-	m 5500-SF	Short Form Annu	OMB Nos. 1210-0110 1210-0089			
	rtment of the Treasury nal Revenue Service	This form is required to be file	Benefit Plan d under sections 104 and	4065 of the Employee Retirem	ent <b>2016</b>	
	epartment of Labor enefits Security Administration	Income Security Act of 1974	(ERISA), and sections 609 Revenue Code (the Code	57(b) and 6058(a) of the Intern e).	This Form is Open to	
Pension Be	enefit Guaranty Corporation			ructions to the Form 5500-SI	Public Inspection	
Part I		dentification Information cal plan year beginning 01/01/2	016	and ending 11/30/20	016	
FOI Calenda	ar plan year 2016 or fisc	X a single-employer plan			checking this box must attach a	
A This ret	urn/report is for:	a one-participant plan		mployer information in accorda	-	
<b>B</b> This retu	urn/report is	the first return/report an amended return/report	X the final return/report X a short plan year return	rn/report (less than 12 months)		
C Check	box if filing under:	Form 5558	automatic extension		VC program	
	-	special extension (enter descr	,			
Part II		mation—enter all requested int	formation			
<b>1a</b> Name JOSEPH C.	of plan SCHIRO, M.D. RETIRE	MENT PLAN		10	Three-digit plan number (PN) ▶ 001	
				1c	Effective date of plan 01/01/2013	
Mailing	g address (include room	er, if for a single-employer plan) , apt., suite no. and street, or P.C , country, and ZIP or foreign post			Employer Identification Number (EIN) 20-5380397	
	SCHIRO, M.D., F.A.C.S	2c	2c Sponsor's telephone number 941-955-2913			
1762 HAWTH SARASOTA,	HORNE STREET, STE FL 34239	4		2d	Business code (see instructions) 621111	
3a Plan a	dministrator's name and	l address 🛛 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 this plan, enter the <b>4b</b>	EIN	
	, Env, and the plan hum or's name	ber from the last return/report.		4c	PN	
· · · · ·		at the beginning of the plan year			a 2	
_		at the end of the plan year			<b>)</b> 0	
C Numb	er of participants with a	ccount balances as of the end of	the plan year (only defined	d contribution plans 5	;	
	,	icipants at the beginning of the pl			1) 2	
<b>d(2)</b> Tot	al number of active part	icipants at the end of the plan yea	ar		2)	
		erminated employment during the			<b>;</b>	
Caution: A	penalty for the late of	r incomplete filing of this return	n/report will be assessed	I unless reasonable cause is		
SB or Sche		d signed by an enrolled actuary, a			cluding, if applicable, a Schedule to the best of my knowledge and	
SIGN	Filed with authorized/va	alid electronic signature.	09/15/2017	DANIELA SCHIRO		
HERE	Signature of plan ad	ministrator	Date	Enter name of individual sig	ning as plan administrator	
SIGN						
HERE	Signature of employ		Date		ning as employer or plan sponsor	
Preparer's	name (including firm na	me, if applicable) and address (ir	nclude room or suite numb	er) Prep	arer's telephone number	
		oco the Instructions for Form FEO			Form 5500 SE (2016)	

6a b c											
Pa	Part III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year							
а	Total plan assets	7a	388503	0							
b	Total plan liabilities	7b									
C	Net plan assets (subtract line 7b from line 7a)	7c	388503	0							
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total							
а	Contributions received or receivable from: (1) Employers	8a(1)	0								
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	-3094								
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		-3094							
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	385357								

h	Total e	expenses (add lines 8d, 8e, 8f, and 8g)	8h		385409						
i	Net in	come (loss) (subtract line 8h from line 8c)	8i		-388503						
j	Transf	ers to (from) the plan (see instructions)	8j								
Pa	rt IV	Plan Characteristics									
9a	If the	f the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions;									

8e

8f

8g

52

		pension	benefits,	enter the	applicable	pension fe	ature coc	les from the	e List of Plan	Characteristic	Codes i	n the instr	uctions:
1A	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

e Certain deemed and/or corrective distributions (see instructions)

f Administrative service providers (salaries, fees, commissions)....

g Other expenses.....

10	During the plan year:		Yes	No	N/A	Amount
а	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)	10a		Х		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х		
C	Was the plan covered by a fidelity bond?	10c		Х		
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х		
е	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		
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		Х		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h				
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				

