## 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.

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2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I	Annual Report	t Identification Information										
For calend	ar plan year 2016 or f	fiscal plan year beginning 01/01/20	016		and ending 12	2/31/2	016					
A This re	turn/report is for:	X a single-employer plan				ver) (Filers checking this box must attach a in accordance with the form instructions.)						
	·	a one-participant plan	a foreign plan									
<b>B</b> This retu	urn/report is	the first return/report		final return/report								
		an amended return/report	a sh	nort plan year return	/report (less than 12 m	onths	)					
C Check	box if filing under:	Form 5558	ш	tomatic extension		DI	FVC program					
	Special extension (enter description) HURRICANE IRMA EXT UNTIL 1/31/2018											
Part II		ormation—enter all requested info	formatio	n		41		T				
1a Name	of plan T EYE INSTITUTE, P	2A 401(K) PLAN				10	Three-digit plan number					
SOUTHEAS	T LTL INSTITUTE, T	A 401(R) I LAN					(PN) ▶	001				
			1c	Effective date of	f plan							
								1/2016				
		oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O	). Box)			2b	Employer Identif	fication Number				
		ce, country, and ZIP or foreign posta	al code	(if foreign, see instru	uctions)	2c	Sponsor's telep	hone number				
SOUTHEAS	T EYE INSTITUTE, P	'A				727-541-4469						
						2d	Business code (	see instructions)				
9375 66TH S	STREET N. PARK, FL 33782					621320						
INCLEAGE	AITT, 1 L 33702											
3a Plan a	dministrator's name a	and address X Same as Plan Spon	nsor.			3b	Administrator's I	EIN				
						3с	Administrator's t	telephone number				
		ne plan sponsor has changed since tumber from the last return/report.	the last	return/report filed fo	r this plan, enter the	4b EIN						
	or's name					4c	PN					
<b>5a</b> Total	number of participants	s at the beginning of the plan year				5	а	32				
<b>b</b> Total	number of participants	s at the end of the plan year				5	b	50				
	er of participants with	account balances as of the end of t	the plan	year (only defined	contribution plans	5	С	45				
	,	articipants at the beginning of the pla	an year.			5d	(1)	32				
<b>d(2)</b> Tot	al number of active pa	articipants at the end of the plan yea	ar			5d	(2)	45				
		t terminated employment during the				5e						
Caution: A	A penalty for the late	or incomplete filing of this return	n/report	will be assessed ι	ınless reasonable ca							
SB or Sche		other penalties set forth in the instruct and signed by an enrolled actuary, a aplete.										
SIGN		d/valid electronic signature.		01/26/2018	DR JOHN WACHTER							
HERE Signature of plan administrator Date Enter name of individual signing as plan a							gning as plan adr	ministrator				

Date

Signature of employer/plan sponsor

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

SIGN HERE

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

Form 5500-SF 2016 Page **2** 

<b>6a</b> Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)									X Ye			
	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								× Ye	s No		
С	If the plan is a defined benefit plan, is it covered under the PBGC in					_	-	_	□ Not de	termined		
	rt III   Financial Information						1	ш				
7	Plan Assets and Liabilities		(a) Beginning	of Year				(h) End	of Year			
a	Total plan assets	7a	(a) Deginning	C		(b) End of Year 1105242						
	Total plan liabilities	7b		C	)	0						
	Net plan assets (subtract line 7b from line 7a)	7c		C	)	1105242						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) T	otal			
а	Contributions received or receivable from:		, ,	8703		, , , ,						
-	(1) Employers	8a(1)										
	(2) Participants	8a(2)		19804	_							
	(3) Others (including rollovers)	8a(3)		25720								
	Other income (loss)	8b		20120					5422	07		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums	8c							5422	21		
u	to provide benefits)	8d		3756	5							
е	Certain deemed and/or corrective distributions (see instructions).	8e		C								
f	Administrative service providers (salaries, fees, commissions)	8f		2390								
g	Other expenses	8g		0								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	า						614	16		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i				48081						
j	Transfers to (from) the plan (see instructions)	8j	1057161									
Pai	t IV Plan Characteristics											
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 3D	feature co	odes from the List of PI	an Cha	racteri	stic Co	odes in	the inst	ructions:			
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	uctions:			
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 contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	Fiduciary Correction	10a		X						
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X						
С	Was the plan covered by a fidelity bond?			10c		X						
d	Did the plan have a loss, whether or not reimbursed by the plan's 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	rsons by an insurance Il of the benefits under							51		
f						X						
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g	X					32542		
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	he require	d notice or one of the	10i								

Form	5500	-SF	201	6

Page 3-	1
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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?								
	(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)	EIN(s) 13c(3) P				
Part	VIII	Trust Information								
14a	Name	of trust			14b <sup>-</sup>	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					
				"Curre	ent year test	ear" 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 Internet Revenue Service

Department of Labor Employee Benefits Security Administration Peasion Benefit Gueranty 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.

