Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Part I

Department of Labor

Annual Report Identification Information

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to **Public Inspection**

For calend	iar plan year 2016 or i	fiscal plan year beginning 01/01/	2016	and ending 12	2/31/2016				
_		X a single-employer plan			oyer) (Filers checking this box must attach a				
A This return/report is for:		a one-participant plan	_ ' ' '	employer information in ac	ccordance with the for	m instructions.)			
		a one participant plan	a foreign plan						
B This ret	urn/report is	the first return/report	the final return/repo	ort					
	·	an amended return/report	a short plan year re	eturn/report (less than 12 m	onths)				
C Check	box if filing under:	V Form 5550			DEVC program				
• • • • • • • • • • • • • • • • • • • •	zon II IIII g allaon	Form 5558 special extension (enter description)	automatic extension		DFVC program				
Part II	Rasic Plan Info	ormation—enter all requested in	· · · · · · · · · · · · · · · · · · ·	IWA TAX RELIEF					
1a Name		omation—enter all requested if	Homation		1b Three-digit				
		LISTS, PA 401(K) PLAN			plan number	004			
					(PN) • 001				
					1C Effective date of 01/0	of plan 1/2014			
2a Plan s	sponsor's name (empl	oyer, if for a single-employer plan)			2b Employer Ident	ification Number			
		om, apt., suite no. and street, or P. ce, country, and ZIP or foreign pos		nstructions)	(EII4)	189869			
	SURGICAL SPECIAL		nai oode (ii loreigii, see i	noti dottorio)	2c Sponsor's telep	phone number			
					2d Business code	(see instructions)			
	GTON STREET				6214				
SUITE 310 SARASOTA	, FL 34239				-				
20 Dlan -					3b Administrator's	FINI			
Ja Plana	administrator's name a	and address 🛚 Same as Plan Spo	orisor.		3D Administrators	EIIN			
					3c Administrator's	telephone number			
4 16.11	.,				41				
		ne plan sponsor has changed since umber from the last return/report.	e the last return/report file	ed for this plan, enter the	4b EIN				
	sor's name	·			4c PN				
5a Total	number of participant	s at the beginning of the plan year			5a	10			
b Total	number of participant	s at the end of the plan year			5b	10			
		account balances as of the end o	. , , ,	•	5c	10			
•	,	orticinanta at the hearing of the			5d(1)	10			
		articipants at the beginning of the			5d(2)	10			
		articipants at the end of the plan year terminated employment during the							
than	100% vested				5e	C			
		e or incomplete filing of this retu other penalties set forth in the instru				cable a Schedule			
SB or Sch	edule MB completed a	and signed by an enrolled actuary,							
	true, correct, and com	nplete. d/valid electronic signature.	01/31/2018	RUSSELL NOVAK, M					
SIGN HERE		<u> </u>							
	Signature of plan	administrator	Date	Enter name of individ	lual signing as plan ad	ministrator			
SIGN HERE									
	Signature of empl	oyer/plan sponsor name, if applicable) and address (Date	Enter name of individ	ual signing as employ Preparer's telephone				
i reparer S	name (including infin	name, ii applicable) and address (molade room or Suite Hul	illogi j	i reparer s teleprione	o numb o r			

Form 5500-SF 2016 Page **2**

	 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 an independent qualified public accountan under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) 								X Yes	
	If you answered "No" to either line 6a or line 6b, the plan cann								Ш	ш
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	Not dete	ermined
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	of Year	
а	Total plan assets	7a		152810					236246	6
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c		152810					236246	6
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt				(b) T	otal	
а	Contributions received or receivable from:	0=(4)		11551						
	(1) Employers	8a(1)		64968						
	(2) Participants	8a(2)		04000						
	(3) Others (including rollovers)	8a(3) 8b		10692						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-				87211	<u> </u>
	Benefits paid (including direct rollovers and insurance premiums	00								
	to provide benefits)	8d		3700						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		75						
g	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							3775	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							83436	<u> </u>
<u>j</u>	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D									
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les 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		Amount	
a	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Normal Program)	oluntary F	iduciary Correction	10a	X					13943
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	the benefits under	10e	X					931
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		X				
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i						

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Page 3-	1	

Part	VI	Pension Funding Compliance					
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and constructions and constructions and constructions and constructions and constructions and constructions are supplied to the constructions and constructions are supplied to the constructions are supplied to the construction and construction are supplied to the construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the constru					es No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		. 11a			
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co			f		es X No
	ERIS (If "\	A?				🖰	
а		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ing the waiver		nd enter t Day		of the lette Year _	r ruling
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.				
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	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the letive amount)	eft of a	12d			
е	Will t	he 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	a resolution to terminate the plan been adopted in any plan year?			Yes	s X N	0
	If "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 broug		e 		Yes X	No
С		rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif h assets or liabilities were transferred. (See instructions.)	fy the plan(s) to			
	13c(1)	Name of plan(s):	13c(2	2) EIN(s)		13c(3) PN(s)
Part	VIII	Trust Information					
14a	Name	of trust		14b	Trust's E	ΞIN	
14c	Name	of trustee or custodian				s or custodi ne number	an's
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan? If "No," skip b	Yes			No	
15b		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		gn-based harbor	d ["Prior ye test	ar" ADP
			Gur ADP	rent year test	,"	N/A	
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	Rat perd test	centage		verage enefit test	□ N/A
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes			No	
	the le		<u> </u>				
	letter		nter the date	e of the n	nost rec	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		Ye	s [No	
19	Wasa	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?	•••••	. Ye	s	No	

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).

