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

Р	art I	Annual Report	ld	entification Information	n						
For	r calenda	ar plan year 2015 or fi				15 and ending 12	2/31/2	015			
A	This ret	urn/report is for:	X	a single-employer plan a one-participant plan	[[a multiple-employer plan (not multiemployer) list of participating employer information in ac a foreign plan		_			
B This return/report is											
С	Check b	oox if filing under:		Form 5558 special extension (enter descr	crip	automatic extension		DFVC progr	ram		
P	Part II Basic Plan Information—enter all requested information										
1a	Name	of plan		OFIT SHARING PLAN	moi	mation	1b	Three-digit plan number (PN) ▶	002		
							1c	Effective date of 10/0	f plan 1/1978		
2a	Mailing	address (include roo	m, a	, if for a single-employer plan) apt., suite no. and street, or P.C	O. I	Box) code (if foreign, see instructions)	2b Employer Identification Number (EIN) 20-2926095				
SHIP		CLINIC, P.C.	., .	, and <u>_</u> oo.o.g pool		(in totalgui, occi indudentia)	2c	Sponsor's telep	hone number 36-6068		
		ST LINDEN IS 38834-9119					2d	Business code (6211	,		
3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number											
4				an sponsor has changed since er from the last return/report.	e the	e last return/report filed for this plan, enter the	4b	EIN			
а	Sponso	or's name					4c	ı			
5a	Total r	number of participants	at	the beginning of the plan year			5		11		
b				• •			5	b	11		
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)						5		11			
d	(1) Tota	al number of active pa	rtici	pants at the beginning of the pl	plan	ı year	5d		10		
	` '	•		•			5d	(2)	11		
	than 1	100% vested			····	lan year with accrued benefits that were less	5		0		
Un SB	der pena or Sche	alties of perjury and ot	her	penalties set forth in the instructions	uctio	report will be assessed unless reasonable cau- cons, I declare that I have examined this return/rej well as the electronic version of this return/report	oort, ii	ncluding, if applic			

SIGN HERE

Filed with authorized/valid electronic signature.

Signature of plan administrator

Date

Enter name of individual signing as plan administrator

Signature of employer/plan sponsor

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

Preparer's telephone number

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

	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 If you answered "No" to either line 6a or line 6b, the plan cann	ndent qualified public ations.)orm 5500-SF and mus	ccount	ant (IQ	PA) Form	5500.	Xes No				
С	f the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	program (see ERISA se	ection 4	021)?		Yes	No	1	Not dete	rmined
Par	t III Financial Information		1								
	Plan Assets and Liabilities		(a) Beginning					(b) E	nd of	Year	
	Total plan assets	. 7a		5329	341	-				5204	155
	Total plan liabilities	7b		5329	244	-				F20.4	155
	Net plan assets (subtract line 7b from line 7a)ncome, Expenses, and Transfers for this Plan Year	7c	(a) Ama-		1341	+		/1-	\ T-4	5204	100
	Contributions received or receivable from:		(a) Amou	ınt				(1)) Tot	iai	
	(1) Employers	8a(1)		74	781						
	2) Participants	8a(2)		55	736						
	(3) Others (including rollovers)	8a(3)									
	Other income (loss)	8b		-70	354						4.00
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								60	163
	o provide benefits)	. 8d		165	297						
е	Certain deemed and/or corrective distributions (see instructions)	8e									
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f		20	0052						
g	Other expenses	. 8g									
	Total expenses (add lines 8d, 8e, 8f, and 8g)										349
	Net income (loss) (subtract line 8h from line 8c)	. 8i								-125	186
Par	Transfers to (from) the plan (see instructions)	8j									
	If the plan provides pension benefits, enter the applicable pension 2E 3D 2J 2K If the plan provides welfare benefits, enter the applicable welfare f V Compliance Questions										
10	During the plan year:				Yes	No	N/A			Amount	<u> </u>
a	Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's Nerogram)	oluntary F	Fiduciary Correction	10a		X				AIII O GITT	•
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			40h		X					
	Was the plan covered by a fidelity bond?			10b	V						
c	Did the plan have a loss, whether or not reimbursed by the plan's			10c	X						500000
	by fraud or dishonesty?			10d		X					
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			10f		Χ					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	10g		X					
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	uctions and 29 CFR	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							
j	Did the plan trust incur unrelated business taxable income?			10j			X				
Part	VI Pension Funding Compliance				•		-	-			
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									Ye	s X No
11a	Enter the unpaid minimum required contribution for all years from	Schedule	SB (Form 5500) line 4	0			11a				
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of t	he Cod	e or se	ection 3	302 of E	RISA?	·	Ye	s 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	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?		П	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	Γrust's EIN	١		
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's	
	rianio	of tubics of suctorial		telephone number				
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 yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		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 fav	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	;	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

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Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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► 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

