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.

1210-0089

2015

OMB Nos. 1210-0110

This Form is Open to Public Inspection

Part	I Annual Repol	rt identification information				
For cale	endar plan year 2015 or	fiscal plan year beginning 01/01/2	2015	and ending 12/31/	/2015	
A This	return/report is for:	a single-employer plan		an (not multiemployer) (File ployer information in accord	_	
		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	n/report (less than 12 month	s)	
C Che	ck box if filing under:	X Form 5558 special extension (enter description)	automatic extension		DFVC prog	ram
Part	II Pasis Blan Int	<u> </u>	• •			
		formation—enter all requested int	rormation	11	Throo digit	
	me of plan	ENTER DEFINED BENEFIT CASH E	RALANCE PLAN	i k	Three-digit plan number	
DEIVITIO	TREE TORGON OFF TO	ENTER DEFINED BENEFIT GAGITE	DALANOL I LAN		(PN) •	002
				10	Effective date o	f plan
					01/0	1/2014
Ma	iling address (include ro	ployer, if for a single-employer plan) bom, apt., suite no. and street, or P.C	,		Employer Identi (EIN) 59-3	fication Number 516603
	or town, state or proving ORY JACOBS, D.D.S.,	uctions) 20	Sponsor's telep 813-6	hone number 34-1932		
				20	Business code	see instructions)
601 RIC	KENBACKER DRIVE, S Y CENTER, FL 33573	SUITE #7			0044	240
SON CIT	CENTER, FL 33373				6212	210
3a Pla	n administrator's name	and address Same as Plan Spons	sor.	3k	• Administrator's	EIN
				30	Administrator's	telephone number
4 If th	ne name and/or FIN of t	the plan sponsor has changed since	the last return/report filed for	or this plan, enter the 4h	D EIN	
		number from the last return/report.	and last rotally roport mount			
a Spo	onsor's name			40	PN PN	
5a To	tal number of participan	nts at the beginning of the plan year			5a	13
b To	tal number of participan	nts at the end of the plan year			5b	12
		th account balances as of the end of	• • •	' ·	5c	
d(1)	Total number of active p	participants at the beginning of the pl	an year	5	d(1)	13
d(2)	Total number of active p	participants at the end of the plan yea	ar	5	d(2)	12
th	an 100% vested	at terminated employment during the			5e	1
		e or incomplete filing of this return	•			
SB or S		other penalties set forth in the instruc- and signed by an enrolled actuary, a molete.				
SIGN		ed/valid electronic signature.	10/05/2016	T. GREGORY JACOBS, D	D.D.S.	
HERE	- 100 11111 001101120		10/00/2010			

Date

Date

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

Signature of plan administrator

Signature of employer/plan sponsor

SIGN HERE Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

Form 5500-SF 2015		Page 2					
 Were all of the plan's assets during the plan year invested in e Are you claiming a waiver of the annual examination and repor under 29 CFR 2520.104-46? (See instructions on waiver eligibing the your answered "No" to either line 6a or line 6b, the plan c 	t of an independe ility and condition	ent qualified public a	account	ant (IQ	PA) 		□ □
c If the plan is a defined benefit plan, is it covered under the PBG						_	No Not determined
Part III Financial Information					11		
7 Plan Assets and Liabilities		(a) Beginning	n of Ye	ar		-	b) End of Year
a Total plan assets	7a	(a) Deginning		6003			289423
b Total plan liabilities				0			0
C Net plan assets (subtract line 7b from line 7a)			146	003			289423
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	unt				(b) Total
Contributions received or receivable from: (1) Employers	8a(1)	, ,		047			`,
(2) Participants	8a(2)			0			
(3) Others (including rollovers)	8a(3)			0			
b Other income (loss)	8b		-8	548			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)							144499
d Benefits paid (including direct rollovers and insurance premium to provide benefits)				0			
Certain deemed and/or corrective distributions (see instructions)				0			
f Administrative service providers (salaries, fees, commissions)			1	079			
g Other expenses				0			
h Total expenses (add lines 8d, 8e, 8f, and 8g)							1079
i Net income (loss) (subtract line 8h from line 8c)							143420
j Transfers to (from) the plan (see instructions)				0			
Part IV Plan Characteristics							
B If the plan provides welfare benefits, enter the applicable welfare Part V Compliance Questions	are reature codes	from the list of Pia	n Chara	acterist	ic Coc	les in the	Instructions:
10 During the plan year:				Yes	No	N/A	Amount
Was there a failure to transmit to the plan any participant cont described in 29 CFR 2510.3-102? (See instructions and DOL Program)	₋'s Voluntary Fidu	iciary Correction	10a		X		
b Were there any nonexempt transactions with any party-in-intereported on line 10a.)			10b		X		
C Was the plan covered by a fidelity bond?			10c	X			173000
d Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?	•		10d		X		
Were any fees or commissions paid to any brokers, agents, o carrier, insurance service, or other organization that provides the plan? (See instructions.)	some or all of the	benefits under	10e		X		
f Has the plan failed to provide any benefit when due under the			10f		Х		
g Did the plan have any participant loans? (If "Yes," enter amou	int as of vear end	.)	10g		X		
h If this is an individual account plan, was there a blackout perior 2520.101-3.)	od? (See instructi	ons and 29 CFR	10g		X		
i If 10h was answered "Yes," check the box if you either provide exceptions to providing the notice applied under 29 CFR 2520	ed the required n	otice or one of the	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 requi	,			•			V M N
11a Enter the unpaid minimum required contribution for all years for	rom Schedule SE	3 (Form 5500) line 4	0			11a	C
12 Is this a defined contribution plan subject to the minimum fund	dina requirement	s of section 412 of t	he Cod	e or se	ction :	302 of FR	ISA? Yes 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	e 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?			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	rust's Ell	١	
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's
	rianio	of tubics of suctorial			telephone		a 11 0
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 yellowers, enter the date of that favorable letter/ and the letter's serial r		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 fa	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	5	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

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

2015

OMB No. 1210-0110

This Form is Open to Public Inspection

				▶ File	as an attac	nment to Form	5500 or 55	00-SF.				
For	calenda	r plan year 2015	or fiscal plan	year beginning	01/01/201	15		and end	ing 12/3	31/2015		
•	Round o	off amounts to	nearest dollar	r.								
<u> </u>	Caution	: A penalty of \$1	1,000 will be as	ssessed for late fili	ing of this rep	oort unless reasc	nable caus	se is establish	ied.			
	lame of		TV OFNITED D	SEEMED DENEED	E O A O LL D A L	ANOE DI ANI		3 Three-di	git			
DE	NIISTR	Y FOR SUN CI	IY CENTER D	EFINED BENEFIT	I CASH BAL	ANCE PLAN	L	plan nun	nber (PN)	•	002	
С	Plan snor	nsor's name as	shown on line :	2a of Form 5500 o	or 5500-SF		-	D Employer	Identifica	tion Number (F	=INI)	
	•	RY JACOBS, D.		24 01 1 01111 0000 0	7 0000 01			Lilipioyoi	59-351		-114)	
		•	,						00 00 1			
Ет	ype of pla	an: X Single	Multiple-A	Multiple-B		F Prior year pla	n size: X	100 or fewer	101-5	00 More th	nan 500	
Pa	art I	Basic Inforr	mation									
1	Enter th	ne valuation dat	e:	Month 12	_ Day <u>3</u>	1 Year _2	2015					
2	Assets	:										
	a Mark	et value							2a			134427
	b Actua	arial value							2b			134427
3	Fundin	g target/particip	ant count brea	kdown			` '	mber of	(2) Ves	ted Funding	(3) Total Fu	
							parti	cipants	Т	arget	Targe	t
	a For r	etired participar	nts and benefic	ciaries receiving pa	ayment			0		0		C
	b For t	erminated veste	ed participants.					1		0		C
	C For a	ctive participan	ts					12		0		152129
	d Tota	l						13		0		152129
4	If the p	lan is in at-risk s	status, check th	he box and comple	ete lines (a) a	and (b)]				
	a Fund	ling target disre	garding prescri	ibed at-risk assum	ptions			- 	4a			
				sumptions, but dis					4b			
_				consecutive years								
5												5.01%
6									6			147503
		y Enrolled Act of my knowledge, the	•	ed in this schedule and a	accompanying so	chedules, statements a	and attachmen	ts. if anv. is compl	lete and accu	rate. Each prescrib	ed assumption was	applied in
	accordance	with applicable law a	and regulations. In n	my opinion, each other a	ssumption is rea							
0	ign	, , <u>, </u>	· · · · · · · · · · · · · · · · · · ·	.								
	ERE									08/11/2	n16	
			Sign	nature of actuary						Date	010	
DOI	UGLAS S	S LANE	Olgii	ature or actuary						14-043	76	
	OOLAO	J. LAIVE	Type or r	orint name of actua	arv			-	Most r	ecent enrollme		
KID	DFR-I AI	NE ACTUARIAL	, ,		Δ1 y				1110011	515-45		
				Firm name				т	elephone		ding area code	1)
		OWN PARKWA	Y, SUITE 100					•	2.06.10110		g a. 5a 55ac	,
۷VE	ST DES	MOINES, IA 50.	∠00									
			I. A	droop of the firm								
			Ado	dress of the firm								
	actuary actions	has not fully ref	lected any regu	ulation or ruling pro	omulgated ui	nder the statute i	in completi	ng this sched	ule, check	the box and s	ee	

