## 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** 

Parti	Annual Repor	t identification information									
For calend	alendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018										
A This ret	a single-employer plan a multiple-employer plan list of participating employer information in accordance with the form instructions.)										
D. Till		a one-participant plan									
<b>B</b> This reti	urn/report is										
		an amended return/report	a short plan year return	n year return/report (less than 12 months)							
C Check	box if filing under:	Form 5558	automatic extension		DFVC progra	am					
		special extension (enter desc	. ,								
Part II	Basic Plan Info	ormation—enter all requested in	formation								
1a Name	of plan				<b>1b</b> Three-dig	it					
SPECIAL CA	ARE PROVIDERS 40	1K PLAN			plan num	ber					
					(PN) ▶	001					
					1c Effective date of plan						
						07/01/2000					
2a Plan s	ponsor's name (empl	oyer, if for a single-employer plan)			<b>2b</b> Employer	Identification Number					
		om, apt., suite no. and street, or P.0			(EIN)	47-1950263					
-		ce, country, and ZIP or foreign pos	tal code (if foreign, see instr	ructions)	2c Sponsor's	s telephone number					
SPECIAL CA	ARE PROVIDERS CO	DRPORATE ENTITY, LLC				54-271-2317					
						code (see instructions)					
600 CORPO	RATE DRIVE				<b>La</b> Dusiness						
SUITE 250						621399					
FT LAUDER	DALE, FL 33334										
3a Plan a	dministrator's name a	and address X Same as Plan Spo	nsor		<b>3b</b> Administra	ator's FIN					
		and dualities [2] calified as a liain ope									
					3c Administra	ator's telephone number					
<b>A</b> 16.0					4h en						
		ne plan sponsor or the plan name h onsor's name, EIN, the plan name a			4b EIN						
	or's name				4d PN						
C Plan N											
5a Total	number of participant	s at the beginning of the plan year.			5a	45					
		s at the end of the plan year		l-	5b	39					
		account balances as of the end of			5c	23					
<b>d(1)</b> Tot	al number of active p	articipants at the beginning of the p	lan year		5d(1)	29					
<b>d(2)</b> Tot	al number of active p	articipants at the end of the plan ye	ar		5d(2)	30					
e Number of participants who terminated employment during the plan year with accrued benefits that were less					5e	0					
		ar incomplete filing of this yet.				- d					
		e or incomplete filing of this return other penalties set forth in the instru									
SB or Sche	edule MB completed a true, correct, and con	and signed by an enrolled actuary,	as well as the electronic ver	rsion of this return/report	, and to the bes	t of my knowledge and					
SIGN	Filed with authorize	d/valid electronic signature.	05/08/2019	JENNIFER WALTON							
HERE	Signature of plan	administrator	Date	Enter name of individu	ual signing as pl	an administrator					
SIGN											
HERE	Signature of empl	oyer/plan sponsor	Date	Enter name of individu	ual signing as er	nployer or plan sponsor					

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	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)						X Yes	No	
b	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	П No
	If you answered "No" to either line 6a or line 6b, the plan cann							□	□
С	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 by Not determined to the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?								ermined
	If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC p	remium filing for this pl	lan yea	r			. (See instru	ctions.)
Pai	t III Financial Information								
	Plan Assets and Liabilities		(a) Beginning (	of Year			(b) End	of Year	
	Total plan assets	7a	` , , ,	41725			(3) =	302665	
	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	44	41725				302665	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) 1	Γotal	
а	Contributions received or receivable from:			20.400					
	(1) Employers	8a(1)		29402	-				
	(2) Participants	8a(2)		34011					
	(3) Others (including rollovers)	8a(3)		22394					
	Other income (loss)	8b	-2	22394				01010	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						91019	
	to provide benefits)	8d	2	12037					
е	Certain deemed and/or corrective distributions (see instructions)	8e	,	16758					
f	Administrative service providers (salaries, fees, commissions)	8f		1284					
g	Other expenses	er expenses							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						230079	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-139060	
j	Transfers to (from) the plan (see instructions)	m) the plan (see instructions)							
Par	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature co	des from the List of Pla	an Cha	racteri	stic Co	odes in the ins	tructions:	
	If the plan provides welfare benefits, enter the applicable welfare fe	catura cod	los from the List of Plan	n Chara	octoric	tic Cor	toe in the inetr	uctions:	
D	In the plan provides wellare benefits, enter the applicable wellare is	eature coo	les ITOTTI THE LIST OF FIAI	ii Cilaia	acteris.	iic Coc	ies iii tile iiisti	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 contribu								
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	-	-	10a		X			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		X			
				10c	Х			1000	000
d				100				1000	100
	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.)			10e	X			18	882
f	Has the plan failed to provide any benefit when due under the plan?			10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)			10g	X			190	)78
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	he require	d notice or one of the	10i					
	, , , , , , , , , , , , , , , , , , , ,			-		<u> </u>			

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1 3.111 3333 3.1 (23.13)	· ago 🗸

