Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor 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

2017

This Form is Open to Public Inspection

Part I		Identification Information										
For calend	ar plan year 2017 or fis	scal plan year beginning 01/01/2	20 <u>17</u>	and ending 12	2/31/2017							
A This re	turn/report is for:	a single-employer plan		plan (not multiemployer) (employer information in ac	_							
D. Trick	,	a one-participant plan	a foreign plan									
B This reti	urn/report is	x the first return/report	the final return/report	rt	. (1							
		an amended return/report	a short plan year ret	turn/report (less than 12 m	onths)							
C Check	box if filing under:	Form 5558	automatic extension	n	DFVC progra	am						
		special extension (enter desc										
Part II		ormation —enter all requested in	formation									
1a Name CASTLE RC		CARE, P.C. 401(K) PLAN			1b Three-dig plan numl (PN) ▶							
					1c Effective	date of plan 01/01/2017						
		oyer, if for a single-employer plan) m, apt., suite no. and street, or P.0	O. Box)		2b Employer (EIN)	Identification Number 27-4722033						
	r town, state or provinc OCK FOOT & ANKLE C	ce, country, and ZIP or foreign pos CARE, P.C.	tal code (if foreign, see in	nstructions)	2c Sponsor's	s telephone number						
						code (see instructions)						
	OWS BLVD., STE 270		621391									
CASTLE RO	OCK, CO 80109											
3a Plan a	dministrator's name ar	nd address X Same as Plan Spo	nsor.		3b Administra	ator's EIN						
					3c Administra	ator's telephone number						
		e plan sponsor or the plan name h			4b EIN							
	sor's name	risor s name, Env, the plan name of	and the plan number from	in the last return/report.	4d PN							
C Plan N	lame											
5a Total	number of participants	at the beginning of the plan year.			5a	4						
b Total	number of participants	at the end of the plan year			5b	6						
		account balances as of the end of		-	5c	5						
d(1) Tot	al number of active pa	rticipants at the beginning of the p	lan year		5d(1)	4						
d(2) Total number of active participants at the end of the plan year												
than	100% vested	terminated employment during th			5e	0						
Caution: A	A penalty for the late	or incomplete filing of this retur	n/report will be assesse	ed unless reasonable cau								
SB or Sche		her penalties set forth in the instru nd signed by an enrolled actuary, plete.										
SIGN	Filed with authorized	/valid electronic signature.	04/10/2018	JESSICA HERZOG								
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual signing as pl	an administrator						
SIGN	Filed with authorized	/valid electronic signature.	04/10/2018	JESSICA HERZOG								
HERE	Signature of emplo	over/plan sponsor	Date	Enter name of individ	Enter name of individual signing as employer or plan sponsor							

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b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 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 cannot use Form 5500-SF and must instead use Form 5500.							X Yes No	
С	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No. 16 "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year								
Pai	t III Financial Information	•							
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End	of Year	
a	Total plan assets	. 7a		0				51221	
b	Total plan liabilities	. 7b							
<u> </u>	Net plan assets (subtract line 7b from line 7a)	. 7c		0				51221	
	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b) T	otal	
	Contributions received or receivable from: (1) Employers	. 8a(1)							
	(2) Participants	. 8a(2)		37561	_				
	(3) Others (including rollovers)	. 8a(3)	,	11015	_				
<u>b</u>	Other income (loss)	. 8b		2645					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						51221	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d							
	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							
i	Net income (loss) (subtract line 8h from line 8c)	. 8i						51221	
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 2A 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Plant	an Cha	racteri	stic Co	odes in the inst	ructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	ic Cod	des in the instru	uctions:	
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 contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	iduciary Correction	10a		X			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10a 10b		X			
С	Was the plan covered by a fidelity bond?			10c	X			05000	
d					^			25000	
e	by fraud or dishonesty?			10d		X			
	carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)					X			
f	Has the plan failed to provide any benefit when due under the plan?					Χ			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		X			
h	2520.101-3.)	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)				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	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sci (Form 5500) and line 11a below)	nedule S	B	[] Y	′es X 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 Code or section ERISA?	n 302 o	f 	Y	′es X No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ar granting the waiver			of the lette Year _	r 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?		Ye	s X N	0
	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	3c(1) Name of plan(s): 13c(2) EIN(s)		13c(3) PN(s)

CRFA

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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 section 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

