Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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		Identification Information							
For calenda	ar plan year 2016 or fi	scal plan year beginning 01/01/20	016 	and ending 12	2/31/2016				
A This ret	urn/report is for:	a single-employer plan a one-participant plan	a multiple-employer plating emails a foreign plan	an (not multiemployer) (nployer information in ac	•				
B This retu	ırn/report is	the first return/report	the final return/report a short plan year return/report (less than 12 months)						
C Check b	oox if filing under:	Form 5558	automatic extension		DFVC program				
Dort II	Pacia Blan Infe	special extension (enter descri							
Part II		prmation—enter all requested info	ormation		1b Three-digit				
1a Name (RE PROVIDERS 401	IK PLAN			plan number (PN)	001			
					1c Effective date of 07/0	of plan 11/2000			
Mailing	address (include roo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.O		ructions)	2b Employer Ident (EIN) 47-1	ification Number 950263			
		ce, country, and ZIP or foreign posta RPORATE ENTITY, LLC	ai code (ii ioreigii, see iiisii	uctions)	2c Sponsor's telep 954-27				
600 CORPOF SUITE 250 FT LAUDERI	RATE DRIVE DALE, FL 33334				2d Business code 621	,			
3a Plan ad	dministrator's name a	nd address 🛛 Same as Plan Spon	esor.		3b Administrator's	EIN			
		e plan sponsor has changed since t mber from the last return/report.	the last return/report filed for	or this plan, enter the	4b EIN				
a Sponso	or's name				4c PN				
5a Total r	number of participants	at the beginning of the plan year			5a				
b Total r	number of participants	at the end of the plan year			5b	66			
	er of participants with ete this item)	account balances as of the end of t	he plan year (only defined	contribution plans	5c	38			
d(1) Tota	al number of active pa	rticipants at the beginning of the pla	an year		5d(1)	75			
		articipants at the end of the plan yea			5d(2)	51			
than 1	100% vested	terminated employment during the			5e	4			
Under pena SB or Sche	alties of perjury and of	or incomplete filing of this return ther penalties set forth in the instruc- nd signed by an enrolled actuary, a plete.	tions, I declare that I have	examined this return/re	port, including, if appl				
SIGN HERE	Filed with authorized	/valid electronic signature.	09/27/2017	JENNIFER WALTON					
	Signature of plan a	administrator	Date	Enter name of individ	ual signing as plan ad	lministrator			
SIGN HERE									
	Signature of emplo name (including firm i	oyer/plan sponsor name, if applicable) and address (in	Date clude room or suite number	Enter name of individer)	ual signing as employ Preparer's telephon				

Form 5500-SF 2016 Page **2**

	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indepen	dent qualified public a	account	ant (IC	PA)			X Ye	
	If you answered "No" to either line 6a or line 6b, the plan cann								_	_
С	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance pr	ogram (see ERISA se	ection 4	021)?		Yes	No	Not de	termined
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year	,			(b) End	of Year	
а	Total plan assets	7a		723189)				66952	28
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c		723189)				66952	28
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) T	otal	
а	Contributions received or receivable from: (1) Employers	8a(1)		47551						
	(2) Participants	8a(2)		140323						
	(3) Others (including rollovers)	8a(3)		C)					
b	Other income (loss)	8b		29792						
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							21766	66
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		267605	,					
е	Certain deemed and/or corrective distributions (see instructions).	8e		C)					
f	Administrative service providers (salaries, fees, commissions)	8f		3722	2					
g	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				271327				27
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							-5366	51
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature cod	des from the List of Pl	an Cha	racteri	stic Co	odes in	the inst	ructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Pla	n Char	acterist	tic Cod	des in t	he instru	ictions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amoun	t
а	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	/oluntary Fi	duciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
С	Was the plan covered by a fidelity bond?			10c	X					100000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
е		ner persons ne or all of t	s by an insurance the benefits under	10e	X					2537
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-e	nd.)	10g	X					51784
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						