1210-0089

2016

OMB Nos. 1210-0110

This Form is Open to Public Inspection

· · ·	Corporation	► Complete all entries in	accordance with the ins	tructions to the Form	5500-SF.	Public Inspection			
Part I	Annual Repo	rt Identification Information	<u> </u>						
For calen	idar plan year 2016 or	r fiscal plan year beginning	01/01/2016	and ending	12/31/				
A This r	return/report is for:	X a single-employer plan	☐ a multiple-employer p	olan (not multiemployer)	(Filers checking	this box must attach a			
74 111131	eturmeport is for.	a one-participant plan	a foreign plan	employer information in a	accordance with t	he form instructions.)			
B This re	eturn/report is	the first return/report	the final return/report	•					
		an amended return/report	a short plan year retu	ırn/report (less than 12 n	2 months)				
C Check	k box if filing under:	X Form 5558	automatic extension		DFVC progra	am			
Do of U		special extension (enter desc	•						
Part II		formation—enter all requested in	formation						
1a Name	-	•			1b Three-dig				
SARASOI	l'A SURGICAL SI	PECIALISTS, PA 401(K)	PLAN		plan num	ber 001			
					(PN) •	alata af ut			
					1C Effective 6 01/01/2	*			
2a Plan	sponsor's name (emp	loyer, if for a single-employer plan)	· · · · · · · · · · · · · · · · · · ·	<u> </u>		identification Number			
Mailin	ng address (include ro	om, apt., suite no. and street, or P.O). Box)		•	-0189869			
SARASO)TA STIRGTCAT. S	nce, country, and ZIP or foreign posts SPECIALISTS, PA	al code (if foreign, see inst	tructions)		s telephone number			
	TIT DONOROLLIN L	TECTUTATORS, EW				, reichitotte trattibét			
1950 A	RLINGTON STRE	tia: Tr			2d Business	code (see instructions)			
SUITE) T			621498	(==== wiell = olio)iloj			
SARASO		FL 34239							
		and address X Same as Plan Spon		· · · · · · · · · · · · · · · · · · ·					
	administrator a marrie e	and address Moanie as Plan Spon	isor.		3b Administra	ator's EIN			
					3C Administra	ator's telephone number			
		•				noi o telephone number			
4 If the	name and/or EIN of th	ne plan sponsor has changed since t	he last return/report filed f	or this plan, enter the	4b EIN				
name	e, EIN, and the plan nu	umber from the last return/report.	• • • • • • • • • • • • • • • • • • • •	or and promy office, the	TD CIN				
	sor's name				4c PN				
5a Total	number of participants	s at the beginning of the plan year			5a	1.0			
b Total	number of participants	s at the end of the plan year	*************************	•••••	5b	<u></u>			
C Numb	per of participants with	account balances as of the end of the	he plan year (only defined	contribution plans					
comp	ilete this item)	***************************************	***************************************	*******************************	5c	1			
a (1) Tot	al number of active pa	articipants at the beginning of the pla	an year	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5d(1)	10			
d(2) Tot	al number of active pr	articipants at the end of the plan yea	Γ	***************************************	5d(2)	1			
e Numb	ber of participants that	t terminated employment during the i	plan year with accrued her	nefits that were less	_				
ınan	100% vested			_	5e	(
Under pena	alties of periury and of	or incomplete filing of this return. ther penalties set forth in the instruct	report will be assessed	uniess reasonable cau	ise is establishe	d.			
VI	saare rub combidied a	ma signed by an enconed actuary, as	well as the electronic ver	examined this return/report	port, including, if a	applicable, a Schedule			
<u>belief, it is t</u>	true, correct, and com	P##e			- and to the pear	or my knowledge and			
SIGN		N/U		RUSSELL NOVAK,	MD				
HERE	Signature of plan a	administrator	Date 0/3/18	Enter name of individu	val cionina en pla				
SIGN	-	· · · · · · · · · · · · · · · · · · ·		Enter name of individu	iai signing as piai	n administrator			
HERE	Signature of emple	worlnlan ananaa		<u> </u>					
Preparer's	Signature of emplo	name, if applicable) and address (inc	Date	Enter name of individu	ıal signing as em	ployer or plan sponsor			
		iomo, ii applicable) and address (iffo	ande room of suite number	r)	Preparer's telep	hone number			
		•		<u> </u>					

