# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans 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.**

OMB Nos. 1210-0110
1210-0089

**2017**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2017 or fiscal plan year beginning 04/02/2001 and ending 12/31/2017

**A** This return/report is for:
- ☐ a multiemployer plan
- ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- ☒ a single-employer plan
- ☐ a DFE (specify) ____

**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 months)

**C** If the plan is a collectively-bargained plan, check here. . . . . ▶ ☐

**D** Check box if filing under:
- ☐ Form 5558
- ☐ automatic extension
- ☐ the DFVC program
- ☐ special extension (enter description)

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
ATLANTIC ORTHOPAEDIC GROUP PA

**1b** Three-digit plan number (PN) ▶ 003

**1c** Effective date of plan 04/02/2001

**2a** Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)

ATLANTIC ORTHOPAEDIC GROUP PA

CYNTHIA HAMBIDGE

1341 MEDICAL PARK DR STE 201
MELBOURNE, FL 32901-3235

1341 MEDICAL PARK DR STE 201
MELBOURNE, FL 32901-3235

**2b** Employer Identification Number (EIN)
59-3274804

**2c** Plan Sponsor's telephone number
321-768-9914

**2d** Business code (see instructions)
621111

**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 accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 05/15/2018 | CYNTHIA HAMBIDGE |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

**3a** Plan administrator's name and address [X] Same as Plan Sponsor

**3b** Administrator's EIN

**3c** Administrator's telephone number

**4** If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
**a** Sponsor's name
**c** Plan Name

**4b** EIN

**4d** PN

| | | |
|---|---|---|
| **5** Total number of participants at the beginning of the plan year | **5** | 17 |
| **6** Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**). | | |
| **a(1)** Total number of active participants at the beginning of the plan year | **6a(1)** | 14 |
| **a(2)** Total number of active participants at the end of the plan year | **6a(2)** | 13 |
| **b** Retired or separated participants receiving benefits | **6b** | 0 |
| **c** Other retired or separated participants entitled to future benefits | **6c** | 1 |
| **d** Subtotal. Add lines **6a(2)**, **6b**, and **6c** | **6d** | 14 |
| **e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 0 |
| **f** Total. Add lines **6d** and **6e**. | **6f** | 14 |
| **g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 1 |
| **h** Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 0 |
| **7** Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | 0 |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E 2F 2G 2J 2T 3D

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

**9a** Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [ ] Trust
- **(4)** [X] General assets of the sponsor

**9b** Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [ ] Trust
- **(4)** [X] General assets of the sponsor

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

- **(1)** [ ] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

**b General Schedules**

- **(1)** [ ] **H** (Financial Information)
- **(2)** [X] **I** (Financial Information – Small Plan)
- **(3)** [ ] ___ **A** (Insurance Information)
- **(4)** [ ] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

## Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....…… ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ……..... ☐ Yes ☐ No

**11c** Enter the Receipt Confirmation Code for the 2017 Form M-1 annual report. If the plan was not required to file the 2017 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

**Schedule I** **Filing year: 2017**

**Branch/Cleint: 0903-Y439270P** **Case Number: 202032**

For plan year beginning 1/1/2017 and ending 12/31/2017

| | | | |
|---|---|---|---|
| **A** Name of plan | | **B** Three-digit plan number ▶ | 003 |
| ATLANTIC ORTHOPAEDIC GROUP PA | | | |
| **C** Plan sponsor's name as shown on line 2a of Form 5500 | | **D** Employer Identification Number | |
| ATLANTIC ORTHOPAEDIC GROUP PA | | | 593274804 |

## Part I Asset and Liability Statement

**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines c(9) through c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** DFEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, 1i, and, except for master trust investment accounts, also do not complete lines 1d and 1e. See instructions.

