Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

HERE

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

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Part I Annual Repor	rt Identification Information	1			
For calendar plan year 2015 or	fiscal plan year beginning 01/01/	2015	and ending 12/	/31/2015	
A This return/report is for:	a single-employer plan a one-participant plan		olan (not multiemployer) (nployer information in acc		
B This return/report is	the first return/report an amended return/report	x the final return/report	n/report (less than 12 mo	onths)	
C Check box if filing under:	X Form 5558 Special extension (enter desc	automatic extension ription)		DFVC p	rogram
Part II Basic Plan Inf	formation—enter all requested in	formation			
1a Name of plan	.D., P.A. 401(K) PROFIT SHARING			1b Three-digit plan number (PN) ▶	001
				1c Effective dat	e of plan 1/01/2009
Mailing address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.0				entification Number 0-1708731
ERRI ELIZABETH YOUNG, M.I	nce, country, and ZIP or foreign pos D., P.A.	tai code (ir foreign, see inst	ructions)	2c Sponsor's te	lephone number 5-667-7878
850 BIRD ROAD UITE 201 IIAMI, FL 33146					de (see instructions) 41990
3a Plan administrator's name	and address Same as Plan Spon	sor.		3b Administrato	r's EIN
A lifety against and an EIN of the		the least value (read tiled)			r's telephone number
name, EIN, and the plan n	he plan sponsor has changed since umber from the last return/report.	the last return/report filed t	or this plan, enter the	4b EIN 4c PN	
a Sponsor's name					4
	ts at the beginning of the plan year.			5a	
· · ·	ts at the end of the plan year		<u> </u>	5b	0
complete this item)	h account balances as of the end of	the plan year (defined ben	etit plans do not	5c	0
d(1) Total number of active p	participants at the beginning of the p	lan year		5d(1)	3
d(2) Total number of active p	participants at the end of the plan ye	ar		5d(2)	0
than 100% vested	at terminated employment during the			5e	0
	e or incomplete filing of this return other penalties set forth in the instru				
	and signed by an enrolled actuary,				
SIGN Filed with authorize	d/valid electronic signature.	10/17/2016	PERRI ELIZABETH YO	DUNG, M.D.	

Signature of employer/plan sponsor

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

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

Preparer's telephone number

Date

Signature of plan administrator

Enter name of individual signing as plan administrator

Form 5500-SF 2015		Page 2							
 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 a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a second	an indepen and conditi	ident qualified public a	ccount	ant (IQ	PA)			X Yes X Yes	No No
c If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pi	rogram (see ERISA se	ection 4	021)? .		Yes	No N	ot detern	nined
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End of	Year	
a Total plan assets	7a		256	3734					0
b Total plan liabilities	7b			0					0
C Net plan assets (subtract line 7b from line 7a)	7c			6734					0
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	ınt				(b) Tota	al	
Contributions received or receivable from: (1) Employers	8a(1)			0					
(2) Participants	8a(2)			0					
(3) Others (including rollovers)	8a(3)			0					
b Other income (loss)	8b		1	431					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							143	31
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		258	8090					
Certain deemed and/or corrective distributions (see instructions)	8e			0					
f Administrative service providers (salaries, fees, commissions)	8f			75					
g Other expenses	8g			0					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							2581	65
i Net income (loss) (subtract line 8h from line 8c)	8i							-2567	34
j Transfers to (from) the plan (see instructions)	8j			0					
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Pl	an Cha	racteris	stic Co	des in th	ne instructio	ns:	
B If the plan provides welfare benefits, enter the applicable welfare fr	00tura 00d	on from the Lint of Dia	n Char	- at a ri at	io Coo	ام نم الم	a inatrustian		
B If the plan provides welfare benefits, enter the applicable welfare for	eature cou	es nom the List of Pla	ii Cilaia	acterist	ic Coc	162 111 1116	e instruction	5.	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A	Α	mount	
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary Fi	duciary Correction	10a		X				
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
C Was the plan covered by a fidelity bond?			10c	Х					30000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ner persons	s by an insurance the benefits under	10e	X					75
f Has the plan failed to provide any benefit when due under the plan			10f		Х				
g Did the plan have any participant loans? (If "Yes," enter amount a			10g		Χ				
h If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instru	ctions and 29 CFR	10g 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	ne required	notice or one of the	10ii						
j Did the plan trust incur unrelated business taxable income?			10j						
Part VI Pension Funding Compliance			ivj	<u> </u>		<u> </u>			
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	X No
11a Enter the unpaid minimum required contribution for all years from						11a			
12 Is this a defined contribution plan subject to the minimum funding							RISA?	Yes	X No

