Form 5500-SF	Short Form Annu	•	ort of Small Emplo	oyee	0	MB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be file	Benefit Pla		-	2	2015
Department of Labor Employee Benefits Security Administra	Income Security Act of 1974		6057(b) and 6058(a) of the		This Fo	m is Open to Inspection
Pension Benefit Guaranty Corpora	Complete all entries in		nstructions to the Form 55	00-SF.		
Part IAnnual RepFor calendar plan year 2015	ort Identification Information or fiscal plan year beginning 01/01/		and ending 12	2/31/2015		
<b>A</b> This return/report is for:	a single-employer plan		er plan (not multiemployer) g employer information in ac	•	0	
<b>B</b> This return/report is	the first return/report	the final return/rep	ort eturn/report (less than 12 mo	onths)		
<b>C</b> Check box if filing under:	☐ Form 5558 ☐ special extension (enter desc	automatic extensi	on		FVC progra	n
Part II Basic Plan I	nformation—enter all requested in					
<b>1a</b> Name of plan WILLIAM C. EARLY, MD, PA	PROFIT SHARING PLAN			(PN)	umber	001
				IC Ellecti	01/01/2	
Mailing address (include	nployer, if for a single-employer plan) room, apt., suite no. and street, or P.0 vince, country, and ZIP or foreign pos		instructions)	(EIN)	65-087	
WILLIAM C. EARLY, MD, PA	whee, country, and zir of foreign pos				sor's telepho 954-741	-7577
581 SW 101ST AVENUE PLANTATION, FL 33324				2d Busine	ess code (se 62111	e instructions)
<b>3a</b> Plan administrator's nam	e and address XSame as Plan Spon	sor.		<b>3b</b> Admin	istrator's Ell	N
				3c Admin	istrator's tel	ephone number
	of the plan sponsor has changed since	the last return/report fil	ed for this plan, enter the	4b EIN		
name, EIN, and the plar <b>a</b> Sponsor's name	n number from the last return/report.			<b>4c</b> PN		
5a Total number of participation	ants at the beginning of the plan year.			5a		6
	ants at the end of the plan year		,	5b		2
	with account balances as of the end of			5c		2
	e participants at the beginning of the p		ĺ	5d(1)		6
d(2) Total number of activ	e participants at the end of the plan ye	ar		5d(2)		0
than 100% vested	that terminated employment during the			5e	inhad	0
Under penalties of perjury an	ate or incomplete filing of this return d other penalties set forth in the instru- ed and signed by an enrolled actuary, complete.	ctions, I declare that I h	ave examined this return/rep	oort, including	g, if applicat	
SIGN Filed with authori	zed/valid electronic signature.	03/16/2016	WILLIAM C. EARLY, M	MD		
	an administrator	Date	Enter name of individu	ual signing as	s plan admir	istrator
SIGN HERE Signature of en	nployer/plan sponsor	Date	Enter name of individu		e employer :	or plan enoncer
	rm name, if applicable) and address (i			Preparer's t		
For Panerwork Peduction Act I	Notice and OMB Control Numbers, see th	e instructions for Form f	500-SF		Fr	orm 5500-SF (2015)

Form 5500-SF 2015		Page <b>2</b>					
<ul> <li>6a Were all of the plan's assets during the plan year invested in elig</li> <li>b Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibilities of the plan can be plan and the plan of the plan is a defined benefit plan, is it covered under the PBGC</li> </ul>	of an indeper ty and conditi nnot use Fo	ndent qualified public a ions.) rm 5500-SF and must	t instea	ant (IQ I <b>d use</b>	PA) Form	5500.	X Yes No
Part III Financial Information							
7 Plan Assets and Liabilities		(a) Beginning	g of Yea	ar			(b) End of Year
<b>a</b> Total plan assets	7a		1619	146			1381783
<b>b</b> Total plan liabilities	7b			0			0
C Net plan assets (subtract line 7b from line 7a)	7c		1619	146			1381783
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	unt				(b) Total
<ul> <li>a Contributions received or receivable from:</li> <li>(1) Employers</li> </ul>	8a(1)			0			
(2) Participants	8a(2)			0			
(3) Others (including rollovers)	8a(3)			0			
<b>b</b> Other income (loss)	8b		8	175			
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						8175
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits)			245	538			
e Certain deemed and/or corrective distributions (see instructions)	8e			0			
f Administrative service providers (salaries, fees, commissions)	8f			0			
g Other expenses	8g			0			
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						245538
i Net income (loss) (subtract line 8h from line 8c)	8i						-237363
j Transfers to (from) the plan (see instructions)	···· 8j			0			
Part IV Plan Characteristics							
<b>9a</b> If the plan provides pension benefits, enter the applicable pension 2E 3D	on feature co	des from the List of Pla	an Cha	racteris	stic Co	odes in t	he instructions:
<b>B</b> If the plan provides welfare benefits, enter the applicable welfare	e feature cod	es from the List of Plar	n Chara	acterist	ic Coc	les in th	e instructions:
Part V Compliance Questions							
<b>10</b> During the plan year:				Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contri described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	s Voluntary F	iduciary Correction	10a		Х		0
<b>b</b> Were there any nonexempt transactions with any party-in-intere reported on line 10a.)	est? (Do not i	include transactions	10b		x		0
<b>C</b> Was the plan covered by a fidelity bond?			10c	х			265000
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?	n's fidelity bo	nd, that was caused	100		x		0
<ul> <li>Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides so the plan? (See instructions.)</li> </ul>	other persons ome or all of	s by an insurance the benefits under	10e		x		0
f Has the plan failed to provide any benefit when due under the p			10f		X		0
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amoun			10g		Х		0