Part	VI	Pension Funding Compliance					
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co m 5500) and line 11a below)					Yes No
11a	Ente	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a		
12		nis a defined contribution plan subject to the minimum funding requirements of section 412 of the Co					Yes 🗙 No
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instr	ruction	s, and	enter t	he date	of the letter ruling
	<u> </u>	ting the waiver			_ Day		Year
		ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1			4.01		
b	Enter	the minimum required contribution for this plan year			12b		
C		the amount contributed by the employer to the plan for this plan year			12c		
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le ative 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 resolution to terminate the plan been adopted in any plan year?				X Ye	s 🗌 No
	lf "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 brough rol of the PBGC?					X Yes 🗌 No
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)	y the p	lan(s)	to		
1	3c(1)	Name of plan(s):	1	3c(2)	EIN(s)		<b>13c(3)</b> PN(s)
_							
Part					4.41		
14a	Name	e of trust			<b>14b</b> ⊺	rust's l	EIN
14c	Name	e of trustee or custodian					's or custodian's ne number
14c Part							
Part	t IX	e of trustee or custodian		Yes			ne number
Part 15a 15b	t <b>IX</b> Is the How	e of trustee or custodian IRS Compliance Questions e plan a 401(k) plan? If "No," skip b did the plan satisfy the nondiscrimination requirements for employee deferrals under section		Desigr safe h	n-based arbor	lelepho	ne number
Part 15a 15b	t <b>IX</b> Is the How 401(k	e of trustee or custodian IRS Compliance Questions e plan a 401(k) plan? If "No," skip b did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		Desigr safe h	n-based arbor nt year'	lelepho	ne number
Part 15a 15b	t <b>IX</b> Is the How 401(k	e of trustee or custodian IRS Compliance Questions e plan a 401(k) plan? If "No," skip b did the plan satisfy the nondiscrimination requirements for employee deferrals under section		Desigr safe h 'Curre	n-based arbor nt year' əst	I [	No Prior year" ADP test
Part 15a 15b 16a 16b	t IX Is the How 401(k Wha year Did t for th	e of trustee or custodian IRS Compliance Questions e plan a 401(k) plan? If "No," skip b did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply: t testing method was used to satisfy the coverage requirements under section 410(b) for the plan ? Check all that apply: he 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?		Desigr safe h 'Curre ADP to Ratio perce test Yes	n-based arbor nt year' est ntage	I [	ne number
Part 15a 15b 16a 16b 17a	t IX Is the How 401(k Wha year Did t for th If the the la	IRS Compliance Questions     IRS Compliance Questions     plan a 401(k) plan? If "No," skip b      did the plan satisfy the nondiscrimination requirements for employee deferrals under section     (3) for the plan year? Check all that apply:      t testing method was used to satisfy the coverage requirements under section 410(b) for the plan ? Check all that apply:      he plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4)     ie plan year by combining this plan with any other plan under the permissive aggregation rules?      plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS of     etter/ and the serial number		Desigr safe h 'Curre ADP to Ratio perce test Yes letter	n-based arbor nt year' est ntage or advis	I A b sory let	ne number          No         "Prior year" ADP         test         N/A         verage         enefit test         No         ter, enter the date of
Part 15a 15b 16a 16b 17a 17b	t IX Is the How 401(k Wha year Did t for th If the the la If the letter	IRS Compliance Questions     IRS Compliance Questions     plan a 401(k) plan? If "No," skip b      did the plan satisfy the nondiscrimination requirements for employee deferrals under section     ()(3) for the plan year? Check all that apply:      t testing method was used to satisfy the coverage requirements under section 410(b) for the plan ? Check all that apply:      he plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4)     re plan year by combining this plan with any other plan under the permissive aggregation rules?      plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS c     etter/		Desigr safe h 'Curre ADP to Ratio perce test Yes letter	n-based arbor nt year' est ntage or advis	I A b sory let	ne number          No         "Prior year" ADP         test         N/A         verage         enefit test         No         ter, enter the date of
Part 15a 15b 16a 16b 17a 17b 18	t IX Is the How 401(k Wha year Did t for th If the letter Defin Were	e of trustee or custodian         IRS Compliance Questions         e plan a 401(k) plan? If "No," skip b         did the plan satisfy the nondiscrimination requirements for employee deferrals under section		Design safe h 'Curre ADP te Ratio perce test Yes letter date o	n-based arbor nt year' est ntage or advis	I A b sory let	ne number          No         "Prior year" ADP         test         N/A         verage         enefit test         No         ter, enter the date of

