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.

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

Parti	Annual Report	i identification information	1								
For calend	lar plan year 2015 or fi	iscal plan year beginning 01/01/2	2015	and ending 12	/31/2015						
A This re	eturn/report is for:	x a single-employer plan		olan (not multiemployer) on ployer information in acc		-					
		a one-participant plan	a foreign plan				,				
B This ret	turn/report is	the first return/report	the final return/report								
		an amended return/report	a short plan year retur	n/report (less than 12 mo	onths)						
C Check	box if filing under:	X Form 5558	automatic extension DFVC program								
		special extension (enter desc									
Part II	Basic Plan Info	ormation—enter all requested in	formation								
1a Name	of plan				1b Three	e-digit					
BAYVIEW I	DENTAL HEALTH PR	OFESSIONALS RETIREMENT PL	AN		•	number	004				
				-	(PN)		001				
					1c Effect		plan 1/2014				
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box)						2b Employer Identification Number (EIN) 45-2546142					
	r town, state or province PENTAL HEALTH PRO	ce, country, and ZIP or foreign post DFESSIONALS, P.A.	tal code (if foreign, see inst	ructions)	2c Spon		none number 24-8338				
					2d Busin		see instructions)				
7442 N. TAN SARASOTA	MIAMI TRAIL , FL 34243					6212	10				
30 Disc			3b Administrator's EIN								
3a Plan administrator's name and address XSame as Plan Sponsor.						nistrator's E	IIN				
					3c Admir	nistrator's t	elephone number				
		e plan sponsor has changed since imber from the last return/report.	the last return/report filed f	or this plan, enter the	4b EIN						
	sor's name				4c PN						
5a Total	number of participants	s at the beginning of the plan year.			5a		50				
		s at the end of the plan year		i i i i i i i i i i i i i i i i i i i	5b		60				
		account balances as of the end of		•	5c		58				
d(1) Tot	tal number of active pa	articipants at the beginning of the p	lan year		5d(1)		34				
		articipants at the end of the plan ye			5d(2)		38				
Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested							0				
		or incomplete filing of this retur									
SB or Scho		ther penalties set forth in the instru and signed by an enrolled actuary, a polete.									
SIGN		l/valid electronic signature.	08/30/2016	STACY K. LISEWSKI							
HERE	Signature of plan a	administrator	Date	Enter name of individu	ıal signing a	ıs plan adm	ninistrator				
SIGN											
HERE	Signature of emplo	oyer/plan sponsor	Date	Enter name of individu	ıal signing a	s employe	r or plan sponsor				
Preparer's	name (including firm i	name, if applicable) and address (in	nclude room or suite number	er)	Preparer's	telephone	number				

Form 5500-SF 2015		Page 2								
 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 lf you answered "No" to either line 6a or line 6b, the plan cannot 	an independendendendendendendendendendendendende	dent qualified public a ons.) m 5500-SF and mus	ccount	ant (IQ	PA) Form	5500.		X	Yes Yes	No No
C If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see ERISA se	ction 4	021)? .		Yes	No	Not	detern	nined
Part III Financial Information	1									
7 Plan Assets and Liabilities	_	(a) Beginning					(b) En	d of Ye		10
a Total plan assetsb Total plan liabilities	7a			196					27794	
D Total plan liabilities C Net plan assets (subtract line 7b from line 7a)	7b 7c			6086					27520	
8 Income, Expenses, and Transfers for this Plan Year	70	(a) Amou		.000			(b)	Total	21020	//
a Contributions received or receivable from:		(u) Amot					(5)	Total		
(1) Employers	8a(1)		_	506						
(2) Participants	8a(2)		95	272						
(3) Others (including rollovers)	8a(3)		2	001						
b Other income (loss)	8b		-3	091	-				15269	27
Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c								15368)/
to provide benefits)	8d		5	596						
e Certain deemed and/or corrective distributions (see instructions)	8e		5	054						
f Administrative service providers (salaries, fees, commissions)	8f		2	917						
g Other expenses	8g									
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								1356	
Net income (loss) (subtract line 8h from line 8c)	8i								14012	20
J Transfers to (from) the plan (see instructions)	8j									
Part IV Plan Characteristics										
9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D	feature cod	des from the List of Pi	an Cha	racteris	stic Co	ides in t	ne instr	uctions	S:	
B If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Pla	n Chara	acterist	ic Coc	les in th	e instru	ctions:		
Part V Compliance Questions					T	1	1			
10 During the plan year:				Yes	No	N/A		Am	ount	
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fi	duciary Correction	10a		X					
b Were there any nonexempt transactions with any party-in-interest					X					
reported on line 10a.)			10b							
C Was the plan covered by a fidelity bond?			10c		X					
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Χ					
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of the	he benefits under	10e	X						1641
f Has the plan failed to provide any benefit when due under the plan			10f		X					
			10g	Χ						1693
	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR				X					1093
i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10"	he required	notice or one of the	10h 10i							
j Did the plan trust incur unrelated business taxable income?			10i							
Part VI Pension Funding Compliance			10]	<u> </u>	<u> </u>					
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Ιr	Yes	X No
11a Enter the unpaid minimum required contribution for all years from						11a		-, _	•	
12 Is this a defined contribution plan subject to the minimum funding							RISA?.		Yes	X No