Page	2	_
ı ayc	_	

Pa	rt II Be	ginning of Year	Carryov	er and Prefunding Ba	alances						
		<u> </u>				(a) C	arryover balance		(b) F	refundi	ng balance
7				cable adjustments (line 13 fr	•			0			0
8		•	•	unding requirement (line 35				0			0
9	Amount rema	aining (line 7 minus lii	ne 8)					0			0
10	Interest on lir	ne 9 using prior year's	s actual retu	urn of%				0			0
11	Prior year's e	excess contributions t	o be added	to prefunding balance:							
	a Present va	lue of excess contrib	utions (line	38a from prior year)							18134
				a over line 38b from prior yee interest rate of <u>6.49</u> %							0
	b(2) Interes	t on line 38b from pri	or year Sch	edule SB, using prior year's	actual						
				ear to add to prefunding balan							0
	_			,							18134
d Portion of (c) to be added to prefunding balance											18134
12	Other reducti	ons in balances due	to elections	or deemed elections				0			0
13	Balance at b	eginning of current ye	ar (line 9 +	line 10 + line 11d – line 12))			0			18134
Pa	art III F	unding Percenta	ages								
14	Funding targ	et attainment percent	age							14	75.84 %
15	15 Adjusted funding target attainment percentage										
16	•			of determining whether car		-	•			16	100.00 %
17	If the current	value of the assets of	f the plan is	s less than 70 percent of the	funding ta	rget, enter su	uch percentage			17	%
Pa	art IV C	ontributions an	d Liquidi	ity Shortfalls							
18				ear by employer(s) and emp	-						
(M	(a) Date IM-DD-YYYY)	(b) Amount p employer		(c) Amount paid by employees	(a) [(MM-DE		(b) Amount pa employer((0		int paid by oyees
04	1/24/2015		12500		11/09/2	015		12500			
05	5/22/2015		12500		11/23/2	015		12500			
07	7/08/2015		12500		12/28/2	015		12500			
07	7/16/2015		12500		06/30/2	016		40547			
	3/21/2015		12500								
09	9/14/2015		12500		Tatala N	40(h)			40(=)		
40	D:				Totals ▶	18(b)		153047	18(c)		0
19				ructions for small plan with							
	_			mum required contributions			l l	19a 19b			0
				justed to valuation date			ŀ	19c			154020
20		ntributions and liquidit		uired contribution for current y	ear aujustet	i to valuation	uale	190			154020
20	-		-	· he prior year?						Г	Yes X No
		_		installments for the current						<u> </u>	Yes No
				mplete the following table a	-	-					
	U II III E ZUd	is res, see monucu	oris allu co	Liquidity shortfall as of er			n year				
	(1)	1st		(2) 2nd	,		3rd			(4) 4th	า

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targe	et Normal Cost						
21	Discou	unt rate:									
	a Seg	gment rates:	1st segment: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %		N/A, full yi	eld curv	e used		
	b App	licable month (enter code)			21b			2		
22	Weigh	ted average ret	tirement age			. 22			65		
23	Mortal	ity table(s) (se	e instructions)	escribed - combined Pre	scribed - separate	Substitu	te				
Pa	rt VI	Miscellane	ous Items								
24		-		uarial assumptions for the current				red Yes	X No		
25	Has a	method change	e been made for the current pl	an year? If "Yes," see instructions	regarding required attac	chment		Yes	X No		
26	Is the	plan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachment		Yes	X No		
27		•	•	er applicable code and see instruc	ctions regarding	27					
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	ım Required Contribution	s For Prior Years						
28	Unpaid	d minimum requ	uired contributions for all prior	years		. 28			0		
29				unpaid minimum required contrib		29			0		
30	Remai	ining amount of	funpaid minimum required cor	ntributions (line 28 minus line 29)		30			0		
Pa	rt VIII	Minimum	Required Contribution								
31	Targe	t normal cost a	nd excess assets (see instruct	ions):							
	a Targ	et normal cost	(line 6)			. 31a			147503		
	b Exce	ess assets, if ap	oplicable, but not greater than	line 31a		31b		0			
32	Amorti	ization installme	ents:		Outstanding Bala	ance	Insta	llment			
	a Net	shortfall amorti	zation installment			36745			6111		
	b Wai	ver amortization	n installment			0			0		
33				ter the date of the ruling letter grar) and the waived amount	0	33					
34	Total f	unding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	. 34			153614		
				Carryover balance	Prefunding bala	nce	Total I	balance			
35			use to offset funding	0		0			0		
36	Additio	onal cash requi	rement (line 34 minus line 35)			. 36			153614		
37			•	ontribution for current year adjuste		37			154020		
38	Preser	nt value of exce	ess contributions for current ye	ar (see instructions)							
	a Tota	l (excess, if any	y, of line 37 over line 36)			. 38a			406		
	b Port	ion included in	line 38a attributable to use of	prefunding and funding standard c	arryover balances	. 38b			0		
39	Unpaid	d minimum requ	uired contribution for current ye	ear (excess, if any, of line 36 over	line 37)	. 39			0		
40	Unpaid	d minimum requ	uired contributions for all years	i		40			0		
Pa	rt IX	Pension	Funding Relief Under F	Pension Relief Act of 2010	(See Instructions)					
41	If an el	lection was mad	de to use PRA 2010 funding re	elief for this plan:							
	a Sche	edule elected					2 plus 7 years	15	years		
	b Eligi	ible plan year(s) for which the election in line	41a was made		200	8 2009 20	010	2011		
42	Amour	nt of acceleratio	n adjustment			42					
				d over to future plan years		43			-		

