Department of the Treasury Internal Revenue Service Benefit Plan 201 Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation 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). This Form is Public Inst Part I Annual Report Identification Information For calendar plan year 2016 or fiscal plan year beginning 06/01/2016 and ending 05/31/2017 A This return/report is for: Image: Comparison of the first return/report is of participating employer information in accordance with the final return/report a namended return/report a short plan year return/report is a short plan year return/report (less than 12 months) DEVC program	s Open to
Employee Benefits Security Administration Revenue Code (the Code). This Form is Public Instructions to the Form 5500-SF. Part I Annual Report Identification Information • Complete all entries in accordance with the instructions to the Form 5500-SF. Public Instructions For calendar plan year 2016 or fiscal plan year beginning 06/01/2016 and ending 05/31/2017 A This return/report is for: Image: Complete all entries in a coordance with the form instruction in accordance with the form instruction in accordance with the form instruction in a foreign plan B This return/report is Image: the first return/report Image: the first return/report Image: the first return/report B This return/report is Image: the first return/report Image: the first return/report Image: the first return/report B This return/report is Image: the first return/report Image: the first return/report Image: the first return/report B This return/report is Image: the first return/report Image: the first return/report Image: the first return/report B This return/report is Image: the first return/report Image: the first return/report Image: the first return/report B This return/report is Image: the first return/report Image: the first return/report Image: the first return/report Image: the first return/report<	
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an amended return/report a short plan year return/report (less than 12 months)	uctions.)
special extension (enter description)	
Part II Basic Plan Information—enter all requested information	
Tai Name of plan 1b Three-digit	
JORGE J. INGA MD, P.A. PROFIT SHARING PLAN	001
1c Effective date of plan	
2a Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Mailing address (include room, apt., suite no. and street, or P.O. Box) 59-202715	n Number
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) JORGE J. INGA, MD, PA	number
2d Business code (see in	
6701 HANLEY ROAD 621111 TAMPA, FL 33634	
3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN	
3c Administrator's teleph	one number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN	
 a Sponsor's name 4 Sponsor's name 	
5a Total number of participants at the beginning of the plan year	4
b Total number of participants at the end of the plan year	4
C Number of participants with account balances as of the end of the plan year (only defined contribution plans 5c	4
d(1) Total number of active participants at the beginning of the plan year	4
d(2) Total number of active participants at the end of the plan year	4
E Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	C
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.	
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, 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 know belief, it is true, correct, and complete.	
SIGN Filed with authorized/valid electronic signature. 09/28/2019 JORGE J. INGA MD	
HERE Signature of plan administrator Date Enter name of individual signing as plan administr	rator
SIGN	
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or p	
Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number (including firm name, if applicable) and address (include room or suite number)	ber
For Paperwork Reduction Act Notice see the Instructions for Form 5500-SF	500-SF (2016)

6a 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 a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan canne	an indeper and condit ot use Fo	ndent qualified public accountant (lions.) rm 5500-SF and must instead us	QPA) Yes No
<u>ر</u>	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	Togram (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	281225	352031
b	Total plan liabilities	7b		
C	Net plan assets (subtract line 7b from line 7a)	7c	281225	352031
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from:		10.107	

(3) Others (including rollovers)	8a(3)		
Other income (loss)	8b	40089	
Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		80496
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	9500	
Certain deemed and/or corrective distributions (see instructions).	8e		
Administrative service providers (salaries, fees, commissions)	8f		
Other expenses	8g	190	
1 Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		9690
Net income (loss) (subtract line 8h from line 8c)	8i		70806
Transfers to (from) the plan (see instructions)	8j		
art IV Plan Characteristics			

