use optional combined mortality table for small plans:

Yes

Female Nonannuitant:

2014 Nonannuitant Female

Use discount rate transition:

No

Male Annuitant:

2014 Annuitant Male

Lump sums use proposed regulations:

<u>1st</u>

1.25

0.00

Yes

Female Annuitant:

2014 Annuitant Female

Actuarial Equivalent Floor

Applicable months from valuation month:

Stability period:

plan year

Probability of lump sum:

100.00%

Lookback months:

1

<u>2nd</u>

4.57

0.00

Use pre-retirement mortality:

No

Nonannuitant:

2014 Applicable

Annuitant:

Current:

Override:

2014 Applicable

<u>3rd</u>

5.60

0.00

	<u>15t</u>	<u> 211u</u>	<u>51 u</u>
Segment rates:	1.15	4.06	5.15
25 year average rates:	5.81	7.23	7.95
Final rates:	4.99	6.32	6.99
Override:	0.00	0.00	0.00

Salary Scale

Male: Female:

0.00%

0.00%

Withdrawal

Male:

None

Female:

None

Withdrawal-Select

Male:

None None

Female:

Early Retirement Rates

Male:

None

Female:

None

Subsidized Early Retirement Rates

Male: Female:

None None

Male: Female:

None None

Male:

Marriage Probability

Late Retirement Rates

0.00%

Female:

0.00%

Expense loading:

0.00%

Disability Rates

Male:

None

Female:

None

Male:

Mortality None

Setback 0

Setback

Female:

None

0

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

2014

OMB No. 1210-0110

This Form is Open to Public Inspection

▶ File as an attachment to	o Form 5500 or 5500-SF.			
For calendar plan year 2014 or fiscal plan year beginning 01/01/	2014 and er	nding	12/3	31/2014
Round off amounts to nearest dollar.				
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unles	ss reasonable cause is establi	shed.		
A Name of plan	B Three-	digit		
	plan ni	ımber (PN)	• •	002
			,	
David McDonald, D. M. D. , P. A. Pension Plan				-1A I)
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	D Employ	er identifica	ition Number (E	=IN)
David McDonald, D. M. D. , P. A.	59-30	18294		
	year plan size: X 100 or fewe		500 More th	nan 500
Part I Basic Information	- [44		i	
1 Enter the valuation date: Month 12 Day 31	Year 2014			
2 Assets:				
a Market value		2a		1,247,599
b Actuarial value		2b		1,274,667
3 Funding target/participant count breakdown	(1) Number of	(2) Ve:	sted Funding	(3) Total Funding
The state of the s	participants		Target	Target
a For retired participants and beneficiaries receiving payment	(0	0
b For terminated vested participants			0	0
C For active participants		2	908,626	908,626
d Total		2	908,626	908,626
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)		<u>-</u> L	300,020	300,020
a Funding target disregarding prescribed at-risk assumptions	—	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition ru				
at-risk status for fewer than five consecutive years and disregarding loa		4b		
5 Effective interest rate		5		6.30%
6 Target normal cost		6		8.92
Statement by Enrolled Actuary				
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, st accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (tak	atements and attachments, if any, is con	plete and acc	urate. Each prescrib	ed assumption was applied in
combination, offer my best estimate of anticipated experience under the plan.	ang me account the experience of the p	an and reason	abic expediations) e	and such other assumptions, in
SIGN				
HERE JUV			07/15/20	015
Signature of actuary			Date	· · · · · · · · · · · · · · · · · · ·
Steven D. Olson			14-0422	2.1
Type or print name of actuary		Most	recent enrollme	
Ascensus Consulting		. (813) 490-	-1223
Firm name				ding area code)
508 W. Fletcher Avenue	-	•		,
Suite 111				
Tampa FL 33612 Address of the firm				
Address of the lifth				
If the actuary has not fully reflected any regulation or ruling promulgated under the instructions	statute in completing this sche	dule, checl	the box and s	ee

