Form 5500-SF	Short Form Annua	al Return/Repo Benefit Plar		oyee	0	MB Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service	Department of the measury							
Department of Labor Employee Benefits Security Administration	urity Administration Revenue Code (the Code).							
Pension Benefit Guaranty Corporation	Complete all entries in a	accordance with the in	structions to the Form 55	00-SF.	i ubii	c Inspection		
Part I Annual Report Ic For calendar plan year 2016 or fisc.	dentification Information al plan year beginning 01/01/2	016	and ending 12	/31/2016				
A This return/report is for:	a single-employer plan		plan (not multiemployer) (f employer information in ac		-			
B This return/report is	the first return/report an amended return/report	X the final return/repo ☐ a short plan year re	rt :urn/report (less than 12 mo	onths)				
C Check box if filing under:	Form 5558	automatic extension	n [DFVC p	rogram			
Part II Basic Plan Infor	special extension (enter descr nation—enter all requested inf	. ,						
1a Name of plan JAMES S. SULLIVAN M.D., P.A. PR		Unnation		(PN)	number tive date of			
	r, if for a single-employer plan) apt., suite no. and street, or P.O country, and ZIP or foreign posta		structions)	(EIN)	63-08	cation Number 30858		
JAMES S. SULLIVAN M.D., P.A.				2c Sponsor's telephone number 334-793-1038				
4300 WEST MAIN ST, STE 16 DOTHAN, AL 36301	4300 WES DOTHAN,	T MAIN ST, STE 16 AL 36301		2d Busin	ness code (s 62111	see instructions)		
3a Plan administrator's name and	address 🛛 Same as Plan Spon	ISOT.			nistrator's E nistrator's te	IN elephone number		
4 If the name and/or EIN of the p name, EIN, and the plan numb	plan sponsor has changed since to be from the last return/report.	the last return/report file	d for this plan, enter the	4b EIN				
a Sponsor's name				4c PN				
5a Total number of participants at	0 0 1 1			5a		4		
	t the end of the plan year		Here and the second sec	5b 5c		с с		
· , ,				5d(1)				
 d(1) Total number of active partie d(2) Total number of active partie 				5d(1) 5d(2)		(
e Number of participants that te		plan year with accrued	benefits that were less	5e				
Caution: A penalty for the late or Under penalties of perjury and othe SB or Schedule MB completed and belief, it is true, correct, and completed	incomplete filing of this return r penalties set forth in the instruc- signed by an enrolled actuary, a	/report will be assess tions, I declare that I ha	ed unless reasonable cau ve examined this return/rep	ort, includi	ng, if applic			
SIGN Filed with authorized/va		07/26/2017	ANITA SULLIVAN					
HERE Signature of plan adr	ninistrator	Date	Enter name of individu	ndividual signing as plan administrator				
SIGN HERE Signature of employe	pr/nlan snonsor	Date	Enter name of individu	individual signing as employer or plan spo				
Preparer's name (including firm nar					s telephone			
For Demonstrate Destruction A (11) (see the Instructions for Form 5500	er			-	orm 5500-SF (2016)		

	 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) inder 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. c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? 								
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year					
a	Total plan assets	7a	961660	0					
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	961660	0					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total					
а	Contributions received or receivable from: (1) Employers	8a(1)							
	(2) Participants	8a(2)							

b Other income (loss)	8b	748772	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		748772
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1703119	
e Certain deemed and/or corrective distributions (see instructions).	8e		
Administrative service providers (salaries, fees, commissions)	8f	7313	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		1710432
Net income (loss) (subtract line 8h from line 8c)	8i		-961660
Transfers to (from) the plan (see instructions)	8j		
Part IV Plan Characteristics			
a If the plan provides pension benefits, enter the applicable pension	feature coo	les from the List of Plan Characteristic Code	s in the instructions:

Plan Characteristics

Эa	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

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
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		х		
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		Х		
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		Х		