3		ivy						0
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х				
i	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						
j	Did the plan trust incur unrelated business taxable income?	10j						
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions 5500) and line 11a below).						Yes	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 requirements of section 412 of t	he Cod	e or se	ction 3	302 of F	RISA?	Yes	X No

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<ul> <li>(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)</li> <li>a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver.</li> </ul>		enter the Day	e date of th	he letter ru Year	ling
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_			
<b>b</b> Enter the minimum required contribution for this plan year		12b			
		12c			
<ul> <li>C Enter the amount contributed by the employer to the plan for this plan year</li> <li>d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the</li> </ul>					
negative amount)		12d			1
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?			X Yes	No	
If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			(	
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou of the PBGC?		ontrol		Yes 🗙	No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident which 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		<b>14b</b> ⊺	rust's EIN	l	
14c Name of trustee or custodian			Trustee's telephone	or custodi number	an's
Part IX IRS Compliance Questions		I			
<b>15a</b> Is the plan a 401(k) plan?		Ye:	S	No	
<b>15b</b> If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals ar matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	esign- sed safe ADP/ACP rbor test ethod		
<b>15c</b> If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "or testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.2(a)(2)(ii))?		Ye	S No		
<b>16a</b> Check the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):		atio ercentage est Average benefit test		
<b>16b</b> Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con this plan with any other plans under the permissive aggregation rules?	0	Ye:	S	No	
17a Has the plan been timely amended for all required tax law changes?		Ye	s	No	N/A
<b>17b</b> Date the last plan amendment/restatement for the required tax law changes was adopted//for tax law changes and codes).	Enter the ap	plicable	code	(See ins	structions
17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pl advisory letter, enter the date of that favorable letter/ and the letter's serial protocols and the letter's series and protocols		ct to a fa	vorable IF	RS opinion	or
17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, e determination letter/	nter the date of	the plar	n's last fav	vorable	
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No	
19 Were in-service distributions made during the plan year?		Ye:	s	No	
If "Yes," enter amount		19			
20 Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w retired), as required under section 401(a)(9)?		Ye	S	No	N/A

Form 5500-SF	Short Form Annu	•	of Small Employee	OMB Nos. 1210-011 1210-008		
Department of the Treasury Internal Revenue Service	This form is required to be file	Benefit Plan ed under sections 104 and 40	)65 of the Employee Retirement	2015		
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974	4 (ERISA), and sections 6057 Revenue Code (the Code).	(b) and 6058(a) of the Internal	al This Form is Open to Public Inspection		
Pension Benefit Guaranty Corporation	Complete all entries in	accordance with the instru	ctions to the Form 5500-SF.	Fublic inspection		
Part I Annual Report	Identification Information	1				
or calendar plan year 2015 or f	iscal plan year beginning	1/1/2015	and ending 12	2/31/2015		
This return/report is for:	a single-employer plan	a multiple-employer pla list of participating emp a foreign plan	an (not multiemployer) (Filers cl ployer information in accordance	necking this box must attach a with the form instructions)		
	the first return/report	the final return/report				
<b>3</b> This return/report is	an amended return/report		/report (less than 12 months)			
C Check box if filing under:	☐ ☐ Form 5558	automatic extension	Г	DFVC program		
· · · · · · · · · · · · · · · · · · ·	special extension (enter des		L			
			· · · · · · · · ·			
	ormationenter all requested in	ntormation	1b T	nree-digit		
1a Name of plan William C. Early, MD,	PA Profit Sharing Plan		pl	an number 001		
			1c E	ffective date of plan 1/1/2000		
Mailing address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P	O. Box)	(E	nployer Identification Number IN) 650878586		
William C. Early, MD, P.	ce, country, and ZIP or foreign pos A	stal code (it foreign, see insut	2c S	ponsor's telephone number 9547417577		
581 SW 101st Avenue			<b>2d</b> B	usiness code (see instructions)		
Plantation 33324	FL			621111		
	and address 🛛 Same as Plan Spo	nsor.	3b A	dministrator's EIN		
				dministrator's telephone numbe		
	he plan sponsor has changed sinc umber from the last return/report.	e the last return/report filed fo	or this plan, enter the <b>4b</b> E	IN		
a Sponsor's name	and a de retain report.		<b>4c</b> ₽	'n		
	ts at the beginning of the plan year	r	5a	6		
	ts at the end of the plan year			2		
C Number of participants with	h account balances as of the end e	of the plan year (defined bene	efit plans do not 5c	2		
, ,	participants at the beginning of the			) 6		
• • •	participants at the end of the plan y			· · · · · · · · · · · · · · · · · · ·		
e Number of participants the	at terminated employment during t	he plan year with accrued be	nefits that were less 5e	0		
Caution: A penalty for the late	e or incomplete filing of this retu	urn/report will be assessed	unless reasonable cause is e	stablished.		
Under penalties of perjury and SB or Schedule MB completed belief, it is true, correct, and con	other penalties set forth in the inst and signed by an enrolled actuary	ructions, I declare that I have , as well as the electronic ver	examined this return/report, inc rsion of this return/report, and to	luding, if applicable, a Schedul the best of my knowledge and		
SIGN Millie		3/16/16	WILLIAM C	EARLY		
HERE Signature of plan	administrator	Date	Enter name of individual sign	ing as plan administrator		
SIGN /////	in C. ENH	3/16/16	WILLIAM	C. EARLY		
	oloyer/plan sponsor	Date		ing as employer or plan spons		
Preparer's name (Including firm	n name, if applicable) and address	(include room or suite numbe	er) Prepa	rer's telephone number		
		the instructions for Form 5500	New West Contraction	Form 6600-SE (2		

