Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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

2016

This Form is Open to **Public Inspection**

	eport identification information								
For calendar plan year 20	16 or fiscal plan year beginning 01/01/	2016	and ending 12	2/31/2016	_				
	-	his box must attach a							
A This return/report is for	r: a one-participant plan	list of participating e	employer information in ac	ccordance with th	e form instructions.)				
		a foreight plant							
B This return/report is	the first return/report	the final return/report							
	an amended return/report	t a short plan year return/report (less than 12 months)							
C Check box if filing under	er: Form 5558	automatic extension DFVC program							
	special extension (enter desc	cription)		_					
Part II Basic Pla	n Information—enter all requested in	nformation							
1a Name of plan	onto am requestes in			1b Three-dig	it				
FISHHAWK DENTAL 401(K	() PLAN			plan numl	ber				
				(PN) ▶	001				
				1c Effective of	date of plan 01/01/2014				
	(employer, if for a single-employer plan)	0.5.			Identification Number				
	ide room, apt., suite no. and street, or P. province. country, and ZIP or foreign pos		structions)	(EIN)	59-3666344				
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) FISHHAWK FAMILY DENTAL, PA					s telephone number 13-662-7171				
				2d Business	code (see instructions)				
16211 FISHHAWK BLVD LITHIA, FL 33547					621111				
3a Plan administrator's n	ame and address X Same as Plan Spo	onsor.		3b Administrator's EIN					
				3c Administra	ator's telephone number				
	N of the plan sponsor has changed since	e the last return/report filed	I for this plan, enter the	4b EIN					
a Sponsor's name	plan number from the last return/report.			4c PN					
·	cipants at the beginning of the plan year			5a	19				
_	cipants at the end of the plan year			5b	19				
·	ts with account balances as of the end o			5 0	10				
complete this item)			·	5c					
d(1) Total number of ac	ctive participants at the beginning of the p	olan year		5d(1)	19				
d(2) Total number of ac	ctive participants at the end of the plan ye	ear		5d(2)	19				
	nts that terminated employment during th			5e	0				
Caution: A penalty for the	ne late or incomplete filing of this retu	rn/report will be assesse	d unless reasonable ca						
SB or Schedule MB comp	and other penalties set forth in the instru leted and signed by an enrolled actuary,								
01011	norized/valid electronic signature.	07/27/2017	CHRIS JUDSON						
HERE Signature of	plan administrator	Date	Enter name of individ	lual signing as pla	an administrator				
SIGN									
HERE Signature of	employer/plan sponsor	Date	Enter name of individ	lual signing as er	nployer or plan sponsor				
	g firm name, if applicable) and address (Preparer's tele					

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	Were all of the plan's assets during the plan year invested in eligib		,						XY	es No
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility								XY	es 🗌 No
	If you answered "No" to either line 6a or line 6b, the plan cann		,							
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	No	Not de	etermined
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	of Year	
a	Total plan assets	7a		174323	3				2550	97
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c		174323	3				2550	97
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) T	otal	
а	Contributions received or receivable from: (1) Employers	8a(1)		26714						
	(2) Participants	8a(2)		42135						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		11925						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							807	74
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
e	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								0
i	Net income (loss) (subtract line 8h from line 8c)	8i							807	74
j	Transfers to (from) the plan (see instructions)	8j								
Pai	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the inst	ructions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Char	acterist	tic Cod	des in t	he instr	uctions:	
Par	t V Compliance Questions									
10					Yes	No	N/A		A	
	During the plan year: Was there a failure to transmit to the plan any participant contribu	ıtions withi	n the time period		162	NO	IVA		Amour	ıt
	described in 29 CFR 2510.3-102? (See instructions and DOL's N	oluntary F	iduciary Correction	10a		Χ				
b	· ·	t? (Do not	include transactions	10b		Χ				
				10c		Χ				
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	,	•	10d		X				
е		her persor ne or all of	s by an insurance the benefits under	10e	Х					965
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		X				
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10			10i						