										-				1010 0110
	SCH	EDULE S	B	S	-	• •	er Defin			it Plan		OM	B NO.	1210-0110
	(Fo	orm 5500)			A	Actua	rial Infor	matio	n				20	)16
		ment of the Treasu											20	/10
		al Revenue Service					be filed under Act of 1974 (E							
		efits Security Admi	nistration	Keure			evenue Code			1011 0059 01 11	ie			Open to Public ection
	Pension Ber	efit Guaranty Corp	oration		File as	s an attac	chment to For	m 5500 o	r 550	0-SF.				
For	calendar p	lan year 2016	or fiscal plar	n year beg		1/01/201				and ending	11/3	0/2016		
•	Round off	amounts to n	earest dolla	ar.										
	Caution: A	penalty of \$1,	,000 will be a	assessed f	for late filing o	f this repo	ort unless reas	onable ca	use is	s established				
	lame of pla								В	Three-dig	it			
J	OSEPH C.	SCHIRO, M.E	D. RETIREM	IENT PLA	N					plan num	per (PN	)		001
CF	lan sponso	or's name as sl	hown on line	2a of For	m 5500 or 55	00-SF			D	Employer I	dentifica	ation Numbe	r (FIN	1)
	•	SCHIRO, M.E									20-538		(	-)
Εт	ype of plan:	X Single	Multiple-A	A Mul	tiple-B		F Prior year	plan size:	X 10	00 or fewer	101-	500 More	e thar	n 500
P	art I E	Basic Infor	mation											
1		valuation date		Month	01 [	Day01	Year	2016						
2	Assets:	valuation date				Juy		2010	_					
-		value									2a			340004
	-	al value									2b			340004
3		arget/participa							Num	ber of	(2) Vested Funding			(3) Total Funding
3	runungı	aiyei/pailicipa		akuuwii					articip		. ,	Target		Target
	<b>a</b> For reti	red participant	ts and benefi	iciaries rec	ceiving payme	ent				0			0	
	<b>b</b> For terr	minated vested	d participants	s						2		31693	5	316935
	<b>c</b> For acti	ve participants	S							0			0	0
	<b>d</b> Total									2		31693	5	316935
4		n is in at-risk st							Π	I				
		g target disreg							-		. 4a			
		g target reflect	0.		•									
		or fewer than									<sup>5</sup> 4b			
5	Effective	interest rate												<b>5.96 %</b>
6	Target no	rmal cost									6			0
	-	Enrolled Actu	•											
á	accordance wit	h applicable law an	d regulations. In	n my opinion, e	each other assump									sumption was applied in uch other assumptions, in
		fer my best estimat	te or anticipated	experience u	nuer me plan.									
	SIGN													
F	IERE											09/14/2	2017	
			Się	gnature of	actuary							Date		
E	RIC P BRU	ST, MAAA, FO										14-067		
				r print nam	ne of actuary						Most r	ecent enrollr		
M	ATTHEWS	BENEFIT GR	OUP, INC.	<b>-</b> .					_		1	727-577		
7(	)1 94TH A\	/ENUE NORT	н	Firm na	me					Tel	ephone	number (inc	ludinę	g area code)
S	JITE 200													
5	I. FEIEKS	BURG, FL 33	102											
			A	Address of	the firm									
If the	actuary ha	s not fully refle	ected any reg	gulation or	ruling promu	lgated un	der the statute	in comple	eting t	his schedule	, check	the box and	see	Π
	ictions		,					_	5					

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.

Р	art II	Begir	nning of Year	Carryov	er and Prefunding Bal	ances								
							<b>(a)</b> C	arryover balance		<b>(b)</b> Pr	efundi	ng balai	nce	
7		0	0 1 2	••	able adjustments (line 13 from	•		C	)				0	
8				,	nding requirement (line 35 fro									
9	Amount	remaining	g (line 7 minus line	e 8)				C	)				0	
10	Interest	on line 9	using prior year's	actual retur	n of%			C	)				0	
11	Prior yea	ar's exces	ss contributions to	be added t	o prefunding balance:									
	<b>a</b> Prese	nt value c	of excess contribut	ions (line 3	8a from prior year)							16	081	
					over line 38b from prior year interest rate of $6.19$ %								995	
	• •		•		dule SB, using prior year's ac	tual							500	
	C Total a	available a	t beginning of curre	ent plan yea	r to add to prefunding balance							17	076	
	d Portion of (c) to be added to prefunding balance													
12	2 Other reductions in balances due to elections or deemed elections													
13	3 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)												0	
F	Part III Funding Percentages													
14       Funding target attainment percentage												10	07.27%	
15	Adjusted	d funding	target attainment	percentage							15	10	07.27%	
16					f determining whether carryo						16	13	<mark>35.73%</mark>	
17					less than 70 percent of the fu						17		%	
F	Part IV	Con	tributions and	d Liquidi	ity Shortfalls									
18					ar by employer(s) and employ									
(	<b>(a)</b> Dat MM-DD-Y		(b) Amount p employer	-	(c) Amount paid by employees	<b>(a)</b> Da (MM-DD-		(b) Amount pa employer(		(c)		nt paid   oyees	by	
(		,	0	(0)	0.11.03000	(	,	0	0)		0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
						Totals 🕨	18(b)			0 18(c)			0	
19	Discoun	ted emplo	oyer contributions	– see instru	uctions for small plan with a v	aluation dat	e after the	beginning of the y	ear:					
	a Contr	ibutions a	Illocated toward ur	npaid minim	num required contributions fro	om prior yea	rs	1	19a					
	<b>b</b> Contri	butions m	nade to avoid restr	ictions adju	usted to valuation date			1	19b					
	<b>c</b> Contri	butions all	located toward min	imum requir	red contribution for current year	adjusted to	valuation da	ate	19c					
20	20 Quarterly contributions and liquidity shortfalls:													
	<b>a</b> Did the plan have a "funding shortfall" for the prior year?											Yes	No	
	<b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a time							anner?				Yes	No	
<b>C</b> If line 20a is "Yes," see instructions and complete the following table as applicable:														
					Liquidity shortfall as of end	of quarter of								
		(1) 1s	t		(2) 2nd		(3) 3rd				(4) 4th			