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

For calendar plan year 2015 or t		n				
		01/01/2015	and ending		12/31/201	-
	x a single-employer plan	a multiple-employer pl				
A This return/report is for:	a one-participant plan	list of participating em	ployer information in ac	ccordan	ice with the form	n instructions)
	Li d'one participant pian	a foreign plan				
B This return/report is	the first return/report	the final return/report				
- The folding open is	an amended return/report	a short plan year return	/report (less than 12 m	onths)		
			propost (1000 trialir 12 in	ionaloj	_	
C Check box if filing under:	X Form 5558	automatic extension			DFVC prog	ram
	special extension (enter des	cription)				
Part II Basic Plan Infe	ormation—enter all requested i	nformation				
1a Name of plan					Three-digit	
	ity Center Defined Be	enefit			plan number	000
Cash Balance Plan					(PN) ▶ Effective date o	002
				1	01/01/201	•
2a Plan sponsor's name (emple	oyer, if for a single-employer plan)			 		ification Number
	om, apt., suite no. and street, or P.				(EIN) 59-35	
	ce, country, and ZIP or foreign pos	stal code (it foreign, see instr	uctions)	2c :	Sponsor's telep	phone number
T. Gregory Jacobs, 1	D.D.S., P.A.				(813) 634	
				1		(see instructions)
1601 Rickenbacker D	rive, Suite #7				621210	
Sun City Center		FI.	33573			
	and address XSame as Plan Spor		00070	3b /	Administrator's	EIN
				<u></u>		
				3c /	Administrator's	telephone number
		-				
	ne plan sponsor has changed since	e the last return/report filed for	r this plan, enter the	4b	EIN	
	ne plan sponsor has changed since umber from the last return/report.	e the last return/report filed fo	r this plan, enter the			
a Sponsor's name	umber from the last return/report.			4c	PN	13
Sponsor's name Total number of participants	umber from the last return/report.			4c 5a	PN	
Sponsor's name Total number of participants Total number of participants	s at the beginning of the plan years at the end of the plan years			4c 5a	PN	
Sponsor's name Total number of participants Total number of participants Number of participants with	umber from the last return/report.	f the plan year (defined bene	fit plans do not	4c 5a	PN I	
a Sponsor's name 5a Total number of participants b Total number of participants c Number of participants with complete this item)	s at the beginning of the plan year sat the end of the plan year account balances as of the end o	f the plan year (defined bene	fit plans do not	4c 5a 5b	PN I	12
a Sponsor's name 5a Total number of participants b Total number of participants c Number of participants with complete this item)	s at the beginning of the plan year s at the end of the plan year account balances as of the end of the plan year	f the plan year (defined bene	fit plans do not	4c 5a 5b 5c 5d(PN	12
a Sponsor's name 5a Total number of participants b Total number of participants c Number of participants with complete this item) d(1) Total number of active pa d(2) Total number of active pa	s at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year articipants at the beginning of the plan year the plan yea	f the plan year (defined bene plan year	fit plans do not	4c 5a 5b 5c 5d(2	PN 1 2) 2)	12
a Sponsor's name 5a Total number of participants b Total number of participants c Number of participants with complete this item) d(1) Total number of active pa d(2) Total number of active pa e Number of participants that than 100% vested	s at the beginning of the plan year s at the end of the plan year account balances as of the end of the plan year articipants at the beginning of the participants at the end of the plan yet terminated employment during the	of the plan year (defined bene plan year earear with accrued ber	fit plans do not	4c 5a 5b 5c 5d(2 5e	PN 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	12 13 12
a Sponsor's name 5a Total number of participants b Total number of participants c Number of participants with complete this item) d(1) Total number of active pa d(2) Total number of active pa e Number of participants that than 100% vested	s at the beginning of the plan year s at the end of the plan year account balances as of the end of the plan year articipants at the beginning of the participants at the end of the plan yet terminated employment during the or incomplete filing of this returns.	of the plan year (defined bene plan yearearear with accrued ber plan year with accrued ber	fit plans do not	4c 5a 5b 5c 5d(2 5e use is e	PN 1 2) established.	12 13 12 1
a Sponsor's name 5a Total number of participants b Total number of participants c Number of participants with complete this item)	s at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year articipants at the beginning of the plan year terminated employment during the or incomplete filing of this returns the penalties set forth in the instru	of the plan year (defined bene plan yearearearee plan year with accrued ber profreport will be assessed uctions, I declare that I have	fit plans do not efits that were less unless reasonable ca	4c 5a 5b 5c 5d(* 5e use is export, inc	PN 1) 2) established.	13 12 13 12 1 cable, a Schedule y knowledge and
a Sponsor's name 5a Total number of participants b Total number of participants c Number of participants with complete this item)	s at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year articipants at the beginning of the participants at the end of the plan yet terminated employment during the or incomplete filing of this returned signed by an enrolled actuary,	of the plan year (defined bene plan yearearearee plan year with accrued ber profreport will be assessed uctions, I declare that I have	fit plans do not efits that were less unless reasonable ca	4c 5a 5b 5c 5d(* 5e use is export, inc	PN 1) 2) established.	12 13 12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
a Sponsor's name 5a Total number of participants b Total number of participants c Number of participants with complete this item) d(1) Total number of active pa d(2) Total number of active pa Number of participants that than 100% vested Caution: A penalty for the late Under penalties of perjury and o SB or Schedule MB completed a belief, it is true, correct, and com	s at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year articipants at the beginning of the participants at the end of the plan yet terminated employment during the or incomplete filing of this returned the penalties set forth in the instruction of the plan yet and signed by an enrolled actuary, applete.	of the plan year (defined bene plan yearearearee plan year with accrued ber profreport will be assessed uctions, I declare that I have	fit plans do not efits that were less unless reasonable ca	4c 5a 5b 5c 5d(' 5d(' 5e port, incrt, and to	PN 1) 2) established. cluding, if applic o the best of my	12 13 12 1 2able, a Schedule
a Sponsor's name 5a Total number of participants b Total number of participants c Number of participants with complete this item) d(1) Total number of active pa d(2) Total number of active pa e Number of participants that than 100% vested	s at the beginning of the plan year is at the end of the plan year account balances as of the end of articipants at the end of the plan year articipants at the end of the plan year terminated employment during the or incomplete filing of this returned signed by an enrolled actuary, aplete.	of the plan year (defined bene plan year ear ee plan year with accrued ber rn/report will be assessed uctions, I declare that I have as well as the electronic ver	fit plans do not efits that were less unless reasonable ca examined this return/repor	4c 5a 5b 5c 5d(2 5e port, inert, and to	PN 1) 2) established. cluding, if applic o the best of my	12 13 12 1 cable, a Schedule y knowledge and
a Sponsor's name 5a Total number of participants b Total number of participants c Number of participants with complete this item) d(1) Total number of active pa d(2) Total number of active pa e Number of participants than 100% vested	s at the beginning of the plan year is at the end of the plan year account balances as of the end of articipants at the end of the plan year articipants at the end of the plan year terminated employment during the or incomplete filing of this returned signed by an enrolled actuary, aplete.	f the plan year (defined bene plan year	fit plans do not nefits that were less unless reasonable ca examined this return/resion of this return/repor	4c 5a 5b 5c 5d(2 5e port, inert, and to	PN 1) 2) established. cluding, if applic o the best of my	12 13 12 1 cable, a Schedule y knowledge and
a Sponsor's name 5a Total number of participants b Total number of participants with complete this item) d(1) Total number of active pa d(2) Total number of active pa e Number of participants that than 100% vested	s at the beginning of the plan year is at the end of the plan year account balances as of the end of the plan year articipants at the end of the plan year terminated employment during the or incomplete filing of this returned by an enrolled actuary, inplete.	of the plan year (defined beneather) plan year	fit plans do not nefits that were less unless reasonable ca examined this return/re sion of this return/repor T. Gregory Ja Enter name of individ	4c 5a 5b 5c 5d(2 5e use is export, inert, and to a cobs	PN 1) 2) established. cluding, if applic o the best of my 7, D.D.S. ning as plan ada	12 13 12 1 cable, a Schedule y knowledge and
a Sponsor's name 5a Total number of participants b Total number of participants c Number of participants with complete this item) d(1) Total number of active pa e Number of participants that than 100% vested	s at the beginning of the plan year is at the end of the plan year account balances as of the end of articipants at the end of the plan year articipants at the end of the plan year terminated employment during the or incomplete filing of this returned signed by an enrolled actuary, aplete.	f the plan year (defined bene plan yearearep plan year with accrued ber rn/report will be assessed uctions, I declare that I have as well as the electronic ven Date	fit plans do not refits that were less unless reasonable ca examined this return/re sion of this return/repor T. Gregory Ja Enter name of individ	4c 5a 5b 5c 5d(2 5e use is export, inert, and to a cobs	PN 1) 2) established. cluding, if applic o the best of my 7, D.D.S. ning as plan ada	12 13 12 12 2able, a Schedule y knowledge and ministrator
a Sponsor's name 5a Total number of participants b Total number of participants c Number of participants with complete this item) d(1) Total number of active pa e Number of participants that than 100% vested	s at the beginning of the plan year is at the end of the plan year account balances as of the end of the plan year articipants at the beginning of the plan year terminated employment during the or incomplete filing of this returned the penalties set forth in the instruction of the plan year and signed by an enrolled actuary, inplete.	f the plan year (defined bene plan yearearep plan year with accrued ber rn/report will be assessed uctions, I declare that I have as well as the electronic ven Date	fit plans do not refits that were less unless reasonable ca examined this return/re sion of this return/repor T. Gregory Ja Enter name of individ	4c 5a 5b 5c 5d(2 5e use is export, inert, and to a cobs	PN 1) 2) established. cluding, if applic to the best of my 7, D.D.S. ning as plan adi	12 13 12 12 2able, a Schedule y knowledge and ministrator
a Sponsor's name 5a Total number of participants b Total number of participants c Number of participants with complete this item) d(1) Total number of active pa e Number of participants that than 100% vested	s at the beginning of the plan year is at the end of the plan year account balances as of the end of the plan year articipants at the beginning of the plan year terminated employment during the or incomplete filing of this returned the penalties set forth in the instruction of the plan year and signed by an enrolled actuary, inplete.	f the plan year (defined bene plan yearearep plan year with accrued ber rn/report will be assessed uctions, I declare that I have as well as the electronic ven Date	fit plans do not refits that were less unless reasonable ca examined this return/re sion of this return/repor T. Gregory Ja Enter name of individ	4c 5a 5b 5c 5d(2 5e use is export, inert, and to a cobs	PN 1) 2) established. cluding, if applic to the best of my 7, D.D.S. ning as plan adi	12 13 12 12 2able, a Schedule y knowledge and ministrator
a Sponsor's name 5a Total number of participants b Total number of participants c Number of participants with complete this item) d(1) Total number of active pa e Number of participants that than 100% vested	s at the beginning of the plan year is at the end of the plan year account balances as of the end of the plan year articipants at the beginning of the plan year terminated employment during the or incomplete filing of this returned the penalties set forth in the instruction of the plan year and signed by an enrolled actuary, inplete.	f the plan year (defined bene plan yearearep plan year with accrued ber rn/report will be assessed uctions, I declare that I have as well as the electronic ven Date	fit plans do not refits that were less unless reasonable ca examined this return/re sion of this return/repor T. Gregory Ja Enter name of individ	4c 5a 5b 5c 5d(2 5e use is export, inert, and to a cobs	PN 1) 2) established. cluding, if applic to the best of my 7, D.D.S. ning as plan adi	12 13 12 12 2able, a Schedule y knowledge and ministrator

