Form 5500-SF	Short Form Annu		ort of Small Emplo	oyee	C	MB Nos. 1210-0110 1210-0089	
Department of the Treasury Internal Revenue Service	This form is required to be fill	Benefit Pla		-		2015	
Department of Labor Employee Benefits Security Administrat	Income Security Act of 1974	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 International Revenue Code (the Code).					
Pension Benefit Guaranty Corporati	Complete all entries in		nstructions to the Form 55	00-SF.		Inspection	
Part I Annual Repo	ort Identification Information		and ending 12	/31/2015			
	X a single-employer plan		rer plan (not multiemployer)		ing this box	must attach a	
<b>A</b> This return/report is for:	a one-participant plan	list of participatin	g employer information in ac	cordance wit	h the form i	nstructions)	
<b>B</b> This return/report is	the first return/report	the final return/rep					
•	an amended return/report	a short plan year i	eturn/report (less than 12 mo	onths)			
<b>C</b> Check box if filing under:	Form 5558	automatic extens	on	D	FVC progra	m	
	special extension (enter desc						
	nformation—enter all requested in	nformation		1b Three	ali arit		
<b>1a</b> Name of plan PRECISION ARTS DENTAL A	SSOCIATES, P.C. PROFIT SHARIN	G PLAN		1b Three plan n (PN)	umber	002	
				( )	ve date of p		
	ployer, if for a single-employer plan) room, apt., suite no. and street, or P.4			2b Emplo (EIN)	09/01/ yer Identific 13-290	ation Number	
	vince, country, and ZIP or foreign pos		instructions)	( )		one number	
			-	2d Busine		e instructions)	
00 SOUTH HIGHLAND AVEN SSINING, NY 10562-5634	UE				62121	0	
<b>3a</b> Plan administrator's name	e and address XSame as Plan Spor	isor.		3b Admin	istrator's El	N	
				3c Admin	istrator's te	ephone number	
4 If the name and/or EIN of		the last return (report fi	ad for this plan, option the	4b EIN			
	f the plan sponsor has changed since number from the last return/report.	ine last return/report in	ed for this plan, enter the	40 EIN 4C PN			
5a Total number of participa	ints at the beginning of the plan year.			5a		9	
<b>b</b> Total number of participa	ints at the end of the plan year			5b		9	
	ith account balances as of the end of			5c		9	
1 /	participants at the beginning of the p		ľ	5d(1)		9	
.,	participants at the end of the plan ye	-	ľ	5d(2)		9	
e Number of participants t than 100% vested	hat terminated employment during th	e plan year with accrue	d benefits that were less	5e		0	
Under penalties of perjury and	ate or incomplete filing of this return d other penalties set forth in the instru- d and signed by an enrolled actuary, omplete	ctions, I declare that I h	ave examined this return/rep	ort, including	g, if applical		
	ed/valid electronic signature.	03/22/2016	JEROME S. LOEWEN	STEIN			
HERE Signature of pla	n administrator	Date	Enter name of individu	al signing a	s plan admi	nistrator	
SIGN HERE							
Signature of em	p <b>loyer/plan sponsor</b> m name, if applicable) and address (i	Date nclude room or suite nu	Enter name of individu Imber )	al signing as Preparer's f			
For Paperwork Reduction Act N	otice and OMB Control Numbers, see th	ne instructions for Form	5500-SF.		F	orm 5500-SF (2015)	