Form 5500-S	F 2015
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	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	🖌 Yes 🗌 No
b	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.)	🖌 Yes 🗌 No
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	
С	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? [] Yes [] No	Not determined
Pa	Financial Information	
7	Plan Assets and Liabilities (a) Beginning of Year (b) F	nd of Year

	Fian Assets and Liabilities	والتقدانية ويدتكم تنتخذ التحشد	(a) Beginning of Year	(D) End of Year
a	Total plan assets	7a	1619146	1381783
b		7b	0	0
С	Net plan assets (subtract line 7b from line 7a)	7c	1619146	1381783
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a	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	8175	
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		8175
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	245538	
e	Certain deemed and/or corrective distributions (see instructions)	8e	0	
f	Administrative service providers (salaries, fees, commissions)	8f	0	
g	Other expenses	8g	0	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		245538
i	Net income (loss) (subtract line 8h from line 8c)	<b>8</b> i		-237363
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 codes from the List of Plan Characteristic Codes in the instructions: 2E 3D

**B** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

## Part V Compliance Questions

During the plan year:		Yes	No	N/A	Amount
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction	Da		<b>√</b>		C
	0b		1		(
Wee the allow encound have the life to an 40	Oc	✓			265000
	bd		1		C
carrier, insurance service, or other organization that provides some or all of the benefits under	0e		1		C
	Of		1		C
Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 1	0g		1	17 175, W 79	0
	0h		1		
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	oi				
Did the plan trust incur unrelated business taxable income?	0j				
Pension Funding Compliance					
					(Form
	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)       11         Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)       11         Was the plan covered by a fidelity bond?       11         Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       11         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.)       11         Has the plan failed to provide any benefit when due under the plan?       11         Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       11         If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)       11         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.       11         Did the plan trust incur unrelated business taxable income?       11         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.       11         If 10h was answered "Yes," check the box if you either provided the required notice or one of t	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)	Was there a failure to transmit to the plan any participant contributions within the time period       10a         Program)	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)	Was there a failure to transmit to the plan any participant contributions within the time period       10a       ✓         West there a failure to transmit to the plan any participant contributions within the time period       10a       ✓         Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?.. | | Yes V No

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(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 in granting the waiver.	Month	nter the date	e of the letter ruli Year	ling
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	e 13.			
<b>b</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 minus sign to the negative amount)		12d		
e Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	3 🗌 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?		X	Yes 🗌 No	
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a		0
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or bro of the PBGC?	ought under the co	ontrol	Yes 🗙 I	No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ider which assets or liabilities were transferred. (See instructions.)	ntify the plan(s) to			
13c(1) Name of plan(s):	13c(2)	EIN(s)	<b>13c(3)</b> P	PN(s)
Part VIII Trust Information				
<b>14a</b> Name of trust		14b Trusť	s EIN	
14c Name of trustee or custodian			tee's or custodia bhone number	an'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 employee deferrals a matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Desigr based harbor metho	safe ADP test	
15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1 2(a)(2)(ii))?	1.401(m)-	Ves	No	
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under se	ction 410(b):	Ratio percer test		erage nefit test
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by control this plan with any other plans under the permissive aggregation rules?		Yes	No	
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 for tax law changes and codes).	Enter the ap	oplicable coc	le (See ins	structions
17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter advisory letter, enter the date of that favorable letter and the letter's serial	il number			or
17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, determination letter		the plan's la	ist favorable	
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i) made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virg.		Yes	No No	
19 Were in-service distributions made during the plan year?		Yes	No No	
If "Yes," enter amount		. 19		
20 Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of retired), as required under section 401(a)(9)?		Yes	. 🗌 No	N/A