Page 3

F	Part V	Assumpti	ons Used to Determin	e Funding Target and	Target Normal Cost							
21	Discount	t rate:										
	<b>a</b> Segm	ent rates:	1st segment: 4.43%	2nd segment: 5.91 %	3rd segment: 6.65 %		N/A, full yield curve used					
	<b>b</b> Applic	able month (er	nter code)			21b	3					
22						22	0					
		table(s) (see			Prescribed - separate	Substitu	ite					
	-											
		Miscellane										
24		•	•	arial assumptions for the curr								
25	Has a m	ethod change l	peen made for the current pla	n year? If "Yes," see instructi	ons regarding required attact	nment	Yes 🕺 No					
26	Is the pla	an required to p	provide a Schedule of Active F	Participants? If "Yes," see ins	ructions regarding required a	attachmen	tYes 🗙 No					
27			alternative funding rules, ente	r applicable code and see ins	tructions regarding	27						
Ρ	art VII	Reconcilia	ation of Unpaid Minim	um Required Contribu	tions For Prior Years							
28	Unpaid r	ninimum requir	ed contributions for all prior y	ears		28						
29			ontributions allocated toward		29							
30	Remaini	ng amount of u	npaid minimum required cont	ributions (line 28 minus line 2	9)	30	0					
Pa	art VIII	Minimum	<b>Required Contribution</b>	n For Current Year								
31	Target r	normal cost and	l excess assets (see instruction	ons):								
	a Target	normal cost (li	ne 6)			31a	0					
	<b>b</b> Exces	s assets, if app	licable, but not greater than li	ne 31a		31b						
32	Amortiza	ation installmen	ts:		Outstanding Bala	ince	Installment					
	a Net sh	ortfall amortiza	tion installment									
	<b>b</b> Waive	r amortization i	nstallment			1						
33				er the date of the ruling letter () and the waived amour		33						
34	Total fur	nding requireme	ent before reflecting carryover	/prefunding balances (lines 3	1a - 31b + 32a + 32b - 33)	34	0					
				Carryover balance	Prefunding bala	nce	Total balance					
35			e to offset funding				0					
36	Addition	al cash require	ment (line 34 minus line 35)			36	0					
37			•	ntribution for current year adju	•	37						
38	Present	value of excess	s contributions for current yea	r (see instructions)								
	<b>a</b> Total (	excess, if any,	of line 37 over line 36)			38a	0					
	-	n included in lir	ne 38a attributable to use of p	refunding and funding standa	d carryover balances	38b						
	<b>b</b> Portion		<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) <b>39</b> 0									
39			ed contribution for current yea	ar (excess, if any, of line 36 o	/er line 37)		0					
39 40	Unpaid r	minimum requir		ar (excess, if any, of line 36 o			0 0					
40	Unpaid r	ninimum requir ninimum requir	ed contributions for all years.			39 40	-					
40 Pa	Unpaid r Unpaid r <b>rt IX</b>	ninimum requir ninimum requir <b>Pension</b>	ed contributions for all years.	Pension Relief Act of 2		39 40	-					
40 Pa	Unpaid r Unpaid r <b>rt IX</b> If an elec	ninimum requir ninimum requir <b>Pension</b> ction was made	red contributions for all years . Funding Relief Under to use PRA 2010 funding rel	Pension Relief Act of 2	2010 (See Instructions	39 40 \$)	-					
40 Pa	Unpaid r Unpaid r rt IX If an elec a Sched	ninimum requir ninimum requir Pension tion was made ule elected	red contributions for all years . Funding Relief Under to use PRA 2010 funding rel	Pension Relief Act of 2	2010 (See Instructions	39 40 \$)	0 ] 2 plus 7 years 15 years					
40 Pa 41	Unpaid r Unpaid r rt IX If an elec a Sched b Eligible	ninimum requir ninimum requir Pension I ttion was made ule elected e plan year(s) f	ed contributions for all years . <b>Funding Relief Under</b> to use PRA 2010 funding rel or which the election in line 4	Pension Relief Act of 2	2010 (See Instructions	39 40 5)	0 ] 2 plus 7 years 15 years					

### Joseph C. Schiro, M.D. Retirement Plan

Summary of Actuarial Assumptions and Method Plan Year: 1/1/2016 to 12/31/2016 Valuation Date: 1/1/2016

		For Fu <u>Min</u>	nding <u>Max</u>	For Act	uarial Equivalence
	- ·				
Interest Rates	Seg 1:	4.43%	1.35%	Seg 1:	1.61%
	Seg 2:	5.91%	4.01%	Seg 2:	4.02%
	Seg 3:	6.65%	5.04%	Seg 3:	5.03%
Pre-Retirement					
Turnover	None			None	
Mortality	None			None	
Assumed Ret Age	Normal	l retiremen	nt age 65		
Post-Retirement					
Mortality		pplicable 1 2015-53	Mortality Table from	2016 Ap Notice 2	pplicable Mortality Table from 015-53
Assumed Benefit Form Fo	or Fundin	g		Lump S	um
Calculated Effective Inter	est Rate			5.96%	
Actuarial Cost Method				by the P funding benefits,	t Credit funding method was used as prescribed ension Protection Act. This method sets the target equal to the present value of accrued , and sets the normal cost equal to the present the benefit accrued in the current year.

#### Maximum Deduction Limit

Loading factor for plans eligible to use the special rule under IRC 404(o)(2)(B): Percent Load: 4.00% \$ per Participant Load \$700.00

An actuarial value of assets is used for funding purposes. This year the actuarial value of assets is 100.0% of the market value of assets.