	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 a If you answered "No" to either line 6a or line 6b, the plan cann	an indepe and condit	ndent qualified public a	account	ant (IC	(PA)			X Ye	_
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?	[Yes	X No	Not dete	ermined
Par	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning					(b) End	of Year	
a	Total plan assets	. 7a		14	6 , 00	3				289,423
	Total plan liabilities	7b				0				0
C	Net plan assets (subtract line 7b from line 7a)	7c		14	6,00	3			2	289,423
	Income, Expenses, and Transfers for this Plan Year		(a) Amou	unt				(b) 1	otal	
	Contributions received or receivable from: (1) Employers	. 8a(1)		15	3,04	7				
	(2) Participants	8a(2)				0				
	(3) Others (including rollovers)	8a(3)				0				
b	Other income (loss)	8b		-	8 , 54	8				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							1	144,499
	Benefits paid (including direct rollovers and insurance premiums	04				0				
	to provide benefits) Certain deemed and/or corrective distributions (see instructions)	8d 8e				0				
	Administrative service providers (salaries, fees, commissions)	8f			1,07	9				
	Other expenses	8g				0				
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								1,079
i	Net income (loss) (subtract line 8h from line 8c)	. 8i							1	43,420
j	Transfers to (from) the plan (see instructions)	8j				0				
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension ${\tt 1C}$	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in t	the instru	ctions:	
В	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Char	acterist	tic Cod	des in th	ne instruct	ions:	_
Dord	V Compliance Questions									
Part 10	During the plan year:				Yes	No	N/A		Amount	
	Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	100	100	Х	IVA		Amount	
b	Program)			10a		21				
	reported on line 10a.)			10b		Х				
С	Was the plan covered by a fidelity bond?			10c	Х					L73,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х				
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				
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	10g		Х				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instr	uctions and 29 CFR	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	he require	d notice or one of the	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)								X Ye	s No
11a	Enter the unpaid minimum required contribution for all years from						11a			0
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 :	302 of E	RISA?	Ye	s X No

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

v. 150123

For caler	dar plan year 2015 or fiscal plan year beginning 01/01/2015	and ending	<u> </u>	12/3	1/2015
Rour	d off amounts to nearest dollar.				
▶ Caut	on: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause i	is established	i.	==- :: ·	
A Name	of plan	Three-digit			
Denti	stry for Sun City Center Defined Benefit Cash Balance Pl	1.aphan numb	er (PN)	•	002
C Plan s	ponsor's name as shown on line 2a of Form 5500 or 5500-SF	Employer Id	lentificat	ion Number (E	IN)
	·	59-35166			,
Етурес	f plan: 🛛 Single 📗 Multiple-A 🧻 Multiple-B 💮 🖟 Prior year plan size: 🖫 100	0 or fewer	101-5	00 More th	an 500
Part I	Basic Information	<u></u>	<u> </u>		
	er the valuation date: Month 12 Day 31 Year 2015				
2 Ass					
ам	arket value		2a		134,427
b A	ctuarial value		2b		134,427
	ding target/participant count breakdown (1) Numb participation			ted Funding arget	(3) Total Funding Target
ar	or retired participants and beneficiaries receiving payment	0		0	0
b F	or terminated vested participants	1		0	0
C F	or active participants	12		0	152,129
d⊤	otal	13		0	152,129
4 If th	e plan is in at-risk status, check the box and complete lines (a) and (b)				
a F	unding target disregarding prescribed at-risk assumptions		4a	The state of the s	
	unding target reflecting at-risk assumptions, but disregarding transition rule for plans that have at-risk status for fewer than five consecutive years and disregarding loading factor	e been in	4b		
5 Effe	ctive interest rate		. 5		5.01%
6 Tar	get normal cost	***************************************	6		147,503
To the t	It by Enrolled Actuary est of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if noe with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experiention, offer my best estimate of anticipated experience under the plan.	if any, is complete ance of the plan ar	e and accur nd reasona	rate. Each prescrib ble expectations) a	ed assumption was applied in and such other assumptions, in
SIGN HERE				8/11/1	7
	Signature of actuary			Date	
<u>Dougla</u>	s S. Lane			14-0437	6
Kidder	Type or print name of actuary -Lane Actuarial Services, LLC			ecent enrollme 515) 453-	
5700 W	Firm name estown Parkway, Suite 100	Tele	ephone	number (includ	ling area code)
West D	es Moines IA 50266				
	Address of the firm				
instruction	rry has not fully reflected any regulation or ruling promulgated under the statute in completing of a second secon				e SB (Form 5500) 2015