ı	Form	550	0-SF	201	16

Page 3-	1	
Page 3-	1	

Part	VI	Pension Funding Compliance					
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500) and line 11a below)				Y	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	ΠY	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 i		of the letter Year _	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 No)
	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				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) EIN(s)		13c(3)	PN(s)
Part	VIII	Trust Information					
14a	Name	of trust		14b	Trust's E	EIN	
14c	Name	of trustee or custodian				s or custodia 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 [Test	ar" 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	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 determir	ation
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	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			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 Report	Identification Information					
For calend	lar plan year 2016 or f		01/01/2016	and ending	12/31/20	16	
		🛮 a single-employer plan	a multiple-employer p				
A This re	turn/report is for:	a one-participant plan		nployer information in a	accordance with the	form instructions.)	
		a one-participant plan	a foreign plan				
R This set	urn/report is	the first return/report	the final return/report				
D IIIIS IEL	umreport is	H	:				
_		an amended return/report	a short plan year retui	n/report (less than 12 r	nonths)		
C Check	box if filing under:	☑ Form 5558	automatic extension		DFVC program		
		special extension (enter descrip	tion)				
Part II	Basic Plan Info	rmation—enter all requested info	mation				
1a Name					1b Three-digit		
Special	Care Provide:	rs 401k Plan			plan number	001	
					(PN)		
					1c Effective dat		
2a Plan s	nonsor's name (emplo	yer, if for a single-employer plan)			07/01/200		
Mailing	g address (include roo	m, apt., suite no. and street, or P.O.			(EIN) 47-19	entification Number	
		e, country, and ZIP or foreign postal		ructions)	2c Sponsor's te		
Specia.	I Care Provide	ers Corporate Entity,	LLC		954-271-2		
600 Cox	manata Duina					de (see instructions)	
Suite 2	rporate Drive				621399		
Ft Lauc		FL 33334					
		nd address X Same as Plan Spons	or		3b Administrator	Po EIN	
ou i luii u	diffinitionator o flame ar	dadices A carrie as rian opons	or.		Administrator 3 Env		
					3c Administrator	's telephone number	
		plan sponsor has changed since the	e last return/report filed f	or this plan, enter the	4b EIN		
	, EIN, and the plan hul or's name	mber from the last return/report.			Ac DV		
		at the hearinging of the planting			4C PN		
		at the beginning of the plan year			. 5a	96	
		at the end of the plan year			. 5b	66	
compl	er or participants with a	account balances as of the end of the	e plan year (only defined	contribution plans	5c	38	
		rticipants at the beginning of the plan			5d(1)	75	
		rticipants at the end of the plan year.				51	
e Numb	per of participants that	terminated employment during the pl	an year with accrued be	nefits that were less			
than	100% vested		***************************************	•••••	5e	4	
Caution: A	penalty for the late	or incomplete filing of this return/n	eport will be assessed	unless reasonable ca	use is established.		
SB or Sche	edule MB.completed ar	ner penalties set forth in the instruction of signed by an enrolled actuary, as	well as the electronic ver	examined this return/re sion of this return/repor	port, including, if app t, and to the best of	blicable, a Schedule my knowledge and	
belief, it is t	true, correct, and comp	olete./				,	
SIGN	Month	Mille	9/27/2017	Jennifer Walt	on		
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual signing as plan a	udministrator	
SIGN	10 mouth	Lale	9/27/2017	Jennifer Walte	on		
HERE	Signature of emplo	ver/nlan sponsor	Date	Enter name of individ	ual signing as ample	vor or plan apapear	
Preparer's		ame, if applicable) and address (inclu		r)	Preparer's telepho		
		94 B 95		~~			

