Form 5500-SF

Department of the Treasury

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Internal Revenue Service

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.

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information				
For calend	ar plan year 2016 or fis	scal plan year beginning 01/01/2	016 and ending 13	2/31/2016		
A This ref	turn/report is for:	a single-employer plan a one-participant plan	a multiple-employer plan (not multiemployer) (list of participating employer information in ac a foreign plan	•	-	
B This retu	urn/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 m	nonths)		
C Check	box if filing under:	Form 5558 special extension (enter descri	automatic extension	DFVC pro	gram	
Part II	Basic Plan Info	rmation—enter all requested info	formation			
1a Name MOHAMMAI		ROFIT SHARING PLAN		1b Three-orplan nu (PN)	umber	001
				1c Effectiv	ve date of p 01/01/	
Mailing	g address (include roon	yer, if for a single-employer plan) n, apt., suite no. and street, or P.O		2b Employ (EIN)	er Identific 59-172	cation Number 23870
•	O YUNUS, MD, P.A.	e, country, and ZIP or foreign posta	al code (if foreign, see instructions)	2c Sponso	or's teleph 850-547-	one number 4284
404 EAST HI BONIFAY, FI				2d Busines	ss code (s 62111	see instructions)
	dministrator's name an O YUNUS, MD, P.A.		nsor. HIGHWAY 90 , FL 32425	3b Adminis	59-172	23870 elephone number
name		e plan sponsor has changed since to nber from the last return/report.	the last return/report filed for this plan, enter the	4b EIN 4c PN		
				5a		
				5b		
	·	• •	the plan year (anly defined contribution plans	30		
comp	lete this item)		the plan year (only defined contribution plans	5c		
			an year	5d(1)		
			ar	5d(2)		
than	100% vested	. , ,		5e	iohod	(
	·	<u>-</u>	n/report will be assessed unless reasonable ca ctions, I declare that I have examined this return/re			ahla a Schadula
onder perio	and on perjury and on	ioi porialitos socioliti ili tile ilistituo	Alono, racciare matrinave examined mis returnite	port, including	, ii applice	abio, a Collectule

SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and

<u>beliet, it is t</u>	rue, correct, and complete.			
31314	Filed with authorized/valid electronic signature.	10/16/2017	PAULA L. SHELLEY	
HERE	Signature of plan administrator	Date	Enter name of individ	ual signing as plan administrator
SIGN				
HERE	Signature of employer/plan sponsor	Date	Enter name of individ	ual signing as employer or plan sponsor
Preparer's	name (including firm name, if applicable) and address (include i	room or suite numbe	r)	Preparer's telephone number

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6a Were a	all of the plan's assets during the plan year invested in eligib	ole assets?	? (See instructions.)						X Yes	No
	u claiming a waiver of the annual examination and report of 29 CFR 2520.104-46? (See instructions on waiver eligibility								X Yes	П No
	answered "No" to either line 6a or line 6b, the plan cann								П	П
	an is a defined benefit plan, is it covered under the PBGC ir							No	Not dete	ermined
Part III	Financial Information						-			
7 Plan As	ssets and Liabilities		(a) Beginning	of Year				(b) End	of Year	
a Total p	lan assets	7a		492448				. /	492448	3
b Total p	lan liabilities	7b								
C Net pla	n assets (subtract line 7b from line 7a)	7c		492448					492448	3
8 Income	e, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) T	otal	
	utions received or receivable from:	2 (4)								
	nployers	8a(1)			-					
	rticipants	8a(2)								
	ners (including rollovers)ncome (loss)	8a(3) 8b								
	ncome (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							()
	s paid (including direct rollovers and insurance premiums	00								
	ide benefits)	8d			_					
e Certain	deemed and/or corrective distributions (see instructions).	8e								
f Admini	strative service providers (salaries, fees, commissions)	8f								
g Other e	expenses	8g								
h Total e	xpenses (add lines 8d, 8e, 8f, and 8g)	8h							(
	ome (loss) (subtract line 8h from line 8c)	8i)
	ers to (from) the plan (see instructions)	8j								
	Plan Characteristics									
	plan provides pension benefits, enter the applicable pension 2H 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the insti	ructions:	
b If the p	plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acteris	tic Cod	des in t	he instru	ictions:	
Part V	Compliance Questions									
10 Durin	g the plan year:				Yes	No	N/A		Amount	
desc	there a failure to transmit to the plan any participant contriburibed in 29 CFR 2510.3-102? (See instructions and DOL's \ ram)	oluntary F	Fiduciary Correction	10a		X				
b Were	there any nonexempt transactions with any party-in-interest	t? (Do not	include transactions	10b		X				
· · ·	the plan covered by a fidelity bond?			10c		X				
	ne plan have a loss, whether or not reimbursed by the plan's ud or dishonesty?			10d		X				
e Were carrie	any fees or commissions paid to any brokers, agents, or other, insurance service, or other organization that provides some an? (See instructions.)	her persor ne or all of	ns by an insurance the benefits under	10e		X				
f Has t	he plan failed to provide any benefit when due under the pla	an?		10f		Χ				
g Did th	ne plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g		X				
2520.	is an individual account plan, was there a blackout period? 101-3.)	· ·····		10h		X				
	was answered "Yes," check the box if you either provided to stions to providing the notice applied under 29 CFR 2520.10			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 set of the constructions and constructions are set of the constructions					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).