Page 2	2 - [
--------	-------

Pa	art II Begii	nning of Year	Carryov	er and Prefunding Ba	lances	-							
_						(a) (Carryover balance		(b)	Prefund	ing bala	nce	_
7		. ,		cable adjustments (line 13 fr									
8	Portion elected	for use to offset p	rior year's f	unding requirement (line 35	rom								
9	Amount remain	ing (line 7 minus l	ine 8)					0					.(
10	Interest on line	9 using prior year'	s actual ret	urn of%				0	0				
11	Prior year's exc	ess contributions	to be added	d to prefunding balance:									
	a Present value	e of excess contrib	outions (line	: 38a from prior year)									
				8a over line 38b from prior ye ve interest rate of%									
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return C Total available at beginning of current plan year to add to prefunding balance												
	C Total available	at beginning of cu	rrent plan ye	ear to add to prefunding baland	æ								(
	d Portion of (c)	to be added to pro	efunding ba	alance									
12	Other reduction	s in balances due	to election	s or deemed elections									
13	Balance at begi	nning of current ye	ear (line 9 -	+ line 10 + line 11d – line 12)				0					_
P	art III Fur	ding Percent	ages										
14	Funding target	attainment percen	tage							14	140	.28	<u>~</u>
15	Adjusted fundin	g target attainmer	nt percentag	ge						15		.28	
16				of determining whether carr						16		.68	
17	If the current va	lue of the assets of	of the plan i	s less than 70 percent of the	funding to	arget, enter s	such percentage			17			%
Pa	art IV 📗 Coi	ntributions an	d Liquid	ity Shortfalls									
18	Contributions m	ade to the plan fo	r the plan y	ear by employer(s) and emp	loyees:								
(N	(a) Date IM-DD-YYYY)	(b) Amount p employer		(c) Amount paid by employees		Date D-YYYY)	(b) Amount pai employer(s)		(c) Amou emp	ınt paid loyees	by	
					·								
									_				
									-				
								-	-				_
					Totals >				0 18(c)				0
19				tructions for small plan with a			r						
				imum required contributions	•	-	-	19a					
				djusted to valuation date			—	19b					
			<u></u>	uired contribution for current ye	ear adjuste	d to valuation	n date	19c					
20	5	butions and liquidi	•							- г	7	ГП . <i>.</i>	
				the prior year?			*					No	
		•		y installments for the current	-	-	manner?	 1		·····L	_ Yes	∐ N∈)
	C If line 20a is	'Yes," see instruct	ions and co	omplete the following table as			- NOOT						
	(1) 1	st		Liquidity shortfall as of er (2) 2nd	u or quart		n year 3rd	1		(4) 4t	h		
						\-/_		1		.,			_
							· · · · · · · · · · · · · · · · · · ·						

21 Discount rate: a Segment rates: 1st segment: 4.99 % 6.32 % 6.99 % Discount rate: b Applicable month (enter code)	3 62 No									
b Applicable month (enter code)	3 62 No									
22 Weighted average retirement age	62 No									
Prescribed - combined Prescribed - separate Substitute	No No									
Part VI Miscellaneous Items 24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	·No									
Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	·No									
attachment	·No									
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment										
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment										
attachment	No									
Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years										
28 Unpaid minimum required contributions for all prior years										
Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	0									
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	0									
Part VIII Minimum Required Contribution For Current Year										
31 Target normal cost and excess assets (see instructions):										
a Target normal cost (line 6)	892									
b Excess assets, if applicable, but not greater than line 31a	892									
32 Amortization installments: Outstanding Balance Installment										
a Net shortfall amortization installment	a Net shortfall amortization installment									
b Waiver amortization installment	_									
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month Day Year)_and the waived amount										
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) 34	0									
Carryover balance Prefunding balance Total balance										
35 Balances elected for use to offset funding requirement	0									
36 Additional cash requirement (line 34 minus line 35)	0									
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	0									
38 Present value of excess contributions for current year (see instructions)										
a Total (excess, if any, of line 37 over line 36)	0									
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances 38b										
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	0									
40 Unpaid minimum required contributions for all years	0									
40 Unpaid minimum required contributions for all years 40 Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)										
Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)	0									
Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions) 41 If an election was made to use PRA 2010 funding relief for this plan: a Schedule elected	0 rs									
Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions) 41 If an election was made to use PRA 2010 funding relief for this plan: a Schedule elected	0 rs									

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Single-Employer Defined Benefit Plan **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

