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

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

Revenue Code (the Code).

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I		rt Identification Information	1						
For calend	dar plan year 2014 or	fiscal plan year beginning 01/01/2	2014	and ending 12	/31/2014				
A This re	eturn/report is for:	er) (Filers checking this box must attach a list cordance with the form instructions)							
		a one-participant plan	a foreign plan						
B This ret	turn/report is	X the first return/report	the final return/repor	t					
		months)							
C Check	box if filing under:	X Form 5558	automatic extension	1	DFVC progr	am			
	· ·	special extension (enter desc	cription)						
Dort II	Pasia Blan Inf	iormation							
Part II		formation—enter all requested in	Tormation		1b Three-digit				
1a Name		ALISTS, PA 401(K) PLAN			plan number				
					(PN) •	001			
					1c Effective date of 01/0	of plan 1/2014			
	sponsor's name and a	address; include room or suite numb	per (employer, if for a sing	le-employer plan)	2b Employer Ident (EIN) 65-0	tification Number			
					2c Sponsor's telep	phone number			
1950 ARLIN SUITE 310	GTON STREET					17-6300			
SARASOTA	, FL 34239				2d Business code (see instructions) 621498				
3a Plan a	administrator's name	and address XSame as Plan Spor	sor.		3b Administrator's EIN				
					3c Administrator's telephone number				
					, tarrimietrator e teleprierie riamber				
		the plan sponsor has changed since number from the last return/report.	the last return/report filed	I for this plan, enter the	4b EIN				
	sor's name				4c PN				
5a Total	number of participan	ts at the beginning of the plan year			5a				
b Total	number of participan	ts at the end of the plan year							
	ner of participants wit	•••••		5b					
comp		h account balances as of the end of	the plan year (defined be	nefit plans do not	5b 5c	9			
	lete this item)	h account balances as of the end of oarticipants at the beginning of the p	the plan year (defined be	nefit plans do not	5c	9			
d(1) To	lete this item)tal number of active p	participants at the beginning of the p	the plan year (defined be	nefit plans do not	5c 5d(1)	9			
d(1) Tot d(2) To e Number	lete this item)tal number of active partal number of active participants that	participants at the beginning of the participants at the end of the plan yet terminated employment during the	the plan year (defined be	nefit plans do not	5c	9 9			
d(1) To d (2) To e Number less th	lete this item)tal number of active particle active particle active particle active particle and 100% vested	participants at the beginning of the participants at the end of the plan yes terminated employment during the	the plan year (defined be blan year ear plan year with accrued be	nefit plans do not	5c 5d(1) 5d(2) 5e	9 9			
d(1) Tot d(2) To e Number less the	lete this item)tal number of active putal number of active per of participants that han 100% vested A penalty for the late	participants at the beginning of the poarticipants at the end of the plan year terminated employment during the	the plan year (defined be	nefit plans do not nefits that were d unless reasonable cal	5c 5d(1) 5d(2) 5e use is established.	9 9 9			
d(1) Total d(2) To e Number less the Caution: A Under pen SB or Sch	lete this item)tal number of active participants that nan 100% vested A penalty for the late talties of perjury and	participants at the beginning of the participants at the end of the plan year terminated employment during the eor incomplete filing of this return other penalties set forth in the instruand signed by an enrolled actuary,	the plan year (defined be solar year	nefit plans do not nefits that were d unless reasonable car re examined this return/re	5c 5d(1) 5d(2) 5e use is established. port, including, if applic	9 9 9 9 0 cable, a Schedule			
d(1) Total d(2) To e Number less the Caution: A Under pen SB or Sch	lete this item)tal number of active per of participants that han 100% vested A penalty for the late halties of perjury and ledule MB completed true, correct, and columniated true, correct true, corre	participants at the beginning of the participants at the end of the plan year terminated employment during the eor incomplete filing of this return other penalties set forth in the instruand signed by an enrolled actuary,	the plan year (defined be solar year	nefit plans do not nefits that were d unless reasonable car re examined this return/re	5c 5d(1) 5d(2) 5e use is established. port, including, if applic	9 9 9 9 0 cable, a Schedule			
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d(1) Tot d(2) To e Numbe less th Caution: A Under pen SB or Sch belief, it is SIGN HERE	lete this item)tal number of active per of participants that nan 100% vested A penalty for the late nalties of perjury and redule MB completed true, correct, and confiled with authorize	participants at the beginning of the participants at the end of the plan year terminated employment during the e or incomplete filing of this return other penalties set forth in the instruand signed by an enrolled actuary, mplete. d/valid electronic signature.	ear	nefit plans do not nefits that were d unless reasonable car re examined this return/re ersion of this return/repor	5c 5d(1) 5d(2) 5e use is established. port, including, if applic	g g g cable, a Schedule y knowledge and			
d(1) Tot d(2) To e Numbe less th Caution: A Under pen SB or Sch belief, it is SIGN	lete this item)tal number of active per of participants that than 100% vested A penalty for the late that the completed true, correct, and confiled with authorize Signature of plan	participants at the beginning of the participants at the end of the plan year terminated employment during the e or incomplete filing of this return other penalties set forth in the instruand signed by an enrolled actuary, mplete. d/valid electronic signature.	the plan year (defined be plan year	nefit plans do not nefits that were d unless reasonable car re examined this return/re ersion of this return/repor JOHN D. NORA, MD Enter name of individ	5c 5d(1) 5d(2) 5e use is established. port, including, if applict, and to the best of my	g g g cable, a Schedule y knowledge and			
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d(1) Total d(2) Total e Number less the Caution: A Under pen SB or Sch belief, it is SIGN HERE SIGN HERE	lete this item)	participants at the beginning of the participants at the end of the plan year terminated employment during the error incomplete filing of this return other penalties set forth in the instruand signed by an enrolled actuary, mplete. d/valid electronic signature.	the plan year (defined be color of the plan year with accrued be confirmed to the plan year. 10/15/2015	nefit plans do not nefits that were d unless reasonable car re examined this return/repor JOHN D. NORA, MD Enter name of individ Enter name of individ	5c 5d(1) 5d(2) 5e use is established. port, including, if applict, and to the best of my	9 9 9 0 cable, a Schedule y knowledge and			
d(1) Total d(2) Total e Number less the Caution: A Under pen SB or Sch belief, it is SIGN HERE SIGN HERE	lete this item)	participants at the beginning of the participants at the end of the plan year terminated employment during the error incomplete filing of this return other penalties set forth in the instruand signed by an enrolled actuary, mplete. d/valid electronic signature.	the plan year (defined be color of the plan year with accrued be confirmed to the plan year. 10/15/2015	nefit plans do not nefits that were d unless reasonable car re examined this return/repor JOHN D. NORA, MD Enter name of individ Enter name of individ	5c 5d(1) 5d(2) 5e use is established. port, including, if applict, and to the best of my	9 9 9 0 cable, a Schedule y knowledge and			
d(1) Total d(2) Total e Number less the Caution: A Under pen SB or Sch belief, it is SIGN HERE SIGN HERE	lete this item)	participants at the beginning of the participants at the end of the plan year terminated employment during the error incomplete filing of this return other penalties set forth in the instruand signed by an enrolled actuary, mplete. d/valid electronic signature.	the plan year (defined be color of the plan year with accrued be confirmed to the plan year. 10/15/2015	nefit plans do not nefits that were d unless reasonable car re examined this return/repor JOHN D. NORA, MD Enter name of individ Enter name of individ	5c 5d(1) 5d(2) 5e use is established. port, including, if applict, and to the best of my	9 9 9 0 cable, a Schedule y knowledge and			

