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

2018

This Form is Open to **Public Inspection**

Part I	Annual Report	Identification Information									
For calend	ar plan year 2018 or fi	iscal plan year beginning 01/01/20	018	and ending 1:	2/31/2018						
A This ref	A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)										
P This rate	um/ronortio	a one-participant plan	a foreign plan								
D This red	urn/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 Check	box if filing under:	Form 5558	automatic extension		DFVC program						
D 4 II	<u> </u>	special extension (enter descri	. ,								
Part II		ormation—enter all requested info	ormation		T						
1a Name	•	AN OF ELACIED AND VOLUMA O	OUNTIE 0 404/I/) DOD		1b Three-digit plan number						
THE HEALT	HY START COALITIC	ON OF FLAGLER AND VOLUSIA CO	JUNITES 401(K) PSP		(PN) ▶	001					
					1c Effective date	•					
20.01						/01/2008					
Mailing	g address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O. ce, country, and ZIP or foreign posta		untions)		-3163742					
•	•	ON OF FLAGLER AND VOLUSIA CO	, -	uctions)	2c Sponsor's tel	ephone number 252-4277					
					2d Business cod	e (see instructions)					
	TIVE CIRCLE				238290						
DATIONAE	BEACH, FL 32114										
3a Plan a	dministrator's name a	nd address X Same as Plan Spons	sor.		3b Administrator	's EIN					
					3c Administrator	's telephone number					
		e plan sponsor or the plan name has			4b EIN						
		onsor's name, EIN, the plan name ar THY START COALITION OF FLAGI		ie iast return/report.	4d PN						
C Plan N											
Fo. Tatal					5a	24					
_		s at the beginning of the plan year			5b	32					
C Numb	er of participants with	at the end of the plan yearaccount balances as of the end of the	he plan year (only defined	contribution plans	5c	22					
complete this item)						5d(1) 23					
d(2) Total number of active participants at the end of the plan year					5d(2)						
e Number of participants who terminated employment during the plan year with accrued benefits that were less					5e						
than Coutions /	100% vested	or incomplete filing of this return	/rapart will be accessed	unlaca rassanabla asi		•					
		ther penalties set forth in the instruct				olicable. a Schedule					
SB or Sche		ind signed by an enrolled actuary, as									
SIGN	Filed with authorized	I/valid electronic signature.	04/08/2019	DIXIE L. MORGESE							
HERE	Signature of plan a	administrator	Date	Enter name of individ	ual signing as plan a	administrator					
SIGN	Filed with authorized	/valid electronic signature.	04/08/2019	DIXIE L. MORGESE							

Date

HERE

Enter name of individual signing as employer or plan sponsor

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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.)								No No
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. C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined								
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this p	lan yea	r			(See instruction	ns.)
Pai	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) En	d of Year	
<u>a</u>	Total plan assets	7a	24	45786				271542	
b	Total plan liabilities	7b							
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	2	45786		271542			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt			(b)	Total	
а	Contributions received or receivable from: (1) Employers	8a(1)		8124					
	(2) Participants	8a(2)		42074					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	-	10286					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						39912	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		11449					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions) \dots	8e							
f	Administrative service providers (salaries, fees, commissions)	8f		2707					
g	Other expenses	8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	n					14156	
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i						25756	
	Transfers to (from) the plan (see instructions)	8j							
	t IV Plan Characteristics								
9a 	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	odes from the List of Pl	an Cha	racteri	stic C	odes in the in	structions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Co	des in the ins	tructions:	
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 contribu described 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	Was the plan covered by a fidelity bond?			10c	X			25000	
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X			
е	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.)	ne or all of	the benefits under	10e	X			1303	
f						Χ			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)				X			1804	
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 (Form 5500) and line 11a below)			Yes 🛚 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 se ERISA?		of	Yes X No
	(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, granting the waiver	and enter Da		e of the letter ruling Year
lf y	ou 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 🔀 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 control of the PBGC?	the		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 which assets or liabilities were transferred. (See instructions.)	n(s) to		
1	3c(1) Name of plan(s):	(2) EIN(s))	13c(3) PN(s)

