## 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

2017

This Form is Open to Public Inspection

Part I	Annual Report	t identification information								
For calenda	ar plan year 2017 or f	fiscal plan year beginning 01/01/2	2017	and ending 1	2/31/2017					
A This ret	urn/report is for:		r) (Filers checking this box must attach a accordance with the form instructions.)							
		a one-participant plan	a foreign plan							
<b>B</b> This retu	ırn/report is	the first return/report	the final return/report							
		an amended return/report	a short plan year retu	urn/report (less than 12 m	nonths)					
C Check b	oox if filing under:	X Form 5558	automatic extension		m					
		special extension (enter desc	ription)		_					
Part II	Basic Plan Info	ormation—enter all requested in	formation							
1a Name of PULMONAR	of plan	A. PROFIT SHARING PLAN			1b Three-digi plan numb (PN) ▶					
					1c Effective of	date of plan 07/01/1982				
		oyer, if for a single-employer plan)			<b>2b</b> Employer	Identification Number				
		om, apt., suite no. and street, or P.0 ce, country, and ZIP or foreign pos		structions)	(EIN) 63-0830848					
	Y ASSOCIATES, P.A					telephone number 34-793-9564				
					2d Business	code (see instructions)				
4300 WEST I DOTHAN, AL	MAIN ST., STE 102 _ 36305				621111					
3a Plan ad	dministrator's name a	and address X Same as Plan Spo	nsor.		<b>3b</b> Administra	ator's EIN				
					3c Administra	ator's telephone number				
4 If the n	name and/or EIN of th	ne plan sponsor or the plan name h	as changed since the last	return/report filed for	4b EIN					
this pla	an, enter the plan spo	onsor's name, EIN, the plan name								
a Sponso					4d PN					
	amo									
<b>5a</b> Total r	number of participant	s at the beginning of the plan year.			. 5a	17				
		s at the end of the plan year			. 5b	15				
		account balances as of the end of			5c	15				
<b>d(1)</b> Tota	al number of active pa	articipants at the beginning of the p	lan year		5d(1)	17				
d(2) Total number of active participants at the end of the plan year					5d(2)	14				
		o terminated employment during th			5e	1				
Caution: A	penalty for the late	or incomplete filing of this retur	n/report will be assesse	d unless reasonable ca						
SB or Sche	dule MB completed a	other penalties set forth in the instru and signed by an enrolled actuary,								
belief, it is t	rue, correct, and con	nplete.  d/valid electronic signature.	10/12/2018	M.W. SEXTON						
HERE			Date		lual cianina oo ala	an administrator				
SIGN	Signature of plan	auminion atti	Date	Enter name of individ	iuai siyiiiiy as pla	an auminiblialui				
HERE	Signature of empl	over/nlan enoneor	vidual signing as employer or plan sponsor							

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	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)						X Yes ☐ No 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.							<u> </u>		
С	If the plan is a defined benefit plan, is it covered under the PBGC in					_		Not determined		
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this p	lan yea	r		·	(See instructions.)		
Pa	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning (	of Year			(b) End	l of Year		
а	Total plan assets	7a		57719			(/	5295388		
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	75	57719			5295388			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total		
a	Contributions received or receivable from: (1) Employers	8a(1)	1!	56134						
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	80	03943						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						960077		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	318	83506						
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	(	38902						
g	Other expenses									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						3222408		
i	Net income (loss) (subtract line 8h from line 8c)							-2262331		
j	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E	feature co	des from the List of Pla	an Cha	racteris	stic Co	odes in the ins	tructions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	acterist	ic Cod	les in the inst	ructions:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Amount		
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	include transactions	10b		X				
С	Was the plan covered by a fidelity bond?			10c	X			500000		
d	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				
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		X				
f	Has the plan failed to provide any benefit when due under the plan	n?n		10f		Χ				
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year-	end.)	10g		Χ				
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			10i						

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Part	VI Pension Funding Compliance									
11	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)									
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 section 302 of ERISA?  (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, and granting the waiver	d enter t		of the letter Year	ruling					
lf y	you 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?		Yes	X 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 the control of the PBGC?			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(s) which assets or liabilities were transferred. (See instructions.)	) to								
1	<b>3c(1)</b> Name of plan(s): 13c(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

