Form 5	500-SF	Short Form Annual Return/Report of Small Employ Benefit Plan				OMB Nos. 1210-0110 1210-0089	
Department of Internal Reve		This form is required to be file	etirement	2015			
Departmer Employee Benefits So	ecurity Administration	Income Security Act of 1974		6057(b) and 6058(a) of the	Internal	his Form is Open to Public Inspection	
Pension Benefit Gu				nstructions to the Form 5	500-SF.		
		lentification Information al plan year beginning 01/01/		and ending 12	2/31/2015		
)	a single-employer plan		er plan (not multiemployer)		this box must attach a	
A This return/re	port is for:	a one-participant plan	list of participating	employer information in ac	ccordance with the	e form instructions)	
B This return/rep	ort is	the first return/report	the final return/rep	ort			
		an amended return/report	a short plan year re	eturn/report (less than 12 m	onths)		
C Check box if f	iling under:	Form 5558	automatic extension	on	DFVC	program	
		special extension (enter desc					
		nation—enter all requested ir	formation				
1a Name of plar CRAIG SPODAK,		K) PLAN			1b Three-digi plan numb (PN) ▶		
					1c Effective d	late of plan	
		r, if for a single-employer plan) apt., suite no. and street, or P.0				01/01/2007 Identification Number 54-2079759	
	state or province,	country, and ZIP or foreign pos		nstructions)		telephone number 561-498-0050	
						code (see instructions)	
3911 WEST ATLAN DELRAY BEACH, I						621210	
3a Plan adminis	trator's name and	address XSame as Plan Spon	sor.		3b Administra	tor's EIN	
					3c Administra	tor's telephone number	
4 If the name a	and/or FIN of the r	lan sponsor has changed since	the last return/report file	ad for this plan, enter the	4b EIN		
name, EIN,	and the plan numb	per from the last return/report.			4C PN		
a Sponsor's na		the beginning of the plan year.			40 PN	22	
		the end of the plan year			5b	33	
C Number of p	articipants with ac	count balances as of the end of	the plan year (defined b	enefit plans do not	5c	23	
	,	incente et the beginning of the s			5d(1)	23	
		cipants at the beginning of the p cipants at the end of the plan ye	-		5d(1) 5d(2)	27	
e Number of p	participants that te	rminated employment during the	e plan year with accrued	benefits that were less	5e	0	
Caution: A pena	Ity for the late or	incomplete filing of this retur	n/report will be assess	ed unless reasonable ca			
SB or Schedule N		r penalties set forth in the instru signed by an enrolled actuary, te.					
SIGN Filed		lid electronic signature.	10/11/2016	CRAIG SPODAK			
HERE	nature of plan adı	ninistrator	Date	Enter name of individ	ual signing as pla	n administrator	
SIGN HERE		· .					
Sigr	hature of employe	e r/plan sponsor ne, if applicable) and address (i	Date		ual signing as em Preparer's telep	ployer or plan sponsor	
rioparore name							
For Paperwork Re	duction Act Notice	and OMB Control Numbers, see th	e instructions for Form 5	500-SE		Form 5500-SF (2015)	

			-					
-	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		· ,					Yes No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condit	tions.)		·····	·····		X Yes No
	If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC ir							No Not determined
Par					021):.		163	
	Plan Assets and Liabilities		(a) Reginging	e of Vor				(h) End of Voor
	Total plan assets	7a	(a) Beginning		ar 658			(b) End of Year 810735
· · ·	Total plan liabilities	7a 7b		000	000			010/00
	Net plan assets (subtract line 7b from line 7a)	70 70		668	658			810735
		70	(a) Ameri		000			
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amoເ	Int				(b) Total
	(1) Employers	8a(1)		50	030			
	(2) Participants	8a(2)		109	172			
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b		-15	772			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						143430
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			139			
-	Certain deemed and/or corrective distributions (see instructions)	8e						
	Administrative service providers (salaries, fees, commissions)	8f		1	214			
	Other expenses	8g						
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1353
	Net income (loss) (subtract line 8h from line 8c)	8i						142077
	Transfers to (from) the plan (see instructions)	8i						
Par	t IV Plan Characteristics	0]						
	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2F 2G 3D	feature co	odes from the List of Pla	an Chai	racteris	stic Co	des in t	the instructions:
В	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	les from the List of Pla	n Chara	acterist	ic Coc	les in th	ne instructions:
Part	V Compliance Questions							
10	During the plan year:				Yes	No	N/A	Amount
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	/oluntary F	Fiduciary Correction	10a		Х		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		х		
С	Was the plan covered by a fidelity bond?			10c		х		
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		x		
e						X		
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount a	is of year e	end.)	10g		Х		
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		х		
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		Х		
Part	VI Pension Funding Compliance							