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 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

2018

This Form is Open to Public Inspection

		rt Identification Information	1					
<u>Fo</u>	r calendar plan year 2018 or		01/01/2018	and ending	12/31/20	18		
Α	This return/report is for:	x a single-employer plan a one-participant plan	a multiple-employer participating a foreign plan	olan (not multiemploye employer information in	r) (Filers checking n accordance with	this box must attach the form instructions.)		
В	This return/report is:	the first return/report	the final return/report					
	•	an amended return/report	-	rn/report (less than 12	months)			
_		<u>.</u>			, —			
С	Check box if filing under:	Form 5558	automatic extension		☐ DFVC	program		
CONTRACT OF THE PARTY OF THE PA	Company of the Compan	special extension (enter desc	· · · ·					
_		ormation enter all requested	information			1000		
1a	Name of plan				1b Three-dig			
	The Healthy Start	Coalition of Flagler an	nd Volusia Counties	401(k) PSP	(PN) ►	001		
_		, , , , , , , , , , , , , , , , , , ,	- APRICA		1c Effective 01/01/2			
2a	Mailing Address (include ro	loyer, if for a single-employer plan) oom, apt., suite no. and street, or P. nce, country, and ZIP or foreign pos		ructions)		Identification Number 9-3163742		
	The Healthy Start	Coalition of Flagler an	d Volusia Counties	· •	(386) 2	telephone number 252-4277		
	109 Executive Circ	:le			2d Business 238290	code (see instructions)		
	US Daytona Beach FL 321							
3a	Plan administrator's name	and address X Same as Plan Sp	onsor		3b Administrator's EiN			
	1				3c Administra	ator's telephone number		
4	If the name and/or EIN of tr this plan, enter the plan spo	ne plan sponsor or the plan name honsor's name, ElN, the plan name a	as changed since the last r and the plan number from the	eturn/report filed for le last return/report.	4b EIN	V 47 67 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		
	Sponsor's name The He Plan Name	althy Start Coalition o	f Flagler and		4d PN			
5a	Total number of participants	s at the beginning of the plan year	***************************************		5a	24		
b	Total number of participants	s at the end of the plan year	************************************	*********************	5b	32		
С	Number of participants with complete this item)	account balances as of the end of	the plan year (only defined	contribution plans	5c	22		
d(rticipants at the beginning of the pla			5d(1)	23		
d(2) Total number of active par	rticipants at the end of the plan yea	E [*]		5d(2)	32		
е	Number of participants who less than 100% vested	terminated employment during the	plan year with accrued ber	efits that were	5e	1		
Ca	ution: A penalty for the late	or incomplete filing of this retur	n/report will be assessed	unless reasonable c	ause is establishe	ed		
SB	der penalties of perjury and o or Schedule MB completed a ef, it is true, correct, and con	other penalties set forth in the instru and signed by an enrolled actuary, a nplete.	ctions, I declare that I have as well as the electronic ve	examined this return/r sion of this return/repo	report, including, if ort, and to the best	applicable, a Schedule of my knowledge and		
ŞI	GN / Whore			Dixie Morgese				
100 B	RE Signature of plan adn	ninistrator	Date 4/8/19	Enter name of individu	al signing as plan	administrator		
e.	1 VIA		1/1/	Dixie Morgese				
1997	RE Signature of employe	r/plan sponsor	Data 4/2/19	Enter name of individu	al signing on omni	over or plan ananger		