	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 a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	an indepe	ndent qualified public a	ccount	ant (IQ	PA)					
	If you answered "No" to either line 6a or line 6b, the plan cann	ot use Fo	orm 5500-SF and must	t instea	ld use	Form	5500.				
	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)? .		Yes	No Not determined			
Pa	rt III   Financial Information										
7	Plan Assets and Liabilities		(a) Beginning					(b) End of Year			
<u>a</u>	Total plan assets	7a		692	501	_		770182			
	Total plan liabilities	7b		000	504			770400			
	Net plan assets (subtract line 7b from line 7a)	7c		692	501	770182					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	Int		_		(b) Total			
а	Contributions received or receivable from: (1) Employers	8a(1)		17	798						
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b		59	883						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						77681			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d									
e	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h									
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	t income (loss) (subtract line 8h from line 8c)					77681				
	Transfers to (from) the plan (see instructions)	8j									
	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E	feature co	odes from the List of Pla	an Cha	racteris	stic Co	odes in t	the instructions:			
В	If the plan provides welfare benefits, enter the applicable welfare fe	eature coo	les from the List of Plar	n Chara	acterist	ic Coc	les in th	ne instructions:			
Par	t V Compliance Questions										
10	During the plan year:				Yes	No	N/A	Amount			
	Was there a failure to transmit to the plan any participant contribu	tions with	n the time period								
	described in 29 CFR 2510.3-102? (See instructions and DOL's V			40-		х					
b	Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	include transactions	10a 10b		x					
c						Х					
d		fidelity bo	nd, that was caused	10c 10d		x					
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som	ner persor ne or all of	s by an insurance the benefits under			х					
f	the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan			10e 10f		X					
g				-		Х					
	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instr	uctions and 29 CFR	10g 10h		x					
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10 <sup>-1</sup>	he require	d notice or one of the	101							
j	Did the plan trust incur unrelated business taxable income?			10i		х					
Part	VI Pension Funding Compliance			-,			<u>n</u>	1			
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 all years from Schedule SB (Form 5500) line 40...

Yes X No

11a

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					1				
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
a	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver								
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		<b>.</b>				
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					
<b>d</b> 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)									
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 🗙	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)		Year         No       N/A         s       No         Yes       No         13c(3) PN(s)         13c(3) PN(s)         13c(3) PN(s)         I3c(3) PN(s)     <			
Part	VIII	Trust Information	-						
14a	Name	of trust		14b	Trusťs E	IN			
14c Name of trustee or custodian						<b>14d</b> Trustee's or custodian's telephone number			
Par	t IX	IRS Compliance Questions							
15a	Is th	e plan a 401(k) plan?		Ye	es				
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					
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	s 🗍 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	rcentage			
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).	•						
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		

the second second					
Form 5500-SF	Short Form Annua	l Return/Report o Benefit Plan	of Small Employe	e	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to b	e filed under sections 104 a	and 4065 of the Employee		2015
Department of Labor mployee Benefits Security Administration	Retirement Income Security		ection 6057(b) and 6058(a	a) of	orm is Open to Public
Pension Benefit Guaranty Corporation	► Complete all entries in a		ctions to the Form 5500-	SF.	mopeouon
Part I Annual Report I r calendar plan year 2015 or fiso	dentification Information	01/01/2015	and ending	12/31/201	5
	x a single-employer plan		plan (not multiemployer) (F		
This return/report is for:		a list of participating e	employer information in ac	•	
	a one-participant plan	a foreign plan			
This return/report is:	the first return/report	the final return/report			
52 B	an amended return/report	a short plan year retu	rn/report (less than 12 mo	onths)	
Check box if filing under:	Form 5558	automatic extension		DFVC p	rogram
	special extension (enter desc	cription)			
art II Basic Plan Info	rmation enter all requested	d information		·····	*
Name of plan				1b Three-digit plan numb	
PRECISION ARTS DENT	AL ASSOCIATES, P.C. PI	ROFIT SHARING PLAN		(PN) ►	002
			and the second second	1c Effective d	
Dian anonaaria nama (ampia	ver if for a single employer plan			09/01/1	
Mailing Address (include room	yer, if for a single-employer plan) m, apt., suite no. and street or P.	.O. Box)		•	dentification Number -2960579
	e, country, and ZIP or foreign po	stal code (if foreign, see ins	structions)	· /	telephone number
PRECISION ARTS DENT	AL ASSOCIATES, INC.				41-0825
100 SOUTH HIGHLAND	AVENUE			2d Business of 621210	code (see instructions)
US OSSINING NY 10562-563					
Plan administrator's name ar	nd address 🗴 Same as Plan S	ponsor Name		3b Administra	tor's EIN
			-	3c Administra	tor's telephone number
			C		
	e plan sponsor has changed sinc mber from the last return/report.	e the last return/report filed	ior this plan, enter the	4b EIN	n 1
a Sponsor's name				4c PN	
	at the beginning of the plan year			5a	9
	at the end of the plan year			5b	9
	account balances as of the end o			5c	9
Construction of the second of the second sec	ticipants at the beginning of the p			5d(1)	9
I(2) Total number of active par	rticipants at the end of the plan ye	ear		5d(2)	9
Number of participants that t	terminated employment during th	e plan year with accrued be	enefits that were	5e	0
Caution: A penalty for the late	or incomplete filing of this ret	urn/report will be assesse	ed unless reasonable cau	use is establish	ed.
	ther penalties set forth in the inst and signed by an enrolled actuary				
	ipiete.	1 /		ICHETN	
pelief, it is true, correct, and com	M	V3/22/16	JEROME S. LOEWEN	STETN	
SIGN	in	Date			administrator
SIGN HERE Signature of plan adn	in	Date	JEROME S. LOEWEN Enter name of individua JEROME S. LOEWEN	l signing as plan	administrator
SIGN	ninistrator		Enter name of individua	I signing as plan	