ı	Form	550	0-SF	201	16

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Part	VI	Pension Funding Compliance						
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and constructions and constructions and constructions and constructions and constructions and constructions are supplied to the constructions and constructions are supplied to the constructions are supplied to the construction and construction are supplied to the construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the constru				Y	es No	
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a		•		
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co			f	ΠY	es X No	
	ERISA?							
а		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ing the waiver		nd enter i		of the letter Year _	ruling	
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.					
b	Enter	the minimum required contribution for this plan year		12b				
С	Enter	the amount contributed by the employer to the plan for this plan year		12c				
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the letive amount)	eft of a	12d				
е	Will t	he 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	a resolution to terminate the plan been adopted in any plan year?			Yes	s X No)	
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year		13a				
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug				Yes X	No	
С		rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif h assets or liabilities were transferred. (See instructions.)	fy the plan(s) to				
	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 E	EIN		
14c	Name	of trustee or custodian				s or custodia ne number	an's	
Par	t IX	IRS Compliance Questions		•				
15a	Is the	plan a 401(k) plan? If "No," skip b	Yes			No		
15b		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		gn-based harbor	d [Test	ar" ADP	
				rent year test	,"	N/A		
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	Rat	centage		verage enefit test	□ N/A	
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes			No		
	the le		<u>'</u>					
	letter		nter the date	e of the n	nost rec	ent determir	ation	
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa		Ye	s [No		
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			s	No		

Form 5500-SF

Department of the Tressury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Gueranty 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).

2016

OMB Nos, 1210-0110 1210-0069

This Form is Open to Public Inspection

▶ Complete all entries in accordance with the Instructions to the Form 5500-SF.

		ition			
For calendar plan year	2016 or fiscal plan year beginning	01/01/2016	and ending	12/31/	2016
A This return/report is	a single-employer plan for:	a multiple-employer	pian (not multiemployer) employer information in a	(Filers checking	this box must attach a
	a one-participant plan	a foreign plan	employer insormation in a	eccordance win (ne roim instructions.)
B This return/report is	the first return/report	ihe final return/repo			
	an amended return/repo	rt 🔲 a short plan year ret	um/report (less than 12 m	nonths)	
C Check box if filing ur	<u></u>	automatic extension	า	DFVC progra	am
Berger Land	special extension (enter	<u> </u>			
	an Information—enter all request	ed Information			
1a Name of plan	/			1b Three-dig	
FISHHAWK DENTAL	401(K) PLAN			plan num	ber 001
				1c Effective	dots of plan
				01/01/2	
2a Plan sponsor's nam Mailing address (Inc.	e (amployer, if for a single-employer p lude room, apt., suite no, and street, o	lán)	***	2b Employer	Identification Number
City or town, state of	r province, country, and ZIP or foreign	postel code (if foreign, see in:	structions)		3666344
FISHHAWK FAMIL	Y DENTAL, PA	•	,	2c Sponsors 813-662	telephone number
16211 FISHHAWK	BLVD			2d Business	code (see instructions)
				621111	,
LITHIA	FL 3354	7			
3a Plan administrator's	name and address X Same as Plan	Sponsor.		3b Administra	itor's EIN
				JC Administra	itor's telephone number
			,		
A If the name and/or G	Thi of the plan average by	A			
name, EIN, and the	IN of the plan sponsor has changed sl plan number from the last return/repor	nce the last return/report filed	for this plan, enter the	4b ein	
a Sponsor's name	plan number from the last return/repor	l.		4b EIN	
name, EIN, and the 8 Sponsor's name 5a Total number of part	plan number from the last return/repor icipants at the beginning of the plan ye	ar			19
a Sponsor's name 5a Total number of part b Total number of part	plan number from the last return/repor- icipants at the beginning of the plan ye icipants at the end of the plan year	ar	, , , , , , , , , , , , , , , , , , , ,	4c PN	
name, EIN, and the a Sponsor's name 5a Total number of part b Total number of part c Number of participar complete this item)	plan number from the last return/repor- icipants at the beginning of the plan year icipants at the end of the plan year ts with account balances as of the end	ar	d contribution plans	4c PN 5a	19
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Form 5500-SF 2016		Page 2	
 Were all of the plan's assets during the plan year invested in elig Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility our answered "No" to either line 6a or line 6b, the plan car If the plan is a defined benefit plan, is it covered under the PBGC 	y and cond	endent qualified public accountant (litions.)	lQPA)
Tare in Trinancial information			
7 Plan Assets and Liabilities		(a) Beginning of Year	
a Total plan assets	7a	174,323	(b) End of Year
b Total plan liabilities	. 7b		255,0
C Net plan assets (subtract line 7b from line 7a)	. 7c	174,323	255.0
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	255,0
Contributions received or receivable from: (1) Employers	. 8a(1)	26,714	(b) Total
(2) Participants	82(2)	42,135	
(3) Others (including rollovers)	8a(3)	12,133	
b Other income (loss)	8b	11,925	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	11,925	
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		80,7
e Certain deemed and/or corrective distributions (see instructions)	8e		
f Administrative service providers (salaries, fees, commissions)	8f		
g Other expenses			
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8g		
Net income (loss) (subtract line 8h from line 8c)	8h		
j Transfers to (from) the plan (see instructions)	8i		80,77
Part IV Plan Characteristics	8j		
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature cod	les from the List of Plan Characteris	tic Codes in the instructions:
b If the plan provides welfare benefits, enter the applicable welfare fe	ature code	es from the List of Plan Characteristi	c Codes in the instructions:

