

Form 5500-SFDepartment of the Treasury
Internal Revenue ServiceDepartment 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.**OMB Nos. 1210-0110
1210-0089**2015****This Form is Open to
Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

- A** This return/report is for:
- a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions)
- a one-participant 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 return/report (less than 12 months)
- C** Check box if filing under:
- Form 5558 automatic extension DFVC program
- special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan GERALD E. GARDNER, DDS, PC PROFIT SHARING PLAN	1b Three-digit plan number (PN) ▶ 002
	1c Effective date of plan 10/01/1976
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) GERALD E. GARDNER, DDS, PC 76 KERRY LANE CHAPPAQUA, NY 10514	2b Employer Identification Number (EIN) 13-2869968
	2c Sponsor's telephone number 914-245-2424
	2d Business code (see instructions) 621210
3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.	3b Administrator's EIN
	3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.	4b EIN
a Sponsor's name	4c PN
5a Total number of participants at the beginning of the plan year.....	5a 7
b Total number of participants at the end of the plan year	5b 0
c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	5c 0
d(1) Total number of active participants at the beginning of the plan year	5d(1) 0
d(2) Total number of active participants at the end of the plan year.....	5d(2) 0
e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	5e 0

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	06/28/2016	DR. GERALD GARDNER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No
- 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.) Yes 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.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets.....	7a	1391758	0
b Total plan liabilities	7b	0	0
c Net plan assets (subtract line 7b from line 7a)	7c	1391758	0
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	0	
(2) Participants	8a(2)	0	
(3) Others (including rollovers)	8a(3)	0	
b Other income (loss)	8b	-3113	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		-3113
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1388645	
e 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		1388645
i Net income (loss) (subtract line 8h from line 8c)	8i		-1391758
j Transfers to (from) the plan (see instructions).....	8j	0	

Part IV Plan Characteristics

- 9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2A 2E 2H 2J 3D
- B** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10 During the plan year:		Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X		
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X		
c Was the plan covered by a fidelity bond?.....	10c	X			500000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X		
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.).....	10e		X		
f Has the plan failed to provide any benefit when due under the plan?	10f		X		
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X		
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X		
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.....	10i				
j Did the plan trust incur unrelated business taxable income?	10j		X		

Part VI Pension Funding Compliance

- 11** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)..... Yes No
- 11a** Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40..... **11a**
- 12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?... Yes No

(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)

a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year

If 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
c Enter the amount contributed by the employer to the plan for this plan year 12c
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) 12d
e Will the minimum funding amount reported on line 12d be met by the funding deadline? Yes No N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year 13a 0
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? Yes No
c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

Table with 3 columns: 13c(1) Name of plan(s), 13c(2) EIN(s), 13c(3) PN(s)

Part VIII Trust Information

14a Name of trust 14b Trust's EIN
14c Name of trustee or custodian 14d Trustee's or custodian's telephone number

Part IX IRS Compliance Questions

15a Is the plan a 401(k) plan? Yes No
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? Design-based safe harbor method ADP/ACP test
15c If the ADP/ACP test is used, 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 sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))? Yes No
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b): Ratio percentage test Average benefit test
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No
17a Has the plan been timely amended for all required tax law changes? Yes No N/A
17b Date the last plan amendment/restatement for the required tax law changes was adopted ___/___/___ . Enter the applicable code ___ (See instructions for tax law changes and codes).
17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ___/___/___ and the letter's serial number _____.
17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ___/___/___.
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)? Yes No
19 Were in-service distributions made during the plan year? Yes No
If "Yes," enter amount 19
20 Were required minimum distributions made to 5% owners who have attained age 70 1/2 (regardless of whether or not retired), as required under section 401(a)(9)? Yes No N/A

Form 5500-SF

Department of the Treasury
Internal Revenue Service

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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos 1210-0110
1210-0089

2015

This Form is Open to Public Inspection

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

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

Part I Annual Report Identification Information

or calendar plan year 2015 or fiscal plan year beginning **01/01/2015** and ending **12/31/2015**

This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions)

This return/report is: a one-participant plan a foreign plan
 the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)

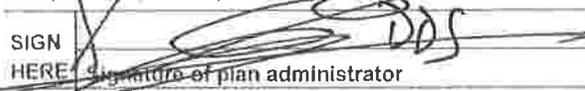
Check box if filing under: Form 5558 automatic extension DFVC program
 special extension (enter description)

