Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration **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

1210-0089

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation ▶ Complete all entries in accordance with the instructions to the Form 5500-SF. **Annual Report Identification Information** For calendar plan year 2016 or fiscal plan year beginning and ending

A	a single-employer plan			oyer) (Filers checking this box must a					
A This return/report is for:	a one-participant plan	a foreign plan	nployer information in ac	ccordance with the to	orm instructions.)				
B This return/report is	the first return/report	the final return/report							
■ This return/report is	an amended return/report	a short plan year return	n/report (less than 12 m	onths)					
C Check box if filing under:									
• Chook box ii iiiiiig anaoi.	Form 5558 special extension (enter descr	automatic extension		DFVC program					
Part II Basic Plan Info	rmation—enter all requested inf	. ,							
1a Name of plan	inaren enteran requestea ini	omaton		1b Three-digit					
SCOTT L. RAY D.O., PA 401(K) RE	ETIREMENT PLAN			plan number	001				
				1c Effective date					
					/01/2015				
	n, apt., suite no. and street, or P.O			2b Employer Idea (EIN) 20	ntification Number -5273464				
SCOTT L. RAY D.O., PA	e, country, and ZIP or foreign posta	ai code (ir foreign, see insti	ructions)	2c Sponsor's tel	ephone number '97-3155				
				2d Business cod	e (see instructions)				
2350 SUNSET POINT ROAD, SUIT CLEARWATER, FL 33765	EC			621399					
3a Plan administrator's name an	d address X Same as Plan Spor	nsor.		3b Administrator	's EIN				
				3C Administrator	's telephone number				
	plan sponsor has changed since	the last return/report filed for	or this plan, enter the	4b EIN	_				
name, EIN, and the plan num a Sponsor's name	nber from the last return/report.			4c PN					
	at the beginning of the plan year			5a	11				
	at the end of the plan year			5b	10				
	account balances as of the end of			5c	10				
complete this item)									
d(1) Total number of active par	ticipants at the beginning of the pla	an year		5d(1)	11				
• •	ticipants at the end of the plan year			5d(2)	10				
	terminated employment during the		nefits that were less	5e	0				
Caution: A penalty for the late of	or incomplete filing of this return	/report will be assessed							
Under penalties of perjury and oth SB or Schedule MB completed an belief, it is true, correct, and comp	nd signed by an enrolled actuary, a								
	valid electronic signature.	05/12/2017	SCOTT L. RAY D.O.						
HERE Signature of plan ac	dministrator	Date	Enter name of individ	ual signing as plan a	administrator				
SIGN									
HERE Signature of employ	yer/plan sponsor	Date	Enter name of individ	ual signing as emplo	yer or plan sponsor				
Preparer's name (including firm na	ame, if applicable) and address (in	clude room or suite number	er)	Preparer's telepho	ne number				
For Paperwork Reduction Act Notice	e, see the Instructions for Form 5500	I-SF.			Form 5500-SF (2016)				

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62	Were all of the plan's assets during the plan year invested in eligib	de accete?	(See instructions)						X Ye	s No
	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indeper and conditi	ndent qualified public a	account	ant (IC	(PA)			X Ye	
	If you answered "No" to either line 6a or line 6b, the plan cann					_	-			
	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes	∐ No	☐ Not de	termined
Pai	rt III Financial Information									
_7	Plan Assets and Liabilities		(a) Beginning				((b) End		
	Total plan assets	7a		306699)				40442	21
	Total plan liabilities	7b								.,
C	Net plan assets (subtract line 7b from line 7a)	7c		306699					40442	21
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	ıt				(b) T	otal	
а	Contributions received or receivable from: (1) Employers	8a(1)		28326	;					
	(2) Participants	8a(2)		76529						
	(3) Others (including rollovers)	8a(3)								
	Other income (loss)	8b		24363						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							12921	8
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		27670						
е	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		3826	5					
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							3149	96
i	Net income (loss) (subtract line 8h from line 8c)	8i							9772	22
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	des 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 for	eature cod	es from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	ictions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amoun	t
а	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 F	iduciary Correction	10a		X				
b		t? (Do not i	nclude transactions	10b		X				
С	Was the plan covered by a fidelity bond?			10c	X					50000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	-		10d		X				
е		ner persons ne or all of	s by an insurance the benefits under	10e	X					3826
f	Has the plan failed to provide any benefit when due under the pla	in?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-e	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 the exceptions to providing the notice applied under 29 CFR 2520.10			10i						