For	m 5500-SF	Short Form Annua		of Small Emplo	yee	OMB Nos. 1210-0110 1210-0089		
	ment of the Treasury al Revenue Service	This form is required to be filed	Benefit Plan	)65 of the Employee Re	tirement		2016	
Employee Be	partment of Labor nefits Security Administration	Income Security Act of 1974		(b) and 6058(a) of the I			orm is Open to ic Inspection	
	nefit Guaranty Corporation	Complete all entries in a	ccordance with the instru	ictions to the Form 550	00-SF.			
For calenda		dentification Information cal plan year beginning 01/01/2010	6	and ending 11/30	)/2016			
		X a single-employer plan	a multiple-employer pla			king this bo	x must attach a	
A This retu	urn/report is for:	a one-participant plan		bloyer information in acc		÷		
<b>B</b> This retu	rn/report is	the first return/report	X the final return/report					
	L	an amended return/report	X a short plan year return	/report (less than 12 mo	onths)			
C Check b	oox if filing under:	X Form 5558	automatic extension	[	DFVC p	rogram		
		special extension (enter descri	iption)		_			
Part II	<b>Basic Plan Infor</b>	mation—enter all requested info	ormation					
<b>1a</b> Name of Joseph C. So	of plan chiro, M.D. Retirement f	Plan			1b Thre plan (PN)	number	001	
				-	1c Effec	ctive date o	f plan	
2a Plan sp	onsor's name (employe	er, if for a single-employer plan)					fication Number	
Mailing	address (include room	, apt., suite no. and street, or P.O				) 20-53803		
	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) oseph C. Schiro, M.D., F.A.C.S., P.L.						hone number 955-2913	
					2d Busi	ness code	(see instructions)	
1762 Hawtho	orne Street, Ste 4				6211	11		
Sarasota, FL	24220							
		d address 🕅 Same las Plan Spon	isor.		3b Adm	inistrator's	EIN	
				_				
					3c Adm	inistrator's	telephone number	
4 If the n	ame and/or EIN of the	nlan anonaar baa abanaad ainaa d	the last return/report filed fo	r this plan, optor the	46 EN			
		plan sponsor has changed since t ber from the last return/report.	the last return/report filed to	r this plan, enter the	4b EIN			
a Sponso	or's name				<b>4c</b> PN			
5a Total r	number of participants a	at the beginning of the plan year			5a		2	
<b>b</b> Total r	number of participants a	at the end of the plan year			5b		0	
		ccount balances as of the end of t			5c			
	,	ticipants at the beginning of the pla		F	5d(1)		2	
• •		ticipants at the end of the plan yea	-	F	5d(2)		0	
		erminated employment during the		-				
than '	100% vested				5e			
Under pena SB or Sche	alties of perjury and othe edule MB completed and	r incomplete filing of this return er penalties set forth in the instruc d signed by an enrolled actuary, a	ctions, I declare that I have	examined this return/rep	oort, includ	ling, if appli		
	Dow do N Sc		09/15/17	Daniela Schiro				
SIGN HERE	Signature of plan ad		Date	Enter name of individu		as plan ad	ministrator	
RICH	Signature of plan au		Date		ual signing	as plan au	ministrator	
SIGN HERE								
	Signature of employ name (including firm na	<b>/er/plan sponsor</b> ame, if applicable) and address (ir	Date	Enter name of individu	TT	as employ s telephone		
							2	

62	Were all of the plan's assets during the plan year invested in eligib	la assats?	(See instructions )					X Yes 🗌 N	No
-	Are you claiming a waiver of the annual examination and report of		· ,						
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility								No
c	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 in								ha
	rt III Financial Information		iogram (See Errior Se		021):		103		<u>u</u>
<u>га</u> 7	Plan Assets and Liabilities		(a) Paginping	of Voor				(b) End of Voor	
		70	(a) Beginning (	38850	3			(b) End of Year	
	Total plan assets Total plan liabilities	7a 7b		00000					
	Net plan assets (subtract line 7b from line 7a)	70 70		38850	)3				
8	Income, Expenses, and Transfers for this Plan Year	70	(a) Amoun					(b) Total	
	Contributions received or receivable from:							(5) 10(a)	
	(1) Employers	8a(1)			0				
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)			_				
b	Other income (loss)	8b		-309	94				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-3094	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		38535	57				
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g		5	2				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						385409	
i	Net income (loss) (subtract line 8h from line 8c)	8i						-388503	
j	Transfers to (from) the plan (see instructions)	8j							
Pa	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 1A 3D	feature co	des from the List of Pl	an Char	acteris	stic Co	des in	the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	cterist	ic Cod	les in t	he instructions:	
Par	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 contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	10-		х			
h	Program) Were there any nonexempt transactions with any party-in-interest			10a					
	reported on line 10a.)			10b		Х			
C	Was the plan covered by a fidelity bond?			10c		Х			
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?		10d		х				
e	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.)	the benefits under	10e		х				
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount a	end.)	10g		Х				
h		id the plan have any participant loans? (If "Yes," enter amount as of year-end.) this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 520.101-3.)							

10i

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 .....

