Form 5500-SF		Short Form Annu	rt of Small Employe	ee	OMB Nos. 1210-0110 1210-0089					
	rtment of the Treasury mal Revenue Service	This form is required to be file	d 4065 of the Employee Retire	ment	2016					
Department of Labor Employee Benefits Security Administration		Income Security Act of 1974	(ERISA), and sections 6 Revenue Code (the Co	6057(b) and 6058(a) of the Inte	T	his Form is Open to				
Pension Be	enefit Guaranty Corporation	Complete all entries in a		structions to the Form 5500-		Public Inspection				
Part I		entification Information								
For calend	ar plan year 2016 or fisc			and ending 12/31/						
A This ref	turn/report is for:	a single-employer plan		plan (not multiemployer) (Filer employer information in accord	-					
B This ret	urn/report is	the first return/report an amended return/report	the final return/repo	rt turn/report (less than 12 month	s)					
C Check	box if filing under:	Form 5558 special extension (enter descr	automatic extensio	n 🗌 [DFVC program	n				
Part II	Basic Plan Infor	mation—enter all requested inf	,							
1a Name			omation		 Three-digit plan numb (PN) Effective d 	er 001				
Mailing	g address (include room,	r, if for a single-employer plan) apt., suite no. and street, or P.C			Employer I	dentification Number 20-1230882				
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) EAST LAKE PEDIATRICS, P.A.					2c Sponsor's telephone number 727-372-6760					
2137 LITTLE TRINITY, FL				20		ode (see instructions) 621111				
3a Plan a	dministrator's name and	address 🛛 Same as Plan Spor	isor.		AdministraAdministra	tor's EIN tor's telephone number				
		blan sponsor has changed since ber from the last return/report.	the last return/report file	d for this plan, enter the	EIN					
	or's name			40	PN					
5a Total	number of participants at	t the beginning of the plan year			5a	13				
b Total	number of participants at	t the end of the plan year			5b	15				
		count balances as of the end of			5c	15				
d(1) Tot	al number of active partie	cipants at the beginning of the pla	an year		d(1)	13				
d(2) Tot	al number of active parti	cipants at the end of the plan yea	ar		5d(2)					
e Numi	per of participants that te	rminated employment during the	plan year with accrued	benefits that were less	5e	C				
Caution: A	A penalty for the late or	incomplete filing of this return	n/report will be assess	ed unless reasonable cause i						
SB or Sche		r penalties set forth in the instruct signed by an enrolled actuary, a ete.								
SIGN	Filed with authorized/va	lid electronic signature.	10/12/2017	MICHAEL JORDAN						
HERE	Signature of plan adr	e of plan administrator Date Enter name of individ		Enter name of individual s	signing as pla	n administrator				
SIGN			2000							
HERE	Signature of employe	er/nlan snonsor	Date	Enter name of individual s	ianina as em	plover or plan sponsor				
Preparer's		ne, if applicable) and address (in				hone number				
		see the Instructions for Form 5500				Form 5500-SE (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) 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				
а	Total plan assets	7a	128685	165126				
b	Total plan liabilities	7b						
C	Net plan assets (subtract line 7b from line 7a)	7c	128685	165126				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total				
а	Contributions received or receivable from: (1) Employers	8a(1)	25000					
	(2) Participants	8a(2)						

	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	11641	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		36641
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		
е	Certain deemed and/or corrective distributions (see instructions).	8e		
f	Administrative service providers (salaries, fees, commissions)	8f	200	
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		200
i	Net income (loss) (subtract line 8h from line 8c)	8i		36441
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
- **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			13000
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				