	F	orm 5500-SF 2015 Page 3 - 1					
	(If "Ye	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ng the waiver		enter the Day	e date of	the letter ru Year	ling
If		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_		Τσαι	
b	Enter ti	he minimum required contribution for this plan year		12b			
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c			
	Subtra	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the	left of a	12d			
		ve amount)			Yes	No	N/A
Part		e minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets			163	NO	IN/A
		resolution to terminate the plan been adopted in any plan year?			X Ye	sПNo	
		s," enter the amount of any plan assets that reverted to the employer this year		13a		<u> </u>	(
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou PBGC?	ght under the co	ontrol	×	Yes	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		Trust Information					
14a	Name o	f trust		14b 1	rust's Ell	N	
14c	Name	of trustee or custodian				s or custodi	an's
					telepnon	e number	
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		☐ Ye	s	No	
	10 110			_ D	esign-		
15b		"," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ha	sed safe arbor ethod	ADF test	P/ACP
15c		DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c		Ye		No	
		method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?					
16a		the box to indicate the method used by the plan to satisfy the coverage requirements under section			atio ercentage		erage efit test
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye		No	
17a		e plan been timely amended for all required tax law changes?		Ye	S	No	N/A
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions
17c	If the p	lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play letter, enter the date of that favorable letter/ and the letter's serial r		t to a fa	vorable I	RS opinion	or
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, entire termination letter from the IRS, entire termination letter from the IRS, entire termination letter from the IRS, entire from the IRS, en		the plai	 n's last fa	vorable	
18	Is the I	Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	S	No	
19	Were in	n-service distributions made during the plan year?		Ye	s	No	
	If "Yes	," enter amount	·····	19			
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and 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

Part I	<u>Annual Report</u>	Identification Information	00.10	1 (2015	and ending	12/1	31/2015	
For calendar	plan year 2015 or fi	scal plan year beginning	01/0	1/2015				
Δ This return	n/report is for:	a single-employer plan	∐ a mul list of	ltipte-employer plan f participating emplo	(not multiemployer) (oyer information in acc	cordance wit	h the form	nstructions)
A (maretum	Interport to terr	a one-participant plan	a fore	eign plan				
B This relum	n/report is	the first return/report		ial return/report				
	·	an amended return/report	a sho	rt plan year return/re	eport (less than 12 mo	enths) 		
C Check bo	x if filing under:	X Form 5558		matic extension		□ D	FVC progra	am
		special extension (enter desc	ription)					
Part II	Basic Plan Info	ormation—enter all requested in	formation			46		
1a Name of	f plan					1b Three	raigii number	
Perri El	izabeth You	ng, M.D., P.A. 401(k)	Profi	.t		(PN)		001
Sharing	Plan & Trus	t					ive date of	plan
					ı	01/	01 <u>/20</u> 09	
B 4 - 117	- dd oo /include te	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.	O. BOXI			2b Emplo	oyer Identif	cation Number 8731
City or t	own, state or provin	nce, country, and ZIP or foreign pos	stal code (i	f foreign, see instruc	ctions)	2c Spon	sor's telepi	none number
		ng, M.D., P.A.				(30	5) 6 <u>67</u> -	7878
						2d Busin	ess code (see instructions)
						541	990	
3850 Bir Suite 20						1		
Miami				FL.	33146	3b Admi	nistrator's I	EIN
3a Plan ad	lministrator's name	and address XSame as Plan Spor	nsor.			100 /1011	(iloadkoi v	
						3c Admi	nistrator's f	elephone number
		t a shared sino	o the last r	olum/report filed for	this plan, enter the	4b EIN		
4 If the n	ame and/or EIN of t	the plan sponsor has changed sinc number from the last return/report.	e ule last i	einumebour med ioi	this plant antor the	-765 E.I.V		
a Sponso		Miliber from the lest retain top and				4c PN		
		nts at the beginning of the plan year				5a		4
58 Total n	number of participan	its at the sed of the plan year		•••		5b		c
e Numbe	or of particinants wil	ats at the end of the plan year th account balances as of the end o	of the plan	year (defined benef	ît plans do not	5c		(
comple d/41 ≭asa	ete this item)	participants at the beginning of the	nlan vear.			5d(1)		3
		participants at the end of the plan y				5d(2)		(
Q(2) 100	al number of active	participants at the end of the plant) nat terminated employment during t	he olan ve	ar with accrued ben	efits that were less	5e		
						-I	Little and	
	- In	to an improved of this retu	urn/ronnst	will be assessed t	intess reasonable ca	<u>luse is esta</u> enort includ	ing if appli	cable, a Schedule
SB or Sche	alties of perjury and edule MB completed true, correct, and co	other penalties set forth in the instit and signed by an enrolled actuary	ructions, i y, as well a	s the electronic vers	sion of this return/repo	rt, and to the	a best of m	y knowledge and
SIGN	ings, contact, and the			0.29.16	Perri Elizab	eth You	ng, M.I)
HERE	Signature of pla	er administrator		Date	Enter name of indivi			
SIGN	 			9.29.16	Perri Elizab	eth You	ng, M.I)
HERE	Signature of em	ployer/plan sponsor	_	Date	Enter name of indivi	dual signing	as employ	er or plan sponsor
Preparer's	name (including fin	m name, if applicable) and address	(include re	oom or suite numbe	r)	Preparer	s telephon	e number I
l repuisi s						İ		
						1		
								