Page **3-** 1

(Form 5500) and line 11a below)	Part V	/I Pension Funding Compliance							
110 Units in the upper functional or provide on the minimum funding requirements of section 112 of the Code or section 312 of the Code or secde or section 312 of th	11		-	•				Ye	s 🗌 No
ERISA? Ves Ves Ves Iff Yes, complete line 12a or lines 12b, 12c, 12d, and 12b below, as applicable.) Month Day Yes If yes, complete line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Detert the minimum required contribution for this plan year 12b C Enter the amount contribution for this plan year 12c 12c G Subtract the amount on thought of this plan year 12c 12d C Enter the amount on line 12b. Enter the result (enter a minus sign to the left of a 12d negative amount on thought on any lany year? 12d Ves No NA Part VIII Pan Terminations and Transfers of Assets 13a Ves No NA 13a Has reaction to terminate the plan bear shipted in any plan year? 13a Yes No Ves No 13a Hwas reaction to terminate the plan bear shipted in any plan year? 13a Yes No Ves No 13a Hwas reaction to terminate the plan bear shipted in any plan year? 13a Yes No Ves No 13a Hwas reacted riskipted on apple shipted in any plan year? 13a Yes No Na <td>11a</td> <td>Enter the unpaid minimum required contributions for all years from Sched</td> <td>dule SB (Form 5500) line 40</td> <td></td> <td>11a</td> <td></td> <td></td> <td></td> <td>0</td>	11a	Enter the unpaid minimum required contributions for all years from Sched	dule SB (Form 5500) line 40		11a				0
If Tree: complete line 12a or lines 12b. 12b. 12b. and 12b 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 granting the waiver. If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form S500), and skip to line 13. 12b C Enter the amount contributed by the employer to the plan for this plan year 12c G Subtract the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount). 12d e With the minimum funding amount reported on line 12b be mot by the funding deadline? 12d e With the minimum funding amount reported on line 12b be mot by the funding deadline? 12d e With the minimum funding amount reported on line 12b be mot by the funding deadline? 12d e With the minimum funding amount reported on line 12b be mot by the funding deadline? 12d e With the plan sets of absorbed to apritcipants or beneficiarles, transferred to another plan, or brought under the control of the PEGC2. 13a b Wore all the plan sets of labelities were transferred from this plan to another plan, or brought under the control of the plan sets on labelities were transferred from this plan to another plan, or brought under the control of the PEGC2. e If, during the plan set any assets or labelities were transferred from this plan to another plan, (s), dentify the plan(s) to which assets or labelities were transferred from this plan to another plan, (s), dentify the plan (s). </td <td>12</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Yes</td> <td>s 🗙 No</td>	12							Yes	s 🗙 No
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year 12b C Enter the amount in inter 12b. Enter the result (enter a minus sign to the left of a negative amount). 12c 12d C Enter the amount in inter 12b. Enter the result (enter a minus sign to the left of a negative amount). Yes No NA Part VIII Plan Terminations and Transfers of Assets Yes No NA First where the amount of any plan assets that reverted to the employer this year 13a Yes No If Yes, reart the amount of any plan assets that reverted to the employer this year 13a Yes No If Yes, reart the amount of any plan assets that reverted to the employer this year 13a Yes No C If during this plan, yar, any assets or liabilities were transferred form this plan to another plan, or brought under the set or custodian's target reading the plan to another plan, bl. identify the plan(s). 13c(3) PN(s) If All Name of Itals 13a 13a 13a 13a If A waine of trust. 13c(3) PN(s) 13c(3) PN(s) 13c(3) PN(s) 13c(3) PN(s) <td></td> <td>(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as ap</td> <td>plicable.)</td> <td></td> <td></td> <td></td> <td></td> <td>_</td> <td></td>		(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as ap	plicable.)					_	
b Enter the minimum required contribution for this plan year 12b c 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 e Will the minimum funding amount reported on line 12b. Enter the result (enter a minus sign to the left of a negative amount) 12d e Will the minimum funding amount reported on line 12b. Enter the result (enter a minus sign to the left of a negative amount) 12d e Will the minimum funding amount reported on line 12b the met by the funding deadline? 12d 12d e Will the minimum funding amount reported on line 12b the met by the funding deadline? 13a 14b Yes No NA Plant Vill Plant Terminations and Transfers of Assets 13a 13a 14b Yes No NA fit "Yes," enter the amount of any plan assets that reverted to the employer this year. 13a 13a 13a 0 Ves No 0 SignosSi7 13c(3) PN(s) 13c(3) PN(s) 13c(3) PN(s) 13c(3) PN(s)	а	If a waiver of the minimum funding standard for a prior year is being amo	rtized in this plan year, see ins						uling
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Question and control contenter control control control control control control	b	Enter the minimum required contribution for this plan year			12b				
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 e Will the minimum funding amount reported on line 12d be met by the funding deadline?	C	Enter the amount contributed by the employer to the plan for this plan year	r		12c				
• Write transmissions and Transfers of Assets 13a Has a resolution to terminate the plan been adopted in any plan year? 13a Has a resolution to terminate the plan been adopted in any plan year? 13a Has a resolution to terminate the plan been adopted in any plan year? 13a Has a resolution to terminate the plan been adopted in any plan year? 13a Has a resolution to terminate the plan been adopted in any plan year? 13a Has a resolution to terminate the plan been adopted in any plan year? 13a Has a resolution to terminate the plan been adopted in any plan year? 13a Has a resolution to terminate the plan been adopted in any plan year? 13a Has a resolution to terminate the plan been adopted in any plan year? 13a Has a resolution to terminate the plan seeds distributed to participants or beneficiaries, transferred to another plan(s); identify the plan(s) to which assets or liabilities were transferred from this plan to another plan(s); identify the plan(s) to which assets or liabilities were transferred from this plan to another plan(s); identify the plan(s) to which assets or liabilities were transferred from this plan to another plan(s); identify the plan(s) to which assets or liabilities were transferred from this plan to another plan(s); identify the plan(s) to which assets or liabilities were transferred from this plan to another plan(s); identify the plan year? 14d Trust Information 14d Trust Information 14d K RS Compliance Questions 14d Truste's or custodian's tele	-	Subtract the amount in line 12c from the amount in line 12b. Enter the res	sult (enter a minus sign to the	left of a	12d				