Part	VI Pension Funding Compliance								
11	В	Y	es No						
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40									
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of 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	d enter t Day		of the lette Year _	r ruling				
lf :	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							
C Enter the amount contributed by the employer to the plan for this plan year									
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?		Yes	× 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?									
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	<b>3c(1)</b> Name of plan(s): 13c(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 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

	t Identification Information			/	10010				
For calendar plan year 2018 or	fiscal plan year beginning	01/01/2018	and ending	12/31					
A This return/report is for:	X a single-employer plan		an (not multiemployer) (Fil oployer information in acco						
	a one-participant plan	a foreign plan							
B This return/report is	the first return/report	the final return/report	The state of the s						
	an amended return/report	a short plan year return	n/report (less than 12 mon	iths)					
C Check box if filing under:	Form 5558	automatic extension		DFVC prog	gram				
	special extension (enter desc								
Part II Basic Plan Inf	ormation—enter all requested in	formation							
1a Name of plan Special Care Pro	oviders 401k Plan			1b Three-d plan nu	mber				
			-	(PN)	e date of plan				
					1/2000				
2a Plan sponsor's name (emp	loyer, if for a single-employer plan)	O. Royl	2	1. 181 181	er Identification Number				
City or town, state or provir	om, apt., suite no. and street, or P.Once, country, and ZIP or foreign pos	tal code (if foreign, see instr	uctions)	(EIN) 47 - 1950263  2c Sponsor's telephone number					
Special Care Pro	viders Corporate Enti	ty, LLC		954-271-2317					
600 Corporate Dr Suite 250	rive		[2	2d Business code (see instructions)					
Ft Lauderdale	FL 3333	34	-	62139	99				
3a Plan administrator's name	and address X Same as Plan Spo	insor.	3	3b Administrator's EIN					
			<u> </u>	2	Lotodo telegido ao assarbas				
			`	3C Adminis	trator's telephone number				
4 If the name and/or EIN of the	he plan sponsor or the plan name h	as changed since the last re	eturn/report filed for de last return/report.	4b EIN					
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					4d PN				
C Plan Name									
5a Total number of participant	ts at the beginning of the plan year.			5a	45				
	ts at the end of the plan year			5b	39				
c Number of participants with	h account balances as of the end of	the plan year (only defined	contribution plans	5c	23				
	participants at the beginning of the p			5d(1)	29				
d(2) Total number of active p	participants at the end of the plan ye	ear		5d(2)					
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested				5e					
Caution: A penalty for the late	e or incomplete filing of this retur	n/report will be assessed	unless reasonable caus	e is establis	shed.				
Under penalties of periury and	other penalties set forth in the instru and signed by an enrolled actuary,	ctions. I declare that I have	examined this return/repo	rt, including.	, if applicable, a Schedule				
SIGN Jame De		5/8/19	Jennifer Walton	ı					
HERE Signature of plan		Date	Enter name of individua						
SIGN Jonnes	illar	5/8/19	Jenniferh	latton	J				
HERE Signature of emp	oloyer/plan sponsor	Date	Enter name of individua	l signing as	employer or plan sponsor				

6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)				X Yes No
	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	and condi	tions.)				X Yes No
C	If you answered "No" to either line ba or line bb, the plan came If the plan is a defined benefit plan, is it covered under the PBGC ir If "Yes" is checked, enter the My PAA confirmation number from th	nsurance p	orogram (see ERISA se	ection 4	021)?	[	Yes No Not determined
Par	t III Financial Information						
	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End of Year
а	Total plan assets	7a		441,	725	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	302,665
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c		441,	725		302,665
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total
	Contributions received or receivable from: (1) Employers	8a(1)		29,			
	(2) Participants	8a(2)		84,	011		
	(3) Others (including rollovers)	8a(3)			0		
b_	Other income (loss)	8b		-22,	394		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				ANGA, MILITER SEC	91,019
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		212,			
е	Certain deemed and/or corrective distributions (see instructions)	8e		16,			
f	Administrative service providers (salaries, fees, commissions)	. 8f		1,284			
g	Other expenses	. 8g	0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					230,079
i	Net income (loss) (subtract line 8h from line 8c)	. 8i				belanasii elleri (S. s.)	-139,060
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						
b	If the plan provides welfare benefits, enter the applicable welfare t	feature co	des from the List of Pla	n Char	acteris	tic Cod	des in the instructions:
Par	t V Compliance Questions						
10	During the plan year:				Yes	No	Amount
a	described in 29 CFR 2510.3-102? (See instructions and DOL's \	Voluntary	Fiduciary Correction	10a		х	
b	Program)  Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	t? (Do not	include transactions	10b		х	
				10c	х		100,000
d	La La Callin hard the horse council		10d		х		
	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.)		10e	х		1,882	
f	Has the plan failed to provide any benefit when due under the pla	an?		10f	<u> </u>	Х	
g				10g	Х	<u> </u>	19,078
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Х	
i	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10	the require	ed 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 funding require (Form 5500) and line 11a below)				SB	Ye	s No
11a Enter the unpaid minimum required contributions for all years fr			7		·	
12 Is this a defined contribution plan subject to the minimum fundi ERISA?	ng requirements of section 412 of th			f	Ye	es 🛭 No
If a waiver of the minimum funding standard for a prior year is b granting the waiver.		Month	d enter		of the letter	ruling
If you completed line 12a, complete lines 3, 9, and 10 of Sched	ule MB (Form 5500), and skip to li	ne 13.				
<b>b</b> Enter the minimum required contribution for this plan year	•••••		12b			
c Enter the amount contributed by the employer to the plan for this			12c			
Subtract the amount in line 12c from the amount in line 12b. Enter negative amount)	er the result (enter a minus sign to t	he left of a	12d			
e Will the minimum funding amount reported on line 12d be met b				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	
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 beneficiari control of the PBGC?	es, transferred to another plan, or b	ought under the			Yes 🛚	No
C If, during this plan year, any assets or liabilities were transferred which assets or liabilities were transferred.	from this plan to another plan(s), id	entify the plan(s	) to			
13c(1) Name of plan(s):		13c(2	EIN(s)		13c(3) F	PN(s)