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

Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sec	tion 302 of ERIS
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					1			
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ting the waiver.		enter th Day	e date of	the letter ru Year	ling	
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		.			
b	Enter	the minimum required contribution for this plan year		12b				
-		the amount contributed by the employer to the plan for this plan year		12c				
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)		12d				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A	
Part	VII	Plan Terminations and Transfers of Assets						
13a	Has	a resolution to terminate the plan been adopted in any plan year?			Ye	es X No		
		es," enter the amount of any plan assets that reverted to the employer this year		13a				
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou						
	of th	e PBGC?	-			Yes X	No	
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi h assets or liabilities were transferred. (See instructions.)	fy the plan(s) to					
1	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)	
Part	VIII	Trust Information	-					
14a	Name	of trust		14b	Trusťs E	IN		
14c Name of trustee or custodian					14d Trustee's or custodian's telephone number			
Par	t IX	IRS Compliance Questions						
15a	Is th	e plan a 401(k) plan?		Ye	es	No		
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?				b h	Design- based safe ADP/A harbor test method			
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?		Y	Yes			
16a	Chec	k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):	Цр	atio ercentag est		erage nefit test	
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con lan with any other plans under the permissive aggregation rules?	0	Ye	es	No		
17a	Has	he plan been timely amended for all required tax law changes?		Ye	es	No	N/A	
	for ta	the last plan amendment/restatement for the required tax law changes was adopted///x law changes and codes).	•				tructions	
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placer letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable 	IRS opinion	or	
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/	nter the date of	the pla	in's last fa	avorable		
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		Ye	S	No		
19	Were	in-service distributions made during the plan year?		Ye	es	No		
	lf "Y€	es," enter amount		19				
20	Were	required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w d), as required under section 401(a)(9)?		Y	es	No	N/A	

			in the second	the second second second	
Form 5500-SF	Short Form Ann	ual Return/Report Benefit Plan	of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be fil	ed under sections 104 and 4			2015
Department of Labor Employee Benefits Security Administration	Income Security Act of 197	4 (ERISA), and sections 605 Revenue Code (the Code		Internal	This Form is Open to Public Inspection
Pension Benefit Guaranty Corporation		accordance with the inst	ructions to the Form 55	00-SF.	•
And an an an and the second	Identification Information				
For calendar plan year 2015 or fis	I	01/01/2015	and ending	and the second	31/2015
A This return/report is for:	X a single-employer plan		lan (not multiemployer) nployer information in ac		king this box must attach a the form instructions)
B This return/report is	the first return/report	the final return/report			
	an amended return/report	a short plan year retur	n/report (less than 12 mo	onths)	
C Check box if filing under:	X Form 5558	automatic extension	*		FVC program
	special extension (enter des				
Part II Basic Plan Info	rmation—enter all requested in				
1a Name of plan	mation-enter all requested in	mormation	1	1b Three	diait
Craig Spodak, D.M.D.	, P.A. 401(k) Plan				number 001
					tive date of plan 01/2007
2a Plan sponsor's name (employ Mailing address (include roon	ver, if for a single-employer plan) n, apt., suite no. and street, or P.				over Identification Number 54 - 2079759
	e, country, and ZIP or foreign pos		ructions)	2c Spon	sor's telephone number
				and the second second second	-498-0050
3911 West Atlantic	Avenue			20 Busin 6212	ess code (see instructions) 210
Delray Beach	FL 33445				
3a Plan administrator's name an	d address XSame as Plan Spor	nsor.	and a second	3b Admir	nistrator's EIN
				3c Admir	nistrator's telephone number
	plan sponsor has changed since ober from the last return/report.	e the last return/report filed f	or this plan, enter the	4b EIN	
a Sponsor's name	in an in the fact to fact to point			4c PN	
5a Total number of participants	at the beginning of the plan year			5a	22
65-01 ACTIVE WY 10 10 10 10 10	at the end of the plan year			5b	33
c Number of participants with a	account balances as of the end o	f the plan year (defined ben	efit plans do not	5c	23
d(1) Total number of active par				5d(1)	22
d(2) Total number of active par				5d(2)	27
e Number of participants that t	erminated employment during th	e plan year with accrued be	nefits that were less	5e	0
Caution: A penalty for the late of Under penalties of perjury and oth SB or Schedule MB completed an	or incomplete filing of this retu her renalties set forth in the instru- d signed by an enrolled actuary,	rn/report will be assessed uctions, I declare that I have	unless reasonable cau examined this return/rep	port, includin	lished. Ig, if applicable, a Schedule
belief, it is true, correct, and comp	A AN		anair anadal		
SIGN HERE Signature of plan ad		10 · 11 · 16	Craig Spodak Enter name of individu	ual signing a	s plan administrator
SIGN	100			<u>_</u>	
HERE Signature of employ	ver/plan sponsor	Date	Enter name of individu	ial signing a	s employer or plan sponsor
Preparer's name (including firm na		An particular programment and p			telephone number

