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	1							
For calenda	ar plan year 2017 or f	iscal plan year beginning 01/01/2	2017	and ending 1	2/31/2017					
A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must list of participating employer information in accordance with the form instr										
	·	a one-participant plan	a foreign plan							
B This retu	urn/report is	the first return/report	the final return/report							
		an amended return/report	a short plan year ret	urn/report (less than 12 m	onths)					
C Check	oox if filing under:	1	DFVC program							
		special extension (enter desc	ription)							
Part II	Basic Plan Info	ormation—enter all requested in	formation							
1a Name FLORIDA EN	•	DIABETES CENTER RETIREMEN	T PLAN		1b Three-dig plan numl (PN) ▶					
					1c Effective	date of plan 01/01/2014				
		oyer, if for a single-employer plan)			2b Employer	Identification Number				
		om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign posi		structions)	(EIN)	46-2301084				
		DIABETES CENTER, LLC	(e.e.g, eee			s telephone number 27-623-9913				
					2d Business	code (see instructions)				
	ENGER CIRCLE RBOR, FL 34695				621111					
	,									
3a Plan a	dministrator's name a	and address X Same as Plan Spo	nsor.		3b Administra	ator's EIN				
					3c Administra	ator's telephone number				
						·				
4 If the r	name and/or EIN of th	ne plan sponsor or the plan name h	as changed since the las	t return/report filed for	4b EIN					
	an, enter the plan spo or's name	onsor's name, EIN, the plan name a	and the plan number from	the last return/report.	4d PN					
C Plan N					4u PN					
5a Total r	number of participants	s at the beginning of the plan year.			5a	5				
		s at the end of the plan year			5b	5				
		account balances as of the end of			5c	5				
d(1) Tota	al number of active pa	articipants at the beginning of the p	lan year		5d(1)	2				
		articipants at the end of the plan ye			5d(2)	2				
		o terminated employment during the			5e	0				
Caution: A	penalty for the late	or incomplete filing of this retur	n/report will be assesse	ed unless reasonable ca						
SB or Sche		ther penalties set forth in the instru and signed by an enrolled actuary, a polete.								
SIGN		d/valid electronic signature.	08/23/2018	VENKATA BUDHARA	\JU					
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as pla	an administrator				
SIGN										
HERE	Signature of empl	over/plan sponsor	Date	Enter name of individ	Enter name of individual signing as employer or plan sponso					

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_	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. C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year									
Pa	rt III Financial Information		.							
7	Plan Assets and Liabilities		(a) Beginning o	of Year			(b) End	d of Year		
<u>a</u>	Total plan assets	7a	18	88862				262722		
b	Total plan liabilities	7b						303		
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	18	88862				262419		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b)	(b) Total		
a	Contributions received or receivable from: (1) Employers	8a(1)	3	36620						
	(2) Participants	8a(2)	3	36000						
	(3) Others (including rollovers)	8a(3)			_					
<u>b</u>	Other income (loss)	8b		937						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						73557		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
e	Certain deemed and/or corrective distributions (see instructions)	8e			_					
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	otal expenses (add lines 8d, 8e, 8f, and 8g)								
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i						73557		
	Transfers to (from) the plan (see instructions)	·· <mark>8</mark> j								
Pa	rt IV Plan Characteristics									
9a 	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2R 2T 3D	feature co	odes from the List of Pla	an Cha	racteri	stic Co	des in the ins	structions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	des from the List of Plan	n Chara	acteris	tic Code	es 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 contribudescribed 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.)			10b		X				
С				10c		Χ				
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?					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.)					X				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	end.)	10g		Х					
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	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below)		В	Yes 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?					
	(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			of the letter ruling Year		
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?		X Yes 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	3c(1) Name of plan(s): 13c(2)	EIN(s)	(s) 13c(3) PN(s)			

Form 5500-SF

Department of the Treasury Internal Revenue Service

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filled under sections 104 and 4065 of the Employee Retirement

