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).

2015

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation	▶ Complete all entries in a	accordance with the instructions to the Form 55	500-SF.		•
	t Identification Information				
For calendar plan year 2015 or f	fiscal plan year beginning 01/01/2	2015 and ending 12	2/31/20°	15	
A This return/report is for:	X a single-employer plan ☐ a one-participant plan	a multiple-employer plan (not multiemployer) list of participating employer information in ac a foreign plan	`	•	
B This return/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 m	onths)		
C Check box if filing under:	Form 5558 special extension (enter description)	, ,		DFVC prog	ram
Part II Basic Plan Info	ormation—enter all requested in	formation			
1a Name of plan ANDREW D. CONTI, MD, PA 40	1(K) PROFIT SHARING PLAN		ŗ	Three-digit olan number (PN) ▶	001
			1c i	Effective date o	f plan 1/2015
Mailing address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C	,			ication Number 662293
City or town, state or proving ANDREW D. CONTI, MD, PA	ce, country, and ZIP or foreign post	al code (if foreign, see instructions)	2c S	Sponsor's telep	hone number 50-1717
400 US HIGHWAY 441 N. STE 9 HE VILLAGES OF LADY L, FL 3			2d E	Business code (see instructions)
3a Plan administrator's name a	and address XSame as Plan Spons	sor.	3b /	Administrator's	ΞIN
			3c /	Administrator's f	elephone number
name, EIN, and the plan nu	ne plan sponsor has changed since umber from the last return/report.	the last return/report filed for this plan, enter the	4b i		
a Sponsor's name			4c		
			5a		8
	, ,		5b		8
·		the plan year (defined benefit plans do not	5c		8
d(1) Total number of active pa	articipants at the beginning of the pl	an year	5d(1	-	8
d(2) Total number of active pa	articipants at the end of the plan yea	ar	5d(2	2)	7
than 100% vested	. , ,	plan year with accrued benefits that were less	5e		0
Caution: A penalty for the late	or incomplete filing of this return	n/report will be assessed unless reasonable cau	use is e	stablished.	

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.

0.0	Filed with authorized/valid electronic signature.	09/09/2016	ANDREW CONTI	
HERE	Signature of plan administrator	Date	Enter name of individu	al signing as plan administrator
SIGN				
HERE	Signature of employer/plan sponsor	Enter name of individual signing as employer or plan spo		
Propagar's name (including firm name, if applicable) and address (include room or suite number.)				Proparor's tolophone number

Signature of employer/plan sponsor

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Preparer's telephone number

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b .	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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	an indepe and condit not use Fo	ndent qualified public a ions.) orm 5500-SF and mus	ccount	ant (IQ	PA) Form	5500.			X Ye	
	f the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	1	Not dete	ermined
Par	t III Financial Information		<u> </u>			1					
	Plan Assets and Liabilities		(a) Beginning	of Ye				(b) E	nd o	f Year	
	Total plan assets	. 7a			0					112	2084
	Total plan liabilities	. 7b			0	+				111	2084
	Net plan assets (subtract line 7b from line 7a)ncome, Expenses, and Transfers for this Plan Year	. 7c	(a) Ama-	4	0	+		//-	\ T_		2004
	Contributions received or receivable from:		(a) Amou	ınt				<u>(r</u>) To	tai	
	(1) Employers	. 8a(1)		51	988						
	2) Participants	. 8a(2)		62	782						
	(3) Others (including rollovers)	. 8a(3)									
	Other income (loss)	. 8b		-2	2403						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c								112	2367
	o provide benefits)	. 8d									
е (Certain deemed and/or corrective distributions (see instructions)	. 8e									
<u>f</u> ,	Administrative service providers (salaries, fees, commissions)	. 8f			283						
g	Other expenses	. 8g									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h									283
	Net income (loss) (subtract line 8h from line 8c)	. 8i								112	2084
	Transfers to (from) the plan (see instructions)	8j									
Par		(1	also form that is a CDI	01		- 1' - 0 -	dee See				
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2T 3D	reature co	odes from the list of Pi	an Cna	racteri	Stic Co	aes in 1	ine ins	ructi	ons:	
В	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	acterist	tic Coc	les in th	e instr	uctio	ns:	
_											
Part	•				L v	I	NI/A	I			
10 a	During the plan year: Was there a failure to transmit to the plan any participant contribu	ıtions withi	n the time period		Yes	No	N/A			Amoun	t
u	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	10a		X					
b	Were there any nonexempt transactions with any party-in-interest			400		X					
	reported on line 10a.)			10b	.,	^					
	Was the plan covered by a fidelity bond?			10c	X						25000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X					
е	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 benefits under	10e	X						381
f	Has the plan failed to provide any benefit when due under the pla			10f		Х					001
	Did the plan have any participant loans? (If "Yes," enter amount a					X					
<u>g</u> h	If this is an individual account plan, was there a blackout period?			10g		X					
"	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 2520.10			10i							
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)									Ye	es 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	requirem	ents of section 412 of t	he Cod	e or se	ection 3	302 of E	RISA	·	Ye	es X No