▶ 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

Part I Annual Repor	rt Identification	nformation				
For calendar plan year 2016 or			01/01/2016	and ending	12/31/	2016
A This return/report is for:	a single-emplo	yer plan		olan (not multiemployer) mployer information in a		
This return report is for.	a one-participa	nt plan	a foreign plan	inployer information in c	accordance with a	to totti ilisti dottoris.
B This return/report is	the first return/		the final return/report			
	an amended re	eturn/report	a short plan year retu	rn/report (less than 12 i	months)	
C Check box if filing under:	X Form 5558	- Control do a de la control d	automatic extension		DFVC progra	am
		on (enter descri				
Transaction in the same to serve to the contract of the same and the s	formation—enter a	all requested info	mation		41 -	
1a Name of plan MOHAMMAD YUNUS, MD,	P.A. PROFIT	SHARING P	LAN		1b Three-dig plan num (PN)	
					1c Effective	
2a Plan sponsor's name (emp Mailing address (include ro	om, apt., suite no. an	d street, or P.O.				Identification Number
City or town, state or proving MOHAMMAD YUNUS, MD,		or foreign posta	I code (if foreign, see ins	tructions)	2c Sponsor's 850-54	s telephone number 7-4284
404 EAST HIGHWAY 90)				2d Business 621111	code (see instructions)
BONIFAY	FL	32425				
3a Plan administrator's name MOHAMMAD YUNUS, MD,	had	e as Plan Spons	sor.		3b Administra 59-1723	
404 EAST HIGHWAY 90		405			3c Administra 850-547	ator's telephone number - 4284
BONIFAY		2425				
4 If the name and/or EIN of t name, EIN, and the plan n			ne last return/report filed	for this plan, enter the	4b EIN	
a Sponsor's name					4c PN	
5a Total number of participant					. 5a	or or other transfer of the state of the sta
b Total number of participant	ts at the end of the pl	an year			. 5b	
c Number of participants with complete this item)	***************************************	***************************************			5c	
d(1) Total number of active p	articipants at the beg	inning of the pla	n year		5d(1)	
d(2) Total number of active p	articipants at the end	of the plan year	**********************	***********************************	5d(2)	
 Number of participants that than 100% vested 	at terminated employr	nent during the p	olan year with accrued be	enefits that were less	5e	
Caution: A penalty for the late	or incomplete filing	g of this return/	report will be assessed	unless reasonable ca	use is establish	ed.
Under penalties of perjury and of SB or Schedule MB completed belief, it is true, correct, and con	and signed by an enr	th in the instructi offed actuary, as	ons, I declare that I have well as the electronic ve	examined this return/re rsion of this return/repo	eport, including, if rt, and to the best	applicable, a Schedule of my knowledge and
SIGN Gulinlan			10/16/2017	Paula L. Shel	ley	
Signature of plan	administrator	= = =	Date	Enter name of individ	dual signing as pla	an administrator
SIGN HERE						
Preparer's name (including firm	oyer/plan sponsor	-1-11 6	Date	Enter name of individ		nployer or plan sponsor
rioparor 3 name (moruting mm	папе, п аррісавіе) в	ind address (inc	ude room of suite numb	er)	Preparer's telep	phone number
For Panerwork Deduction Act Not						