Part	VI	Pension Funding Compliance							
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co m 5500) and line 11a below)					י 🗌 א	′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					. П Y	′es 🗙	No
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а		valver of the minimum funding standard for a prior year is being amortized in this plan year, see instr	uction	is, and	enter t	he date	of the lette	r ruling	
	gran	ting the waiver	onth _		_ Day		_ Year _		
lf	you c	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				
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le tive 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?				Yes	s XN	0	
		es," enter the amount of any plan assets that reverted to the employer this year			13a				
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough rol of the PBGC?	nt und	er the			Yes 🗙	No	
C	lf, du	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify h assets or liabilities were transferred. (See instructions.)			to				
		Name of plan(s):	1	3c(2)	EIN(s)		13c(3) PN(s)	
	. ,			. ,					
Part	VIII	Trust Information							
14a	Name	of trust			14b ⊺	Trust's E	EIN		
14c	Name	e of trustee or custodian					s or custod ne number	an's	
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No		
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section)(3) for the plan year? Check all that apply:		Desigi safe h	n-basec arbor	[Prior ye test	ar" ADP	
				"Curre ADP t	nt year' est	,	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	ntage		verage enefit test	N/	A
16b		ne 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		-			-			ł
17b	10 11 -	plan is an individually-designed plan that received a favorable determination letter from the IRS, end	ter the	date	of the m	ost rec	ent determi	nation	
	letter	//							
18	letter Defin Were		rated f	rom	Yes	6 [No		

Form 5500-SF	Short Form Ann	ual Return/Report of Small Em	ployee	OMB Nos. 1210-0110 1210-0089
Department of the Treasury		Benefit Plan		2016
Internal Revenue Service Department of Labor	This form is required to be fil Income Security Act of 197	ed under sections 104 and 4065 of the Employe 4 (ERISA), and sections 6057(b) and 6058(a) of	e Retirement the Internal	This Form is Open to
Employee Benefits Security Administration Pension Benefit Guaranty Corporation	<u>n</u>	Revenue Code (the Code). accordance with the instructions to the Form		Public Inspection
	rt Identification Information			
For calendar plan year 2016 or	fiscal plan year beginning	01/01/2016 and ending		1/2016
	X a single-employer plan	a multiple-employer plan (not multiemployer	er) (Filers check	ing this box must attach a
A This return/report is for:	a one-participant plan	list of participating employer information in	accordance w	in the form instructions.)
B This return/report is	the first return/report	The final return/report		
D This return/report is	an amended return/report	a short plan year return/report (less than 1	2 months)	
C Check box if filing under:	X Form 5558	automatic extension	DFVC pr	rogram
j	special extension (enter des			-
Part II Basic Plan Inf	formation—enter all requested i			
1a Name of plan	Contraction - Citter an requested i		1b Three	-digit
•	S, P.A., PROFIT SHARI	NG PLAN		number 001
			(PN)	
				tive date of plan 1/2013
	loyer, if for a single-employer plan) oom, apt., suite no. and street, or P.		2b Emple	over Identification Number
		stal code (if foreign, see instructions)		20-1230882 sor's telephone number
East Lake Pediatric	cs, P.A.		and the second se	372-6760
127 Tittle Deed			2d Busin	ess code (see instructions)
2137 Little Road			6211	11
Trinity	FL 34655			
	and address X Same as Plan Sp	onsor	3b Admir	histrator's EIN
				nistrator's telephone number
		e the last return/report filed for this plan, enter the	4b EIN	
a Sponsor's name	umber from the last return/report.		4C PN	
	s at the beginning of the plan year			
				1
c Number of participants with	account balances as of the end o	f the plan year (only defined contribution plans		1
complete this item)				3
d(1) Total number of active p	articipants at the beginning of the p	lan year	5d(1)	C. Craw
d(2) Total number of active p	articipants at the end of the plan ye	ear	5d(2)	1400 C
e Number of participants that	t ferminated employment during th	e plan year with accrued benefits that were less	5e	
Caution: A penalty for the late	or incomplete filing of this retu	m/report will be assessed unless reasonable		liched
Under benaities of denury and h	ther negalties set forth in the insta	ictions, I declare that I have examined this return as well as the electronic version of this return/re	1	
	ipiele.			
HERE Signature of plan	administration			
	auministrator			as plan administrator
		1012 MICHAEL JOR	DAN	
Signature of empl	over/plan sponsor	Date Enter name of ind	ividual signing	as employer or plan sponso
Preparer's name (including firm		naude room of suite number)	Prenarer's	s telephone number
Preparer's name (including firm	manne, in applicable) and address (,		a coprorie namber
	ce, see the Instructions for Form 550			