Page **3-** 1

rait	VI	Pension Funding Compliance							
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co m 5500) and line 11a below)					[>	< Yes	No
11a	Ente	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
12		nis a defined contribution plan subject to the minimum funding requirements of section 412 of the Coo					ΙΓ	Yes	X No
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					··		
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction ting the waiver		ns, and	enter t Day		of the I Ye		ling
lfy	<u> </u>	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 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				
	Subt	tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the lef ative amount)	ft of a		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?				X Yes	s	No	
	lf "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 brough rol of the PBGC?					X Yes	۱ 🗌 ۲	lo
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th assets or liabilities were transferred. (See instructions.)	y the p	olan(s)	to				
1	3c(1)	Name of plan(s):		13c(2)	EIN(s)		13	<b>ic(3)</b> P	N(s)
Dest		Truck la farmation							
Part		Trust Information			446 7		- 1 . 1		<u> </u>
14a	Name	e of trust			140	Frust's E	=IIN		
14c	Name	e of trustee or custodian					s or cus ne numl		S
14c Part		e of trustee or custodian IRS Compliance Questions							s
Part	t IX			Yes					s
Part 15a 15b	t <b>IX</b> Is the	IRS Compliance Questions e plan a 401(k) plan? If "No," skip b did the plan satisfy the nondiscrimination requirements for employee deferrals under section		Desigi safe h	n-based arbor	lelepho	ne numl		
Part 15a 15b	t <b>IX</b> Is the How 401(k	IRS Compliance Questions e plan a 401(k) plan? If "No," skip b did the plan satisfy the nondiscrimination requirements for employee deferrals under section c)(3) for the plan year? Check all that apply:		Desigi safe h	n-basec arbor ent year'	lelepho	ne numl	ber	
Part 15a 15b	t <b>IX</b> Is the How 401(k	IRS Compliance Questions e plan a 401(k) plan? If "No," skip b did the plan satisfy the nondiscrimination requirements for employee deferrals under section		Desigi safe h "Curre ADP to Ratio	n-basec arbor ent year'	ielephor I [ · [ · A	No No No Lest	or year"	
Part 15a 15b 16a 16b	t <b>IX</b> Is the How 401(k What year	IRS Compliance Questions         e plan a 401(k) plan? If "No," skip b         did the plan satisfy the nondiscrimination requirements for employee deferrals under section .)(3) for the plan year? Check all that apply:         t testing method was used to satisfy the coverage requirements under section 410(b) for the plan ? Check all that apply:         he plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4)		Desigi safe h "Curre ADP te Ratio perce	n-basec arbor nt year' est	ielephor I [ · [ · A	No No N/A Verage	or year"	ADP
Part 15a 15b 16a 16b	t IX Is the How 401(k What year? Did th for th	IRS Compliance Questions  a plan a 401(k) plan? If "No," skip b did the plan satisfy the nondiscrimination requirements for employee deferrals under section ()(3) for the plan year? Check all that apply: t testing method was used to satisfy the coverage requirements under section 410(b) for the plan ? Check all that apply: the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) te plan year by combining this plan with any other plan under the permissive aggregation rules? plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS o		Design safe h "Curre ADP to Ratio perce test Yes	n-basec arbor nt year' est ntage	I [	No No N/A N/A verage enefit te No	or year" st	ADP
Part 15a 15b 16a 16b 17a	t <b>IX</b> Is the How 401(k What year Did tt for th If the the le	IRS Compliance Questions         a plan a 401(k) plan? If "No," skip b		Design safe h "Curre ADP to Ratio perce test Yes	n-basec arbor nt year est ntage or advis	I [ A books of the second seco	No No N/A N/A Verage enefit te N/A No	or year" st	ADP
Part 15a 15b 16a 16b 17a 17b	t IX Is the How 401(k What year? Did th for th If the the le letter Defin Were	IRS Compliance Questions         a plan a 401(k) plan? If "No," skip b	ppinior	Design safe h "Curre ADP to Perce test Yes h letter	n-basec arbor nt year est ntage or advis	sory lett	No No N/A N/A Verage enefit te N/A No	or year" st	ADP