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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 c n 5500) and line 11a below)					[] `	∕es X No
		the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a			
12		s a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?					│	res X No
	(lf "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	grant	aiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	/lonth _	s, and	d enter t Day		of the lette Year _	er ruling
If	you co	empleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		1		
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		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the live amount)			12d			
		ne 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?				Yes	s X N	lo
	If "Y€	s," 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 brougol of the PBGC?		er the			Yes	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	olan(s)) to			
	13c(1)	Name of plan(s):	1	3c(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 custod ne number	ian's
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No	
		lid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	IШ		n-based narbor	d [Prior ye test	ear" ADP
				"Curre	ent year test	<u>"</u>	N/A	
16a 		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perce test	entage		verage enefit test	□ N/A
	for the	e plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No	
	the le							
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rece	ent determi	nation
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 e?		rom	Ye	s [No	
19	Was a	any plan participant a 5% owner who had attained at least age 70 $^{1\!\!/}$ during the prior plan year?			Ye	s	No	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefils 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 section 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.

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I Annual Report Iden	tification Information							
For calendar plan year 2016 or fiscal plan	an year beginning	01/01/2016	and ending	12/31/201	<u> </u>			
A This return/report is for:	single-employer plan	a list of participating e	lan (not multiemployer) mployer information in a	(Filers checking this accordance with the	s box must attach e form instructions.)			
Photoing	one-participant plan ne first return/report	a foreign plan the final return/report						
·		□ .	n/report (less than 12 m	nnthe\				
U at	n amended return/report	a short plan year letter	ineport fless man 12 ii	ionins)				
	orm 5558 pecial extension (enter descri	automatic extension		DFVC pr	ogram			
· · · · · · · · · · · · · · · · · · ·								
	tion enter all requested in	nformation		1b Three-digit				
1a Name of plan	454 43 5 - 1 - 1 - 2			plan numbe				
Scott L. Ray D.O., PA 4	101(k) Retirement Pi	lan		(PN) ► 1c Effective da	001			
	·							
Mailing Address (include room, ap	Plan sponsor's name (employer, if for a single-employer plan) Mailing Address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)							
Scott L. Ray D.O., PA								
2350 Sunset Point Road,	, Suite C			2d Business code (see instructions) 621399				
US Clearwater FL 33765/					·			
3a Plan administrator's name and add	iress 🗓 Same as Plan Spo	onsor		3b Administrat	or's EIN			
					or's telephone number			
4 If the name and/or EIN of the plan name, EIN, and the plan number for		the last return/report filed t	or this plan, enter the	4b EIN				
a Sponsor's name				4c PN				
5a Total number of participants at the				5a 5b	11			
b Total number of participants at the				 	10			
C Number of participants with accou	nt daiances as of the end of the	me plan year (omy oemied	community plans	5c	10			
d(1) Total number of active participar				5d(1)	11			
d(2) Total number of active participal	nts at the end of the plan year	·	***********************************	5d(2)	10			
e Number of participants that termin less than 100% vested	ated employment during the p	plan year with accrued ber	nefits that were	5e	0			
Caution: A penalty for the late or inc				ause is establishe	d.			
Under penalties of perjury and other p SB or Schedule MB completed and sig belief, it is true, correct, and complete	enalties set forth in the instruction and by an enrolled action, a	ctions. I declare that I have	e examined this return/r	eport, including, if	applicable, a Schedule			
SIGN	21/1/	P	Scott L. Ray D.	0.				
HERE Signature of plan administ	Alor	Date	Enter name of individu	al signing as plan	administrator			
	1/1/	フ	Scott L. Ray D.					
SIGN HERE Signature of employer plan	Spensor	Date	Enter name of Individu		oyer or plan sponsor			
Preparer's name (including-firm name Skip this question				Preparer's teleph Skip this qu	one number			