Pa	ırt I	Annual Report	t Identification Information	on					
Ford	alenda	r plan year 2017 or fi	iscal plan year beginning	01/01/2017	and ending	12/31/2017			
ΑТ	his retu	urn/report is for:	x a single-employer plan	a multiple-employer pl a list of participating e	an (not multiemployer) nployer information in	(Filers checking this accordance with the	box must attach form instructions.)		
Вт	his retu	urn/report is:	a one-participant plan the first return/report	a foreign plan the final return/report					
			an amended return/report	a short plan year retur	n/report (less than 12)	months)			
C	Check b	ox if filing under:	Form 5558	automatic extension		☐ DFVC pro	gram		
			special extension (enter de	scription)					
	rt II		ormation enter all request	ed information		T 41			
1a		of plan LE ROCK FOOT &	ANKLE CARE, P.C. 401	(K) PLAN		1b Three-digit plan numbe: (PN) ▶	001		
						1¢ Effective da 01/01/20	•		
2a	Mailina	a Address (include ro	loyer, if for a single-employer plan orm, apt., suite no, and street, or	P.O. 8ox)	ustings)	2b Employer Id (EIN) 27-	entification Number 4722033		
	-		nce, country, and ZIP or foreign p ANKLE CARE, P.C.	ostal code (ii loreign, see iiisu	DCIO(16)	2c Sponsor's telephone number (303) 814-1092			
	2352	Meadows Blvd.	, Ste 270			2d Business co 621391	de (see instructions)		
	US Ca	stle Rock CO 8010	<u> </u>			3b Administrate	<u> </u>		
						3c Administrate	or's telephoné number		
4	If the this of	name and/or EIN of t lan, enter the plan sp	he plan sponsor or the plan name onsor's name, EIN, the plan nam	e has changed since the last rule and the plan number from the	eturn/report filed for e jast return/report.	4b EIN			
	-	sor's name				4d PN			
	Takal		ts at the beginning of the plan yea	ar .		., 5a	4		
эa b			ts at the end of the plan year				6		
	Numb	er of participants wit	h account balances as of the end	of the plan year (only defined	contribution plans	5c	5		
d(articipants at the beginning of the				4		
•	2) ⊤ota	al number of active p	articipants at the end of the plan	year	. II. co III.o fi oo fi i pêê 60eê 0 byê 5 byêê 61eê	5d(2)	6		
е		per of participants wh han 100% vested	o terminated employment during	the plan year with accrued be	nefits that were	5e	о		
Gz	ution:	A penalty for the la	te or incomplete filing of this re	eturn/report will be assessed	uniess reasonable d	ause is established	<u>. </u>		
Ur SE	nder per 3 or Sch	nalties of periuty and	other penalties set forth in the in I and signed by an enrolled actua	structions. I declare that I have	examined this return.	report, including, if a	pplicable, a Schedule		
	ign	Juin	>lle	04/10/18	5066) (a)	Jer 707	- designation		
		Signature of plan ac	eministrator	N/lall8	Enter name of individual	dual signing as blan a	administrator		
	ign - iere -	Signature of employ		Date	Enter name of indivi	dual signing as empk	oyer or plan sponsor		

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			-						
6a	Were all of the plan's assets during the plan year invested in eligible	assets? (5							X Yes No
	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.)								X Yes
С	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ————————————————————————————————————							Not determined	
Р	art III Financial Information	- Boo pre	strictly ming for this year					(38	e instructions.
	Plan Assets and Liabilities		(a) Beginning of	f Year		Т		(b) End of	Year
_	Total plan assets	7a	(a) Bogining o		0	+		(5) 2114 01	51,221
	Total plan liabilities	7b							51,221
	Net plan assets (subtract line 75 from line 7a)	7c			0	1			E1 001
- 8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		U	+		(b) Tot	51,221
ā	Contributions received or receivable from:		(a) Amount					(1) 101	<u> </u>
	(1) Employers	8a(1)							
	(2) Participants	8a(2)		37,5	51				
	(3) Others (including rollovers)	8a(3)		1,00	15				
b	Other income (loss)	8b		2,6	15				
¢	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							51,221
d	Benefits paid (including direct rollovers and insurance premiums								
_	to provide benefits)	8d				-			
	Certain deemed and/or corrective distributions (see instructions)	8e				-			
<u>t</u>	Administrative service providers (salaries, fees, commissions)	8f				ļ	,		
g	· · · · · · · · · · · · · · · · · · ·	8g				├			
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	· · · · · · · · · · · · · · · · · · ·			+			
<u>!</u>	Net income (loss) (subtract line 8h from line 8c)	81				<u> </u>			51,221
	Transfers to (from) the plan (see instructions)	8j							
	art IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension for 2A 2E 2F 2G 2J 2K 2T 3D	ature code	es from the List of Plan Ch	aracti	erístic	Code	s in the	instruction:	 -
	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	from the List of Plan Cha	racte	ristic (Codes	in the in	nstructions:	
P	art V Compliance Questions								
10	During the plan year:				Yes	No	N/A	Ar	nount
ā	 Was there a failure to transmit to the plan any participant contribut 								
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	•	•						
L	Program)			10a		х			
	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10ь		x			
-	Was the plan covered by a fidelity bond?		**************************	10c	х				25,000
	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	,		10d		x			
6	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 t	he benefits under	10e		x			
f	- · · · · · · · · · · · · · · · · · · ·			10f		х	 -		
ç				10g		x			
ł	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		x			
i		e required	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 fund (Form 5500 and line 11a below)	ing requirements? (If "Yes," see instructions and o	complete Sche	dule SB	Yes X No
11a Enter the unpaid minimum required contributions for	all years from Schedule SB (Form 5500) line 40	I .	11a	
12 Is this a defined contribution plan subject to the mini ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, a	murn funding requirements of section 412 of the C	ode or section	302 of	Yes X No
If a waiver of the minimum funding standard for a pric granting the waiver	r year is being amortized in this plan year, see ins	onth	enter the Day	date of the letter ruling Year
If you completed line 12a, complete lines 3, 9, and 10			- 1	· · · · · · · · · · · · · · · · · · ·
b Enter the minimum required contribution for this plan	year	***********	12b	
C Enter the amount contributed by the employer to the	olan for the plan year		12c	
d Subtract the amount in line 12c from the amount in lin		left of a	12d	
e Will the minimum funding amount reported on line 12			☐ Ye	s No N/A
Part VII Plan Terminations and Transfers	of Assets			
13a Has a resolution to terminate the plan been adopted	n any plan year?			∕es X No
If "Yes," enter the amount of any plan assets that rev			13a	
b Were all the plan assets distributed to participants or control of the PBGC?	beneficiaries, transferred to another plan, or broug			Yes X No
C If, during this plan year, any assets or liabilities were which assets or liabilities were transferred. (See instr	ransferred from this plan to another plan(s), identi-	fy the plan(s)	o	
13c(1) Name of plan(s):		13c(2) EIN	(s)	13c(3) PN(s)

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