	F	orm 5500-SF 2015 Page 3 - 1					
	_ `	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 inc ng the waiver		enter the Day	date of t	he letter rul Year	ing
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui	
b	Enter t	ne 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			
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d			
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A
Part		Plan Terminations and Transfers of Assets			100	110	1471
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No	
		s," 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 brough	ght under the co	ontrol		Yes X	No
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)					
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)
Part	: VIII	Trust Information					
14a	Name o	f trust		14b 1	Γrust's EIN	١	
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's
	rianio	of tubics of suctorial			telephone		o
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		Ye	S	No	
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)?		ba ha	esign- ased safe arbor ethod	ADF test	P/ACP
15c	testing	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(ii))?	101(m)-	Ye	S	No	
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage 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	Has the	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		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	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 fav	vorable	
18		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	;	No	
19	Were in	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

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 section 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

		rt Identification Informatio					
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		plan (not multiemployer) employer information in	100	7.	
В	This return/report is:	the first return/report	the final return/repor	t urn/report (less than 12	months)		
		arramended return/report	a short plan year let	universit (less than 12	monuisj		
С	Check box if filing under:	X Form 5558 special extension (enter des	automatic extension		☐ DF\	/C progra	m
	Basic Plan In	formation enter all requester	d information				
_	Name of plan	MD, PA 401(k) Profit Sh			March 11 10 10 10 10 10 10 10 10 10 10 10 10	umber	
	Andrew D. Contr,	ND, FR 401(K) FIGITE SIL	aring rian		1c Effecti		f plan
2a	Mailing Address (include r	ployer, if for a single-employer plan, oom, apt., suite no. and street or P.	O. Box)	tructions)	2b Emplo		fication Number 62293
	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Andrew D. Conti, MD, PA) 750-	THE SECONDARY
	1400 US Highway 4	41 N. Ste 912			2d Busine 6211		(see instructions)
	US The Villages of Lad	ty L FL 32159					
3a	Plan administrator's name	and address X Same as Plan S	ponsor Name	PY	3b Admin		EIN telephone number
4		the plan sponsor has changed since tumber from the last return/report.	e the last return/report filed	for this plan, enter the	4b EIN		
а	Sponsor's name	diffuer from the last return report.			4c PN		
		its at the beginning of the plan year					8
b		its at the end of the plan year					8
С	Number of participants wit	h account balances as of the end o	f the plan year (defined ber	efit plans do not	5c		8
d	1) Total number of active p	participants at the beginning of the p	lan year		. 5d(1)		8
d	2) Total number of active r	participants at the end of the plan ye	ear		. 5d(2)		7
е		at terminated employment during the	e plan year with accrued be	nefits that were	5e		0
C	aution: A penalty for the la	te or incomplete filing of this retu	urn/report will be assesse	d unless reasonable c	ause is establi	ished.	
Ur	nder penalties of perjury and	l other penalties set forth in the instr d and signed by an enrolled actuary	ructions, I declare that I have	e examined this return/r	eport, including	g, if applic	able, a Schedule knowledge and
1	DOM:	Cum/mp	9/9/1/	Androw	CONTI		
	Signature of plan a		Date	Enter name of individ		olan admi	nistrator
		uninistrator	Date	Litter frame of fridivid	uai signing as p	nan aunin	instator
	Reflet						
States.	Signature of employ		Date	Enter name of individ	Preparer's to		
Pr	eparers name (including fin	m name, if applicable) and address;	include room of suite num	ber	Preparers	elepriorie	number
						18 /4·	