2014

OMB No. 1210-0110

This Form is Open to Public Inspection

	rension benefit Guaranty Corporation	▶ Fil	e as an attachment to I	Form 5500 or	5500-SF.			
For	calendar plan year 2014 or fiscal pla	an year beginning	01/01/2	014	and endir	ng	12/3	1/2014
≯ F	cound off amounts to nearest dol	llar.						
<u> </u>	aution: A penalty of \$1,000 will be	assessed for late fi	iling of this report unless	reasonable ca	use is establishe	d.		
A Na	ame of plan				B Three-digi	it		
					plan numb	oer (PN)	>	002
Darr	id MaDanald D M D	D 7 Do	madon Dlam					
	id McDonald, D. M. D. an sponsor's name as shown on lir				D Employer le	dentifica	tion Number (E	INI)
•	an sponsor a name as shown on in		01 3300-81		Linbloyer R	acitiiioa	uon number (E	any)
Dav.	id McDonald, D. M. D.	. , P. A.			59-3018:	294		
Ету	rpe of plan: 🛛 Single 🔲 Multiple	e-A Multiple-B	F Prior ye	ear plan size: 🛚 🖽	100 or fewer] 101⊰	500 More th	nan 500
Pai	rt I Basic Information							
1	Enter the valuation date:	Month 12	Day31 Y	ear 2014				
2	Assets:							
	a Market value					. 2a		1,247,599
	b Actuarial value					2b		1,274,667
3	Funding target/participant count br	eakdown			lumber of ticipants	. ,	ted Funding arget	(3) Total Funding Target
	a For retired participants and bene	eficiaries receiving p	payment		0		0	0
-	b For terminated vested participan	nts			0		0	
	C For active participants				2		908,626	908,626
	d Total							
4	If the plan is in at-risk status, check	· · · · · · · · · · · · · · · · · · ·		-	2 _ □		908,626	908,626
_		·	, , , , ,			14-		
	a Funding target disregarding pres					4a		
	b Funding target reflecting at-risk a at-risk status for fewer than five	assumptions, but dis ve consecutive vear	sregarding transition rule 's and disredarding loadi	na factor	nave been in	4b		
5	Effective interest rate			_		5		6.30%
6	Target normal cost					. 6		892
State	ment by Enrolled Actuary	-				· · · · · · · · · · · · · · · · · · ·		0.52
ac	o the best of my knowledge, the information sup ecordance with applicable law and regulations. Imbination, offer my best estimate of anticipate	In my opinion, each other	assumption is reasonable (taking	ments and attachm g into account the ex	ents, if any, is complet operience of the plan a	e and accu ind reason:	rate. Each prescribe able expectations) a	ed assumption was applied in nd such other assumptions, in
SI	GN						· · · · · · · · · · · · · · · · · · ·	
	RE 2	2 0x	and the same of th				07/15/20	15
		gnature of actuary						
Ster	ven D. Olson						14-0422	1
<u> </u>		or print name of actu	ıary		- '	Most	ecent enrollme	
Asce	ensus Consulting		•				813) 490-	
11000	STEEDS COMPARED IN	Firm name			- ———Tel			ling area code)
08	W. Fletcher Avenue						(111111	
	e 111							
amp		Address of the firm	FL 33612		-			
			· · · · · · · · · · · · · · · · · · ·					
If the a	actuary has not fully reflected any retions	egulation or ruling p	romulgated under the sta	atute in comple	ting this schedul	e, check	the box and se	ee 📗

Pane	2	_	
raue	_	_	

Schedule	SB	(Form	5500)	2014

Pa	rt II B	eginning of Year	Carryover	and Prefunding Ba	lances									
						(a)	Carryover balance)	(b)	Prefund	ing bala	nce		
7			• •	ole adjustments (line 13 fi						*				
	-	<u>-</u>				1								
• 0				ding requirement (line 35							-			
9								0				0		
10	Interest on	line 9 using prior year	s actual returr	of%				0				0		
11	Prior year's	excess contributions	to be added to	prefunding balance:										
	a Present value of excess contributions (line 38a from prior year)													
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year													
	Schedule SB, using prior year's effective interest rate of%													
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual													
	return C Total available at beginning of current plan year to add to prefunding balance						-							
	_			rce								0		
•				r deemed elections										
		•		ne 10 + line 11d – line 12				0				0		
	xxx	Funding Percent										279		
	Funding target attainment percentage								14		.28 %			
	5 Adjusted funding target attainment percentage 6 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce						15	140	.28 %					
16				determining whether car						16	137	.68 %		
17				ess than 70 percent of the						17		%		
P	art IV	Contributions an	d Liquidity	Shortfalls										
Section differences				r by employer(s) and emp	lovees:				-					
	(a) Date	(b) Amount	paid by	(c) Amount paid by	(a)	Date	(b) Amount p		(4	c) Amou	ınt paid	by		
(M	M-DD-YYY	') employer	<u>r(s)</u>	employees	(MM-DI	D-YYYY)	employer	(s)	-	emp	oyees			
											-	<u>.</u>		
<u>-</u>														
														