2017

OMB Nos 1210-0110 1710-0089

Department of Labor Employee Benefits Socurity Administration			Income Security Act of 1974	(ERISA), and sections 6 Revanue Code (the Co	.057(b) and 6058(a) of the ide).	liternali	This Form is Open to Public Inspection
		Gueranty Corporesion	→ Complete all entries in	accordance with the in	structions to the Form	5500 <u>-</u> \$F.	
	art i A	noual Report	Identification Information	·			
For	r calendar p	lan year 2017 or f	iscal plan year beginning D1/01/20		and ending 12	(5) 1/2017	wine this hav must allach a
		/report is for:	🛮 a single-employer plan	list of participating	plan (not multiemployed) employer information in a	(Filers cire) (accordance)	king this box must attach a with the form instructions.)
			a one-participant plan	∐ a foreign plan	_		
В	This reใบๆฟ	report is	the first return/report an amended return/report	the final return/repo	n turn/report (less than 12)	months)	
Ç	Check box	of filing under:	[x] Form 5558	automatic extensio	n	DFVC	orogram
			special extension (enter des	cription)			
	art II 6	Basic Plan Inf	ormation—enter all requested	nformation			
12	a Name of	plan				16 Thre	ec-digil number 001
Flo	rida Endocri	inology & Diabete	s Center Retirement Plan			(PN	<u>) </u>
						1	otive date of plan 01/2014
2:			oloyer, If for a single-employer plan com, apt., suite no. and street, or P				ployer Identification Number I) 46-2301084
Flo	City or to	wn, state or provi inplogy & Diabete	nce, country, and ZIP of foreign po	stal code (if foreign, see	nstructions)	2c Sp	onsar's telephane numbar (727) 623-9913
110	ride E idoo						iness code (see instructions) 111
231	14 Messeng	er Circle			:		
0	fety Harbor.	EI 34605				 _	
293	o Olan ada	nin etrator's name	and address X Same as Plan St	onsor.		3b Adı	mnistrator's EIN
•	a 1 lan 00		C			3c Adi	ministrator's felophone number
						l I	
						4b EII	
4	If the na	me and/or EIN of	the plan sponsor or the plan name ponsor's name, EIN, the plan name	has changed since the li e and the plan number fro	ast return/report filed for om the last return/report	¦	
	a Sponsor				ŀ	4d PN	•
	c Plan Ne						
_					<u></u>	5a	— <u> </u>
5	5a Total nu	eqipinaq to redmu	nts at the beginning of the plan yea	¥		5b	T 5
		e distantantant	nts at the end of the plan year th account balances as of the end	Of the DISH Applicational no	III BO COMMISSION PROFES	5c	
	on male	ea this item)	participants at the beginning of th			5d(1)	
	d(1) ∓ola!	I number of active	participants at the beginning of the participants at the end of the plan	vear		5d(2)	
	d(2) Tota	number of active	participants at the end of the fram who terminated employment during	the plan year with accru	ed penefits that were less	. 5e	
	than 1	AASS vested			_ 	ID 04	itablished.
_	<u> </u>	nanalty for the Li	ate or incomplete filing of this red d other penalties/set forth in the instant and signed by an enrolled actual	COLLEGE OF THE STATE OF THE STA	1 1 1 1 1 1	n/report, incl port, and to	uding, if applicable, a Schedule the best of my knowledge and
	SB or Schol	dule MB complete r <u>ue, correct, and c</u>	🕯 BUG RIĞUĞU ÇM SIL ELIYOLIGO BOSDA				
<i>.8</i> ⊏	SIGN		\ \ \ \ \	23\5	Venkate Budnaraj		
₩	HERE	Signature of pla	an administrator	Date	Enter name of inc	lividual signi	ng as plan administrator
}							
	SIGN HERE	Slangture of an	nployer/plan aponsor	Date	Enter name of rik	dividuat signi	ng as employer of plan spansor Form 5500-SF (201
	1	CHARLCING ALCOHOL					. 2,