_		t Identification Information	1								
For	calendar plan year 2015 or f	iscal plan year beginning		01/01/2015	and ending	1	2/31/2015				
A	This return/report is for:	x a single-employer plan	a		olan (not multiemployer) employer information in	•	•				
В	This return/report is:	the first return/report	∏ t	he final return/report	rn/report (less than 12 i	months'	1				
			П.	onon plan your roll	innoport (loop than 12 i	nonaro,	,				
С	Check box if filing under:	Form 5558 special extension (enter descr	ш	automatic extension			DFVC progra	m			
P	art II Basic Plan Inf	ormation enter all requested	· · ·	·	T-=11'						
_	Name of plan	official enter an requested	IIIIOIIII	iation		1b	Three-digit	<u> </u>			
	Shipp Eye Clinic,	P.C. 401(k) Profit Shar	ing	Plan			plan number (PN) ▶	002			
_						10	Effective date of 10/01/1978	f plan 			
2a	Mailing Address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street or P.O nce, country, and ZIP or foreign post). Box) tal cod) le (if foreign, see inst	ructions)	<u> </u>	Employer Identi (EIN) 20-292	26095			
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Shipp Eye Clinic, P.C.					2c Sponsor's telephone number (662) 286-6068						
	3302 C. West Linden					2d Business code (see Instructions) 621111					
_	US Corinth MS 38834-911										
3a	Plan administrator's name a	and address X Same as Plan Spo	onsor I	Name		3b	Administrator's i	EIN			
						3с	Administrator's t	elephone number			
4	if the name and/or EIN of the	ne plan sponsor has changed since to the plan sponsor has changed since to the last return/report.	the las	st return/report filed for	or this plan, enter the	4b	EIN	· · · · · · · · · · · · · · · · · · ·			
а	Sponsor's name	most nom the last retainineport.				4c	DN				
		s at the beginning of the plan year				58		11			
b		s at the end of the plan year				51		11			
С	Number of participants with	account balances as of the end of t	the pla	ın year (defined bene	fit plans do not	50		11			
d(1) Total number of active pa	rticipants at the beginning of the pla	ın year	f	**********************************	5d((1)	10			
d(rticipants at the end of the plan year			7555000 F15000000000000000000000000000000	5d((2)	11			
е		terminated employment during the				5	e	0			
		or incomplete filing of this return									
SE	ider penalties of perjury and of B or Schedule MB completed a lief, it is true, correct, and con	other penalties set forth in the instruction and signed by an enrolled actuary, a nplete.	ctions, as well	, I declare that I have I as the electronic ve	examined this return/re rsion of this return/repor	port, in rt, and t	cluding, if applica to the best of my	able, a Schedule knowledge and			
100,000	IGN Bound	Stufy		el al a y							
H	ERE Signature of plan adr	ninlstrator		Date 5 17 2016	Enter name of individu	al signi	ng as plan admin	istrator			
S	IGN Bound	Kun			• · · · · · · · · · · · · · · · · · · ·		···				
	ERE Signature of employe	eriplan sponsor name, if applicable) and address; in	nclude	Date 5 17 3016	Enter name of individu						
	The state of the s	in speniousloj unu usui 633, ili	June	.som or dule haribe	•	Пер	arer's telephone r	NATION .			