Form 5500-SF (2015)

	- w	
-		-
		-

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Were all of the plan's assets during the plan year invested in eligible	e assets? (S	ee instructions.)					X	Yes No
Are you claiming a waiver of the annual examination and report of a			countan	t (IQP/	A)			
under 29 CER 2520 104-462 (See instructions on waiver eligibility a	and condition	ns.)	••••••	•••••	•••••		X	Yes No
If you answered "No" to either line 6a or line 6b, the plan canno If the plan is a defined benefit plan, is it covered under the PBGC in	ot use Form	n 5500-SF and must					No	] Not determin
art III Financial Information								
Plan Assets and Liabilities		(a) Beginning	g of Yea	r		(t	o) End of Y	ear
Total plan assets	. 7a		692,5	01			-	770,182
Total plan liabilities	. 7b							
Net plan assets (subtract line 7b from line 7a)	. 7c		692,5	01				770,182
Income, Expenses, and Transfers for this Plan Year		(a) Amo	unt				(b) Tota	
Contributions received or receivable from: (1) Employers	. 8a(1)		17,7	98				
(2) Participants	0 (0)							
(3) Others (including rollovers)	8a(3)							
Other income (loss)	8b		59,8	83				
Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							77,681
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
Certain deemed and/or corrective distributions (see instructions)								
Administrative service providers (salaries, fees, commissions)	8f							
Other expenses	8g							
Total expenses (add lines 8d, 8e, 8f, and 8g)		LA PARTY IN STATUS						
Net income (loss) (subtract line 8h from line 8c)	8i			- Treat				77,681
Transfers to (from) the plan (see instructions)	8j							
Part IV Plan Characteristics								
a If the plan provides pension benefits, enter the applicable pension	feature code	es from the List of Pla	an Chara	cterist	c Cod	es in the	e instruction	IS:
2E								
b If the plan provides welfare benefits, enter the applicable welfare fe	eature codes	s from the List of Plar	n Charac	teristic	Code	s in the	instructions	5:
In the plan provides wendle benefite, enter the applicable wendle it								
Yart V Compliance Questions						- 12- 1		-
Part V Compliance Questions				Yes	No	N/A	Ar	nount
0 During the plan year:	outions within	n the time period		Yes	No	N/A	Ar	nount
During the plan year:				Yes		N/A	Ar	nount
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contrib described in 29 CFR 2510.3-102? (See instructions and DOL's \ Program)</li> </ul>	Voluntary Fic	duciary Correction	10		No X	N/A	Ar	nount
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribing described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)</li> <li>b Were there any nonexempt transactions with any party-in-interest</li> </ul>	Voluntary Fic st? (Do not i	duciary Correction		a	x	N/A	Ar	nount
<ul> <li>During the plan year:</li> <li>Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)</li> <li>Were there any nonexempt transactions with any party-in-interest reported on line 10a.)</li> </ul>	Voluntary Fic st? (Do not i	duciary Correction	10	a b	x x	N/A	Ar	nount
<ul> <li>During the plan year:</li> <li>Was there a failure to transmit to the plan any participant contribind described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)</li> <li>Were there any nonexempt transactions with any party-in-interest reported on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> </ul>	Voluntary Fic st? (Do not i	duciary Correction	10	a b	x	N/A	Ar	nount
<ul> <li>During the plan year:</li> <li>Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)</li> <li>Were there any nonexempt transactions with any party-in-interest reported on line 10a.)</li> </ul>	Voluntary Fic st? (Do not i 's fidelity bor	duciary Correction nclude transactions nd, that was caused	10	a b c	x x	N/A	Ar	nount
<ul> <li>During the plan year:</li> <li>Was there a failure to transmit to the plan any participant contribind described in 29 CFR 2510.3-102? (See instructions and DOL's View Program)</li> <li>Were there any nonexempt transactions with any party-in-interest reported on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Was the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or or program to the plan base of the</li></ul>	Voluntary Fic	duciary Correction nclude transactions nd, that was caused s by an insurance	10	a b c	x x x	N/A	Ar	nount
<ul> <li>During the plan year:</li> <li>Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)</li> <li>Were there any nonexempt transactions with any party-in-interest reported on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or c carrier, insurance service, or other organization that provides so</li> </ul>	Voluntary Fic st? (Do not i 's fidelity bor other person ome or all of	duciary Correction nclude transactions nd, that was caused s by an insurance the benefits under	10 10 10	a c d	x x x x	N/A	Ar	nount