	F	orm 5500-SF 2015 Page 3 - 1						
	(If "Ye	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ng the waiver		enter the Day	e date of	the letter ru Year	ling	
If		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_		Τσαι		
b	Enter ti	he minimum required contribution for this plan year		12b				
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c				
	Subtra	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the	left of a	12d				
		ve amount)			Yes	No	N/A	
Part		e minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets		<u> </u>	163	NO	IN/A	
		resolution to terminate the plan been adopted in any plan year?			X Ye	sПNo		
104		s," enter the amount of any plan assets that reverted to the employer this year		13a		<u>- П</u>	(
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou	ght under the co			Yes X	No	
С	If duri	PBGC?ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identifying the plan (s) and the plan (s) and the plan (s) are transferred from this plan to another plan (s).		······································	_			
		assets or liabilities were transferred. (See instructions.) lame of plan(s):	13c(2)	FIN(s)		13c(3) F	PN(e)	
	.50(1)	tuno oi piuntoj.	130(2)	LII4(3)		100(0) 1	· V (3)	
Dani	\/III	Turnet liefe une etico						
Part	Name c	Trust Information		14h 1	Frust's Ell	NI		
ı T a	Name C	n trust		145	iiusts Eli			
14c	Name	of trustee or custodian		14d Trustee's or custodian's telephone number				
				telephone number				
Par	t IX	IRS Compliance Questions		I				
15a	Is the	plan a 401(k) plan?		Ye	s	No		
					esign-			
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		based safe ADP/ACP harbor test				
450				method				
150		.DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4		☐ Yes ☐ No				
	2(a)(2)	(ii))?		□ Rá	atio			
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under section	ion 410(b):	1 1 1	ercentage		erage efit test	
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No		
17a		e plan been timely amended for all required tax law changes?		Ye	s	No	N/A	
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions	
17c	If the p	lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play letter, enter the date of that favorable letter/ and the letter's serial r		ct to a fa	vorable I	RS opinion	or	
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter//		the plai	n's last fa	vorable		
18	Is the I	Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	5	No		
19	Were i	n-service distributions made during the plan year?		Ye	s	No		
	If "Yes	," enter amount		. 19				
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A	

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▶ 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		Identification information				
For calend	lar plan year 2015 or fi	scal plan year beginning 01/01/201	5	and ending 12	/31/2015	
A ⊺his re	turn/report is for:	X a single-employer plan		plan (not multiemployer employer information in a		
	,	a one-participant plan	a foreign plan			,
B This ret	urn/report is	the first return/report	the final return/repor	l		
		an amended return/report	a short plan year reti	urn/report (less than 12 i	months)	
C Check	box if filing under:	Form 5558	automatic extension		☐ DFVC pro	ogram
		special extension (enter descri	ption)			
Part II	Basic Plan Info	rmation—enter all requested info	ormation			
1a Name	***************************************		***************************************		1b Three-digit	!
	ntal Health Professions	als Retirement Plan			plan number (PN)	001
					1c Effective date 01/01/2014	of plan
Mailing	g address (include room	yer, if for a single-employer plan) n. apt., suite no. and street, or P.O.		4	2b Employer Iden (EIN) 45-2546	
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) ayview Dental Health Professionals, P.A.					2c Sponsor's tele (941	phone number) 724-8338
7442 N. Tan	nlami Trail				2d Business code 621210	(see instructions)
Sarasota, Ft	. 34243					
		d address X Same as Plan Sponso	or.		3b Administrator's	s EIN
A Hilbs	and and a Tible of the	alan and a bas aban and aireas the	a look ask walks and filed	for this class cutor the	4h cu	
name,	EIN, and the plan num	plan sponsor has changed since the ober from the last return/report.	ie last return/report filed	for this plan, enter the	4b EIN	
a Sponse	or's name				4c PN	
5a Total r	number of participants a	at the beginning of the plan year				50
	,	at the end of the plan year			. 5b	60
		ccount balances as of the end of th			5c	58
d(1) Tota	al number of active part	icipants at the beginning of the plar	ı year		5d(1)	34
d(2) Tota	al number of active part	licipants at the end of the plan year		***************************************	5d(2)	38
than 1	100% vested	erminated employment during the p			5e	0
		r incomplete filing of this return/				
SB or Sche	dule MB completed and	er penalties set forth in the instruction disigned by an enrolled actuary, as				
belief, i <u>t is t</u> SIGN	rue, correct, <u>and compt</u>	ete.		Stacy K. Lisewski		,, .
HERE	Signature of plan ad	ministrator	Date	Enter name of individ	dual signing as plan ad	ministrator
SIGN		<i></i>	8/30/2016	Kenneth Liszev		THE TOTAL OF THE T
HERE	Signature of employ	or/plan sponsor	Date	Enter name of individ	lual signing as employe	er or plan sponsor
Preparer's r		me, if applicable) and address (incl			Preparer's telephone	