13a Has a resolution to terminate the plan been adopted in any plan year? Image: Second S	е	Will the minimum funding amount reported on line 12d be met by the fund	ding deadline?			Yes	No		N/A
If "Yes," enter the amount of any plan assets that reverted to the employer this year	Part V	/II Plan Terminations and Transfers of Assets							
If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a	Has a resolution to terminate the plan been adopted in any plan year?				X Yes		No	
control of the PBGC? C 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) Part VIII Trust Information 14a Name of trust AMES S. SULLIVAN, M.D., P.A. Part IX IRS Compliance Questions Tak the plan a 401(k) plan? If "No," skip b					13a				C
C 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) Part VIII Trust Information 14b Trust's EIN 631068577 14c Name of trust 14d Trustee's or custodian's telephone number Part IX IRS Compliance Questions 14d Trustee's or custodian's telephone number Part IX IRS Compliance Questions 948 948 15b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 400(k)(3) for the plan satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply: 948 948 16a What testing method was used to satisfy the coverage requirements of sections 410(b) for the plan year? Check all that apply: Ratio Average 940 17a If the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) Yes No No 17b If the plan is a master and prototype plan with any other plan under the permissive aggregation rules? No 17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the telter /	b] [X Yes		No
Part VIII Trust Information 14a Name of trust 14b Trust's EIN JAMES S. SULLIVAN, M.D., P.A. 631068577 14c Name of trustee or custodian 14d Trustee's or custodian's telephone number Part IX IRS Compliance Questions 15a Is the plan a 401(k) plan? If "No," skip b Yes 15b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section Design-based 16b What testing method was used to satisfy the coverage requirements under section 410(b) for the plan N/A 16a What testing method was used to satisfy the coverage requirements of sections 410(b) and 401(a)(4) Yes N/A 16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) Yes N/A 16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) Yes N/A 17b If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter /	С	If, during this plan year, any assets or liabilities were transferred from this				•			
14a Name of trust 14b Trust's EIN JAMES S. SULLIVAN, M.D., P.A. 14d Truste's or custodian's 14c Name of truste or custodian 14d Truste's or custodian's 14c Name of truste or custodian 14d Truste's or custodian's Part IX IRS Compliance Questions 15b Is the plan a 401(k) plan? If "No," skip b. Image: provide the plan satisfy the nondiscrimination requirements for employee deferrals under section 15b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section Design-based 16b What testing method was used to satisfy the coverage requirements under section 410(b) for the plan Ratio 16a What testing method was used to satisfy the coverage requirements of sections 410(b) and 401(a)(4) Pres N/A 16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) Yes No 17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter /	1	3c(1) Name of plan(s):		13c(2)	EIN(s)		13	c(3) F	N(s)
Part IX IRS Compliance Questions 15a Is the plan a 401(k) plan? If "No," skip b	14a N	lame of trust					IN		
15a Is the plan a 401(k) plan? If "No," skip b Image: Prior year and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the next recent determination letter from the IRS, enter the date of the most recent determination letter from the IRS, enter the date of the most recent determination letter from the IRS, enter the date of the most recent determination letter from the IRS, enter the date of the most recent determination letter from the IRS, enter the date of the most recent determination letter from the IRS, enter the date of the most recent determination letter from the IRS, enter the date of the most recent determination letter from the IRS, enter the date of the most recent determination letter from the IRS, enter the date of the most recent determination letter from the IRS, enter the date of the most recent determination letter from the IRS, enter the date of the most recent determination letter from the IRS, enter the date of the most recent determination letter is not money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from is prior attained from is prior work.	14c	Name of trustee or custodian							ı's
15a is the plan a 401(k) plan? If "No," skip b	Part	IX IRS Compliance Questions							
13b How did the plan satisfy the honoiscrimination requirements for employee deferras under section safe harbor test 401(k)(3) for the plan year? Check all that apply: N/A 16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply: N/A 16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules? Yes N/A 17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter	15a	s the plan a 401(k) plan? If "No," skip b		Yes		E	No		
year? Check all that apply:				 Curre "Curre	narbor ent year		test	r year	" ADP
 for the plan year by combining this plan with any other plan under the permissive aggregation rules?				perce				st	N/A
the letter/ and the serial number 17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter/ 18 Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from Service?				Yes		[No		
letter / 18 Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service? Image: Service Provide the plan year to an employee who attained age 62 and had not separated from Plan Plan Plan Plan Plan Plan Plan Plan			that received a favorable IRS	Sopinion lette	r or adv	isory lette	er, ente	r the o	date of
Were any distributions made during the plan year to an employee who attained age 62 and had not separated from Yes No service?			mination letter from the IRS, e	enter the date	of the n	nost rece	nt dete	rmina	tion
19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		Were any distributions made during the plan year to an employee who att			∏ Ye	s	No		
	19	Was any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$	during the prior plan year?		Ye	S	No		