<ul> <li>During the plan year:</li> <li>Was there a failure to transmit to the plan any participant contribind described in 29 CFR 2510.3-102? (See instructions and DOL's View Program)</li> <li>Were there any nonexempt transactions with any party-in-interest reported on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Was the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or of carrier, insurance service, or other organization that provides so the plan? (See instructions.)</li> </ul>	Voluntary Fic st? (Do not i 's fidelity bor other person ome or all of	duciary Correction nclude transactions nd, that was caused s by an insurance the benefits under	10 10 10 10	a c c d	x x x x x	N/A	Ar	nount
<ul> <li>During the plan year:</li> <li>Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)</li> <li>Were there any nonexempt transactions with any party-in-interest reported on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or c carrier, insurance service, or other organization that provides so the plan? (See instructions.)</li> <li>Has the plan failed to provide any benefit when due under the plan</li> </ul>	Voluntary Fic st? (Do not i 's fidelity bor other person ome or all of	duciary Correction nclude transactions nd, that was caused s by an insurance the benefits under	10 10 10 10 10 10	a c d f	x x x x x x x		Ar	nount
<ul> <li>During the plan year:</li> <li>Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)</li> <li>Were there any nonexempt transactions with any party-in-interest reported on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Was the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or of carrier, insurance service, or other organization that provides so the plan? (See instructions.)</li> <li>Has the plan failed to provide any benefit when due under the plan by the plan have any participant loans? (If "Yes," enter amount</li> </ul>	Voluntary Fic st? (Do not i 's fidelity bor other person ome or all of lan?	duciary Correction nclude transactions nd, that was caused s by an insurance the benefits under	10 10 10 10 10 10	a c d f	x x x x x		Ar	nount
<ul> <li>During the plan year:</li> <li>Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)</li> <li>Were there any nonexempt transactions with any party-in-interest reported on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides so the plan? (See instructions.)</li> <li>Has the plan failed to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount If this is an individual account plan, was there a blackout period 2520.101-3.)</li> </ul>	Voluntary Fic st? (Do not i 's fidelity bor other person ome or all of lan? t as of year e !? (See instru	duciary Correction nclude transactions nd, that was caused s by an insurance the benefits under end.)	10 10 10 10 10 10 10	a c c d e f g	x x x x x x x		Ar	nount
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)</li> <li>b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or c carrier, insurance service, or other organization that provides so the plan? (See instructions.)</li> <li>f Has the plan have any participant loans? (If "Yes," enter amount h If this is an individual account plan, was there a blackout period</li> </ul>	Voluntary Fic st? (Do not i 's fidelity bor other person ome or all of lan? t as of year e l? (See instru	duciary Correction nclude transactions nd, that was caused s by an insurance the benefits under end.) uctions and 29 CFR d notice or one of the	10 10 10 10 10 10 10	a c c d e f g h	x x x x x x x x x x x		Ar	nount
<ul> <li>During the plan year:</li> <li>Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)</li> <li>Were there any nonexempt transactions with any party-in-interest reported on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides so the plan? (See instructions.)</li> <li>Has the plan failed to provide any benefit when due under the plan lif this is an individual account plan, was there a blackout period 2520.101-3.)</li> <li>If 10h was answered "Yes," check the box if you either provided</li> </ul>	Voluntary Fic st? (Do not i 's fidelity bor other person ome or all of lan? t as of year e l? (See instru d the required 101-3	duciary Correction nclude transactions nd, that was caused s by an insurance the benefits under end.) uctions and 29 CFR d notice or one of the	10 10 10 10 10 10 10 10	a b c c d d f g h i	x x x x x x x x x x x		Ar	nount
<ul> <li>During the plan year:</li> <li>Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's N Program)</li> <li>Were there any nonexempt transactions with any party-in-interest reported on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Was the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or c carrier, insurance service, or other organization that provides so the plan? (See instructions.)</li> <li>Has the plan failed to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount If this is an individual account plan, was there a blackout period 2520.101-3.)</li> <li>If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1</li> </ul>	Voluntary Fic st? (Do not i 's fidelity bor other person ome or all of lan? t as of year e l? (See instru d the required 101-3	duciary Correction nclude transactions nd, that was caused s by an insurance the benefits under end.) uctions and 29 CFR d notice or one of the	10 10 10 10 10 10 10 10	a b c c d d f g h i	x x x x x x x x x x		Ar	nount