			Į.		Totals ▶	18(b)			0 18(c)					
10	Dissounted	omployer contribution	o oo indus	otions for small plan with			ha hasinning af th		0 18(c)	ļ		0		
19				ctions for small plan with a um required contributions				19a						
				sted to valuation date		-		19b						
				ed contribution for current y				19c						
20		ontributions and liquid		a sommand of ourett y	car aujuble	a to valuatio	., auto	1.00						
	· ·	•	•	prior year?		•				Γ] Yes	√ No		
				stallments for the current						Г	Yes	⊠ No		
. •			-	plete the following table a	•	-				•••••• <u> </u>	J 108	⊔ '''		
	→ 11 11110 ZU	and 100, odd illoudd		Liquidity shortfall as of e			an year							
	(1) 1st		(2) 2nd	1	(3)				(4) 4t	1			

Pa	rt V Assumptio	ns Used to Determine F	unding Target and Targe	et Normal Cost		
21	Discount rate:					
	a Segment rates:	.1st segment: 4 . 99 %	2nd segment: 6.32 %	3rd segment: 6 99 %	•	N/A, full yield curve used
	b Applicable month (enter code)			21b	. 3
22	Weighted average ret	irement age			22	62
23	Mortality table(s) (see	e instructions) 🐰 Pre	scribed - combined Pre	scribed - separate	Substitu	te
Pa	rt VI Miscellane	ous Items				· · · ·
24	-		arial assumptions for the current	• •		· · · · · · · · · · · · · · · · · · ·
25	Has a method change	e been made for the current pla	n year? If "Yes," see instruction	s regarding required atta	chment	Yes X No
26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes," see instru	ctions regarding required	attachmer	ntYes X No
27	If the plan is subject to attachment	27				
Pa	rt VII Reconcilia	ation of Unpaid Minimu	m Required Contribution	s For Prior Years		
28	Unpaid minimum requ	uired contributions for all prior y	ears		28	
29			unpaid minimum required contrib		29	0
30	Remaining amount of	unpaid minimum required cont	ributions (line 28 minus line 29).		30	0
Pa	rt VIII Minimum	Required Contribution	For Current Year			
31	Target normal cost ar	nd excess assets (see instruction	ons):			
	a Target normal cost ((line 6)			31a	892
	b Excess assets, if ap	oplicable, but not greater than li		31b	892	
32	Amortization installme	ents:		Outstanding Bala	nce	Installment
	a Net shortfall amortiz	zation installment				
	b Waiver amortization	n installment				
33	If a waiver has been a	approved for this plan year, ento Day Year	er the date of the ruling letter gra)_and the waived amount	nting the approval	33	
34	Total funding requiren	ment before reflecting carryover	/prefunding balances (lines 31a	- 31b + 32a + 32b - 33)	34	0
			Carryover balance	Prefunding balar	nce	Total balance
35		use to offset funding				0
36	Additional cash requir	rement (line 34 minus line 35)			36	. 0
37	Contributions allocate	d toward minimum required co	ntribution for current year adjuste	d to valuation date	37	. 0
38	Present value of exce	ss contributions for current yea	r (see instructions)	····		
	a Total (excess, if any	, of line 37 over line 36)			38a	0
	b Portion included in	line 38a attributable to use of p	refunding and funding standard o	arryover balances	38b	
39	Unpaid minimum requ	uired contribution for current ye	ar (excess, if any, of line 36 over	line 37)	39	0
40	Unpaid minimum requ	ired contributions for all years.			40	0
Pa	rt IX Pension I	Funding Relief Under P	ension Relief Act of 2010	(See Instructions)		
41	If an election was mad	de to use PRA 2010 funding rel	ief for this plan:	`		
	a Schedule elected					2 plus 7 years 15 years
			1a was made		t	
42	- , , ,		· · · · · · · · · · · · · · · · · · ·		42	
			over to future plan years		43	
	Exocos motamilent ac	solution difficult to be called	over to latare plan years		70	