Part II Basic Plan Information --- enter all requested information

a Name of plan Gerald E. Gardner, DDS, PC Profit Sharing Plan		1b Three-digit plan number (PN) ▶ 002
a Plan sponsor's name (employer, if for a single-employer plan) Mailing Address (include room, apt., suite no. and street or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Gerald E. Gardner, DDS, PC 76 Kerry Lane US Chappaqua NY 10514		1c Effective date of plan 10/01/1976 2b Employer Identification Number (EIN) 13-2869968 2c Sponsor's telephone number (914) 245-2424 2d Business code (see instructions) 621210
a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor Name		3b Administrator's EIN 3c Administrator's telephone number
If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.		4b EIN 4c PN
a Sponsor's name		5a 7 5b 0 5c 0 5d(1) 0 5d(2) 0 5e 0
a Total number of participants at the beginning of the plan year		
b Total number of participants at the end of the plan year		
c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)		
d(1) Total number of active participants at the beginning of the plan year		
d(2) Total number of active participants at the end of the plan year		
e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE 	Date 6/28/16	Dr. Gerald Gardner Enter name of individual signing as plan administrator
SIGN HERE _____	Date _____	Enter name of individual signing as employer or plan sponsor
Preparer's name (including firm name, if applicable) and address; include room or suite number		Preparer's telephone number

- a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No
 - 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.) Yes 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.
- c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined

Part III Financial Information

Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a	Total plan assets	1,391,758	0
b	Total plan liabilities	0	0
c	Net plan assets (subtract line 7b from line 7a)	1,391,758	0
Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a	Contributions received or receivable from:		
	(1) Employers	0	
	(2) Participants	0	
	(3) Others (including rollovers)	0	
b	Other income (loss)	(3,113)	
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3,113)
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	1,388,645	
e	Certain deemed and/or corrective distributions (see instructions)	0	
f	Administrative service providers (salaries, fees, commissions)	0	
g	Other expenses	0	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)		1,388,645
	Net income (loss) (subtract line 8h from line 8c)		(1,391,758)
	Transfers to (from) the plan (see instructions)	0	

Part IV Plan Characteristics

- 1a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2A 2E 2H 2J 3D
- b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

0	During the plan year	Yes	No	N/A	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		X		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		X		
c	Was the plan covered by a fidelity bond?	X			500,000
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		
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	Has the plan failed to provide any benefit when due under the plan?		X		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		X		
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 required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3				
j	Did the plan trust incur unrelated business taxable income?		X		

Part VI Pension Funding Compliance

- 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) Yes No
- 11a Enter the unpaid minimum required contribution for current year 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 302 of ERISA?... Yes No

(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)

a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month _____ Day _____ Year _____

If 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	
c	Enter the amount contributed by the employer to the plan for this plan year	12c	
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d	
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?.....		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Part VII Plan Terminations and Transfers of Assets

3a Has a resolution to terminate the plan been adopted in any plan year? Yes No
 If "Yes," enter the amount of any plan assets that reverted to the employer this year 13a 0

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? Yes No

c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

13c(1) Name of plan(s)	13c(2) EIN(s)	13c(3) PN(s)

Part VIII Trust Information

4a Name of trust 14b Trust's EIN

4c Name of trustee or custodian 14d Trustee or custodian's telephone number

Part IX IRS Compliance Questions

5a Is the plan a 401(k) plan: Yes No

5b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? Design-based safe harbor method ADP/ACP test

5c 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(m)-2(a)(2)(ii))? Yes No

6a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b): Ratio Percentage Test Average Benefit Test

6b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

7a Has the Plan been timely amended for all required law changes? Yes No N/A

7b Date of the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code ____ (See instructions for tax law changes and codes).

7c If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number _____

7d If the plan is an individually-designed plan and received a favorable determination letter from IRS, please enter the date of plan's last favorable determination letter ____/____/____

8 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)? Yes No

9 Were in-service distributions made during the plan year? Yes No
 If Yes, enter amount 19

10 Were minimum required distributions made to 5% owners who have attained age 70 1/2 (regardless of whether or not retired) as required under section 401(a)(9)? Yes No N/A

5500-SF Electronic Filing Authorization

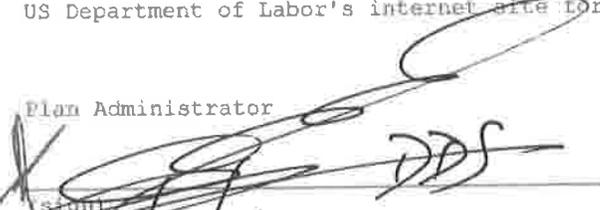
Plan Name: Gerald E. Gardner, DDS, PC Profit Sharing Plan
EIN/PN: 13-2869968/002
Plan Year: 01/01/2015 - 12/31/2015

I hereby authorize Charles Stipelman 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

Plan Sponsor



(date) 6/28/16

(sign)

(date)

Form 5500-SF

Department of the Treasury
Internal Revenue Service

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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos 1210-0110
1210-0089

2015

This Form is Open to Public Inspection

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

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

Part I Annual Report Identification Information

or calendar plan year 2015 or fiscal plan year beginning **01/01/2015** and ending **12/31/2015**

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 an amended return/report a short plan year return/report (less than 12 months)

iii Check box if filing under: Form 5558 automatic extension DFVC program
 special extension (enter description)