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b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a runder 29 CFR 2520.104-46? (See instructions on waiver eligibility a figure of you answered "No" to either line 6a or line 6b, the plan cannot will be a second of the plan canno	an indeper and condit ot use Fo	ndent qualified public accounta ions.) rm 5500-SF and must instead	nt (IQ	PA) Form	5500.	Xes No			
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA section 40)21)? .		Yes	No Not determined			
Par	III Financial Information		<u> </u>							
7	Plan Assets and Liabilities		(a) Beginning of Yea		_		(b) End of Year			
	Total plan assets	7a		0	_		81802			
	Total plan liabilities	7b			_		04000			
	Net plan assets (subtract line 7b from line 7a)	7c		0	-		81802			
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total			
	Contributions received or receivable from: 1) Employers	8a(1)	72	274						
	2) Participants	8a(2)	337	700						
	3) Others (including rollovers)	8a(3)	404	168						
	Other income (loss)	8b	3	360						
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					81802			
	Benefits paid (including direct rollovers and insurance premiums									
1	o provide benefits)	8d								
_ е	Certain deemed and/or corrective distributions (see instructions)	8e								
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f								
<u>g</u>	Other expenses	8g								
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					0			
	Net income (loss) (subtract line 8h from line 8c)	8i					81802			
J	Fransfers to (from) the plan (see instructions)	8j								
	If the plan provides pension benefits, enter the applicable pension of 2A 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare fellows. V Compliance Questions									
10	During the plan year:				Yes	No	Amount			
a b	a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)					X				
	on line 10a.)			10b		X				
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 or dishonesty?			10d		Χ				
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.)				X		810			
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 as	s of year e	end.)	10g		X				
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			10h		X				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101			10i						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)									
11a	Enter the unpaid minimum required contribution for current year from	om Sched	lule SB (Form 5500) line 39			11a				
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction :	302 of	ERISA? Yes X No			
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,									
а	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	-			, and 6	enter th Day				