4				14
P	2	m	0	1

Enry	E	FOR	CI	ODA	E
Form	23	\mathcal{I}	-01	ZUI	- 0

 Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan care 	an independend	ent qualified public	accoun	tant (l	QPA)		П. (1.
c If the plan is a defined benefit plan, is it covered under the PBGC i							No Not determined
Part III Financial Information						J L.i	
7 Plan Assets and Liabilities		(a) Beginnir	on of Ve	ar		0) End of Year
a Total plan assets	. 7a	(a) Dogmini	1392		\vdash		277942
b Total plan liabilities	1		41	96	\top		2736
C Net plan assets (subtract line 7b from line 7a)	. 7c		1350	86	\top		275206
8 Income Expenses, and Transfers for this Plan Year	1	(a) Amo	unt				(b) Total
a Contributions received or receivable from.		(4)					
(1) Employers	. 8a(1)		6150		+		·
(2) Participants	. 8a(2)		952	72	+		
(3) Others (including rollovers)	1 1				-		
b Other income (loss)			-30	91			· · · · · · · · · · · · · · · · · · ·
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						153687
d Senefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		559	96			
Certain deemed and/or corrective distributions (see instructions)	8e		508	54			
f Administrative service providers (salaries, fees, commissions)	8f		291	17	+		
g Other expenses	8g						
h Total expenses (add lines 8d, 8e, 8f, and 8g)					+		13567
i Net income (loss) (subtract line 8h from line 8c)	8i						140120
j Transfers to (from) the plan (see instructions)	8i		-		1		
Part IV Plan Characteristics	1 0 1						····
9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D B If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits.							
Part V Compliance Questions							
10 Ouring the plan year:				Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fidu	ciary Correction	10a		X		
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х		
C Was the plan covered by a fidelity bond?	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		10c		X		
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х		
e Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	e or all of the	benefits under	10e	х			1641
f Has the plan failed to provide any benefit when due under the plan		· · · · · · · · · · · · · · · · · · ·	10f		Х		
100			10g	Х			1693
	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)				х		,,,,,
If 10h was answered "Yes." check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10°	e required no	tice or one of the	10h				
j Did the plan trust incur unrelated business taxable income?			10j				
Part VI Pension Funding Compliance							
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below).							m Yes X No
11a Enter the unpaid minimum required contribution for all years from	Schedule SB	(Form 5500) line 4	0			11a	
12 Is this a defined contribution plan subject to the minimum funding	requirements	of section 412 of the	ne Code	e or se	ction 3	02 of ERIS	A? Yes X No

		Form 5500-SF 2015 Page 3 - 1						
	(lf "Y	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver		enter the Day	date of t	he letter n Year	uling	
	f you co	ompleted 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 i	he amount contributed by the employer to the plan for this plan year		12c				
		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the live amount)		12d				
	e Will th	ne minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A	
Par	t VII	Plan Terminations and Transfers of Assets						
13	a Hasa	resolution to terminate the plan been adopted in any plan year?			X Yes	☐ No		
	If "Ye	s," enter the amount of any plan assets that reverted to the employer this year		13a			0	
b	of the	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug PBGC?				Yes X	No.	
		ng this plan year, any assets or ilabilities were transferred from this plan to another plan(s), identif assets or liabilities were transferred. (See instructions.)	y the plan(s) to					
	13c(1)	Name of plan(s):	13c(2)	EIN(s)	-	13c(3)	PN(s)	
Par	t VIII	Trust Information						
14a	Name (of trust		14 b т	rust's EIN			
140	Name	of trustee or custodian			Trustee's delephone		an's	
Par	t IX	IRS Compliance Questions				-		
15a	1 Is the	olan a 401(k) plan?		Yes		. No		
15b		how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and no contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		bas bar	sign- sed safe bor thod	ADF test	PIACP	
150	If the A testing 2(a)(2)	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cumethod" for nonhighly compensated employees (Treas, Reg sections 1.401(k)-2(a)(2)(ii) and 1.40(ii))?	rrent year)1(m)-	Yes		No		
		the box to indicate the method used by the plan to satisfy the coverage requirements under section		Ratio percentage test			Average benefit test	
16b		ne plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by comb in 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 th	e last plan amendment/restatement for the required tax law changes was adopted	Enter the ap	plicable	code	_ (See in:	structions	
17c	If the p	an sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan y letter, enter the date of that favorable letter and the letter's serial n		to a fav	orable IRS	S opinion	or	
17d	If the p	an is an individually-designed plan and received a favorable determination letter from the IRS, ent nation letter	er the date of t	he plan'	s last favo	rable		
18		lan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) I American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin I		Yes		No		
19	Were in	-service distributions made during the plan year?		Yes		No.		
	lf "Yes,	enter amount		19				
20	Were retired)	quired minimum distributions made to 5% owners who have attained age 70 ½ (regardless of who as required under section 401(a)(9)?	ether or not	Yes		No	N/A	