Page	2	_	Γ

Pa	art II	Begin	ning of Year	Carryov	er and Prefunding B	alances								
_							(a)	Carryover balance		(b) I	² refund	ing bala	ınce	
•	_	_			cable adjustments (line 13 f	•]		٥				0	
8					anding requirement (line 35									
	prior ye	ar)							0				0	
9			`						0				0	
10					urn of <u>0.00</u> %			Territoria de la composición de la comp	0	371 - 471	. 15.77 (1.47)		0	
11	•				to prefunding balance:									
				-	38a from prior year)					1813				
					a over line 38b from prior y e interest rate of $6 \cdot 4.9\%$	ear 								
	b(2) lr	nterest on	line 38b from pri	ior year Sch	edule SB, using prior year's	actual	75.3						0	
													0	
					ar to add to prefunding balar				573				18134	
	d Portion of (c) to be added to prefunding balance												18134	
12	Other r	eductions	in balances due	to elections	or deemed elections				0				0	
_13	Balanc	e at begin	ning of current y	ear (line 9 +	line 10 + line 11d – line 12)			0				18134	
P	art III	Fund	ding Percent	ages										
14	Funding	g target at	tainment percen	tage							14	75	.84 %	
	 		target attainmer								15	114	.58 %	
16					of determining whether car						16	100	.00 %	
17		•			less than 70 percent of the						17		%	
1.689	art IV	.	• •		ty Shortfalls					1		L		
27 747		· •			ear by employer(s) and emp	olovees:								
	(a) Dat	te	(b) Amount p	aid by	(c) Amount paid by	(a)	Date	(b) Amount pa		(c) Amoi	unt paid	by	
<u> </u>	M-DD-Y		employer	'	employees		D-YYYY)	employer(· · · · · · · · · · · · · · · · · · ·	+	emp	loyees		
	$\frac{1/24/2}{5/22/2}$			12,500 12,500			/2015 /2015		12,500					
	7/08/2			12,500			/2015	***************************************	12,500 12,500				-	
	7/16/2			12,500			/2015		40,547					
	3/21/2		6	12,500		00700	72010		10,017	 	<u></u>			
	0/14/2			12,500										
				Section of the sectio		Totals >	18(b)	15	53,047	18(c)			0	
19	Discour	nted emplo	yer contribution	s – see instr	uctions for small plan with	a valuation			· ·					
	a Cont	ributions a	llocated toward	unpaid minii	mum required contributions	from prior	years		19a				0	
	b Contr	ributions n	nade to avoid res	strictions adj	usted to valuation date				19b				0	
	C Contr	ributions al	located toward m	inimum requ	ired contribution for current y	ear adjuste	d to valuatio	on date	19c			15	54,020	
20	Quarter	ly contribu	itions and liquidi	ty shortfalls:							,			
	a Did t	he plan ha	ave a "funding sh	ortfall" for th	ne prior year?		***************************************			***********	[Yes	X No	
	b If line	∋ 20a is "Y	es," were require	ed quarterly	installments for the current	year made	in a timely	y manner?			[Yes	No	
	C If line	20a is "Y	es," see instructi	ons and cor	nplete the following table a							i Safaj		
		(1) 104		ı	Liquidity shortfall as of er	nd of quarte			1		(4) 41	<u> </u>		
		(1) 1st			(2) 2nd		(3)	3rd			(4) 4t	<u>u</u>		
				<u> </u>					ļ.					

Pa	art V Assumption	ns Used to Determine	Funding Target and	Targe	t Normal Cost					
21	Discount rate:									
	a Segment rates:	1st segment: 4 . 7 2 %	2nd segment: 6 . 11 %	- 11	3rd segment: 6 . 81 %		N/A, full y	ield cur	ve use	ıd
	b Applicable month (e	enter code)	***************************************		***************************************	21b				2
22	Weighted average retir	rement age			***************************************	22			_	65
23	Mortality table(s) (see	instructions) X Pr	escribed - combined	Pres	scribed - separate	Substitut	9			
	rt VI Miscellaneo									
24		ade in the non-prescribed ac							s X	No
25	Has a method change	been made for the current p	lan year? If "Yes," see inst	ructions	regarding required attac	hment		Ye	s X	No
26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes," see	e instruc	tions regarding required	attachment.		. Ye	s X	No
27		alternative funding rules, en				27				
Pε	art VII Reconcilia	tion of Unpaid Minim	um Required Contril	oution	s For Prior Years					
28	Unpaid minimum requi	ired contributions for all prior	years	******	***************************************	28				0
29		contributions allocated toward				29				0
30	Remaining amount of	unpaid minimum required co	ntributions (line 28 minus li	ne 29)		30				0
Pa	rt VIII Minimum F	Required Contributior	For Current Year							
31	Target normal cost an	d excess assets (see instruc	tions):				*****		44-	
	a Target normal cost (li	ine 6)				31a		1	47,5	503
	b Excess assets, if app	plicable, but not greater than	line 31a			31b				0
32	Amortization installmen	nts:			Outstanding Bala	nce	Insta	allment		
	a Net shortfall amortiza	ation installment				36,745			6,1	111
	b Waiver amortization	installment				0	<u> </u>			0
33		pproved for this plan year, er Day Year				33				
34	Total funding requirem	ent before reflecting carryov	er/prefunding balances (line	es 31a -	31b + 32a + 32b - 33)	34			.53,6	514
			Carryover balance)	Prefunding balas	nce	Total	balance		
35	Balances elected for us	se to offset funding		0		0				0
36	Additional cash require	ement (line 34 minus line 35)				36		1	.53,6	514
37	Contributions allocated	toward minimum required c	ontribution for current year	adjusted	to valuation date	37		1	.54,0	020
38	Present value of exces	s contributions for current ye	ear (see instructions)							
	a Total (excess, if any,	of line 37 over line 36)	***************************************			38a				406
		ne 38a attributable to use of				38b				0
39	Unpaid minimum requi	red contribution for current ye	ear (excess, if any, of line 3	36 over li	ne 37)	39				0
40	Unpaid minimum requi	red contributions for all years	S			40				0
Pa	rt IX Pension F	unding Relief Under F	Pension Relief Act o	f 2010	(See Instructions)					
41	If an election was made	e to use PRA 2010 funding re	elief for this plan:							
	a Schedule elected					П	2 plus 7 years	15	years	 ;
	b Eligible plan year(s) t	for which the election in line	41a was made					010	2011	
42		adjustment				42	<u> </u>			
		eleration amount to be carrie				43				

Attachment to 2015 Form 5500 Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name Dentistry	for Sun City Center Defined Benefit Cash B	Balance EIN: a5n9-3516603
Plan Sponsor's Name	T. Gregory Jacobs, D.D.S., P.A.	PN: 002
The weighted average ret	rement age is equal to the normal retirement age of	65
	at each age and describe the methodology used to compl a description of the weight applied at each potential retirer	

Attachment to 2015 Form 5500 Schedule SB, line 32 - Schedule of Amortization Bases

Plan NameDentistryfor Sun City CenterDefined Benefit Cash BalanceEIN: a59-3516603Plan Sponsor's NameT. Gregory Jacobs, D.D.S., P.A.PN: 002

	Present Value of		Т	
Type of Base	Any Remaining	Valuation Date	Years Remaining	Amortization Installment
Type of Base Shortfall Amortization	36,745	12/31/2015	7	
SHOLCIATI AMOLCIZACION	36,743	17/21/2012	/	6,111
			<u> </u>	
		·		
			1	
		a.u.		***
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			i	····
,		***************************************		
·		P-51		
			 	
			<u> </u>	
			1	
			†	
			 	
			 	
			-	

Schedule SB, Part V - Statement of Actuarial Assumptions

Target Assumptions:

Options:

Male Nonannuitant: 2015 Nonannuitant Male **Female Nonannuitant:** 2015 Nonannuitant Female

Use discount rate transition: No

N/A

<u>2nd</u>

2015 Annuitant Male **Male Annuitant:**

Lump sums use proposed regulations:

Use optional combined mortality table for small plans:

2015 Annuitant Female **Female Annuitant:**

Actuarial Equivalent Floor Stability period:

Applicable months from valuation month:

plan year

100.00% **Probability of lump sum:**

Lookback months: 2

Use pre-retirement mortality: No

Annuitant:

Nonannuitant:

2015 Applicable

<u>3rd</u>

<u>1st</u> <u>3rd</u> <u>2nd</u> **Segment rates:** 1.35 4.01 5.04 **High Quality Bond rates:** N/A N/A N/A Final rates: 4.72 6.81

1.40 3.88 4.96 **Current:**

<u>1st</u>

Override:

6.11 0.00 0.00 0.00

Override: 0.00 0.00 0.00

Salary Scale

0.00% Male: Female: 0.00% **Late Retirement Rates**

Male:

Female:

N/A N/A

Withdrawal

Male: N/A Female: N/A **Marriage Probability**

0.00%

Male: Female: 0.00% 0.00%

Withdrawal-Select

Expense loading:

Disability Rates

Male: N/A Female: N/A

Male: N/A

Early Retirement Rates

N/A Female:

Male: Female:

N/A N/A

N/A

Mortality

Subsidized Early Retirement Rates

Male: Female:

N/A N/A 0 0

Setback

Setback

0

Yes

Yes

Male: N/A

Name of Plan:

Female:

Dentistry for Sun City Center DB

Plan Sponsor's EIN:

59-3516603

Plan Number: 000

SCHEDULE SB (Form 5500)

Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of the Treasury

Single-Employer Defined Benefit Plan **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

For	calendar	plan y	ear 2015/	or fiscal p	lan ye	ear beginn	ing					and end	ding				
•	Round of	f amo	ounts to r	nearest do	llar.												
	Caution:	A pen	alty of \$1	,000 will b	e ass	essed for I	ate filing o	of this rep	ort unless reaso	nable ca	use i	s establis	hed.				
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												plan nu	•	PN)	•		
												<u> </u>	`				
CF	Plan spons	sor's r	name as s	shown on I	ine 2a	of Form 5	5500 or 55	00-SF			D	Employe	r Identif	icatio	n Numbe	er (EI	N)
)									
Ет	ype of pla	n:	Single	Multipl	e-A	Multiple	e-B		F Prior year pla	n size:	100	or fewer	10	1-500) Mor	re tha	an 500
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2		e valu	ation date	9:	IV	Nonth		Day									
_	Assets:													_			
	a Marke	t valu	e										2				
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3	Funding	targe	t/participa	ant count b	reakc	down				` '		per of	(2)		d Fundin	g	(3) Total Funding
										pa	rticipa	ants		Tar	get		Target
	a For re	etired p	participan	ts and ber	eficia	ries receiv	ing payme	ent									
	b For te	rmina	ted veste	d participa	nts												
	C For ac	tive p	articipant	s													
	d Total																
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5	Effective	e inter	est rate										5	5			%
6	Target r	normal	l cost										6	3			
Stat	ement by																
-	To the best o	f my kno	owledge, the	information s													d assumption was applied in
				nd regulations ate of anticipa				ption is reas	sonable (taking into a	ccount the e	experie	nce of the pla	an and rea	isonabli	e expectatio	ons) an	nd such other assumptions, in
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				,	Signat	ture of actu	uary								Date	е	
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											_						
					Fi	irm name						-	Telepho	ne nu	umber (in	cludi	ing area code)
					Δddr	ess of the	firm				_						
		as no	t fully refl	ected any	regula	ation or rul	ing promu	ılgated ur	nder the statute	in comple	eting	this sched	dule, ch	eck th	ne box an	nd se	e
ınstru	ıctions																_

age	2 -	

Schedule SB (Form 5500) 2015

Balance at beginning of prior year after applicable adjustments (line 13 from prior year) **Reference of the second of the prior year after applicable adjustments (line 35 from prior year) **Portion elected for use to offset prior year's funding requirement (line 35 from prior year) **Portion elected for use to offset prior year's funding requirement (line 35 from prior year) **Portion elected for use to offset prior year's funding requirement (line 35 from prior year) **Portion devices on the sump prior year's actual return of	Pa	rt II	Begir	ning of Year	Carryov	er and Prefunding B	alances							
Portion (et al. prior year)								(a) (Carryover balance		(b) F	Prefund	ing balan	се
9 Amount remaining (line 7 minus line 8)	7		•	0 ,		,	·							
10 Interest on line 9 using prior year's actual return of %	8													
11 Prior year's excess contributions to be added to prefunding balance: a Present value of excess contributions (line 38a from prior year)	9	Amoun	t remainii	ng (line 7 minus lir	ne 8)									
a Present value of excess, if any, of line 38a from prior year). b(1) Interest on the excess, if any, of line 38a from prior year Schedule SB, using prior year's effective interest rate of	10	Interes	t on line 9	using prior year's	actual ret	turn of%								
b(1) Interest on the excess, if any, of line 38s over line 38b from prior year Schedule SB, using prior year's effective interest rate of%. b(2) Interest on line 38b from prior year's effective interest rate of%. c Total available at beginning of current plan year to add to prefunding balance. d Portion of (c) to be added to prefunding balance. 12 Other reductions in balances due to elections or deemed elections. 13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12). Part III Funding Percentages 4 Funding target attainment percentage 5 Adjusted funding target attainment percentage 6 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement. 16 % 17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. 17 % Part IV Contributions and Liquidity Shortfalls 18 Contributions made to the plan for the plan year by employer(s) and employees: (a) Date (b) Amount paid by employer(s) (e) Amount paid by employer(s) (f) Amount paid by em	11	Prior ye	ear's exce	ess contributions to	o be adde	d to prefunding balance:								
Schedule SR, using prior year's effective interest rate of%		a Pres	ent value	of excess contribu	utions (line	e 38a from prior year)								
return														
C Total available at beginning of current plan year to add to prefunding balance		b(2) II	nterest or	line 38b from prid	or year Sch	nedule SB, using prior year's	s actual							
d Portion of (c) to be added to prefunding balance. 12 Other reductions in balances due to elections or deemed elections. 13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)														
12 Other reductions in balances due to elections or deemed elections				0 0		, ,								
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Part III Funding Percentages 14 Funding target attainment percentage 15 Adjusted funding target attainment percentage 15 % 15 % 15 Adjusted funding target attainment percentage 15 % % 16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement. 16 % % % % % % % % %	12	Other r	eductions	s in balances due	to election	s or deemed elections								
14 Sudjusted trainment percentage 14 % % % % % % % % %	13	Balanc	e at begir	nning of current ye	ar (line 9 -	+ line 10 + line 11d – line 12)							
15 Adjusted funding target attainment percentage	P	art III	Fun	ding Percenta	ages									
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	14	Fundin	g target a	ttainment percent	age							14		%
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Part IV Contributions and Liquidity Shortfalls 18 Contributions made to the plan for the plan year by employer(s) and employees: (a) Date (MM-DD-YYYY)	16			• .		-	•	-	•		l l	16		%
18 Contributions made to the plan for the plan year by employer(s) and employees: (a) Date (MM-DD-YYYY)	17	If the c	urrent val	ue of the assets o	f the plan	is less than 70 percent of the	e funding targe	et, enter s	such percentage			17		%
(a) Date (MM-DD-YYYY)	Pa	art IV	Con	tributions and	d Liquid	lity Shortfalls								
(MM-DD-YYYY) employer(s) employees (MM-DD-YYYY) employer(s) employees Totals ► 18(b) 18(c) 19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: a Contributions allocated toward unpaid minimum required contributions from prior years	18	Contrib	utions ma	ade to the plan for	the plan y	rear by employer(s) and emp	oloyees:							
Totals ► 18(b) 18(c) 19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: a Contributions allocated toward unpaid minimum required contributions from prior years	/N/										(0	•		у
Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: a Contributions allocated toward unpaid minimum required contributions from prior years	(IV	ו -טט-וווו	111)	employer((5)	employees	(IVIIVI-DD-1	111)	employer(5)		еттр	loyees	
Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: a Contributions allocated toward unpaid minimum required contributions from prior years														
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Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: a Contributions allocated toward unpaid minimum required contributions from prior years														
a Contributions allocated toward unpaid minimum required contributions from prior years							Totals ▶	18(b)			18(c)			
b Contributions made to avoid restrictions adjusted to valuation date	19	Discou	nted emp	loyer contributions	s – see ins	tructions for small plan with	a valuation da	ite after th	ne beginning of the	year:				
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date		a Cont	ributions	allocated toward u	unpaid min	nimum required contributions	from prior ye	ars		19a				
20 Quarterly contributions and liquidity shortfalls: a Did the plan have a "funding shortfall" for the prior year?		b Cont	ributions	made to avoid res	trictions ad	djusted to valuation date				19b				
a Did the plan have a "funding shortfall" for the prior year?		C Cont	ributions a	allocated toward mi	nimum req	uired contribution for current y	ear adjusted to	o valuation	n date	19c				
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	20	Quarte	rly contrib	outions and liquidit	y shortfalls	S:								
C If line 20a is "Yes," see instructions and complete the following table as applicable: Liquidity shortfall as of end of quarter of this plan year		a Did t	the plan h	ave a "funding sh	ortfall" for	the prior year?							Yes	No
Liquidity shortfall as of end of quarter of this plan year		b If line	e 20a is "	Yes," were require	ed quarterly	y installments for the curren	t year made in	a timely	manner?			<u> </u>	Yes	No
		C If line	e 20a is "	Yes," see instructi	ons and co	omplete the following table a	s applicable:							
(1) 1st (2) 2nd (3) 3rd (4) 4th				-			nd of quarter							
			(1) 15	st		(2) 2nd		(3)	3rd			(4) 4t	h	