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POrm	221111	. <u> </u>	71 I 7 F
- O1111		J.	201

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6a b	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 an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.). If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No								X Yes No
	rt III Financial Information	nsurance	program (see ERISA :	section	4021)'	?	Yes	No [Not determined
7	Plan Assets and Liabilities	Τ	/a) Poginning	f V		_	_		
a	Total plan assets	. 7a	(a) Beginning		,810		<u>-</u> .	(b) End o	
b	Total plan liabilities	7b	-		, 0 ± 0		-	<u> </u>	236,24
С	Net plan assets (subtract line 7b from line 7a)		 	152	,810		_	<u> </u>	236,246
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou		, 0 = 0		<u> </u>		_
а	Contributions received or receivable from:		(2) 711100	·				(b) To	<u>ar </u>
	(1) Employers		·	11,	551				
	(2) Participants			64,	968	_			
	(3) Others (including rollovers)	8a(3)							
<u>d</u>	Other income (loss)			10,	692				
<u> </u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					_		87,211
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	ا ا		2	700				
е	Certain deemed and/or corrective distributions (see instructions)	8d			700	<u></u> .	<u>.</u>		
f	Administrative service providers (salaries, fees, commissions)	 -	<u> </u>		7.				
a			<u> </u>		75				
— S	Other expenses						<u> </u>		
i	Net income (loss) (subtract line 8h from line 8c)								3,775
j	Transfers to (from) the plan (see instructions)	_			 				83,436
Pa	t IV Plan Characteristics	8j	<u> </u>						<u> </u>
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of P	lan Cha	racteri	stic C	odes in	the instruc	tions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Pla	n Char	acteris	tic Cod	des in t	the instruct	ons:
Par	t V Compliance Questions		<u> </u>		_			<u> </u>	
10	During the plan year:		<u> </u>		Yes	No	N/A		
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Von	oluntary Fi	iduciary Correction	,	x		1007	<u> </u>	Amount
b	Program) Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	? (Do not i	nclude transactions			х			13,943
C	Was the plan covered by a fidelity bond?		***************************************			~			
d	Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty?	idelity bon	d that was caused			<u>х</u>			
е	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.)	er persons	by an insurance	,	х				 931
f	Has the plan failed to provide any benefit when due under the plan	?	************	10f		х		<u> </u>	
g	Did the plan have any participant loans? (If "Yes," enter amount as				 	х			
h	If this is an individual account plan, was there a blackout period? (\$2520.101-3.)	See instruc	ctions and 29 CER	10g 10h		Х	 		<u>.</u>
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-	hariunar e	notice or one of the		_			. <u> </u>	

	Form 5500-SF 2016					
D			<u> </u>			
Par		·	<u> </u>			
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500) and line 11a below)	d complete S	chedule S	iB	Ye	s 📗 N
118	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the	Code or sect	ion 302 o	f		-
	ERISA?(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		***************************************	••••••	1e	s X No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see i	nstructions, a	nd enter	the date of	the letter i	 rulina
	granting the waiver	. Month	Day		Year	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lin		406			
	Enter the minimum required contribution for this plan year			 		
d	Enter the amount contributed by the employer to the plan for this plan year		12c	ļ <u>.</u>		
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)	e left of a	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No 🗍	N/A
Part			<u></u>			
13a	Has a resolution 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					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brocontrol of the PBGC?	ught under th	e		Yes X	No
C	if, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden which assets or liabilities were transferred. (See instructions.)	ntify the plan(s) to			· -
	3c(1) Name of plan(s):	13c(2) EIN(s)	T	13c(3) F	PN(s)
				İ		
				ļ		
ı 		_				
Part	VIII Trust Information					
14a	Name of trust		14b T	rust's EIN		 .
14c	Name of trustee or custodian		144 =			 _
				rustee's or elephone nu		'S
Part	IX IRS Compliance Questions					
15a	s the plan a 401(k) plan? If "No," skip b	Yes		N	0	
15b	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section	1111	n-based		Prior year"	ADP
•	01(k)(3) for the plan year? Check all that apply:		harbor	⊔ te	est	
		ADP	ent year" test	∏ N.	/A	
16a	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan	Ratio	 _			
	year? Check all that apply:	perc	entage	Average benefit	test	N/A
16b	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4)	 		<u> </u>		
	or the plan year by combining this plan with any other plan under the permissive aggregation rules?	. ∐ 'es		N		
	f the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable iRS he letter and the serial number					
	f the plan is an individually-designed plan that received a favorable determination letter from the IRS, e	nter the date	of the mo	st recent de	eterminati	ол
,	Defined Benefit Plan or Money Purchase Pension Plan Only: Vere any distributions made during the plan year to an employee who attained age 62 and had not septen ervice?	arated from	Yes	□ No)	
19	Vas any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		Yes	No		