and the base East

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	Form 5500-SF 2017		Page 2		+	_				
	Ministrative and a second seco			,		X Yes [No			
6a h	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the ennual examination and report of an independent qualified public accounts.							X Yes	No	
	. As one property 400 (Percepture in the MAWAR BUIDDING &	and conuct	3NS.1		4		500.	E 7		
	If you answered "No" to either line 6a or line 6b, the plan cannot if the plan is a defined benefit plan, is it covered under the PBGC in	ol use Far	m 5500-5F and must onton Jean FRISA sec	tinn 402	430 1112 .		Yes ' No	Not delermin	ned	
C	If the plan is a defined benefit plan, is it covered under the PBCC in If 'Yes' is checked, enter the My PAA confirmation number from the	surança pr • DRGC or	omium tiling for this pla	ırı vear						
	If "Yes" is chacked, enter the My PAA confirmation number from the	e Page pi					<u> </u>			
Pa	rt III Financial Information				-,-	_				
7	Plan Assets and Liabilities	<u></u>	(a) Beginning of				(b) End	of Year		
a	Total plan assets	7a	<u> </u>	188862				202722		
ь	Total plan liabilities	7 <u>b</u>					303			
	Net plan assets (subtract line 75 from line 7a)	7 c		188862	\rightarrow			262419		
В	Income, Expenses, and Transfers for this Plan Year	_	(a) Amount				(b) 7	otal		
а	Contributions received or receivable from:			36620						
	(1) Employers	Ba(1)		36000	-+					
	[2] Participants	8a(2)	<u> </u>							
	(3) Otners (including rollovers)	8a(3)		937	1					
	Other income (loss)	8ъ			71			73557		
<u>c</u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	\$d						<u> </u>		
	Certain deemed and/or corrective distributions (see instructions)	Be .		_	-+		_			
f	Administrative service providers (salaries, fees, commissions)	Administrative service providers (salaries, fees, commissions) Bf					<u>.</u>			
_g	Other expenses	- Bg _			╫					
h	Total expenses (edd lines 8d, 8e, 8f, and 8g)	8h			╌			73557		
i_	Net income (loss) (subtract line 8h from line 8c)	81			╫		· · ·			
j	Transfers to (from) the plan (see instructions)	8)			╅┸					
Pa	rt IV Plan Characteristics		a di distributa	- Ohan	. 	-1 - Co	dee in the me	tructions		
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2R 2T 3D									
b	If the plan provides wellare benefits, enter the applicable welfare to	feature coa	les from the List of Plar	n Charac	otteris: :	lic Cod	es in the inst	ructions:		
Pa	rt V Compliance Questions				-		_			
10	During the plan year:				Yes	No		Amount		
_	Was there a failure to transmit to the plan any participant contributions and DOL's 'described in 29 CER 2510.3-1022 (See instructions and DOL's 'described in 29 CER 2510.3-1022).	voluntary i	Plaudiary Confedition	10a		x l				
_	Program)	t? (Do not	include transactions		\top	x				
_	reported on line 10a.)	<u></u>	<u></u>	10ъ	+	×		 .		
	C Was the plan covered by a fidulity bond?			10c	+	<u> </u>				
	d Bid the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					×		<u> </u>		
	e 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.)	10g	<u> </u>	_ ×_	 			
	h If this is an individual account plan, was there a blackout period? 2520,101-3.)			10h		×				
_	i If 10h was answered "Yes," check the box if you either provided expections to providing the notice applied under 29 CFR 2520.1	the require	ed hatice or one of the	10i	Li	<u> </u>	<u></u>			

	Form 5500-SF 2017	Page 3		-		_	
Part '	VI Pension Funding Compliance			hadula Si		l Yes 🔯	. Na
11	Is this a defined benefit plan subject to minimum funding requirements? (I [Form 5500) and line 11a below]				<u></u>		, 140
11a	Enter the unpaid minimum required contributions for all years from Schod	ule SB (Form 5500) line	40	. 11a !	— ·—:	_ —_	. —
12	Is this a defined contribution plan subject to the minimum funding require ERISA?	ments of section 412 of	tue code or seri			_ ∨es kl	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applications of the minimum funding standard for a prior year is being amor	trand in this plan year a	ee instructors, a	na eriter t	he date of the	letter ruling	j.
	econting the waiver	1711		Day	Yo	oar	
- Н	you completed line 12s, complete lines 3, 9, and 10 of Schedule MB (F	orm 5500), and skip t	o line 13.			_	
	Enter the minimum required contribution for this plan year			12b	_		
	Forer the amount contributed by the employer to the plan for this plan year	/ <u></u>	······	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the res	sult (enter a minus sign	to the left of a	12d	Yes N	a N/A	Δ.
e	Will the minimum funding amount reported on line 12d be met by the fund	sing deadline?	<u></u> <u></u>	[<u>L</u>	Yus N	<u> </u>	
Part	VII Plan Terminations and Transfers of Assets				<u> </u>		
13a	Has a resolution to terminate the plan been adopted in any plan year?			··· !	X Yes _	No	
	If "Yes," enter the amount of any plan assets that reverted to the employe	er this year	···· <u>···</u>	13a	- -		0
ь	control of the PRGC?	····	·			s X No	
c	E wilder annual templored from this	s plan to another plan(s	 , -			- In Day	_
	13c(1) Name of plan(s):		13c	(2) E(N(s)	<u>'</u>	3c(3) PN(s	s J
						- —	. –

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