Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension 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).

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

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

Part I		t Identification Information				
For calen	ndar plan year 2018 or	fiscal plan year beginning 01/01/2	2018	and ending 12	2/31/2018	
A This r	eturn/report is for:	X a single-employer plan		plan (not multiemployer) (employer information in ac	_	
D		a one-participant plan	a foreign plan			
B This re	eturn/report is	the first return/report	the final return/repo	rt		
		an amended return/report	a short plan year re	turn/report (less than 12 m	onths)	
C Check	k box if filing under:	Form 5558	automatic extensio	n	DFVC progra	ım
		special extension (enter desc	ription)			
Part II	Basic Plan Inf	ormation—enter all requested in	formation			
1a Nam SHIPP EY		PROFIT SHARING PLAN			1b Three-dig plan numl (PN) ▶	
					1c Effective	date of plan 10/01/1978
		oyer, if for a single-employer plan)			2b Employer	Identification Number
	`	om, apt., suite no. and street, or P.0 ace, country, and ZIP or foreign pos	,	nstructions)	(EIN)	20-2926095
SHIPP EY	E CLINIC, P.C.					s telephone number 62-286-6068
					2d Business	code (see instructions)
	EST LINDEN MS 38834-9119					621111
3a Plan	administrator's name a	and address 🛛 Same as Plan Spo	nsor.		3b Administra	ator's EIN
					3c Administra	ator's telephone number
		ne plan sponsor or the plan name honsor's name, EIN, the plan name			4b EIN	
	nsor's name	onoor o namo, Em, mo plan namo	and the plan namber ner	in the last retain, report.	4d PN	
C Plan	Name					
5a Tota	al number of participant	s at the beginning of the plan year.			5a	13
_		s at the end of the plan year			5b	12
		account balances as of the end of			5c	12
d(1) ⊤	otal number of active p	articipants at the beginning of the p	lan year		5d(1)	12
` '	•	articipants at the end of the plan ye			5d(2)	11
		o terminated employment during th			5e	0
Caution:	A penalty for the late	or incomplete filing of this retur	n/report will be assess	ed unless reasonable car		
SB or Sc		other penalties set forth in the instru and signed by an enrolled actuary, nplete.				
SIGN	Filed with authorize	d/valid electronic signature.	03/01/2019	BERNARD SHIPP		
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as pla	an administrator
SIGN	Filed with authorize	d/valid electronic signature.	03/01/2019	BERNARD SHIPP		
HERE	Signature of empl	loyer/plan sponsor	Date	Enter name of individ	ual signing as er	nployer or plan sponsor

Form 5500-SF (2018) Page **2**

6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)					X Yes	No
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility)							X Yes	□No
	If you answered "No" to either line 6a or line 6b, the plan cann		•					🖺 100	□
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes N	o Not dete	rmined
	If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC p	remium filing for this pl	lan yea	r			(See instru	ctions.)
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) F	nd of Year	
a	Total plan assets	7a	` '	70132			(2) =	4586363	
	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	497	70132				4586363	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b) Total	
а	Contributions received or receivable from:		```				Ì	•	
	(1) Employers	8a(1)		87042	-				
	(2) Participants	8a(2)		58045	-				
	(3) Others (including rollovers)	8a(3)		01010	-				
	Other income (loss)	8b	-32	21819				470700	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-176732	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	18	83239					
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f	2	23798					
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						207037	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-383769	
j	Transfers to (from) the plan (see instructions)	8j							
Pai	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E $$ 3D $$ 2J $$ 2K	feature co	des from the List of Pla	an Cha	racteri	stic Co	des in the i	nstructions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan	n Chara	acterist	ic Cod	les in the in	structions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
	Was there a failure to transmit to the plan any participant contribu	itions withi	n the time period					741104111	
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X			
b									
	reported on line 10a.)			10b		X			
C				10c	X			5000	000
d	by fraud or dishonesty?			10d		X			
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.)	ne or all of	the benefits under	10e		X			
f	Has the plan failed to provide any benefit when due under the pla	n?		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 the exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i					

Form 5500-SF (2018)	Page 3- 1
---------------------	------------------

Part	VI Pension Funding Compliance			
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete (Form 5500) and line 11a below)			Yes 🛚 No
11a	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 se ERISA?		of	Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, granting the waiver	and enter Da		e of the letter ruling Year
lf y	ou completed 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		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	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?		Ye	s 🔀 No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under control of the PBGC?	the		Yes X No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)	n(s) to		
1	3c(1) Name of plan(s):	(2) EIN(s))	13c(3) PN(s)

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Part I 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 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.