- Fo	orm 5500-SF	Short Form			eport of Small	Empl	oyee	OMB	Nos. 1210-0110		
Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065					of the l	Employee	2016				
Emoloue	Department of Labor Employee Benefits Security Administration of the Internal Revenue Code (the Code).										
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.							rm is Open Inspection				
Part	I Annual Report	Identification Info	mation								
For cal	endar plan year 2016 or f	iscal_plan year beginning	01/0	01/20	16	and er	nding 1	2/31/20	016		
A Th	is return/report is for:	X a single-employe	r plan	-	e-employer plan (not n pating employer inforn			-			
		a one-participant	plan] a foreig	n plan						
B Th	is return/report is	the first return/re	port 💈	the fina	l return/report						
~		an amended retu	rn/report	a short	plan year return/rep	ort (less					
C Ch	eck box if filing under:	Form 5558	L		tic extension			DFVC progra	m		
	II Desis Dias Info	special extension	<u>i (enter descr</u>	iption)							
Part		rmation - enter all re-	quested infor	mation					Τ=		
1a Name of plan JAMES S. SULLIVAN M.D., P.A. PROFIT SHARING PLAN						1b	Three-digit plan number (F		001		
						[Effective date of 08/02	of plan 2/1982			
Ma Cit	in sponsor's name (emplo illing address (include roo y or town, state or provinc	m, apt., suite no. and st ce, country, and ZIP or f	reet, or P.O. E		oreign, see instr.)	2b		830858			
JAM	≤S S. SULLIVA	N M.D., P.A.									
) WEST MAIN S	-				2d	-793-10 Business code	(see instruct	tions)		
DOTI 3a Pla	IAN In administrator's name a	AL_36	301 as Plan Spon:	sor.		3b	6211: Administrator's				
						3c	Administrator's	s telephone n	umber		
4 If th	e name and/or EIN of the	pian sponsor has chang	jed since the	last return	v/report filed for this	4b	EIN				
plar	i, enter the name, EIN, an	d the plan number from	the last return	n/report.							
a s	ponsor's name					4c	PN				
5а т		s at the beginning of the	nlan year		·	5a			4		
	otal number of participant				••••••••••••••••••••••••••••••••••••••	5b	1	<u>_</u>	0		
	umber of participants with	=		he plan ye	ar (only defined						
C	ontribution plans complete	e this item)				<u>5c</u>			0		
d (1)	Total number of active ;	participants at the begin	ning of the pl	lan year		<u>5d(1)</u>)		4		
	Total number of active					5d(2)) 		0		
	umber of participants that	•	t during the p	olan year v	vith accrued						
	enefits that were less than					<u>5e</u>	· · · ·				
Under Sched	on: A penalty for the late penalties of periury and o ule SB or Schedule MB co wledge and belief, it is tru	ther penalties set forth i propleted and signed by	n the instructi an enrolled a	ions Edec	lare that I have exam	nined t	his return/repor	t including i	f applicable, a		
			T								
SIGN	anter Sue	enin	7-15	-17	ANITA SULI	LIVA	N				
	Signature of plan admin	nistrator	Date	•	Enter name of indiv	idual s	igning as plan a	administrator			
SIGN			1								
HERE	Signature of employer/		Date		Enter name of indiv	vidual s	ioning as emplo	ver or plan e	nonsor		
Prena	rer's name (including firm			ludo mom		noodi 3	Preparer's tele				
riopu					or sure numbery				ואו		
<u> </u>											
For Pa 618571 (perwork Reduction Act I	Notice, see the Instruc	tions for For	m 5500-S	F.			Form	5500-SF (2016) v. 160205		

2 2016.03030 JAMES S. SULLIVAN M.D., P.A S-165PS1