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62	Were all of the plan's assets during the plan year invested in aligh		(Soo instructions)]	X Yes No
	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 gualified public accourt							·····	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condi	tions.)		·····	·····			X Yes No
-	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)?							п., п.	
		nsurance p	brogram (see ERISA se	ection 4	021)?		Yes		Not determined
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning					(b) End of Y	
a	Total plan assets	7a		128,	685				165,126
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c		128,	685				165,126
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt				(b) Total	
а	Contributions received or receivable from: (1) Employers	8a(1)		25,	000				
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b		11,	541				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							36,641
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f		:	200				
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							200
i	Net income (loss) (subtract line 8h from line 8c)	8i							36,441
j	Transfers to (from) the plan (see instructions)	8j							
Pa	rt IV Plan Characteristics		•						
9a	If the plan provides pension benefits, enter the applicable pension $2E$ 3D	feature co	odes from the List of PI	an Cha	racteris	stic Co	odes in	the instruction	ons:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	des from the List of Pla	n Chara	cterist	ic Coo	les in t	he instruction	าร:
Pa	t V Compliance Questions								
10	During the plan year:				Yes	No	N/A	Aı	nount
a	 Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) 	/oluntary F	iduciary Correction	10a		Х			
k	 Were there any nonexempt transactions with any party-in-interest reported on line 10a.). 	t? (Do not	include transactions	10b		X			
c	Was the plan covered by a fidelity bond?			10c	Х				13,000
c	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х			
e	 Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.). 	ne or all of	the benefits under	10e		Х			
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		Х			
	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		Х			
_	I If this is an individual account plan, was there a blackout period?					77			

2520.101-3.)

exceptions to providing the notice applied under 29 CFR 2520.101-3

i If 10h was answered "Yes," check the box if you either provided the required notice or one of the

Х

10h

10i

Form 5500-SF 2016

|--|

	Form 5500-SF 2016 Page 3-					
Part \	/I Pension Funding Compliance					
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co (Form 5500) and line 11a below)			З		es 🗌 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 Coc ERISA?				. 🗌 Y	es 🛛 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 instru-	ruotiona and	ontort	ha data	of the letter	ruling
	granting the waiver.		_ Day		_ Year _	
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13	3.				
b E	nter the minimum required contribution for this plan year		12b			
CE	inter the amount contributed by the employer to the plan for this plan year		12c			
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)		12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
Part \	II Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?			Yes	X No	C
	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 brough control of the PBGC?				Yes X	No
	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	y the plan(s)	to			
1;	Sc(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)
Part	VIII Trust Information					
14a N	lame of trust		14b ⊺	rust's E	IN	
14c N	lame of trustee or custodian				s or custodi ne number	an's
Part	IX IRS Compliance Questions					
15a i	s the plan a 401(k) plan? If "No." skip b	Yes		[No	
15b	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section	□ safe h	n-based arbor	<mark>ا [</mark>	Prior ye	ar" ADP
	01(k)(3) for the plan year? Check all that apply:	"Curre ADP to	nt year' est	,	N/A	
	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	Ratio perce test	ntage		verage enefit test	N/A
1	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) or the plan year by combining this plan with any other plan under the permissive aggregation rules?				No	
	f the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS o he letter and the serial number	-		-		
	f the plan is an individually-designed plan that received a favorable determination letter from the IRS, ent etter Defined Benefit Plan or Money Purchase Pension Plan Only:	ter the date of	of the m	ost rece	ent determir	nation
N N	Vere any distributions made during the plan year to an employee who attained age 62 and had not separ service?	rated from	Yes	6	No	
19 V	Nas any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		Yes	s [No	