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lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to lin	e 13.				
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			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result negative 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?			Y	es X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer the	nis year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		•	ontrol		Yes	(No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	in to another plan(s), ide	ntify the plan(s) to)			
1	3c(1) Name of plan(s):		130	c(2) EI	N(s)	13c(3) P	N(s)
			1			l	

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

OMB Nos. 1210-0110 1210-0089

Form 5500-SF

Department of the Treasury Internal Revenue Service

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

2014

Department of Labor Employee Benefits Security Administration Revenue Code (the Code). This Form is Open to Pension Benefit Gueranty Corporation Public Inspection ▶ Complete all entries in accordance with the instructions to the Form 5500-SF. Part I Annual Report Identification Information For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan B This return/report is the first return/report the final return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 C Check box if filing under: automatic extension DFVC program special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit Sarasota Surgical Specialists, PA 401(k) PLAN plan number 001 (PN) ▶ 1c Effective date of plan 01/01/2014 2a Plan sponsor's name and address; include room or sulte number (employer, if for a single-employer plan) 2b Employer Identification Number Sarasota Surgical Specialists, PA (EIN) 65-0189869 2c Sponsor's telephone number 1950 Arlington Street **941-917-6300** Suite 310 2d Business code (see instructions) Sarasota 34239 621498 3a Plan administrator's name and address XSame as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan aponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 2 Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year 9 b Total number of participants at the end of the plan year..... 6b 9 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c 9 d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 9 d(2) Total number of active participants at the end of the plan year..... 5d(2) 9 e Number of participants that terminated employment during the plan year with accrued benefits that were 0 Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and and complete SIGN JOHN D. NORA, HERE pian administrator Enter name of individual signing as plan administrator SIGN HERE Signature of employer/plan sponsor Date/O//Y Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional) Preparer's telephone number (optional)