1210-0089

OMB Nos. 1210-0110

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning	01/01/2018 and ending	12/31/20:	18
A This return/report is for:	a multiple-employer plan (not multiemployer) a list of participating employer information in a	,	
a one-participant plan the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 n	nonths)	
C Check box if filing under: Form 5558 special extension (enter desc	automatic extension	DFVC p	rogram
Part II Basic Plan Information enter all requested	information		
1a Name of plan Shipp Eye Clinic, P.C. 401(k) Profit Shar	ing Plan	1b Three-digit plan numb (PN) ▶	
		1c Effective d 10/01/1	•
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing Address (include room, apt., suite no. and street, or P. City or town, state or province, country, and ZIP or foreign pos	O. Box) tal code (if foreign, see instructions)		dentification Number -2926095
Shipp Eye Clinic, P.C.	,	(662) 2	telephone number 86-6068
3302 C. West Linden		2d Business of 621111	code (see instructions)
3a Plan administrator's name and address X Same as Plan Sp	onsor	3b Administra	tor's EIN
		3c Administra	tor's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name h this plan, enter the plan sponsor's name, EIN, the plan name a		4b EIN	
a Sponsor's name C Plan Name	and the plan number from the last returns eport.	4d PN	
5a Total number of participants at the beginning of the plan year		5a	13
b Total number of participants at the end of the plan year		5b	12
C Number of participants with account balances as of the end of complete this item)	the plan year (only defined contribution plans	5c	12
d(1) Total number of active participants at the beginning of the pla	an year	5d(1)	12
d(2) Total number of active participants at the end of the plan year	ar	5d(2)	11
e Number of participants who terminated employment during the		5e	0
Caution: A penalty for the late or incomplete filing of this return	rn/report will be assessed unless reasonable ca	use is establishe	od.
Under penalties of perjury and other penalties set forth in the instru SB or Schedule MB completed and signed by an enrolled actuary, belief, it is true, correct, and complete	as well as the electronic version of this return/report	rt, and to the best	
SIGN SUNSUNS	3/1/2019 JOHN R.	Shipp	

Date

HERE Signature of plan administrate

HERE Signature of employer/plan sponsor

SIGN

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

_				
Form	5500	-SF	20	18

Pag	е	2
-----	---	---

b Acy you claiming a water of the annual examination and report of an independent qualified public accountant (ICPA) under 20 FF 250 1014-48 (See instructions on waiver religibility and conditions.) Yes No No No No No No No N	6a	Were all of the plan's assets during the plan year invested in eligible	assets? (\$	See instructions.)					х	Yes No
If you answord "No" to either line 6 aor line 6b, the plan cannot use Form 5500-5F 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)?	þ		•	, ,		•	•			
c If the plan is a defined benefit plan, is it oewered under the PBGC insurance program (see ERISA section 4021)?										Yes No
Part III Financial Information Financial Information	_] 8. 1 = 4 = 4 =
Part III Financial Information Financial Informa		•	•	• ,		•				•
7 Plan Assets and Liabilities		If "Yes" is checked, enter the My PAA confirmation number from the	PBGC pre	mium filing for this year	-				(See	instructions.)
a Total plan assets	Pa	rt III Financial Information								
b Total plan liabilities	7	Plan Assets and Liabilities		(a) Beginning o	f Yea	r			(b) End of Y	ear
C Net plan assets (subtract line 7b from line 7a) 7c 4,970,132 4,586,363 8 Income. Expenses, and Transfers for this Plan Year (a) Amount (b) Total 8 Contributions received or receivable from: (1) Employers 8e(1) 87,042 (2) Participants 8e(2) 55,045 (3) Others (including rollovers) 8e(3) (3) Others (including rollovers) 8e(3) (5) Other income (loss) 8e(3) (6) Other income (loss) 8e(3) (7) Other income (loss) 8e(3) (8) Other income (loss) 8e(3) 8e(а	Total plan assets	7a	4,9	70,1	32			4	,586,363
8 Income. Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) (3) Others (including rollovers) (4) Employers (5) Other income (loss) (6) Other income (loss) (7) Other income (loss) (8) Other expenses (8) Other expenses (8) Other expenses (8) Other expenses (ladd lines 8d, 8e, 8f, and 8g) (1) Net income (loss) (subtract line 8h from line 8c) (1) Other expenses (ladd lines 8d, 8e, 8f, and 8g) (1) Transfers to (from) the plan (see instructions) (1) Net income (loss) (subtract line 8h from line 8c) (1) Other expenses (8) If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 28 30 20 28 (1) If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 28 30 20 28 (1) If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 28 30 20 28 (1) Other plan year: a 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 b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions period interest (Codes in the instructions) c Was the plan overed by a fidelity bond? d Did the plan have any loss, whether or not reimbursed by the plan's fidelity bond, that was cause	b	Total plan liabilities	7b							
a Contributions received or receivable from: (1) Employers	С	Net plan assets (subtract line 7b from line 7a)	7c	4,9	70,1	32			4	,586,363
(1) Employers	_			(a) Amount	t				(b) Total	
(2) Participants	а		8a(1)		87.0	42	Sie			
Sality S	-							12.0		
b Other income (loss)		3.0			,-		10.00			
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	-	· · · · · · · · · · · · · · · · · · ·		(32:	1,81	9)				
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		193	Hale I			(1	176,732)
e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salaries, fees, commissions) 8f 23,798 g Other expenses	d	Benefits paid (including direct rollovers and insurance premiums	84	11	83.2	39		THE STREET	A STATE	
f Administrative service providers (salaries, fees, commissions)					,-					
g Other expenses	_	`			23,7	98	100	AL SOUR	Library	
h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 207,037 I Net income (loss) (subtract line 8h from line 8c) 8l (383,769) j Transfers to (from) the plan (see instructions) 8j Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 3D 2J 2X 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 10 During the plan year: a 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	960						E.	3000		
I Net income (loss) (subtract line 8h from line 8c) 8i (383,769) Transfers to (from) the plan (see instructions) 8j Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 3D 2J 2K 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 10 During the plan year: Yes No N/A Amount a 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 x b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b x C Was the plan covered by a fidelity bond? 10c x 500,000 d Did the plan have a loss, whether or not rembursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d x 500,000 d Did the plan failed to provide 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 x 10f x 10f this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 250.101-3) 10h x 10h x 10f 10h was answered "Yes," check the box if you either provided the required notice or one of the					ALS:	FLES				207,037
Transfers to (from) the plan (see instructions) Sj									(3	
Part IV Plan Characteristics			8j					W.E.	75 DE 124 S	630 11 31 44
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 10 During the plan year: a 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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonestly? e 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.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10	Pa	rt IV Plan Characteristics								
Part V Compliance Questions	9a	If the plan provides pension benefits, enter the applicable pension fe	ature code	s from the List of Plan C	harac	terist	ic Cod	es in the	e instructions	s:
Part V Compliance Questions 10 During the plan year: a 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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e 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.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h x If 10h was answered "Yes," check the box if you either provided the required notice or one of the		2E 3D 2J 2K								
Part V Compliance Questions 10 During the plan year: a 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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e 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.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h x If 10h was answered "Yes," check the box if you either provided the required notice or one of the	b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	from the List of Plan Ch	aract	eristic	Code	s in the	instructions:	
During the plan year: 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) Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.) Has the plan failed to provide any benefit when due under the plan? But this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) If 100 was answered "Yes," check the box if you either provided the required notice or one of the										
a 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)	Pa	rt V Compliance Questions								
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10	During the plan year:				Yes	No	N/A	Amo	ount
Program) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X c Was the plan covered by a fidelity bond? 10c X 500,000 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 X e 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 X g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	а			,						
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) C Was the plan covered by a fidelity bond?			,	•			,,			
reported on line 10a.)	h				10a	_	A			
C Was the plan covered by a fidelity bond?	D				10b		x			
by fraud or dishonesty?	С				10c	х		dig		500,000
carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan?	d				10d		х			
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	е	carrier, insurance service, or other organization that provides some	e or all of th	e benefits under	10e		x			
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	f	Has the plan failed to provide any benefit when due under the plan	?		10f		х			
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the	g				10g		х			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	h	If this is an individual account plan, was there a blackout period? (See instruc	tions and 29 CFR			х			
	i	If 10h was answered "Yes," check the box if you either provided the	e required :	notice or one of the						