Part II Basic Plan Information --- enter all requested information

a Name of plan Gerald E. Gardner, DDS, PC Profit Sharing Plan		1b Three-digit plan number (PN) ▶	002
		1c Effective date of plan	10/01/1976
a Plan sponsor's name (employer, if for a single-employer plan) Mailing Address (include room, apt., suite no. and street or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Gerald E. Gardner, DDS, PC		2b Employer Identification Number (EIN)	13-2869968
76 Kerry Lane		2c Sponsor's telephone number (914) 245-2424	
US Chappaqua NY 10514		2d Business code (see instructions)	621210
a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor Name		3b Administrator's EIN	
		3c Administrator's telephone number	
If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.		4b EIN	
a Sponsor's name		4c PN	
a Total number of participants at the beginning of the plan year	5a	7	
b Total number of participants at the end of the plan year	5b	0	
c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	5c	0	
d(1) Total number of active participants at the beginning of the plan year	5d(1)	0	
d(2) Total number of active participants at the end of the plan year	5d(2)	0	
e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	5e	0	

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE		Date	6/28/16	Dr. Gerald Gardner
SIGN HERE	Signature of employer/plan sponsor	Date		Enter name of individual signing as employer or plan sponsor
Preparer's name (including firm name, if applicable) and address; include room or suite number				Preparer's telephone number

- a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No
- 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.) Yes 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.
- c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined

Part III Financial Information

Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a	Total plan assets	1,391,758	0
b	Total plan liabilities	0	0
c	Net plan assets (subtract line 7b from line 7a)	1,391,758	0
Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a	Contributions received or receivable from:		
	(1) Employers	0	
	(2) Participants	0	
	(3) Others (including rollovers)	0	
b	Other income (loss)	(3,113)	
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3,113)
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	1,388,645	
e	Certain deemed and/or corrective distributions (see instructions)	0	
f	Administrative service providers (salaries, fees, commissions)	0	
g	Other expenses	0	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)		1,388,645
	Net income (loss) (subtract line 8h from line 8c)		(1,391,758)
	Transfers to (from) the plan (see instructions)	0	

Part IV Plan Characteristics

- 1a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2A 2E 2H 2J 3D
- b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

0	During the plan year	Yes	No	N/A	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		X		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		X		
c	Was the plan covered by a fidelity bond?	X			500,000
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		
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	Has the plan failed to provide any benefit when due under the plan?		X		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		X		
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 required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3				
j	Did the plan trust incur unrelated business taxable income?		X		

Part VI Pension Funding Compliance

- 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) Yes No
- 11a Enter the unpaid minimum required contribution for current year 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 302 of ERISA?... Yes No

(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)

a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month _____ Day _____ Year _____

If 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	
c	Enter the amount contributed by the employer to the plan for this plan year	12c	
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d	
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?.....		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Part VII Plan Terminations and Transfers of Assets

3a Has a resolution to terminate the plan been adopted in any plan year? Yes No
 If "Yes," enter the amount of any plan assets that reverted to the employer this year 13a 0

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? Yes No

c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

13c(1) Name of plan(s)	13c(2) EIN(s)	13c(3) PN(s)

Part VIII Trust Information

4a Name of trust 14b Trust's EIN

4c Name of trustee or custodian 14d Trustee or custodian's telephone number

Part IX IRS Compliance Questions

5a Is the plan a 401(k) plan: Yes No

5b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? Design-based safe harbor method ADP/ACP test

5c 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(m)-2(a)(2)(ii))? Yes No

6a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b): Ratio Percentage Test Average Benefit Test

6b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

7a Has the Plan been timely amended for all required law changes? Yes No N/A

7b Date of the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code ____ (See instructions for tax law changes and codes).

7c If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number _____

7d If the plan is an individually-designed plan and received a favorable determination letter from IRS, please enter the date of plan's last favorable determination letter ____/____/____

8 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)? Yes No

9 Were in-service distributions made during the plan year? Yes No
 If Yes, enter amount 19

10 Were minimum required distributions made to 5% owners who have attained age 70 1/2 (regardless of whether or not retired) as required under section 401(a)(9)? Yes No N/A

5500-SF Electronic Filing Authorization

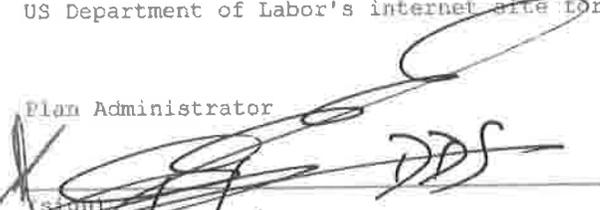
Plan Name: Gerald E. Gardner, DDS, PC Profit Sharing Plan
EIN/PN: 13-2869968/002
Plan Year: 01/01/2015 - 12/31/2015

I hereby authorize Charles Stipelman 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

Plan Sponsor



(date) 6/28/16

(sign)

(date)