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	Annuai Repon	i identification informatio	11						
For calenda	ar plan year 2015 or f	iscal plan year beginning 01/01	/2015	and ending 12	2/31/2015				
▲ This ret	urn/report is for:	X a single-employer plan	r) (Filers checking this box must attach a						
A THISTON	arrivioport is ior.	a one-participant plan	list of participating employer information in accordance with the form instruction a foreign plan						
B This retu	ırn/report is	the first return/report							
		rn/report (less than 12 m	months)						
C Check b	oox if filing under:	X Form 5558	automatic extension		DFVC p	orogram			
		special extension (enter desc	cription)						
Part II		ormation—enter all requested in	nformation		T				
1a Name of ALL SMILES	•	PA PROFIT SHARING PLAN AN	D TRUST		1b Three-digit plan numbe (PN) ▶	r 001			
					1c Effective da	J.			
		oyer, if for a single-employer plan) om, apt., suite no. and street, or P.	O. Box)		2b Employer Id	entification Number			
	town, state or proving DENTAL CENTER,	ce, country, and ZIP or foreign pos PA	stal code (if foreign, see inst	ructions)	2c Sponsor's to				
					2d Business code (see instructions				
3438 TAMPA PALM HARB	RD. OR, FL 34684					521210			
3a Plan ad	dministrator's name a	and address XSame as Plan Spor	nsor.		3b Administrato	or's EIN			
					0				
					3C Administrato	or's telephone number			
		ne plan sponsor has changed since	e the last return/report filed	for this plan, enter the	4b EIN				
	•	umber from the last return/report.			46 DN				
a Sponso		and the best start and the also seem			4c PN 5a	4			
		s at the beginning of the plan year			5b	3			
		s at the end of the plan year account balances as of the end o				3			
				•	5c	3			
d(1) Tota	al number of active pa	articipants at the beginning of the p	olan year		5d(1)	4			
d(2) Tota	al number of active pa	articipants at the end of the plan ye	ear		5d(2)	3			
		t terminated employment during th			5e	0			
Caution: A	penalty for the late	or incomplete filing of this retu	rn/report will be assessed	unless reasonable car					
SB or Sche		ther penalties set forth in the instru and signed by an enrolled actuary, aplete.							
SIGN	Filed with authorized	d/valid electronic signature.	09/16/2016	CHRISTINE FERRIEI	R APPLEWHITE				
HERE	Signature of plan administrator Date Enter name of individu					administrator			
SIGN									
HERE	Signature of empl	oyer/plan sponsor	Date	Enter name of individ	nter name of individual signing as employer or plan				
Preparer's		name, if applicable) and address (include room or suite numb		Preparer's teleph	· · · · · · · · · · · · · · · · · · ·			

	Form 5500-SF 2015		Page 2								
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 ot use Fo	ndent qualified public a ions.) orm 5500-SF and must	ccount	ant (IQ	PA) Form	5500.			X Ye	
C	f the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ction 4	021)?	📙	Yes	No	<u></u>	Not dete	ermined
Par	t III Financial Information	1	•								
7	Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) E	nd of	Year	
	Total plan assets	. 7a		186	6486					190	0768
	Total plan liabilities	. 7b		400						404	700
	Net plan assets (subtract line 7b from line 7a)	7c			6486		190768				
	ncome, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amou	ınt				(k) Tot	al	
	(1) Employers	. 8a(1)		1	732						
	2) Participants	8a(2)		2	2598						
((3) Others (including rollovers)	8a(3)									
b (Other income (loss)	8b			-48						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								4	1282
	Benefits paid (including direct rollovers and insurance premiums oprovide benefits)	. 8d									
-	Certain deemed and/or corrective distributions (see instructions)	. 8e									
	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	. 8g									
h ·	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h									
<u>i</u> 1	Net income (loss) (subtract line 8h from line 8c)	8i								4	1282
<u>j</u>	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature co	odes from the List of Pla	an Cha	racteri	stic Co	des in t	the ins	truction	ons:	
В	If the plan provides welfare benefits, enter the applicable welfare fr	eature cod	les from the List of Pla	n Char	acterist	ic Cod	les in th	e instr	uction	ns.	
	in the plant provided we have benefits, either the applicable we have t	catare ood	ies from the Elst of Fran	T Onar	actoriot	10 000	100 111 11	io moti	uotioi	10.	
Part	V Compliance Questions										
10	During the plan year:				Yes	No	N/A		-	Amoun	t
а	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 F	iduciary Correction	10a		X					
b	Were there any nonexempt transactions with any party-in-interest					>					
	reported on line 10a.)			10b		X					
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		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.)	her person ne or all of	s by an insurance the benefits under	10e		X					
f	Has the plan failed to provide any benefit when due under the pla			10f		Χ					
g	Did the plan have any participant loans? (If "Yes," enter amount a					X					
<u>9</u>	If this is an individual account plan, was there a blackout period?	-		10g		^					
•••	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	Schedule	SB (Form 5500) line 4	0			11a				
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the	he Cod	e or se	ction 3	302 of E	RISA	·	Ye	s 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		
140 Haine of tracted of castedian						telephone number			
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)?		Design- based safe ADP/ACP harbor test method					
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 5500-8F

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 5500-8F.