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

		t Identification Information								
For	calendar plan year 2016 or fi	scal plan year beginning	01/01/2016	and ending	12/31/201	.6				
Α	This return/report is for:	x a single-employer plan	a list of participating e	lan (not multiemployer) (l employer information in a						
	This return/seport let	a one-participant plan  x the first return/report	a foreign plan the final return/report							
В	This return/report is:	an amended return/report		rn/report (less than 12 m	nonths)					
		all amended returnineport	a short plant year retu	nivieport (less than 12 in	onuis)					
С	Check box if filing under:	Form 5558	automatic extension		DFVC p	rogram				
	ment control to	x special extension (enter descri		A EXT UNTIL 1/31,	/2018					
_		ormation enter all requested i	nformation							
1a	Name of plan				1b Three-digit plan numb					
	Southeast Eye Inst	itute, PA 401(k) Plan			(PN) ►	001				
_			<u> </u>		1c Effective d 01/01/2					
2a	Plan sponsor's name (empl Mailing Address (include ro City or town, state or provin	ructions)	, -	dentification Number -3587472						
	Southeast Eye Inst					telephone number				
						41-4469 code (see instructions)				
	9375 66th Street N	۲.			621320	ode (see ilistractions)				
	US Pinellas Park FL 337	100								
<del>3</del> a		and address X Same as Plan Spo	onsor		3b Administra	tor's EIN				
					3c Administra	tor's telephone number				
<del>.</del>					41					
4		ne plan sponsor has changed since t imber from the last return/report.	the last return/report filed f	or this plan, enter the	4b EIN					
а	Sponsor's name	indo non ne last retainireport.			4c PN					
_		s at the beginning of the plan year			5a	32				
b		s at the end of the plan year			5b	50				
С		account balances as of the end of t			5c	45				
d		articipants at the beginning of the pla			5d(1)	32				
		articipants at the end of the plan year	-		5d(2)	45				
_		terminated employment during the p								
_	less than 100% vested .				5e	5				
C	aution: A penalty for the late	e or incomplete filing of this return	n/report will be assessed	l unless reasonable cau	use Is establishe	<u>d.</u>				
		other penalties set forth in the Instru								
	B or Schedule MB completed filef, It is true, correct and cor	and signed by an enrolled actuary, a mplete.	as well as the electronic w	rsion of this return/report	t, and to the best	of my knowledge and				
麣	iew .			Dr. John Wachte	r					
Little	ERE Signature of phen ad	ministrator	Date	Enter name of Individua	al signing as plan	administrator				
1000000	IGN BRE Signature of employe	er/plan sponsor	Date	Enter name of Individua	al signing as empi	loyer or plan sponsor				
Pi	eparer's name (including firm	name, if applicable) and address (in			Preparer's telep	hone number				
S	kip this question				Skip this qu	uestion				
		•								
					(International Internation					
1					PARK PARK					