Form	rraa		-0.4	a
		->-	7(1)	ĸ

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_									
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)				*******	Yes No	
b	, and a second s	an indeper	ndent qualified public acc	ounta	nt (iQl	PA)			
	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 cann								
С	If the plan is a defined benefit plan, is it covered under the PBGC in								
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this year	r				(See instructions.)	
55%	art III Financial Information								
7			(a) Baginulus	- F V		-		/h) == d == 5\/	
	Plan Assets and Liabilities		(a) Beginning			+		(b) End of Year	
_a b	Total plan assets	7a	2	45,	/86	-	271,542		
	Total pian liabilities	1							
<u>c</u>	Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	7c	:1	45,7	786	1		271,542	
ä	Contributions received or receivable from:	6.46.3.2	(a) Amoun	T .				(b) Total	
	(1) Employers	8a(1)		8,1	.24				
	(2) Participants	8a(2)		42,0	74				
	(3) Others (including rollovers)	8a(3)				ii Sala			
b	Other income (loss)	8b	(1	0,28	6)				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	Electric Sunstance of the					39,912	
d	Benefits paid (including direct rollovers and insurance premiums			44 4	40				
	to provide benefits)	8d		11,4	49				
e f	Certain deemed and/or corrective distributions (see instructions)	8e			.07				
	Administrative service providers (salaries, fees, commissions)	8f		2,7	07				
<u>g</u>	Other expenses	8g		useintuisi.					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	THE RESIDENCE OF THE PROPERTY					14,156	
<u>!</u>	Net income (loss) (subtract line 8h from line 8c)	8i						25,756	
1265000	Transfers to (from) the plan (see instructions)	8j							
	art IV Plan Characteristics							· · · · · · · · · · · · · · · · · · ·	
ya	If the plan provides pension benefits, enter the applicable pension fe	eature cod	es from the List of Plan C	harad	cteristi	ic Cod	les in f	he instructions:	
	2E 2F 2G 2J 2K 2T 3D								
b	If the plan provides welfare benefits, enter the applicable welfare fea	iture code	s from the List of Plan Ch	aract	eristic	Code	s in th	e instructions:	
192400.000			·						
P	rt V Compliance Questions					·			
<u>10</u>	During the plan year:				Yes	No	N/A	Amount	
а	, , , , , , , , , , , , , , , , , , ,								
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo		•						
h	Ware there any personnel transactions with any party is laterated			10a		X		***************************************	
D	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	ו זסח סכוו	nclude transactions	10b		x	100000		
C				10c	х			25,000	
d	· · · · · · · · · · · · · · · · · · ·			1.00				20,000	
	by fraud or dishonesty?			10d		x	1,168.45		
е	Were any fees or commissions paid to any brokers, agents, or other	er persons	by an insurance						
	carrier, insurance service, or other organization that provides some	or all of t	he benefits under	40-	w.			1 202	
f	the plan? (See instructions.)			10e	Δ.			1,303	
	Has the plan failed to provide any benefit when due under the plan			10f		х			
<u>g</u> h	Did the plan have any participant loans? (if "Yes," enter amount as			10g	х			1,804	
h	If this is an individual account plan, was there a blackout period? (5 2520.101-3.)	see instru	ctions and 29 CFR	10h		х			
ī	If 10h was answered "Yes," check the box if you either provided the								
_	exceptions to providing the notice applied under 29 CFR 2520.101-	3	***************************************	10i					
								200000000000000000000000000000000000000	

	Form 5500-SF 2018 Page 3 -					
Par	tVI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instruction (Form 5500 and line 11a below)	s and complete S	chedule	sB	☐ Ye	s 🗓 No
_11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) lin	e 40	11a	***********	• L.,	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of ERISA?	f the Code or sect		of	Ye	s X No
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	TT*0*****				
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, granting the waiver		nd ente Da		te of the let Year _	ter ruling
lfy	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to	line 13.		.у	: Gai _	
b	Enter the minimum required contribution for this plan year		12b		-	
C.	Enter the amount contributed by the employer to the plan for the plan year		12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign negative amount)	to the left of a	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?			Yes	X No	0
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	13a			
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or 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), which assets or liabilities were transferred. (See instructions.)	identify the plan(s	s) to	****		****
	c(1) Name of plan(s):	13c(2) Ell	N(s)		13c(3)	PN(s)

13c(2) EIN(s)

13c(3) PN(s)