Pa	rt V Assumptio	ons Used to Determine	Funding Target and Target	et Normal Cost				
21	Discount rate:							
	a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %		N/A, full yiel	d curve	used
	b Applicable month ((enter code)			21b			
22	Weighted average re	tirement age			22			
	Mortality table(s) (se			scribed - separate	Substitut	te		
Pa	rt VI Miscellane	ous Items	Ь	·				
			tuarial assumptions for the current	plan year? If "Ves " see	inetructions	rogarding require	.d	
27	-	·	iuanai assumptions foi the current			· · · -	Yes	No
25	Has a method change	e been made for the current p	lan year? If "Yes," see instructions	regarding required attac	hment		Yes	No
		<u>'</u>	Participants? If "Yes," see instruc	<u> </u>			Yes	No
27			ter applicable code and see instruc				163	INO
21					27			
Pa	rt VII Reconcili	ation of Unpaid Minim	um Required Contribution	s For Prior Years	l l			
28		•	years		28			
29			d unpaid minimum required contrib					
_0					29			
30	Remaining amount of	f unpaid minimum required co	ntributions (line 28 minus line 29).		30			
Pa	rt VIII Minimum	Required Contribution	For Current Year					
31		nd excess assets (see instruc						
		,			31a			
	_		line 31a		31b			
32	Amortization installme			Outstanding Bala	I	Install	ment	
02				-	inco	motani	TICHE	
				1				
33			nter the date of the ruling letter grain) and the waived amount	•	33			
3/			er/prefunding balances (lines 31a -		34			
	Total funding requirer	ment before renecting carryov	1		l	Tatalla		
			Carryover balance	Prefunding balar	nce	Total ba	alance	
35	Balances elected for	•						
	·	. (1)			26			
		,			36			
37			ontribution for current year adjuste		37			
38		ess contributions for current years			 			
					38a			
	b Portion included in	line 38a attributable to use of	prefunding and funding standard of	arryover balances	38b			
39	Unpaid minimum req	uired contribution for current y	ear (excess, if any, of line 36 over	line 37)	39			
40	Unpaid minimum requ	uired contributions for all year	3		40			
Pa	rt IX Pension	Funding Relief Under	Pension Relief Act of 2010	(See Instructions))			
41	If an election was made	de to use PRA 2010 funding r	elief for this plan:					
	a Schedule elected					2 plus 7 years	15 ye	ears
	b Eligible plan year(s) for which the election in line	41a was made		200	8 2009 201	0 2	011
42	Amount of acceleration	on adjustment			42	— Ш		
		-	ed over to future plan years		43			

Attachment to 2015 Form 5500 Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name Dentistry	for Sun City Center Defined Benefit Cash Ba	<u> </u>
Plan Sponsor's Name	T. Gregory Jacobs, D.D.S., P.A.	PN: 002
The weighted average reti	rement age is equal to the normal retirement age of 65	<u> </u>
	at each age and describe the methodology used to compute description of the weight applied at each potential retirements	o o

SCHEDULE SB (Form 5500)

Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of the Treasury

Single-Employer Defined Benefit Plan **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

For	calendar	plan y	ear 2015/	or fiscal p	lan ye	ear beginn	ing					and end	ding				
•	Round of	f amo	ounts to r	nearest do	llar.												
	Caution:	A pen	alty of \$1	,000 will b	e ass	essed for I	ate filing o	of this rep	ort unless reaso	nable ca	use i	s establis	hed.				
A١	lame of p	lan									В	Three-c	ligit				
												plan nu	•	PN)	•		
												<u> </u>	`				
CF	Plan spons	sor's r	name as s	shown on I	ine 2a	of Form 5	5500 or 55	00-SF			D	Employe	r Identif	icatio	n Numbe	er (EI	N)
)									
Ет	ype of pla	n:	Single	Multipl	e-A	Multiple	e-B		F Prior year pla	n size:	100	or fewer	10	1-500) Mor	re tha	an 500
Ps	art I	Raeid	c Inforn	nation		<u>—</u>											
1						/onth		Dov	Voor								
2		e valu	ation date	9:	IV	Nonth		Day									
2	Assets:													_			
	a Marke	t valu	e										2				
	b Actua	rial va	lue										2	b			
3	Funding	targe	t/participa	ant count b	reakc	down				` '		per of	(2)		d Fundin	g	(3) Total Funding
										pa	rticipa	ants		Tar	get		Target
	a For re	etired p	participan	ts and ber	eficia	ries receiv	ing payme	ent									
	b For te	rmina	ted veste	d participa	nts												
	C For ac	tive p	articipant	s													
	d Total																
4											П						
4	•						•		and (b)		ш		_				
	_	•					•						4	а			
		_	•	•			_	-	nsition rule for p rding loading fac				4	b			
5	Effective	e inter	est rate										5	5			%
6	Target r	normal	l cost										6	3			
Stat	ement by																
-	To the best o	f my kno	owledge, the	information s													d assumption was applied in
				nd regulations ate of anticipa				ption is reas	sonable (taking into a	ccount the e	experie	nce of the pla	an and rea	sonabl	e expectatio	ons) an	nd such other assumptions, in
6	IGN																
	ERE																
											_						
				,	Signat	ture of actu	uary								Date	е	
											_						
				Type	or pri	nt name of	f actuary						Мо	st rec	ent enrol	Ilmer	nt number
											_						
					Fi	irm name						-	Telepho	ne nu	umber (in	cludi	ing area code)
					Δddr	ess of the	firm				_						
		as no	t fully refl	ected any	regula	ation or rul	ing promu	ılgated ur	nder the statute	in comple	eting	this sched	dule, ch	eck th	ne box an	nd se	e
ınstru	ıctions																_

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Schedule SB (Form 5500) 2015