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b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cannot lift the plan is a defined benefit plan, is it covered under the PBGC in	an indepen and condition ot use For	dent qualified public ons.) m 5500-SF and mus	account	tant (IC	PA)	n 5500.	[2	Yes Yes ot determ	No No mined
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year	.		(b)	End of Ye	ar	
a	Total plan assets	7a	(4) = 0,111119	492,			(-)			2,448
	Total plan liabilities	7b								
c	Net plan assets (subtract line 7b from line 7a)	7c		492,	448				492	2,448
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	nt				(b) Total		
a	Contributions received or receivable from: (1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers).	8a(3)								
b	Other income (loss)	8b								
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								C
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								
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								0
i	Net income (loss) (subtract line 8h from line 8c)	8i								0
j	Transfers to (from) the plan (see instructions)	8j								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2H 3D	feature cod	es from the List of P	lan Cha	racteri	stic C	odes in the	instruction	ns:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	s from the List of Pla	n Chara	acteris	tic Co	des in the i	nstruction	S.	
Par	t V Compliance Questions									
10	During the plan year:	1.			Yes	No	N/A	Am	ount	
a	Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary Fig	duciary Correction	10a		Х				
b	Were there any nonexempt transactions with any party-in-interest 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 by fraud or dishonesty?	fidelity bond	d, that was caused	10d		Х				
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.).	e or all of th	ne benefits under	10e		Х				
f	Has the plan failed to provide any benefit when due under the plan	n?	*******************	10f		Х			-	
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year-en	d.)	10g		Х				11000
	If this is an individual account plan, was there a blackout period? (2520.101-3.)	See instruc	tions and 29 CFR	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	e required	notice or one of the	10i						

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	7 3/11 0000 01 2010	7 dge 0					
Part	VI Pension Funding Compliance						
11		n funding requirements? (If "Yes," see instructions and					Yes []
11a		ns for all years from Schedule SB (Form 5500) line 40		1			
12	AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	e minimum funding requirements of section 412 of the C 2d, and 12e below, as applicable.)					Yes 🛭 I
a		a prior year is being amortized in this plan year, see in		d enter t		of the le	
lf y		nd 10 of Schedule MB (Form 5500), and skip to line	NAME AND ADDRESS OF THE OWNER, WHEN PERSON AND POST				
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			
-	Subtract the amount in line 12c from the amount	at in line 12b. Enter the result (enter a minus sign to the	left of a	12d			
е	Will the minimum funding amount reported on li	ne 12d be met by the funding deadline?			Yes	No	N/A
Part '	/II Plan Terminations and Transfer	s of Assets					
13a	Has a resolution to terminate the plan been adopte	d in any plan year?			Yes	X	No
	If "Yes," enter the amount of any plan assets the	at reverted to the employer this year		13a			
b		nts or beneficiaries, transferred to another plan, or brou				Yes	⊠ No
С		were transferred from this plan to another plan(s), ident	CONTRACTOR STATE) to			
1	3c(1) Name of plan(s):		13c(2)	EIN(s)		130	(3) PN(s)
Part	VIII Trust Information	· · · · · · · · · · · · · · · · · · ·				elektristiselisistesitesitesi	
14a I	lame of trust			14b	Trust's El	N	
14c	Name of trustee or custodian				rustee's telephone		
Part	IX IRS Compliance Questions						
15a	s the plan a 401(k) plan? If "No," skip b		Yes			No	
15b	How did the plan satisfy the nondiscrimination re 01(k)(3) for the plan year? Check all that apply:	quirements for employee deferrals under section	safe h	ent year	Ц	"Prior test N/A	year" ADP
162	What testing method was used to satisfy the cov	erage requirements under section 410(b) for the plan	ADP t				

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

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

year? Check all that apply:

the letter

letter

18

16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4)

and the serial number

19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?