| Assets | | Beginning of Year |
|---|---|---|
| **a** Total noninterest-bearing cash | a | |
| **b** Receivables (less allowance for doubtful accounts): | | |
| **(1)** Employer contributions | b(1) | 0.00 |
| **(2)** Participant contributions | b(2) | 0.00 |
| **(3)** Other | b(3) | 0.00 |
| **c** General investments: | | |
| **(1)** Interest-bearing cash (incl. money market accounts and certificates of deposit) | c(1) | 1,408.00 |
| **(2)** U.S. Government securities | c(2) | |
| **(3)** Corporate debt instruments (other than employer securities): | | |
| **(A)** Preferred | c(3)(A) | |
| **(B)** All other | c(3)(B) | |
| **(4)** Corporate stocks (other than employer securities): | | |
| **(A)** Preferred | c(4)(A) | |
| **(B)** Common | c(4)(B) | |
| **(5)** Partnership/joint venture interests | c(5) | |
| **(6)** Real estate (other than employer real property) | c(6) | |
| **(7)** Loans (other than to participants) | c(7) | |
| **(8)** Participant loans | c(8) | 0.00 |
| **(9)** Value of interest in common/collective trusts | c(9) | 0.00 |
| **(10)** Value of interest in pooled separate accounts | c(10) | |
| **(11)** Value of interest in master trust investment accounts | c(11) | 0.00 |
| **(12)** Value of interest in 103-12 investment entities | c(12) | 0.00 |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | c(13) | 1,714.00 |
| **(14)** Value of funds held in insurance co. general account (unallocated contracts) | c(14) | |
| **(15)** Other | c(15) | 0.00 |
| **d** Employer-related investments: | | |
| **(1)** Employer securities | d(1) | |
| **(2)** Employer real property | d(2) | |
| **e** Buildings and other property used in plan operation | e | |
| **f** Total assets (add all amounts in lines 1a through 1e) | f | 3,122.00 |
| **Liabilities** | | |
| **g** Benefit claims payable | g | |
| **h** Operating payables | h | |
| **i** Acquisition indebtedness | i | |
| **j** Other liabilities | j | |
| **k** Total liabilities (add all amounts in lines 1g through 1j) | k | 0.00 |
| **Net Assets** | | |
| **l** Net assets (subtract line 1k from line 1f) | l | 3,122.00 |

**Schedule I** **Filing year: 2017**

**Branch/Cleint: 0903-Y439270P** **Case Number: 202032**

For plan year beginning 1/1/2017 and ending 12/31/2017

| | |
|---|---|
| **A** Name of plan: ATLANTIC ORTHOPAEDIC GROUP PA | **B** Three-digit plan number ▶ 003 |
| **C** Plan sponsor's name as shown on line 2a of Form 5500: ATLANTIC ORTHOPAEDIC GROUP PA | **D** Employer Identification Number: 593274804 |

## Part I Asset and Liability Statement

**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines c(9) through c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** DFEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, 1i, and, except for master trust investment accounts, also do not complete lines 1d and 1e. See instructions.

| Assets | | End of Year |
|---|---|---|
| **a** Total noninterest-bearing cash | a | |
| **b** Receivables (less allowance for doubtful accounts): | | |
| **(1)** Employer contributions | b(1) | 0.00 |
| **(2)** Participant contributions | b(2) | 0.00 |
| **(3)** Other | b(3) | 0.00 |
| **c** General investments: | | |
| **(1)** Interest-bearing cash (incl. money market accounts and certificates of deposit) | c(1) | 252.00 |
| **(2)** U.S. Government securities | c(2) | |
| **(3)** Corporate debt instruments (other than employer securities): | | |
| **(A)** Preferred | c(3)(A) | |
| **(B)** All other | c(3)(B) | |
| **(4)** Corporate stocks (other than employer securities): | | |
| **(A)** Preferred | c(4)(A) | |
| **(B)** Common | c(4)(B) | |
| **(5)** Partnership/joint venture interests | c(5) | |
| **(6)** Real estate (other than employer real property) | c(6) | |
| **(7)** Loans (other than to participants) | c(7) | |
| **(8)** Participant loans | c(8) | 0.00 |
| **(9)** Value of interest in common/collective trusts | c(9) | 0.00 |
| **(10)** Value of interest in pooled separate accounts | c(10) | |
| **(11)** Value of interest in master trust investment accounts | c(11) | 0.00 |
| **(12)** Value of interest in 103-12 investment entities | c(12) | 0.00 |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | c(13) | 0.00 |
| **(14)** Value of funds held in insurance co. general account (unallocated contracts) | c(14) | |
| **(15)** Other | c(15) | 0.00 |
| **d** Employer-related investments: | | |
| **(1)** Employer securities | d(1) | |
| **(2)** Employer real property | d(2) | |
| **e** Buildings and other property used in plan operation | e | |
| **f** Total assets (add all amounts in lines 1a through 1e) | f | 252.00 |
| **Liabilities** | | |
| **g** Benefit claims payable | g | |
| **h** Operating payables | h | |
| **i** Acquisition indebtedness | i | |
| **j** Other liabilities | j | |
| **k** Total liabilities (add all amounts in lines 1g through 1j) | k | 0.00 |
| **Net Assets** | | |
| **l** Net assets (subtract line 1k from line 1f) | l | 252.00 |