Balance at beginning of prior year after applicable adjustments (line 13 from prior year) **Reference of the second of the prior year after applicable adjustments (line 35 from prior year) **Portion elected for use to offset prior year's funding requirement (line 35 from prior year) **Portion elected for use to offset prior year's funding requirement (line 35 from prior year) **Portion elected for use to offset prior year's funding requirement (line 35 from prior year) **Portion devices on the sump prior year's actual return of	Pa	rt II	Begir	ning of Year	Carryov	er and Prefunding B	alances							
Portion (et al. prior year)								(a) (Carryover balance		(b) F	Prefund	ing balan	се
9 Amount remaining (line 7 minus line 8)	7		•	0 ,		,	·							
10 Interest on line 9 using prior year's actual return of %	8													
11 Prior year's excess contributions to be added to prefunding balance: a Present value of excess contributions (line 38a from prior year)	9	Amoun	t remainii	ng (line 7 minus lir	ne 8)									
a Present value of excess, if any, of line 38a from prior year). b(1) Interest on the excess, if any, of line 38a from prior year Schedule SB, using prior year's effective interest rate of	10	Interes	t on line 9	using prior year's	actual ret	turn of%								
b(1) Interest on the excess, if any, of line 38s over line 38b from prior year Schedule SB, using prior year's effective interest rate of%. b(2) Interest on line 38b from prior year's effective interest rate of%. c Total available at beginning of current plan year to add to prefunding balance. d Portion of (c) to be added to prefunding balance. 12 Other reductions in balances due to elections or deemed elections. 13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12). Part III Funding Percentages 4 Funding target attainment percentage 5 Adjusted funding target attainment percentage 6 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement. 16 % 17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. 17 % Part IV Contributions and Liquidity Shortfalls 18 Contributions made to the plan for the plan year by employer(s) and employees: (a) Date (b) Amount paid by employer(s) (e) Amount paid by employer(s) (f) Amount paid by em	11	Prior ye	ear's exce	ess contributions to	o be adde	d to prefunding balance:								
Schedule SR, using prior year's effective interest rate of%		a Pres	ent value	of excess contribu	utions (line	e 38a from prior year)								
return														
C Total available at beginning of current plan year to add to prefunding balance		b(2) II	nterest or	line 38b from prid	or year Sch	nedule SB, using prior year's	s actual							
d Portion of (c) to be added to prefunding balance. 12 Other reductions in balances due to elections or deemed elections. 13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)														
12 Other reductions in balances due to elections or deemed elections				0 0		, ,								
Part III Funding Percentages		d Porti	ion of (c)	to be added to pre	efunding ba	alance								
Part III Funding Percentages 14 Funding target attainment percentage 15 Adjusted funding target attainment percentage 15 % 15 % 15 Adjusted funding target attainment percentage 15 % % 16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement. 16 % % % % % % % % %	12	Other r	eductions	s in balances due	to election	s or deemed elections								
14 Sudjusted trainment percentage 14 % % % % % % % % %	13	Balanc	e at begir	nning of current ye	ar (line 9 -	+ line 10 + line 11d – line 12)							
15 Adjusted funding target attainment percentage	P	art III	Fun	ding Percenta	ages									
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	14	Fundin	g target a	ttainment percent	age							14		%
current year's funding requirement	15	Adjuste	ed funding	g target attainmen	t percenta	ge						15		%
Part IV Contributions and Liquidity Shortfalls 18 Contributions made to the plan for the plan year by employer(s) and employees: (a) Date (MM-DD-YYYY)	16			• .		-	•	-	•		l l	16		%
18 Contributions made to the plan for the plan year by employer(s) and employees: (a) Date (MM-DD-YYYY)	17	If the c	urrent val	ue of the assets o	f the plan	is less than 70 percent of the	e funding targe	et, enter s	such percentage			17		%
(a) Date (MM-DD-YYYY)	Pa	art IV	Con	tributions and	d Liquid	lity Shortfalls								
(MM-DD-YYYY) employer(s) employees (MM-DD-YYYY) employer(s) employees Totals ► 18(b) 18(c) 19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: a Contributions allocated toward unpaid minimum required contributions from prior years	18	Contrib	utions ma	ade to the plan for	the plan y	rear by employer(s) and emp	oloyees:							
Totals ► 18(b) 18(c) 19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: a Contributions allocated toward unpaid minimum required contributions from prior years	/N/										(0	•		у
Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: a Contributions allocated toward unpaid minimum required contributions from prior years	(IV	ו -טט-וווו	111)	employer((5)	employees	(IVIIVI-DD-1	111)	employer(5)		еттр	loyees	
Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: a Contributions allocated toward unpaid minimum required contributions from prior years														
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a Contributions allocated toward unpaid minimum required contributions from prior years							Totals ▶	18(b)			18(c)			
b Contributions made to avoid restrictions adjusted to valuation date	19	Discou	nted emp	loyer contributions	s – see ins	tructions for small plan with	a valuation da	ite after th	ne beginning of the	year:				
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date		a Cont	ributions	allocated toward u	unpaid min	nimum required contributions	from prior ye	ars		19a				
20 Quarterly contributions and liquidity shortfalls: a Did the plan have a "funding shortfall" for the prior year?		b Cont	ributions	made to avoid res	trictions ad	djusted to valuation date				19b				
a Did the plan have a "funding shortfall" for the prior year?		C Cont	ributions a	allocated toward mi	nimum req	uired contribution for current y	ear adjusted to	o valuation	n date	19c				
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	20	Quarte	rly contrib	outions and liquidit	y shortfalls	S:								
C If line 20a is "Yes," see instructions and complete the following table as applicable: Liquidity shortfall as of end of quarter of this plan year		a Did t	the plan h	ave a "funding sh	ortfall" for	the prior year?							Yes	No
Liquidity shortfall as of end of quarter of this plan year		b If line	e 20a is "	Yes," were require	ed quarterly	y installments for the curren	t year made in	a timely	manner?				Yes	No
		C If line	e 20a is "	Yes," see instructi	ons and co	omplete the following table a	s applicable:							
(1) 1st (2) 2nd (3) 3rd (4) 4th				-			nd of quarter							
			(1) 15	st		(2) 2nd		(3)	3rd			(4) 4t	h	

Pa	rt V Assumptio	ons Used to Determine	Funding Target and Target	et Normal Cost				
21	Discount rate:							
	a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %		N/A, full yiel	d curve	used
	b Applicable month ((enter code)			21b			
22	Weighted average re	tirement age			22			
	Mortality table(s) (se			scribed - separate	Substitut	te		
Pa	rt VI Miscellane	ous Items	Ь	·				
			tuarial assumptions for the current	plan year? If "Ves " see	inetructions	rogarding require	.d	
27	-	·	iuanai assumptions foi the current			· · · -	Yes	No
25	Has a method change	e been made for the current p	lan year? If "Yes," see instructions	regarding required attac	hment		Yes	No
		<u>'</u>	Participants? If "Yes," see instruc	<u> </u>			Yes	No
27			ter applicable code and see instruc				163	INO
21					27			
Pa	rt VII Reconcili	ation of Unpaid Minim	um Required Contribution	s For Prior Years	l l			
28		•	years		28			
29			d unpaid minimum required contrib					
_0					29			
30	Remaining amount of	f unpaid minimum required co	ntributions (line 28 minus line 29).		30			
Pa	rt VIII Minimum	Required Contribution	For Current Year					
31		nd excess assets (see instruc						
		,			31a			
	_		line 31a		31b			
32	Amortization installme			Outstanding Bala	I	Install	ment	
02				-	inco	motani	TICHE	
				1				
33			nter the date of the ruling letter grain) and the waived amount	•	33			
3/			er/prefunding balances (lines 31a -		34			
	Total funding requirer	ment before renecting carryov	1		l	Tatalla		
			Carryover balance	Prefunding balar	nce	Total ba	alance	
35	Balances elected for	•						
	·	. (1)			26			
		,			36			
37			ontribution for current year adjuste		37			
38		ess contributions for current years			 			
					38a			
	b Portion included in	line 38a attributable to use of	prefunding and funding standard of	arryover balances	38b			
39	Unpaid minimum req	uired contribution for current y	ear (excess, if any, of line 36 over	line 37)	39			
40	Unpaid minimum requ	uired contributions for all year	3		40			
Pa	rt IX Pension	Funding Relief Under	Pension Relief Act of 2010	(See Instructions))			
41	If an election was made	de to use PRA 2010 funding r	elief for this plan:					
	a Schedule elected					2 plus 7 years	15 ye	ears
	b Eligible plan year(s) for which the election in line	41a was made		200	8 2009 201	0 2	011
42	Amount of acceleration	on adjustment			42	— Ш		
		-	ed over to future plan years		43			

Attachment to 2015 Form 5500 Schedule SB, line 32 - Schedule of Amortization Bases

Plan NameDentistryfor Sun City Center Defined Benefit Cash BalanceElN:a:59-3516603Plan Sponsor's NameT. Gregory Jacobs, D.D.S., P.A.PN:002

	Present Value of			
			,	A(1
	Any Remaining		Years	Amortization
Type of Base	Installments	Valuation Date	Remaining	Installment
Shortfall Amortization	36,745	12/31/2015	7	6 , 111
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