## 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

2017

This Form is Open to Public Inspection

	t Identification Information							
For calendar plan year 2017 or	fiscal plan year beginning	01/01/2017 and ending	12/31/20					
A This return/report is for:	X a single-employer plan	a multiple-employer plan (not multiemployer) (Filers checking this box list of participating employer information in accordance with the form						
D. T.	a one-participant plan	a foreign plan						
B This return/report is	the first return/report	the final return/report						
	an amended return/report	a short plan year return/report (less than 12 n	nonths)					
C Check box if filing under:	X Form 5558	automatic extension	1					
	special extension (enter desc	-	DFVC program					
Part II   Basic Plan Inf	ormation—enter all requested in							
1a Name of plan	Office of the control	nomation	1b Three-digit					
·			plan numbe	r 001				
PULMONARY ASSOCIATES	S, P.A. PROFIT SHARIN	G PLAN	(PN) ▶					
			1c Effective da 07/01/19	-				
2a Plan sponsor's name (emp	loyer, if for a single-employer plan)		1	lentification Number				
Mailing address (include ro	om, apt., suite no. and street, or P.	O. Box)	(EIN) 63-0					
PULMONARY ASSOCIATE		stal code (if foreign, see instructions)	2c Sponsor's t	elephone number				
I DANGTHEI INDUCTIFIE	3D, 1.11.		334-793-	9564				
4300 WEST MAIN ST.,	STE 102	·	1	ode (see instructions)				
TOTO MEDI MILIN DIT,	2.2 100		621111					
DOTHAN	AL 36305							
	and address X Same as Plan Spo	oneor	3b Administrate	oro EIN				
· idit administrator 3 marie	and address in dame as rian opt	oraur.	SD Administrati	): 9 Ell4				
			3c Administrate	or's telephone number				
				•				
		has changed since the last return/report filed for and the plan number from the last return/report.	4b EIN					
a Sponsor's name		and the plantament with the test return topour.	4d PN					
C Plan Name		•						
			}	•				
5a Total number of participant	ts at the beginning of the plan year		5a	17				
			5b	15				
		f the plan year (only defined contribution plans		1.2				
		······	5c	15				
		olan year		17				
d(2) Total number of active p	participants at the end of the plan ye	ear	5d(2)	14				
e Number of participants who terminated employment during the plan year with accrued benefits that were less								
Caution: A penalty for the late	or incomplete filing of this pate	rn/report will be assessed unless reasonable ca	5e	. 1				
Under penalties of periury and o	other penalties set forth in the instru	uctions, I declare that I have examined this return/re	enort including if a	I. nnlicable a Schedule				
SB or Schedule MB completed belief, it is true, correct, and correct.	and signed by an enrolled actuary/	as well as the electronic version of this return/repo	rt, and to the best o	f my knowledge and				
SIGN ////	11/1/ XT-X	10/12/94 M.W. SEXTON						
HERE Signature of plan	administrator	<del></del>	lual cionica da al-a					
		1 / 45 41.4 / 6		anulustratot				
SIGN ////	//	10/12/2018 NW	oxton					
Signature of emp	ice see the instructions for Form FEG	Date Enter name of individ	lual signing as emp	loyer or plan sponsor				

P	а	a	e	2

	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)									
	under 29 CFR 2520.104-46? (See Instructions on waiver eligibility and conditions.)									
	If you answered "No" to either line 6a or line 6b, the plan cann									
C	if the plan is a defined benefit plan, is it covered under the PBGC in									
	If "Yes" is checked, enter the My PAA confirmation number from the	ne PBGC p	premium filing for this pl	lan yea	<u>-</u>					
Pai	rt III   Financial Information									
7	Plan Assets and Liabilities		(a) Beginning (	of Year			(b) End of Year			
a	Total plan assets	7a		557,			5,295,388			
	Total plan liabilities	. 7b		·						
	Net plan assets (subtract line 7b from line 7a)	. 7c	7,	557,	719	5,295,388				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total			
а	Contributions received or receivable from:									
	(1) Employers	. 8a(1)		156,	134					
	(2) Participants	. 8a(2)								
	(3) Others (including rollovers)	. 8a(3)								
b	Other income (loss)	. 8b		803,	943					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c					960,077			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	3,	183,	506					
	Certain deemed and/or corrective distributions (see instructions)	. 8e								
f	Administrative service providers (salaries, fees, commissions)	. 8f		38,	902					
g	Other expenses	. 8g								
h	h Total expenses (add lines 8d, 8e, 8f, and 8g)						3,222,408			
i	Net income (loss) (subtract line 8h from line 8c)						-2,262,331			
j	Transfers to (from) the plan (see instructions)									
Pa	rt IV Plan Characteristics	<u> </u>				<del> </del>				
9a	If the plan provides pension benefits, enter the applicable pension 2E	n feature c	odes from the List of Pl	an Cha	racteri	stic Co	odes in the instructions:			
b	If the plan provides welfare benefits, enter the applicable welfare t	feature co	des from the List of Pla	n Chan	acteris	tic Coc	les in the instructions:			
Pai	t V Compliance Questions									
10	During the plan year:				Yes	No	Amount			
a		utions with	in the time period				Alloant			
	described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary	Fiduciary Correction	10a		х				
b	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	st? (Do noi	t include transactions	10b		х				
C	Was the plan covered by a fidelity bond?	********	·	10c	х	]	500,000			
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 ot carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ther person ne or all o	ns by an insurance f the benefits under	10e		x				
f	f Has the plan failed to provide any benefit when due under the plan?					х				
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)			10f 10g		х				
ħ	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 to exceptions to providing the notice applied under 29 CFR 2520.10	the require	ed notice or one of the	10i						
							•			

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Part	VI Pension Funding Compliance	· · · · · · · · · · · · · · · · · · ·	······································				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500) and line 11a below)			В		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 CERISA?	Code or section	n 302 o	f 		Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	<del></del>			<u> </u>		
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver.		enter i Day		of the le Yea		ling
<u>If</u>	you 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				
	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 negative amount)	left of a	12d				
<u>e</u>	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	х	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 broucontrol of the PBGC?			Yes	X N	lo	
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden which assets or liabilities were transferred. (See instructions.)		to	_			
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		130	(3) PI	V(s)