Part V **Compliance Questions** 10 During the plan year: Yes No N/A Was there a failure to transmit to the plan any participant contributions within the time period Amount described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) X 10a Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.).... Х 10b C Was the plan covered by a fidelity bond?..... Х 10c Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?.... Х 10d 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.).... Х 10e 965 Has the plan failed to provide any benefit when due under the plan? f 10f Х **g** Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) Х 10g If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR Х 10h If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3

10i

	Page 3-						
_			_				
Pai	t VI Pension Funding Compliance						
11		d complete	Schedul	e SB	- T-	Пу	es 🗍 N
11	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		·····	········			— <u> — </u>
12	is this a defined contribution plan subject to the minimum funding requirements of a set of the set						
	ERISA?	Code or s	ection 30	2 of	ł	∏ Ye	es 🗓 N
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see i granting the waiver.	nstructions	, and ent	er the d	ate of the	letter	ruling
	f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lin	. Month		Day		ear_	
	Enter the minimum required contribution for this plan year	e 13.	12				
(Enter the amount contributed by the employer to the plan for this plan.		12	-+-			
	Enter the amount contributed by the employer to the plan for this plan year		12	c			
	<u> </u>		120	d			
	will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	s N		N/A
Fari	VII Plan Terminations and Transfers of Assets			<u> </u>	<u> </u>	<u>- П</u>	IN/A
13	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		42-	╼┶	Yes 2	No.	
b	vivere all the plan assets distributed to participants or bopoliciaries, transfer to						
	If, during this plan year, any assets or liabilities were transformed from this along				Ye	s X	No
	which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s):	tify the pla	in(s) to				
	() reality of planty).	13	c(2) EIN(s)	10	3c(3) F	PN(s)
					ł		
					ĺ		
1 100 10	- 181, TWI]		
Part	······································						
14a	Name of trust		T 4 4 1:				
			140	Trust's	EIN		
44-							
14C	Name of trustee or custodian		14d	Trusto	e's or cus	todian	
				telepho	one numb	oulan er	S
Part	IX IPS Compliance Overti						
	productions						
15a	s the plan a 401(k) plan? If "No," skip b	∏ Ye	s		No		
_	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section	Do	sign-base				
4	01(k)(3) for the plan year? Check all that apply:		e harbor	u	test	r year"	ADP
		П "Cu	rrent yea	ו ייין	∏ N/A		
16a	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan		P test				
	rear? Check all that apply:	Ra	tio centage	гηΑ	verage	_	1
		tes			enefit tes	t L	N/A
f	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) or the plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes			Пи		
17a i	the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS on letter and the serial number	. 🗀 , '6	<u> </u>		∐ No		
17h i	ne letter and the serial number	opinion lett	er or advi	sory let	ter, enter	the da	ite of
40	the plan is an individually-designed plan that received a favorable determination letter from the IRS, en	ter the dat	e of the m	ost rec	ent deterr	 ninatic	 on
18 D	efined Benefit Plan or Money Purchase Pension Plan Only:		Т				
	/ere any distributions made during the plan year to an employee who attained age 62 and had not separence?		Yes	; [No		
19 v	as any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		. Yes	, [No		