	Form 5500-SF 2015 Page <b>3-</b>								
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	untions and	ontor th	a data of	the letter n	ling			
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instr ranting the waiver. Month	Da		Yea	ar	uning			
lf y	ou 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 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								
I3a	Has a resolution to terminate the plan been adopted in any plan year?		es X N	0					
	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 of the PBGC?			[	Yes 🛛	No			
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t which assets or liabilities were transferred. (See instructions.)	the plan(s) to	)						
1	3c(1) Name of plan(s):	13c	(2) EIN	(s)	13c(3) F	PN(s)			
Part	VIII Trust Information	L							
	Name of trust		<b>14b</b> T	rust's EIN					
14c Name of trustee or custodian				14d Trustee or custodian's telephone number					
Par	t IX IRS Compliance Questions	1	-	-					
15a	Is the plan a 401(k) plan:	••••••	C Ye	S	No No				
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ba	esign- sed safe rbor ethod					
15c	If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg. section 1.401(k)-2(a)(2)(ii) and 1.401(2(a)(2)(ii))?		T Ye	es	No No				
<b>16a</b> Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):				atio ercentage est	tage Average Benefit Test				
161	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combined this plan with any other plans under the permissive aggregation rules?		T Ye	es	No No				
17a	Has the Plan been timely amended for all required law changes?		T Ye	es	No No	□ N/A			
	Date of the last plan amendment/restatement for the required tax law changes was adopted// instructions for tax law changes and codes).				e (Se				
170	If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volume submitter plan that advisory letter, enter the date of that favorable letter / / / and the letter's serial numb		to a favo	orable IRS	opinion or				
170	If the plan is an individually-designed plan and recieved a favorable determination letter from IRS, please determination letter/		te of pla	n's last fa	vorable				
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) hamade), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Is	as been slands)?		es	No				
19	Were in-service distributions made during the plan year?		T Ye	es	No No				
	If Yes, enter amount		19						
20	Were minimum required distributions made to 5% owners who have attained age 70 ½ (regardless of whe not retired) as required under section 401(a)(9)?		Y	es	No No	🗌 N/A			



## 5500-SF Electronic Filing Authorization

Plan Name:PRECISION ARTS DENTAL ASSOCIATES, P.C. PROFIT SHARING PLANEIN/PN:13-2960579/002Plan Year:01/01/2015 - 12/31/2015

I hereby authorize Everett Berger to electronically file the above return with the US Department of Labor's Electronic Filing Acceptance System (EFAST).

I have signed Form 5500-SF for this return and understand a scanned copy of this return bearing my manual signature will be included in the electronic filing and posted on the US Department of Labor's internet site for public disclosure.

Plan Administrator (sign) 3 6 (date)

Plan Sponsor (sign) B (date)