Form 5500-SF 2016		Page 2					
 Were all of the plan's assets during the plan year invested in eliging Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility lif you answered "No" to either line 6a or line 6b, the plan can If the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the pBGC in the plan is a defined benefit plan, is it covered under the pBGC in the plan is a defined benefit plan. 	f an independ and condition and use For	dent qualified public ons.) m 5500-SF and mu	accour	tant (I ad us	QPA) e Fon	m 5500.	
Part III Financial Information	·						П. п. п.
7 Plan Assets and Liabilities		(a) Beginning	of Yea	r		1	b) End of Year
a Total plan assets	. 7a		723,				669,52
b Total plan liabilities	. 7b						
C Net plan assets (subtract line 7b from line 7a)	7		723,	189	···	•	669,52
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	nt				(b) Total
Contributions received or receivable from: (1) Employers	. 8a(1)			551			
(2) Participants	. 8a(2)		140,	323			
(3) Others (including rollovers)	. 8a(3)			0			
b Other income (loss)	8b		29,	792			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						217,66
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		267,	605			
e Certain deemed and/or corrective distributions (see instructions)	8e			0			
f Administrative service providers (salaries, fees, commissions)	8f		3,	722			
g Other expenses	8g						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						271 , 32
i Net income (loss) (subtract line 8h from line 8c)	8i						-53,663
j Transfers to (from) the plan (see instructions)	8j						
Part IV Plan Characteristics				L			
 9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D b If the plan provides welfare benefits, enter the applicable welfare forms. 	***						
Part V Compliance Questions			~~~		*******		
10 During the plan year:				Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's \ Program)	oluntary Fid	uciary Correction	10a		х		
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not inc	lude transactions	10b		х		
C Was the plan covered by a fidelity bond?			10c	Х			100,000
d Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bond	, that was caused			7.2		

by fraud or dishonesty?....

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.)

f Has the plan failed to provide any benefit when due under the plan?

g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)

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

Х

Χ

Х

2,537

51,784

Х

X

10d

10e

10f

10g

10h

Form	5500-SF	2016

	_	-
Page	3-	ı

Part		Pension Funding Compliance						
11	ls ti (Fo	nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c rm 5500) and line 11a below)	omple	ete Sch	edule S	В		Yes No
_11a		er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40						
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?							Yes 🛭 No
	(11	"Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	grai	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst nting the waiver	lonth	ons, and	i enter i Day		e of the le	•
		completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	***************************************			·		
		r the minimum required contribution for this plan year			12b			
<u>q</u>	Sub	r the amount contributed by the employer to the plan for this plan yearthe amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le	eft of	a	12c 12d	ļ	·	······································
		ative amount)			120	Ļ	П	
		the minimum funding amount reported on line 12d be met by the funding deadline?			<u> </u>	Yes	∐ No	U N/A
Part		Plan Terminations and Transfers of Assets						
13a		a resolution to terminate the plan been adopted in any plan year?				Ye	s X	No
		es," enter the amount of any plan assets that reverted to the employer this year		1	13a			
b	con	re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broughtrol of the PBGC?					Yes	⊠ No
	If, d whic	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif ch assets or liabilities were transferred. (See instructions.)	y the	plan(s)	to			
	13c(1)	Name of plan(s):		13c(2)	EIN(s)		13	c(3) PN(s)
Part	VIII	Trust Information			······································	······································		
14a	Name	of trust		T	14 b T	'nıet'e	=IN	
					145	103(3	_114	
140	Name	e of trustee or custodian					s or cust ne numb	
Part	t IX	IRS Compliance Questions				************		
15a	Is the	plan a 401(k) plan? If "No," skip b	.0	Yes			No	
15b	How (401(k	did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		Design safe ha "Currer ADP te	arbor nt year"]	Prior test	year" ADP
	year?	testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	0	Ratio percer test	ntage		verage enefit tes	t N/A
	for the	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 No	
	the le							
17b	If the letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, enter	er the	date of	f the mo	st rec	ent deterr	mination
,	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 separa se?	ated f	rom [Yes] No	
		any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Yes		No	