SCHEDU	LE SB	Single-Em	ploy	er Define	d Ber	nefi	t Plan			OMB N	lo. 1210-0110	
(Form 5	500)			ial Inforr				Ì	2016			
Department of th Internal Revenu											2010	
Department o Employee Benefits Secu		<ul> <li>This schedule is required to be filed under section 104 of the Employee</li> <li>Retirement Income Security Act of 1974 (ERISA) and section 6059 of the</li> <li>Internal Revenue Code (the Code).</li> </ul>									s Open to Public	
Pension Benefit Guara				•						Ins	spection	
For calendar plan yea	r 2016 or fiscal plai		an aπacr 1/01/201	nment to Forn	n oou or	. 2200	and endin	a 11	/30/201	6		
Round off amour								a		•		
Caution: A penalt	y of \$1,000 will be a	assessed for late filing of	this repo	rt unless reasc	nable cau	use is	establishee	d.				
A Name of plan	В	Three-dig	git			001						
Joseph C. Schiro, N	Joseph C. Schiro, M.D. Retirement Plan										001	
C Plan sponsor's nan	e as shown on line	2a of Form 5500 or 5500	D-SF			D	Employer	Identific	ation N	umber (E	EIN)	
Joseph C. Schiro, N	I.D., F.A.C.S., P.L.					20	-5380397			,	,	
							-					
E Type of plan: 🗙 Si	ngle Multiple-/	A Multiple-B	- 22	F Prior year p	lan size:	X 10	0 or fewer	101	-500	More th	ian 500	
Part I Basic	Information											
1 Enter the valuation	on date:	Month Da	ay	Year					-			
2 Assets:												
								. 2a			34000	
_								2b			34000	
3 Funding target/p	articipant count bre						lumber of ( ticipants		(2) Vested Funding Target		(3) Total Funding Target	
a For retired par	ticipants and benef	iciaries receiving paymen	ıt				0			0	0	
<b>b</b> For terminated	vested participant	s					2	316935		31693		
<b>c</b> For active part	icipants						0 ;	0				
<b>d</b> Total							2	316935 3		31693		
		the box and complete line				Π	- 1					
a Funding target	disregarding preso	cribed at-risk assumptions	\$	*****				4a				
		ssumptions, but disregard							74			
		tive years and disregardi								-		
•								5			5.96 %	
Statement by Enrolle								6				
To the best of my knowle accordance with applical	edge, the information suppole law and regulations. In	blied in this schedule and accomp my opinion, each other assumpti experience under the plan.	anying sche on is reasor	dules, statements a table (taking into ac	and attachme ccount the ex	ents,if a operienc	ny, is complete e of the plan a	e and accu nd reason	irate. Each able expec	n prescribed ctations) and	l assumption was applied in d such other assumptions, li	
SIGN HERE		<						0/	4/1	7		
	Si	gnature of actuary						(1'		Date		
		<sup>P</sup> Brust, MAAA, FCA							14	4-06770		
	Туре о	r print name of actuary						Most			nt number	
		ws Benefit Group, Inc.								) 577-70		
		Firm name				_	Te	lephone			ling area code)	
	701	94th Avenue North										
	01 0	Suite 200										
		etersburg, FL 33702				-						

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.

in the second second

Schedule SB (Form 5500) 2016 v. 160205

P	art II	Begin	ning of Year	Carryov	ver and Prefunding Bal	lances									
								<b>(a)</b> C	arryover balanc	е		<b>(b)</b> Pr	efundir	ng bala	nce
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)									0					
8			use to offset prio												
9	Amount	remaining	ı (line 7 minus line	e 8)						0					0
10	Interest	on line 9 ι	using prior year's a	actual retu	rn of%					0					0
11					to prefunding balance:										
	<b>a</b> Prese	nt value o	f excess contribut	ions (line :	38a from prior year)										16081
	<b>b(1)</b> In Sc	terest on t chedule SE	he excess, if any, 3, using prior year	of line 38a 's effective	a over line 38b from prior year interest rate of $\frac{6.19}{\%}$	)									005
	• • •		•		edule SB, using prior year's a	ctual									995
	C Total a	available at	beginning of curre	ent plan yea	ar to add to prefunding balance										17076
	<b>d</b> Portic	on of (c) to	be added to prefu	unding bal	ance										
12	Other re	ductions i	n balances due to	elections	or deemed elections										
13	Balance	at beginn	ing of current yea	r (line 9 +	line 10 + line 11d – line 12)					0					0
F	Part III	Fun	ding Percenta	ages											
14	Funding	target att	ainment percentag	ge									14	10	7.27 %
	15 Adjusted funding target attainment percentage									7.27 %					
	16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement									5.73 %					
17										%					
F	Part IV Contributions and Liquidity Shortfalls														
				-	ar by employer(s) and employ	/ees:									
	<b>(a)</b> Dat		(b) Amount p	•	(c) Amount paid by	•	) Date		(b) Amount						by
(	MM-DD-Y	YYY)	employer	s)	employees	(MM-E	DD-YY	YYY)	employe	er(s)	—	employees			
											+				
											-+				
						Totals		18(b)			0	18(c)			0
10	Diagour	tod omplo	vor contributions	ana inatr	uctions for small plan with a v			. ,	boginning of the		Ū	10(0)			0
13					ructions for small plan with a v num required contributions fro				F	19a	1				
				•	•	•	•		-	19b	+				
	b Contributions made to avoid restrictions adjusted to valuation date														
20			tions and liquidity	-		aujusiel	a io va	iuauon u	ai <del>c</del>	130					
20		,	, ,		e prior year?									Yes	No
		•	-		installments for the current ye									Yes	
					-			nneiy ma	annei (				·····	162	No
	U IT IINE	ZUAIS YE		is and cor	nplete the following table as a Liquidity shortfall as of end			nis plan v	vear						
		(1) 1st			(2) 2nd				3rd			(4	4) 4th	1	