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

	Annual Report	t identification information		actions to the Point ag	ov-er.						
For	calendar plan year 2015 or f	iscal plan year beginning	01/01/2015	and ending	12/31/20	15					
A	This return/report is for:	x a single-employer plan	a list of participating	plan (not multiemployer) employer information in	mployer) (Filers checking this box must attach nation in accordance with the form instructions)						
B	This return/report is:	the first return/report	a foreign plan the final return/repor	•							
		an amended return/report	•	um/report (less than 12 r	\						
_				primopoli (lessa trigit 12 i	nontris)						
Ç (Check box if filing under:	= -	automatic extension		DFVC program						
ob e	W. 2012.	special extension (enter description	<u> </u>								
	Basic Plan Info	prmation enter all requested information	mation	•							
141	Name of plan	O-4 D. D-414 AL			1b Three-dig						
All Smiles Dental Center, PA Profit Sharing Plan and Trust					(PN) ►	001					
2		1C Effective date of plan 01/01/1997									
24	Mailing Address (include ro	oyer, if for a single-employer plan) om, apt., suite no. and street or P.O. Bo: ce, country, and ZIP or foreign postal co	x) de (if foreign, see ins	tructions)		identification Number 9-3491273					
All Smiles Dental Center, PA						telephone number 786-1077					
	3438 Tampa Rd.				2d Business 621210	code (see Instructions)					
	US Palm Herbor FL 34684	44.4									
Sa	Plan administrator's name a	nd address 🛣 Same as Plan Sponsor	Name		3b Administra	etor's EIN					
					3c Administra	stor's telephone number					
					}						
	if the name and/or EIN of the name, EIN, and the plan nur	e plan sponsor has changed since the lamber from the last return/report.	set return/report filed	for this plan, enter the	4b EIN						
	Sponsor's name				4c PN						
		at the beginning of the plan year			5a	4					
		at the end of the plan yearaccount balances as of the end of the pl			5b	3					
•		econnic delenos es or mé end or tre h			5c	3					
d (1) Total number of active par	ticipants at the beginning of the plen yea	ar		5d(1)	4					
d(2	2) Total number of active par	ticipants at the end of the plan year	**********	***************************************	5d(2)	· 3					
е	Number of participants that t	erminated employment during the plan	ear with accrued be	nefits that were	5e	0					
Cat	ition: A penalty for the late	or incomplete filing of this return/rep	ort will be assesse	i uniess reasonable ca	use is establish	id.					
Und SB	for penalties of perjury and of	ther penalties set forth in the Instructions and signed by an enrolled actuary, as we	s. I declare that I hav	e examined this return/re	nort Including if	emilicable a Schodula					
i di		lengial Applewhaita DDS		21 11 0 1 0 mm - 1 1 2 - 1 mm							
	Village State Cill		Date 9/16/16	CHRISTINE Y F							
A shirt and											
	Bignature of employer		Date ,		GRISK APPI						
Pro!		name, if applicable) and address; Include		Enter name of individue	Preparer's telepi						
	, ,	,		T.		. And Humber					
					Baran German Bara	tan Bandah kacamatan Maring K					