Defined Benefit Plan or Money Purchase Pension Plan Only:

for the plan year by combining this plan with any other plan under the permissive aggregation rules?

Were any distributions made during the plan year to an employee who attained age 62 and had not separated from

test

Yes

percentage

Yes

Yes

Average

No

No

No

benefit test

N/A

Form **5558** (Rev. August 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File Certain Employee Plan Returns

► For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Information about Form 5558 and its instructions is at www.irs.gov/form5558

OMB No. 1545-0212

File With IRS Only

	Name of filer, plan administrator, or plan sponsor (see instructions) MOHAMMAD YUNUS, MD, P.A.	В			ying number (s		
	Number, street, and room or suite no. (If a P.O. box, see instructions) 404 EAST HIGHWAY 90		Socia	Leacurit	59-17 : y number (SSN)	23870	/V VVVV
	City or town, state, and ZIP code		Godia	Security	y Humber (33N)	(a gigits XXX-)	W-XXXX)
;	BONIFAY, FL 32425		Plan		Plor	year endin	-
	Plan name		numb		MM	DD DD	YYYY
	MOHAMMAD YUNUS, MD. P.A. PROFIT SHARING PLAN	0	0	1	12	31	2016
Pai	rt II Extension of Time To File Form 5500 Series,	and/or Form 8955-	SSA				
2	Check this box if you are requesting an extension of time in Part 1, C above. I request an extension of time until	to file Form 5500	series	(see in		eport for the	plan listed
3	I request an extension of time until 10 / 15 / 2017 Note. A signature IS NOT required if you are requesting an extension of time until 10 / 15 / 2017	to file Form 8955	-SSA (s	see ins	tructions).		
arl	and/or line 3 (above) is not later than the 15th day of the thir Extension of Time To File Form 5330 (see inst		due d	ate.			
						<u> </u>	
4	I request an extension of time until / / You may be approved for up to a 6 month extension to file F	to file Form 5330	nal due	date o	of Form 5330.		
4 a	You may be approved for up to a 6 month extension to file F	to file Form 5330	nal due	date o	of Form 5330.		
	You may be approved for up to a 6 month extension to file F Enter the Code section(s) imposing the tax	to file Form 5330	nal due	date o	of Form 5330.	b	
а	You may be approved for up to a 6 month extension to file F Enter the Code section(s) imposing the tax	to file Form 5330. Form 5330, after the norm	al due		of Form 5330.	b c	
a b c	You may be approved for up to a 6 month extension to file F Enter the Code section(s) imposing the tax Enter the payment amount attached. For excise taxes under section 4980 or 4980F of the Code. e	to file Form 5330. Form 5330, after the norm	al due		of Form 5330.	b	
a b c	You may be approved for up to a 6 month extension to file F Enter the Code section(s) imposing the tax Enter the payment amount attached. For excise taxes under section 4980 or 4980F of the Code. e	to file Form 5330. Form 5330, after the norm	al due		of Form 5330.	b	
a b	You may be approved for up to a 6 month extension to file F Enter the Code section(s) imposing the tax Enter the payment amount attached. For excise taxes under section 4980 or 4980F of the Code. e	to file Form 5330. Form 5330, after the norm	al due		of Form 5330.	b	
a b c	You may be approved for up to a 6 month extension to file F Enter the Code section(s) imposing the tax Enter the payment amount attached. For excise taxes under section 4980 or 4980F of the Code. e	to file Form 5330. Form 5330, after the norm	al due		of Form 5330.	b	
a b	You may be approved for up to a 6 month extension to file F Enter the Code section(s) imposing the tax Enter the payment amount attached. For excise taxes under section 4980 or 4980F of the Code. e	to file Form 5330. Form 5330, after the norm	al due		of Form 5330.	b	
a b c 5	You may be approved for up to a 6 month extension to file F Enter the Code section(s) imposing the tax Enter the payment amount attached. For excise taxes under section 4980 or 4980F of the Code. e	to file Form 5330. Form 5330, after the norm	a due	date .	> [b c	