2017-09-14T10:12:02.376-05:00

Page 3

F	Part V	Assumpti	ions Used to Det	termine	e Funding Target ar	nd Targ	et Normal Cost		
21	Discoun	t rate:							
	<b>a</b> Segm	nent rates:	1st segment 4.43	5		3rd segment: 6.65 %		N/A, full yield curve used	
	b Applicable month (enter code)								3
22	Weighte	d average retir	ement age					22	0
23	Mortality	table(s) (see	instructions)	X Pres	cribed - combined	Presc	ribed - separate	Substit	ute
Pa	-	Miscellane					<u> </u>	<u></u>	
24	Has a ch	nange been ma	ade in the non-prescri	bed actua	arial assumptions for the o	current pl	an vear? If "Yes." see i	nstructior	is regarding required
									Yes X No
25	Has a m	ethod change	been made for the cu	rrent plar	n year? If "Yes," see instru	uctions re	egarding required attach	ment	Yes 🗶 No
								ittachmer	ntYes 🗙 No
27	•	•	-		r applicable code and see			27	
	art VII				um Required Contri				Γ
					ears			28	
29					unpaid minimum required			29	
30	Remaini	ng amount of ι	unpaid minimum requi	ired contr	ibutions (line 28 minus lin	e 29)		30	0
Pa	art VIII	Minimum	<b>Required Contri</b>	ibution	For Current Year				
31	Target r	normal cost and	d excess assets (see	instructio	ns):				
	a Target	normal cost (li	ne 6)					31a	0
	<b>b</b> Exces	s assets, if app	blicable, but not greate	er than lir	ne 31a			31b	
32	Amortiza	ation installmer	nts:				Outstanding Bala	nce	Installment
	<b>a</b> Net sh	nortfall amortiza	ation installment						
	<b>b</b> Waive	er amortization	installment						
33					r the date of the ruling let			33	
34	Total fur	ndina reauirem	ent before reflecting c	arrvover/	prefunding balances (line	s 31a - 3	1b + 32a + 32b - 33)	34	0
			g -		Carryover balance		Prefunding balar	nce	Total balance
35	Polonoo	a alastad for ur	se to offset funding		-				
35			se to onset funding						0
36	Addition	al cash require	ment (line 34 minus li	ine 35)				36	0
37	Contribu	itions allocated	toward minimum req	uired con	tribution for current year a	adjusted	to valuation date (line	37	
38	,		s contributions for cur						
					(000			38a	0
								38b	
39									
40									0
	rt IX				Pension Relief Act of			5)	<u> </u>
41	If an elec		e to use PRA 2010 fur				-		
									2 plus 7 years 15 years
	<b>b</b> Eligibl	e plan year(s)	for which the election	in line 41	a was made			20	008 2009 2010 2011
42								42	
					over to future plan years.			43	
								-	I

Attachment to 2016 Schedule SB, Line 22 - Description of Weighted Average Retirement Age EIN: 20-5380397 PN: 001

### Joseph C. Schiro, M.D. Retirement Plan

Weighted Average Retirement Age Plan Year: 1/1/2016 to 12/31/2016 Valuation Date: 1/1/2016

Assumed Retirement Age - 100% of the participants are assumed to retire at the date the plan's normal retirement age is attained, which is defined as:

Attainment of age 65

Participants who have passed their Normal Retirement Date as defined above are assumed to retire on the valuation date.

Weighted average retirement age 74

# Joseph C. Schiro, M.D. Retirement Plan

Summary of Plan Provisions Plan Year: 1/1/2016 to 12/31/2016 Valuation Date: 1/1/2016

Plan Effective Date	January 1, 2013							
Plan Year	From January 1, 2016 to December 31, 2016							
Eligibility	All employees not excluded by class are eligib January 1 or July 1 coincident with or followir the following requirements:							
	1 year of service Minimum age 21							
Normal Retirement Age	All participants are eligible to retire with their on attainment of age 65	full retirement benefit						
Normal Retirement Benefit	Upon normal retirement each participant will payable in the normal form equal to the follow							
	10% of average compensation per credited maximum of 10 years. Credited years are first day of the plan year containing date of years with less than 1,000 hours.	plan years from the						
	The maximum monthly benefit is the lesser of the highest 3-year average salary, subject to se							
	The benefit is based on average salary during consecutive years of service from date of hire.	the highest 3						
Normal Form of Benefit	A benefit payable for the life of the participant	t						
Accrued Benefit	The normal retirement benefit described above salary and/or service on the calculation date, a normal retirement date.							
	Credited years are plan years from the first day containing date of entry excluding the following							
	Years before January 1, 2013 Years with less than 1,000 hours							
Termination Benefit	Upon termination for any reason other than departicipant shall be entitled to a portion of the his accrued benefit in accordance with the foll schedule:	actuarial equivalent of						
	<b><u>Credited Years</u></b>	Vested Percent						
	<u>1</u>	<u>vesteu Fercent</u> 0						
	2	20						
	3	40						
	4	60						
	5	80						
	6	100						

6

100

# Joseph C. Schiro, M.D. Retirement Plan

Summary of Plan Provisions Plan Year: 1/1/2016 to 12/31/2016 Valuation Date: 1/1/2016

	Credited years are 12-month periods from date of hire to the anniversaries of date of hire excluding the following:
	Years with less than 1,000 hours
Top-Heavy Status	A plan is top-heavy if over 60% of the value of all accrued benefits in all of the employer's plans are for the benefit of key employees. A key employee is generally an officer or owner of the company. This plan is currently not top-heavy.
Death Benefit	Actuarial Equivalent of the accrued benefit earned to date of death