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6a	Were all of the plan's assets during the plan year invested in eligible	assets? (See instructions)						X Yes	No
	Are you claiming a waiver of the annual examination and report of ar		Control of the Contro						[22] 100 [
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility ar								X Yes	No
	If you answered "No" to either line 6a or line 6b, the plan cannot	t use For	m 5500-SF and must inst	tead i	use F	orm 5	500.			
С	If the plan is a defined benefit plan, is it covered under the PBGC ins	surance pr	ogram (see ERISA section	n 402	1)?		Yes	☐ No	☐ Not de	termined
៍ 🦳	Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of	f Yea	r		(b) End o	f Year	
а	Total plan assets	7a			0				112,0	084
b	Total plan liabilities	7b	1207.7200.0					mice Control (1)		
С	Net plan assets (subtract line 7b from line 7a)	7c			0				112,0	084
8	Income, Expenses, and Transfers for this Plan Year	المنازية	(a) Amount					(b) To	otal	
а	Contributions received or receivable from: (1) Employers	8a(1)	5	51,9	88					
	(2) Participants	8a(2)	6	52,7	82					
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	(2	2,40	3)					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							112,	367
d	Benefits paid (including direct rollovers and insurance premiums	8d								
e	to provide benefits)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		2	83					antieni etaate
g	Other expenses	8g								etinideo) e en s
-	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					C t M china	half-parks a letter	Tall is positive feet of	283
i	Net income (loss) (subtract line 8h from line 8c)	8i							112,0	084
j	Transfers to (from) the plan (see instructions)	8j								
-	Plan Characteristics						11727—119-11741 V			
9a	If the plan provides pension benefits, enter the applicable pension fe	ature code	es from the List of Plan Ch	aract	eristic	Code	es in the	instructio	ns:	
	2E 2G 2J 2T 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	s from the List of Plan Cha	racte	ristic	Codes	in the ir	struction	s:	
	Compliance Questions									
10	During the plan year:				Yes	No	'vr		Amount	
а										
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	- 5	1,70	10a		x				
b	Were there any nonexempt transactions with any party-in-interest?			104		-			(#K1520) (** 20	
	reported on line 10a.)			10b		х				
С	Was the plan covered by a fidelity bond?			10c	х				2	25,000
d				404		x				
	by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other			10d						
е	carrier, insurance service, or other organization that provides some									
	the plan? (See instructions.)			10e	х					381
f	Has the plan failed to provide any benefit when due under the plan	1?		10f		х				
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	10g		x				
h	If this is an individual account plan, was there a blackout period? (See instru	ctions and 29 CFR	7200	CAT HES					- 02055
_	2520.101-3.)			10h		Х	SC 4			m. Zan
i 	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101			10i				47. Ada 11.		
j	Did the plan trust incur unrelated business taxable income?			10j				VII. 200		
	Pension Funding Compliance								1	
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)								Yes	X No
11	a Enter the unpaid minimum required contribution for current year from	om Sched	ule SB (Form 5500) line 4	0			11a			
12	Is this a defined contribution plan subject to the minimum funding r	requireme	nts of section 412 of the C	ode	or sec	tion 3	02 of ER	ISA?	Yes	X No

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(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable	le.)					
a If a waiver of the minimum funding standard for a prior year is being amortize granting the waiver.	d in this plan year, see instru Month	uctions, and o	enter the	e date of th	ne letter rui ir	ling
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 (enegative amount)			12d			
e Will the minimum funding amount reported on line 12d be met by the funding of	deadline?			Yes 🗌	No [] N/A
Plan Terminations and Transfers of Assets						
13a Has a resolution to terminate the plan been adopted in any plan year?			☐ Ye	es X No)	
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 of the PBGC?			ntrol		Yes 2	☑ No
C If during this plan year, any assets or liabilities were transferred from this plan which assets or liabilities were transferred. (See instructions.)	to another plan(s), identify the	ne plan(s) to				
13c(1) Name of plan(s):		13c	(2) EIN(s)	13c(3) F	N(s)
Trust Information (optional)						
14a Name of trust			14b ⊺ı	rust's EIN		
14c Name of trustee or custodian				rustee or o	custodian's nber	
IRS Compliance Questions						
15a is the plan a 401(k) plan:			Yes	s	☐ No	
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)			bas bar	sign- sed safe bor thod	ADP/A	ACP
15c If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year testing method" for nonhighly compensated employees (Treas. Reg. section 1. 2(a)(2)(ii))?	401(k)-2(a)(2)(ii) and 1.401(i	m)-	☐ Ye	S	☐ No	
16a Check the box to indicate the method used by the plan to satisfy the coverage			Ra Per Tes	rcentage	Avera Benef	ge it Test
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410 this plan with any other plans under the permissive aggregation rules?	O(b) and 401(a)(4) by combir		Ye	S	□ No	
17a Has the Plan been timely amended for all required law changes?			Ye:		☐ No	□ N/A
17b Date of the last plan amendment/restatement for the required tax law changes instructions for tax law changes and codes).	was adopted//_	.Enter the	e applica	able code	(See	9
17c If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), of advisory letter, enter the date of that favorable letter / / / . 17d If the plan is an individually-designed plan and recieved a favorable determination letter / / / .	and the letter's serial numb	er.				
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under made), American Samoa, Guam, the Commonwealth of the Northern Mariana	ERISA section 1022(i)(2) has Islands or the U.S. Virgin Isla	s been ands)?	☐ Ye	s	□ No	
19 Were in-service distributions made during the plan year?	••••••		☐ Ye	s	☐ No	
If Yes, enter amount	***************************************		19			
Were minimum required distributions made to 5% owners who have attained a not retired) as required under section 401(a)(9)?	☐ Ye	s	☐ No	□ N/A		