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ι.	Were all of the plan's assets during the plan year invested in eligil Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-467 (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan can	f an Indepe r and condit not use Fo	ndent qualified public accourtions.)	tant (IQPA)	 m 8500.		X X	_	□ No
	If the plan is a defined benefit plan, is it covered under the PBGC I	nsurance p	program (see ERISA section	4021)	?	Yes	□No	☐ Not	deterr	nined
	art III Financial Information								7.7.	
7	Pian Assets and Liabilities		(a) Beginning of Y	ear			(b) Er	id of Ye		
- b	Total plan assets Total plan liabilities	- 7a		-	0					81802
	Net plan assets (subtract line 7b from line 7a)				+					
8	income, Expenses, and Transfers for this Plan Year	. 7c			- 0					81802
a	Contributions received or receivable from: (1) Employers	. 8a(1)	(a) Amount	72	74	(b) Total				
	(2) Participants	. 8a(2)		337	00					-
	(3) Others (including rollovers)	8a(3)		404	68					
	Other income (loss)	d8		3	60					
<u>c</u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	******							81802
u	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
е	Certain deemed and/or corrective distributions (see instructions)	8e			+					
f	Administrative service providers (salaries, fees, commissions)	8f			T					
	Other expenses.									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)				\top					0
<u> </u>	Net Income (loss) (subtract line 8h from line 8c)	81						-	{	31802
J	Transfers to (from) the plan (see instructions)	8]								
Pari	The state of the s	ature code	s from the List of Plan Chare	cterisi	ic Cod	ės in th	e instruc	tions:		~
10	During the plan year: Was there a failure to transmit to the plan any participant contribut		4		Yes	No		Amou	unt	
	29 CFR 2610,3-1027 (See Instructions and DOL's Voluntary Fidu	ciary Corre	ction Program)	10a		х				
	Were there any nonexempt transactions with any party-in-interestron line 10a.)	? (Do not in	clude transactions reported	10b		х				
С	Was the plan covered by a fidelity bond?	**********		10c		х			-	
	Did the plan have a loss, whether or not reimbursed by the plan's f or dishonesty?	*****************	***********************	10d		х				
	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	x					810
f	the present the present the plant			10f	. 1	х				
9	Did the plan have any participant loans? (if "Yes," enter amount as			10g		х	****			
	h If this is an individual account plan, was there a blackout period? (See Instructions and 29 CFR 2520.101-3.)			10h		х				
l 	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									
Part										
11	Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below)	4111444414444444				ile SB (Form		/es	No
	Enter the unpaid minimum required contribution for current year from					1a			*** - ***	
12	Is this a defined contribution plan subject to the minimum funding re	equirement	s of section 412 of the Code	orsec	tion 3	02 of EF	RISA?	<u> </u>	∕es X	No
8	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a If a walver of the minimum funding standard for a prior year is being granting the walver.	amortized	in this plan year, see instruc-	llons,	and er		date of the		r ruling	
	2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	14.11	Mont	1	······································	Day		Year		

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If you completed line 12a, complete lines 3, 9, a	and 10 of Schedule MB (Form 5500), and sk	dp to line 13.		
b Enter the minimum required contribution for this	s plan year		12b	
C Enter the amount contributed by the employee to			, , , , , , , , , , , , , , , , , , ,	
The street of the street of the street of the	o the plan for this plan year		12c	
d Subtract the amount in line 12c from the amoun negative amount)	it in line 12b. Enter the result (enter a minus s	Ign to the left of a	12d	
Will the minimum funding amount reported on lin	ne 12d be met by the funding deadline?		☐ Ye	s No NA
Part VII Plan Terminations and Transfe	ers of Assets			- 113 1 147
13a Has a resolution to terminate the plan been adopted	d in any plan year?		Yes	X No
If "Yes," enter the amount of any plan assets that	at reverted to the employer this year		13a	
b Were all the plan assets distributed to participan of the PBGC?	its or beneficiaries, transferred to another plan	or brought under the c	potral	Yes X No
C If during this plan year, any assets or liabilities within assets or liabilities were transferred. (See	vere transferred from this plan to equition plan	(s), identify the plan(s) t	0	☐ 169 N 140
13c(1) Name of plan(s):		15	G(2) EIN(s)	13c(3) PN(s)
		į		1
	· ·			
Part VIII Trust Information (optional)				
14a Name of trust	14b Trust's E	IN		