	Form 5500-SF 2016		Page 2							
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)	*******			********		ХYе	s No
b	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	nd conditi	ons.)	*******	********	*******		•••••	XYe	s No
	If you answered "No" to either line 6a or line 6b, the plan cannot	ot use For	m 5500-SF and must ins	stead	use	Form	5500.			
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section	on 40	21)?	*******	Yes	s 🗆 N	lo 🗌 Not	determined
P;	art III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning o	f Yea	r			(b) En	d of Year	
a	Total plan assets	7a	30	06,6	99				40	4,421
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	30	06,6	99				40	4,421
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b)	Total	
а	Contributions received or receivable from:	9-(4)		28,3	26					
	(1) Employers	8a(1)	 	76,5				100		
	(2) Participants	8a(2)		, 0 , 3						
	(3) Others (including rollovers)	8a(3) 8b	,	24,3	63					
C		8c	-	14,3	03				10	0.010
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	00							12	9,218
	to provide benefits)	8d	2	27,6	70					
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		3,8	26					
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				31,496				1,496
i	Net income (loss) (subtract line 8h from line 8c)	8i				97,7				7,722
ī	Transfers to (from) the plan (see instructions)	8j								
Pa	art IV Plan Characteristics									
_	If the plan provides pension benefits, enter the applicable pension fe	eature cod	es from the List of Plan C	harad	terist	ic Co	des in t	he instru	uctions:	
	2E 2F 2G 2J 2K 2T 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature code	s from the List of Plan Ch	aract	eristic	Code	es in th	e instruc	ctions:	
P:	nt V Compliance Questions	······································								
10	During the plan year:				Yes	No	N/A		Amount	<u> </u>
a		tions withi	n the time period	Γ		1				
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo									
	Program)	-	· ·	10a		x				
Ŀ	Were there any nonexempt transactions with any party-in-interest									
	reported on line 10a.)			10b		X				
				10c	х	<u> </u>				50,000
	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 the plan? (See instructions.)	e or all of	the benefits under	10e	x					3,826
f	Has the plan failed to provide any benefit when due under the plan	n?	**************	10f		х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		х				
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 2520.101			10i						

Form	5500-SF 2016 Page	3 -				•		
THE STREET PROJECT PROSPERSOR AND THE								
	Pension Funding Compliance					r		
11 Is this a (Form 55	defined benefit plan subject to minimum funding requirements? (If "Yes," see instru	ictions an	d complete S	Schedul	e SB *********	☐ Yes	X	No
	e unpaid minimum required contributions for all years from Schedule SB (Form 550)			11a	<u></u>			
	defined contribution plan subject to the minimum funding requirements of section 4			tion 30:	2 of	☐ Yes	X	No
(if "Yes	," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					L		
	er of the minimum funding standard for a prior year is being amortized in this plan y the waiver				er the date ay	of the lette Year	r ruling)
If you comp	leted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and sl	kip to line	e 13.		γ			
b Enter the	e minimum required contribution for this plan year	***********		12b				
	amount contributed by the employer to the plan for the plan year			12c				
	the amount in line 12c from the amount in line 12b. Enter the result (enter a minus amount)			12d				
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 re	solution to terminate the plan been adopted in any plan year?				Yes	X No		
If "Yes,"	enter the amount of any plan assets that reverted to the employer this year	*****	***********	13a				
	the plan assets distributed to participants or beneficiaries, transferred to another plant of the PBGC?					Yes X	No	
C If, during	this plan year, any assets or liabilitles were transferred from this plan to another places or liabilities were transferred. (See instructions.)							
·	ne of plan(s):		13c(2)	EIN(s)		13c(3)	PN(s)	
		l						
Dart VIII	Trust Information - Skip These Questions	l·						
14a Name o				14t	Trust's El	N		
1-14 Hame o								
14c Name o	f trustee or custodian			140	Trustee	r custodiar	's	
rero realizado					telephone	e number		
Part IX	IRS Compliance Questions - Skip These Questions							
	an a 401(k) plan? If "No," skip b.			Yes	***************************************	☐ No	***************************************	
				Design-	based	"Pri	or year	" ADP
401(k)(3	the plan satisfy the nondiscrimination requirements for employee deferrals under s) for the plan year? Check all that apply:	i		safe ha		test	•	
	,			"Curren	•	☐ N/A		
				ADP tes	st			
	sting method was used to satisfy the coverage requirements under section 410(b) for the coverage requirement and the coverage requirements under section 410(b) for the coverage requirements under section 410(b) for the coverage requirements under section 410(b) for the coverage requirements under section 410(b)			Ratio percent	age 🔲	Average benefit tes	, 🗆	N/A
16h nu u	plan satisfy the coverage and nondiscrimination requirements of sections 410(b) an	rd 401/5\/		test				
for the p	lan year by combining this plan with any other plan under the permissive aggregation	on rules?	······	Yes		☐ No		
17a If the pla	an is a master and prototype plan (M&P) or volume submitter plan that received a fa r/ and serial number	avorable I	RS opinion I	etter or	advisory le	tter, enter t	he date	e of
	an is an individually-designed plan that received a favorable determination letter from	m the IRS	s, enter the d	late of the	ne most re	cent determ	ination	1
18 Defined Were ar	Benefit Plan or Money Purchase Pension Plan Only: ny distributions made during the plan year to an employee who attained age 62 and			om	Yes	☐ No		
	y plan participant a 5% owner who had attained at least age 70 ½ during the prior p				Yes	☐ No		

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