	Form 5500-SF 2016		Page 2									
6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)											
	Are you claiming a waiver of the annual examination and report of a	n independ	lent qualified public accour	ntant (	(IQPA	١)						
	under 29 CFR 2520.104-46? (See Instructions on waiver eligibility at	nd conditio	ns.)			F	 EOO		XYes No			
	If you answered "No" to either line 6a or line 6b, the plan canno If the plan is a defined benefit plan, is it covered under the PBGC ins	t use Forn	n 5500-SF and must inste	4021	88 FC	ırını ə: T	7 vac	Пм	Not determined			
graphic and	TOT TOTAL	surance pro	ogram (see ERISA section	4021	"				1401 determined			
R.C.	Financial Information	BACKER STREET	(a) Paralanta of	V		_		(h) End	of Vanu			
7_	Plan Assets and Liabilities		(a) Beginning of	Year		┼		(D) Ena	of Year			
a	Total plan assets	7a			0	<del> </del>		1,105,242				
<u>b</u>	Total plan liabilities	7b			0	+						
č	Net plan assets (subtract line 7b from line 7a)	7c	(a) Amount		0	+		/h) '	1,105,242 Total			
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	(Allegarings	(a) Amount				West and					
	(1) Employers	8a(1)_		8,70								
	(2) Participants	8a(2)	1	9,80								
_	(3) Others (Including rollovers)	8a(3)			0_		700000000		<b>经产业企业的</b>			
b	Other income (loss)	<del></del>	2	5,72	20							
C	Total Income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	<b>医侧侧线 医角膜</b> 医脓			1000000 100000000000000000000000000000		enements.	54,227			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		3,79	56							
e	Certain deemed and/or corrective distributions (see instructions)	8e			0			HOVE A				
f	Administrative service providers (salaries, fees, commissions)	. 8f		2,3	90							
g	Other expenses	. 8g		0				3.000 (A)				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h	<b>"自然的现在,这是一种</b>						6,146			
i	Net income (loss) (subtract line 8h from line 8c)	81	APPLICATION OF THE				errenes lis	emp da in ci	48,081			
Ī	Transfers to (from) the plan (see instructions)	. 8j	1,05	1,057,161								
	Plan Characteristics											
9a	If the plan provides pension benefits, enter the applicable pension for	eature cod	es from the List of Plan Ch	aract	eristic	Code	es in the	instruc	tions:			
	2A 2E 2F 2G 2J 3D											
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature code	s from the List of Plan Cha	racte	ristic	Codes	s in the	instructi	ons:			
-	OND THE REAL PROPERTY OF THE PERTY OF THE PE											
	art V4 Compliance Questions					—-	(deplement					
<u>10</u>	During the plan year:				Yes	No	N/A		Amount			
	Was there a failure to transmit to the plan any participant contribu					1						
	described in 29 CFR 2510.3-102? (See Instructions and DOL's Vo			10a		x						
-	Program)  Were there any nonexempt transactions with any party-in-interest			100		<del>                                     </del>						
'	reported on line 10a.)			10b		x						
	Was the plan covered by a fidelity bond?			10c		х						
	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		×						
_	Were any fees or commissions paid to any brokers, agents, or other					1						
	carrier, insurance service, or other organization that provides son	ne or all of	the benefits under			ı			E-1			
_	the plan? (See instructions.)			10e	×		<b>以</b>		. 51			
			·	10f		×						
	Did the plan have any participant loans? (If "Yes," enter amount a			10g	х	_			32,542			
	1 If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		x						
_	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i								
	enceptions to promising the nesses oppose arises to of it total to						and the second second	MARKO DO L	MENANCHUM PROPERTY (			

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	Form 5500-SF 2016	Page 3 -							
Part	View Pension Funding Compliance								
11	is this a defined benefit plan subject to minimum funding requirements? (If "Yes," sec					☐ Ye	s X	No	
	Enter the unpaid minimum required contributions for all years from Schedule SB (For			11a					
12	Is this a defined contribution plan subject to the minimum funding requirements of se	ection 412 of f	he Code or			☐ Ye	es X	No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	-1	- Instruction		er the data	of the left	an a dia a		
	If a waiver of the minimum funding standard for a prior year is being amortized in this granting the waiver				ar the date. Dav	Year_	er runnş	3	
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500),								
b	Enter the minimum required contribution for this plan year.			12b					
С	Enter the amount contributed by the employer to the plan for the plan year			12c	T				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a	3 12d		-					
	Will the minimum funding amount reported on line 12d be met by the funding deadlin		_		Yes [	No [	N/A		
Part	Vilse Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted in any plan year?				Yes Yes	X 1	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a	T				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to and control of the PBGC?					Yes X	] No		
	If, during this plan year, any assets or liabilities were transferred from this plan to and which assets or liabilities were transferred. (See instructions.)								
	c(1) Name of plan(s):		130	(2) EIN(s)	EIN(s) 13c(3) PN(s)				
Pari	VIII Trust Information - Skip These Questions							_	
14a	Name of trust			14	b Trust's El	IN			
14c	Name of trustee or custodian			14	d Trustee o				
Parit	IRS Compliance Questions - Skip These Questions								
	Is the plan a 401(k) plan? If "No," skip b.			Yes			0		
	How did the plan satisfy the nondiscrimination requirements for employee deferrals to 401(k)(3) for the plan year? Check all that apply:	ınder section		Design safe ha	rbor nt year"	te	-	ar* ADP	
16a	What testing method was used to satisfy the coverage requirements under section 4 year? Check all that apply:			Ratio percen		Average benefit t	, г		
16b	Did the plan satisfy the coverage and nondiscrimination requirements of sections 41 for the plan year by combining this plan with any other plan under the permissive ag	0(b) and 401( gregation rule	(a)(4) s?	test Yes	,	N	0		
17a	If the plan is a master and prototype plan (M&P) or volume submitter plan that receive the letter// and serial number	/ed a favorab	le IRS opinio	n letter or	advisory let	ter, enter	the dat	e of	
17b	If the plan is an individually-designed plan that received a favorable determination le	tter from the	IRS, enter th	e date of th	ne most rec	ent deter	mination	n	
18	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age service?				☐ Yes	□ N	0		
19	Was any plan participant a 5% owner who had attained at least age 70 ½ during the				☐ Yes	□ N	0		