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:
	2E

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		x		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X		
С	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		X		
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		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c m 5500) and line 11a below)	•					Ye	s 🗌 No
11a	Ente	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
12		his a defined contribution plan subject to the minimum funding requirements of section 412 of the Co SA?						Ye	s 🗙 No
	(lf "	Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ting the waiver		is, and	enter t _ Day			letter ar	uling
lf	you c	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.						
b	Enter	r 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		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the leative amount)			12d				
e	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)	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a			-	
b	Wer	re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug trol of the PBGC?	ght und	er the			Ye	s X	No
с		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi			to				
		ch assets or liabilities were transferred. (See instructions.)		10-(0)				0- (0)	
1	13C(1)) Name of plan(s):		13C(2)	EIN(s)		1	3c(3)	PIN(S)
Part	VIII	Trust Information							
i ait	• • • • •	These information							
140					14h 1	Fruct'o F			
14a JORGE	Name J. IN	e of trust IGA MD, PA PROFIT SHARING PLAN			14b 1	Frust's E	EIN		
JORGE	J. IN	e of trust IGA MD, PA PROFIT SHARING PLAN e of trustee or custodian IGA, MD			14d 1	Frustee' telephor	s or cu	ber	
JORGE	E J. IN Name E J. IN	IGA MD, PA PROFIT SHARING PLAN			14d 1	Frustee' telephor	s or cu	ber	
14c JORGE JORGE	E J. IN Name E J. IN t IX	IGA MD, PA PROFIT SHARING PLAN e of trustee or custodian IGA, MD		Yes	14d 1	Frustee' telephor	s or cu	ber	
JORGE 14c JORGE Part 15a 15b	Name J. IN J. IN t IX Is the How	IGA MD, PA PROFIT SHARING PLAN e of trustee or custodian IGA, MD IRS Compliance Questions e plan a 401(k) plan? If "No," skip b did the plan satisfy the nondiscrimination requirements for employee deferrals under section			14d T	Trustee' telephoi 8	s or cu ne num 113-888	ber 3-5000 or yea	
JORGE 14c JORGE Part 15a 15b	Name J. IN J. IN t IX Is the How	IGA MD, PA PROFIT SHARING PLAN e of trustee or custodian IGA, MD IRS Compliance Questions e plan a 401(k) plan? If "No," skip b		Desigi safe h	14d T	Frustee' telephor 8	s or cu ne num 113-888 No	ber 3-5000 or yea	
14c JORGE Part 15a 15b	Name Name J. IN t IX Is the 401(k	IGA MD, PA PROFIT SHARING PLAN e of trustee or custodian IGA, MD IRS Compliance Questions e plan a 401(k) plan? If "No," skip b did the plan satisfy the nondiscrimination requirements for employee deferrals under section		Desigi safe h "Curre	n-basec arbor nt year est	Frustee' telephor 8 1 1 2 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2	s or cu ne num 113-888] No] "Pri test	ber 8-5000 or yea	
14c JORGE Part 15a 15b	Name Name I S J. IN I S the How 401(k Wha year	IGA MD, PA PROFIT SHARING PLAN e of trustee or custodian IGA, MD IRS Compliance Questions e plan a 401(k) plan? If "No," skip b did the plan satisfy the nondiscrimination requirements for employee deferrals under section c)(3) for the plan year? Check all that apply: t testing method was used to satisfy the coverage requirements under section 410(b) for the plan		Desigi safe h "Curre ADP to Ratio perce	n-basec arbor nt year est	Frustee' telephor 8 1 1 2 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2	s or cu ne num 113-888] No] "Pri test] N/A verage	ber 8-5000 or yea	r" ADP
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		Benefit Plan	rt of Small Emp	loyee		OMB Nos. 1210-011 1210-008
Department of the Treasury Internal Revenue Service	This form is required to be f	iled under sections 104 and	d 4065 of the Employee F	Retirement		2016
Department of Labor Employee Benetits Security Administration Pension Benefit Guaranty Corporation		Revenue Code (the Co	de).			Form is Open to blic inspection
	Complete all entries i	n accordance with the Ind	structions to the Form &	5500-SF.		
For calendar plan year 2016 or	rt identification informatio	06/01/2016	and ending	05/31/	201	1
	X a single-employer plan	and the second	plan (not multiemployer)			
A This return/report is for:	a one-participant plan	list of participating o	employer information in a	ccordance with	the for	m instructions.)
B This return/report is	the first retum/report	T the final return/repor				
	an amended return/report		um/report (less than 12 m	ionths)		
C Check box if filing under:	☐ Form 5558			-		
e energenergenergenergen	Special extension (enter des	automatic extension		DFVC prog	ram	
Part II Basic Plan Int	formation-enter all requested l					
a Name of plan	Interfaction an indested i			1b Three-dl	alt	1
	A. PROFIT SHARING PL	AN		plan nun		001
				(PN) 🕨		
				1c Effective 06/01/		
Malling address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.	O. Box)			r Identi	fication Number
JORGE J. INGA, MD,	nce, country, and ZIP or foreign pos	stal code (if foreign, see ins	structions)	2c Sponsor	CONTRACTOR ECONOMIC AND A CALL	Provenie and and a set of a set of the set o
inter of military rapy				813-88	STORE STORE	
701 HANLEY ROAD				20 Business 621111	code	(see Instructions)
rampa	FL 33634					
3a Plan administrator's name i	and address 🛛 Same as Plan Spo	DISOF.		3b Administr	rator's	EIN
				20 Administra	-	-1
				3C Administr	ator's (elephone number
				3C Administr	ator's i	elephone number
				3c Administr	ator's (elephone number
If the name and/or EIN of the	ne plan sponsor has changed aince	a the last return/report filed	for this plan, enter the	3c Administr 4b EIN	ator's i	elephone number
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Form 5500-SF 2016

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If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	No No
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not deter Part III Financial Information	mined

7	Plan Assets and Liabilities		(a) Beginning	of Yea	r		(b)	End of Year
a	Total plan assets	78		281,	and the second second		<u>_</u>	352,031
b	Total plan liabilities	7b						
C	Net plan assets (subtract line 7b from line 7a)	76		281,	225			352,031
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	It			1	(b) Total
8	Contributions received or receivable from: (1) Employers	8a(1)		40,	407			10/ FORM
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	88(3)						
b	Other Income (loss)	8b		40,	089			
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						80,496
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		9,	500			
0	Certain deemed and/or corrective distributions (see Instructions)	80						
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g	and the second second		190			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						9,690
1	Net Income (loss) (subtract line 8h from line 8c)	81				1949 (r.)	100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100	70,806
J	Transfers to (from) the plan (see instructions)	81						
Pa	rt IV Plan Characteristics				I-			
9a	If the plan provides pension benefits, enter the applicable pension f $2E$	aature cod	as from the List of Pl	an Cha	racteri	stic Co	des in the	Instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature code	s from the List of Plan	n Chara	cterisi	tic Coo	des in the li	nstructions:
Par	t V Compliance Questions							
10	During the plan year:				Yes	No	NA	Amount
a	Was there a failure to transmit to the plan any participant contributi described in 29 CFR 2510.3-102? (See Instructions and DOL's Vo Program)	oluntary Fld	uciary Correction	10a		x		
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)			10b		x		
C	Was the plan covered by a fidelity bond?			10c		x		
d	Did the plan have a loss, whether or not reimbursed by the plan's fi by fraud or dishones(y?			10d		х		
0	Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.)	or persons i	by an insurance e benefits under	109		x		
f	Has the plan failed to provide any benefit when due under the plan	?		101		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year-en	d.)	10g		x		

X

10h

101

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 exceptions to providing the notice applied under 29 CFR 2520.101-3 Form 5500-SF 2016

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