Form	5500	-SF	2015
1 OITH	0000	U	2010

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Po	no	1
1 0	yu	See

b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.								X Yes	
	If the plan is a defined benefit plan, is it covered under the PBGC in							No 🗍	Not deter	rmined
-	t III Financial Information									
(Plan Assets and Liabilities		(a) Beginning	n of Ye	ar	T		(b) End o	f Year	
Construction of the local distance	Total plan assets	7a	(a) Deginning	Contract of Contra	8,65	8				10,735
-	Total plan liabilities	7b				-				
	Net plan assets (subtract line 7b from line 7a)	7c		66	8,65	8			8-	10,735
	Income, Expenses, and Transfers for this Plan Year	10	(a) Amount			(h) T.				
	Contributions received or receivable from:		(a) Amou	int				(b) To		
	(1) Employers	8a(1)		5	0,03	0				
	(2) Participants	8a(2)		10	9,17	2				
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		-1	5,77	2				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							14	43,430
	Benefits paid (including direct rollovers and insurance premiums									
	to provide benefits)	8d			13	9				
e	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f			1,21	4				
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								1,353
I	Net income (loss) (subtract line 8h from line 8c)	8i							14	42,077
j	Transfers to (from) the plan (see instructions)	8j				1.11				
Par	t IV Plan Characteristics	idd								
9a B Par	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2F 2G 3D If the plan provides welfare benefits, enter the applicable welfare fe V Compliance Questions	en en al a part de la compañía de la		And an end of the second		and the second second			and the second secon	
10	During the plan year:				Yes	No	N/A		Amount	
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fid	uciary Correction	10a		X				
b	the area and the area and the area and pointy in interest					Х				
erenandan (Saraha)	reported on line 10a.)			10b	<u> </u>					
С	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				
e	e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).			10e		Х				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year end	d.)	10g	1	X				
h	 If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 			10 <u>9</u>		X				
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10	ne required r	notice or one of the	10i						
j	Did the plan trust incur unrelated business taxable income?			10i		X				
Part				10]	I		LL			
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	s 🗌 No
11a	Enter the unpaid minimum required contribution for all years from						1			

12	Is this a defined	contribution pla	an subject to the	minimum funding	requirements of section	n 412 of the Code or sectio	n 302 of ERISA?
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Yes X No

Form 5500-SF 2015 Page 3 -(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. . Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 12b b Enter the minimum required contribution for this plan year 12c 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 12d negative amount) e Will the minimum funding amount reported on line 12d be met by the funding deadline?..... Yes No N/A Part VII Plan Terminations and Transfers of Assets 13a Has a resolution to terminate the plan been adopted in any plan year? Yes X No If "Yes," enter the amount of any plan assets that reverted to the employer this year 13a Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control Yes X No of the PBGC?..... c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s) Part VIII **Trust Information** 14a Name of trust 14b Trust's EIN 14c Name of trustee or custodian 14d Trustee's or custodian's telephone number Part IX **IRS** Compliance Questions Yes No 15a Is the plan a 401(k) plan?..... Design-ADP/ACP 15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer based safe matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?..... harbor test method 15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year Yes No testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?..... Ratio Average 16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b): percentage benefit test test 16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining No Yes this plan with any other plans under the permissive aggregation rules?..... 17a Has the plan been timely amended for all required tax law changes?..... Yes No N/A 17b Date the last plan amendment/restatement for the required tax law changes was adopted . Enter the applicable code (See instructions for tax law changes and codes). 17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter and the letter's serial number 17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter 18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been Yes No made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?... 19 Were in-service distributions made during the plan year? Yes No If "Yes," enter amount 19 20 Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not Yes No N/A retired), as required under section 401(a)(9)?