	Form 5500-SF 2015		Page 2			-				
6a 1	Nere all of the plan's assets during the plan year invested in eligible	assets? (S	ee instructions.)	*********		,,,,,,,,,,			XYes	□No
	Are you claiming a waiver of the annual examination and report of a			ıntant	(IQP	A)				_
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	and condition	ns.)					*******	XYes	□No
1	f you answered "No" to either line 6a or line 6b, the plan canno	ot use Form	5500-SF and must inst						—	
C	f the plan is a defined benefit plan, is it covered under the PBGC in	surance pro	gram (see ERISA section	n 402	1)?		Yes	∐ No	∐ Not	determined
Pa	rt III Financial Information					_				
7	Plan Assets and Liabilities		(a) Beginning of	f Yea	r	+		(b) End		
	Total plan assets	. 7a	5,32	29,3	41	-			5,204	,155
	Fotal plan liabilities	. 7b				+				14
_	Net plan assets (subtract line 7b from line 7a)	. 7c		329,341					5,204	,155
	ncome, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	de l'alexand	(a) Amount				119.3	(b) T	Otal	
	1) Employers	. 8a(1)	7	74,7	81					9000
	2) Participants	. 8a(2)	5	55,7	36		370	100		
	3) Others (including rollovers)	. 8a(3)						The St		
	Other income (loss)	. 8b	(70	, 35	4)	N.E.	Sign	1109 150	MC BOOK	
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c		H 18	-				60	,163
	Benefits paid (including direct rollovers and insurance premiums o provide benefits)	. 8d	16	55,2	97					
	Certain deemed and/or corrective distributions (see instructions)	. 8e								
	Administrative service providers (salaries, fees, commissions)	. 8f	2	20,0	52			MAZY TIZE		W.S. 198
g	Other expenses	. 8g				H				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h							185	,349
i	Net income (loss) (subtract line 8h from line 8c)	. 8i					31. 8	195	(125,	186)
j	ransfers to (from) the plan (see instructions)	. 8j								
Pai	t IV Plan Characteristics									
9a	f the plan provides pension benefits, enter the applicable pension fe	eature codes	from the List of Plan Ch	aract	eristic	Code	s in the	instruction	ns:	
\perp	2E 3D 2J 2K									
b I	f the plan provides welfare benefits, enter the applicable welfare fea	ature codes	from the List of Plan Cha	racte	ristic	Codes	in the i	nstruction	ns:	
Pai	t V Compliance Questions						·			
10	During the plan year:		•		Yes	No	N/A		Amount	
a	Was there a failure to transmit to the plan any participant contribute	tions within	the time period		103	110			Amount	
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo									
	Program)			10a		ж				
b	Were there any nonexempt transactions with any party-in-interest	•				_				
	reported on line 10a.)			10b		X				
	Was the plan covered by a fidelity bond?			10c	X	⊢				500,000
ď	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	,		10d		x				
е	Were any fees or commissions paid to any brokers, agents, or oth									
	carrier, insurance service, or other organization that provides som	e or all of th	e benefits under	.						
_	the plan? (See instructions.)	,		10e		X				
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 en	d.)	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 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			
Par	t VI Pension Funding Compliance			-1			• • •			
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								 	s X No
11a	Enter the unpaid minimum required contribution for current year fr						11a			
12	Is this a defined contribution plan subject to the minimum funding						2 of ER	ISA?	Ye	s 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 the granting the waiver.	is plan year, see instru Month		enter the	date of the		uling
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500)			ay	1641		
b Enter the minimum required contribution for this plan year		***************************************	12b			
c 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 (enter a negative amount)	minus sign to the left	of a	12d			
e Will the minimum funding amount reported on line 12d be met by the funding deadling				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?	7 4 7 7 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	*************	☐ Ye	s 🗷 No		
If "Yes," 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 and of the PBGC?	other plan, or brought o	ınder the co	ntrol] Yes [X No
C If during this plan year, any assets or liabilities were transferred from this plan to and which assets or liabilities were transferred. (See instructions.)	ther plan(s), identify th	e plan(s) to				
13c(1) Name of plan(s):		13c	(2) EIN(s	5)	13c(3)	PN(s)
				1		
Part VIII Trust Information						
14a Name of trust			14b T-	ust's EIN		<u></u>
1-74 Name of thist			140 11	ISTS EIN		
14c Name of trustee or custodian				ustee or cu hone numb		S
Part IX IRS Compliance Questions						
15a is the plan a 401(k) plan:			Yes] No	
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for emp matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	loyee deferrals and en	nployer	Des base harb meti	ed safe [ADP// test	ACP
15c If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year using testing method" for nonhighly compensated employees (Treas. Reg. section 1.401(k)-2(a)(2)(ii))?	2(a)(2)(ii) and 1.401(m)-	Yes] No	
16a Check the box to indicate the method used by the plan to satisfy the coverage require			Ration Perconnection	entage L	Avera Benef	ge it Test
	***************************************	***********	Yes		No	
17a Has the Plan been timely amended for all required law changes?		***********	Yes] No	☐ N/A
17b Date of the last plan amendment/restatement for the required tax law changes was ac instructions for tax law changes and codes).	·	_		le code		9
17c If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volume advisory letter, enter the date of that favorable letter / / and the	e submitter plan that i	s subject to	a favorat	le IRS opir	nion or	· · ·
17d If the plan is an individually-designed plan and recieved a favorable determination lette / / /	er from IRS, please en	ter the date	of plan's	last favora	ble	
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands	section 1022(i)(2) has or the U.S. Virgin Islar	been nds)?	Yes		No	
19 Were in-service distributions made during the plan year?	*******************************	*************	Yes] No	-
If Yes, enter amount			19			-
20 Were minimum required distributions made to 5% owners who have attained age 70 %	(regardless of whether	er or	Yes		No	□ N/A

5500-SF Electronic Filing Authorization

Plan Name:

Shipp Eye Clinic, P.C. 401(k) Profit Sharing Plan

EIN/PN:

20-2926095/002

Plan Year:

01/01/2015 - 12/31/2015

I hereby authorize Richard Bullock Jr.CPA at Nail McKinney P.A. to electronically file the above return with the US Department of Labor's Electronic Filing Acceptance System (EFAST).

I have signed Form 5500-SF for this return and understand a scanned copy of this return bearing my manual signature will be included in the electronic filing and posted on the US Department of Labor's internet site for public disclosure.

Plan Administrator

(sign) Shys (date) 38 hps

Band Sorgy (sign) 5/17/2016 (date)