For Paperw	vork Reduction Act N	otice and OMB Control Numbers, see	the instruc	ctions for Form 5500-	SF.			Form 5500-SF (2015) v. 150123

	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 of the your answered "No" to either line 6a or line 6b, the plan cann	an indepe and condit not use Fo	ndent qualified public ations.)orm 5500-SF and mus	account	ant (IQ	PA) For m	5500.			Yes	No No
_	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	No	Not d	letermine	d
Par											
	Plan Assets and Liabilities	70	(a) Beginning		ar 6,73	4		(b) En	d of Yea	ır	(
	Total plan assets Total plan liabilities	. 7a . 7b				0					(
	Net plan assets (subtract line 7b from line 7a)	. 7c		25	6 , 73	4					(
	Income, Expenses, and Transfers for this Plan Year	, ,,	(a) Amou		· / · · ·	-		(h)	Total		
	Contributions received or receivable from:		(u) Amot	4114				(5)	Total		
	(1) Employers	. 8a(1)				0					
	(2) Participants	. 8a(2)				0					
	(3) Others (including rollovers)					0					
	Other income (loss)	. 8b			1,43	1				1,	12.
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c									43.
	to provide benefits)	. 8d		25	8,09	0					
е	Certain deemed and/or corrective distributions (see instructions)	. 8e				0					
f	Administrative service providers (salaries, fees, commissions)	. 8f			7	5					
g	Other expenses	. 8g				0					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h								258,	
	Net income (loss) (subtract line 8h from line 8c)	. 8i								-256 ,	734
	Transfers to (from) the plan (see instructions)	· 8j				0					
Par				01		0					
9a	If the plan provides pension benefits, enter the applicable pension $2A\ 2E\ 2J$	teature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in t	the instri	uctions:		
В	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Char	acterist	ic Cod	des in th	e instru	ctions:		
Part	V Compliance Questions				1						
10	During the plan year:				Yes	No	N/A		Amo	unt	
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		Х					
b	Were there any nonexempt transactions with any party-in-interest					Х					
	reported on line 10a.)			10b		^					
С	Was the plan covered by a fidelity bond?			10c	Х					30,	00
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	her person ne or all of	s by an insurance the benefits under								
	the plan? (See instructions.)			10e	Х						7.
f	Has the plan failed to provide any benefit when due under the pla			10f		Χ					
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount a			10g		Χ					
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Χ					
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?			10i	_						
Part	VI Pension Funding Compliance			,			1				
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								.Тп	Yes X	No
11a	Enter the unpaid minimum required contribution for all years from						11a				
12	Is this a defined contribution plan subject to the minimum funding						302 of E	RISA?.	\Box	Yes X	No

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. b Enter the minimum required contribution for this plan year	e letter ruling /ear No N/A
granting the waiver	Vear
b Enter the minimum required contribution for this plan year	No
C Enter the amount contributed by the employer to the plan for this plan year	No
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount). e Will the minimum funding amount reported on line 12d be met by the funding deadline? Part VII Plan Terminations and Transfers of Assets 13a Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year. b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	No
e Will the minimum funding amount reported on line 12d be met by the funding deadline? Part VII Plan Terminations and Transfers of Assets 13a Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	No
Part VII Plan Terminations and Transfers of Assets 13a Has a resolution to terminate the plan been adopted in any plan year?	No
13a Has a resolution to terminate the plan been adopted in any plan year?	
If "Yes," enter the amount of any plan assets that reverted to the employer this year	
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	0
of the PBGC?	
	Yes No
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 o	v ouetedien's
telephone r	
Part IX IRS Compliance Questions	
15a Is the plan a 401(k) plan?	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)?	ADP/ACP test
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 testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	No
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b): Ratio percentage test	Average benefit test
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	No
17a Has the plan been timely amended for all required tax law changes?	□ 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).	
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 advisory letter, enter the date of that favorable letter and the letter's serial number	
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	
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 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.	
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 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	orable
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 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 made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	orable No