6a	Were all of the plan's assets during the plan year invested in eligib			*******	***********	******			XYes	No
b	Are you deiming a waiver of the annual examination and report of	an indapen	dent qualified public acco	ounte	nt (IQ	PA)				
	under 29 CFR 2520.104-467 (See instructions on walver eligibility if you answered "No" to either line 6a or line 6b, the plan cann	ot use For	m 5500-SF and must in	steec	f use	Form	5500		XYes	∏No
C	If the plan is a defined benefit plan, is it covered under the PBGC is	nsurance p	rogram (see ERISA secti	on 40	21)?	********	∐ Ye		☐ Not d	etermine
inno.	Financial Information									
7	Plan Assets and Liabilities		(a) Beginning (y Yas				(b) End	-4 V	
ar	Total plan assets							(D) ENG		
Ь	Total plan liabilities		4	86,4	100	+	*** ***	···	190	768
C	Net plan assets (subtract line 7b from line 7a)		-	06		+				
8	Income, Expenses, and Transfers for this Plan Year				186					768
ā	Contributions received or receivable from:	50000000000	(a) Amoun	Ľ.		7642000		(b) T	otal	distribution and the second
	(1) Employers	. 8a(1)		1,7	32	7.57	21.24			fores
	(2) Participants	. 8a(2)		2,5	98		17 N 18 N 19			
	(3) Others (including rollovers)			•		1000				
b	Other income (loss)	. 8b		(4	8)			Auto 7.5	l P	First Editorial
Ç	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	- Bc		RPW:	New York		1964 1 1 2 2 2 3 4 4 5 1 C	- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	A	282
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d			Police latery					7.0
•	Certain deemed and/or corrective distributions (see instructions)				+	4	A Back	Living Control	VANCETA	Carrier of the
7	Administrative service providers (salaries, fees, commissions)	. 61		····	-11	100	terus eta	al e for an a		22,200,200 22,500,200,200
a	Other expenses					3800.63				
_	Total expenses (add lines 8d, 8e, 8f, and 8g)				enero o	W(2/3)	Grade Control		all areas to have	S) Gustania
1	Net income (loss) (subtract line 8h from line 8c)			Caclibration	2000	<i>ii</i>				000
Ť	Transfers to (from) the plan (see instructions)	. 8j		48.98MB	e objective syst	NIKARA Ilia		Artife page		282
Phone	Plan Characteristics	<u> </u>				88 V.D	5 1700			Arthur L. d.
***************************************	If the plan provides pension benefits, enter the applicable pension fi									
11 - 100	If the plan provides welfare benefits, enter the applicable welfare fe		THOM THE LIST OF FIRST OF		OF ISAIC	Code	38 III UI	e matricuc	na:	***************************************
10	During the plan year:				Yes	No	1		Amount	
a	Was there a failure to transmit to the plan any participant contribu	itlons within	the time period				113.5		TIOUIL	
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo						94-54 (A) 4-4-245			
	Program)			10a		x				
_ь	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not in	nclude transactions	10b		×	3			
C				10c		х				
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х				
0	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.)	ner persons ne or all of ti	by an insurance he benefits under	10e		x			·	
1	Has the plan falled to provide any benefit when due under the plan			10f		x		And desired		
9	Did the plan have any participant loans? (If "Yes," enter amount at			10g		X				
-t		_		100		٨				
<u></u>	2620.101-3.)			10h		x				
	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	ne required	notice or one of the	101				n na na na na La na na na na	agh and a fall	
									22.8	
ASSESSED DO	Did the plan trust incur unrelated business taxable income?			10]						
Marine (gr	Did the plan trust incur unrelated business taxable income? Pension Funding Compliance			10]						
11	Did the plan trust incur unrelated business taxable income? Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "Y	es," see instructions and	10]		*******	lule SE	l (Form		X No
	Did the plan trust incur unrelated business taxable income? Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem	ents? (if "Y	es," see instructions and	10j			11a	*************		X No

un res, complete line 12s of lines 12b, 12b, 12d, and 12e below, as applicable.)		l			
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, grenting the waiver. Month	and enter Day	the date of	f the letter	ruling	
If you completed line 12s, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			mer		
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					
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)			******		
e Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes [J No E	□ N/A	
Plan Terminations and Transfers of Assets		1 100 _	-140 L	<u> </u>	
13a Has a resolution to terminate the plan been adopted in any plan year?	Thi	es X N			
if "Yes," enter the amount of any plan assets that reverted to the employer this year		13e			
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought upder the	e control				
of the PBGC7			Yes	X No	
C if during this plen year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)) to				
13o(1) Name of plan(s):	13c(2) EIN	(3)	13c(3)	PN(s)	
			}		
Trust Information			<u> </u>		
14a Name of trust	446.7	rust's EIN			
The second of th	1401	rusts EIN			
14c Name of trustee or custodian		14d Trustee or custodian's telephone number			
IRS Compliance Questions					
	T				
154 is the plan a 401(k) plan:	./ 🗀 Ye		□ No		
15b if "Yes," how does the 401(k) plan eatisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	ba:	Design- based safe ADP/AC harbor method			
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))?		☐ Yes ☐ No			
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	L Pe	Ratio Percentage 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?			□ No		
17a Has the Plan been timely amended for all required law changes?	. 🔲 Ye	9 [□ No	□ N/A	
instructions for tax law changes and codes).	the applica		(Sec	В	
17c if the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volume submitter plan that is subject advisory letter, enter the date of that favorable letter / and the letter's serial number,	t to a favo	rable IRS o	opinion or		
17d if the plan is an individually-designed plan and recieved a favorable determination letter from IRS, please enter the determination letter	lete of plar	1's last favo	orable		
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 Islanda or the U.S. Virgin Islands)?	☐ Yes	B [□ No		
19 Were in-service distributions made during the plan year?		s [No		
If Yes, enter amount	. 19			***	
Were minimum required distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired) as required under section 401(a)(9)?	Yel	a [No	□ N/A	