Page	3 -	

Part VI **Pension Funding Compliance** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB Yes X No (Form 5500 and line 11a below) 11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of Yes X No (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling Dav Year granting the waiver If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 12b b Enter the minimum required contribution for this plan year..... 12c C Enter the amount contributed by the employer to the plan for the plan year d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a 12d negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? Yes 🗀 No ☐ N/A е Part VII Plan Terminations and Transfers of Assets 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 Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the ☐ Yes X No control of the PBGC? If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)

Form 5500-SF 2018

E-SIGNATURE AUTHORIZATION

for

Shipp Eye Clinic, P.C. 401(k) Profit Sharing Plan 20-2926095/002

For Plan Year 01/01/2018 through 12/31/2018

I/We, the undersigned, understand that a 5500 Series filing for the plan listed above must be prepared, electronically signed and electronically transmitted to the EBSA Electronic Filing Acceptance System (EFAST).

I/We authorize Richard Bullock Jr., CPA to electronically sign the 5500 Series filing on my/our behalf and to transmit that signed form to EFAST on or before the filing due date.

I/We understand that by granting this authority:

- A manually signed and dated Form 5500-SF that has been provided must be returned to Richard Bullock Jr., CPA before they can begin the electronic filing process. I/We will retain a copy of this manually signed form and any schedules and attachments in the plan records.
 - Richard Bullock Jr., CPA will not be responsible for any late filing penalty assessed under ERISA should I/we not return the manually signed and dated Form 5500-SF prior to the filing due date.
- An electronic copy of the manually signed and dated Form 5500-SF showing my/our signatures
 will be included in the electronic filing and will be posted by the EBSA to the Internet for public
 disclosure.
- Richard Bullock Jr., CPA will maintain a copy of this written authorization in its records.
- Richard Bullock Jr., CPA will notify all signers about any inquiries and correspondence it receives about this filing from EFAST, EBSA, IRS or PBGC.
- Richard Bullock Jr., CPA shall not be deemed to be a plan fiduciary with respect to this plan solely on account of providing the electronic signature and filing of the 5500-SF for the plan year listed above.

Plan Administrator

Date

Plan Sponsor

3/1/2019

Date