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

Part I	Annual Report	Identification Information										
For calend	ar plan year 2018 or fi	scal plan year beginning 01/01/20	18	and ending 1	2/31/2018							
A This ref	turn/report is for:	a single-employer plan			er) (Filers checking this box must attach a n accordance with the form instructions.)							
D This nat		a one-participant plan a foreign plan										
D This reti	urn/report is	the first return/report an amended return/report	the first return/report									
_		n/report (less than 12 m	months)									
C Check	box if filing under:	Form 5558	automatic extension DFVC program									
		special extension (enter descrip										
Part II		ormation—enter all requested info	rmation		T	T						
1a Name	•				1b Three-digit							
CASTLE RC	OCK FOOT & ANKLE (CARE, P.C. 401(K) PLAN			plan number (PN) ▶	001						
					1c Effective date of							
						01/2017						
		oyer, if for a single-employer plan)	5)		2b Employer Ident	ification Number						
		m, apt., suite no. and street, or P.O. ce, country, and ZIP or foreign postal		ructions)		1722033						
•	CK FOOT & ANKLE		, , , , , , , , , , , , , , , , , , , ,	,	2c Sponsor's tele 303-81	ohone number 4-1082						
					2d Business code	(see instructions)						
	OWS BLVD., STE 270 CK, CO 80109)			621391							
OAOTEE RO	OK, 00 00 100											
3a Plan a	dministrator's name a		3b Administrator's EIN									
		_			3c Administrator's telephone number							
					Administrator s telephone municipal							
		e plan sponsor or the plan name has			4b EIN							
	lan, enter the plan spo or's name	onsor's name, EIN, the plan name an	d the plan number from th	ne last return/report.	4d PN							
C Plan N					TO FIN							
5a Total	number of participants	at the beginning of the plan year			. 5a	6						
b Total	number of participants	at the end of the plan year			. 5b	5						
		account balances as of the end of th			5c 5							
d(1) Tot	al number of active pa	articipants at the beginning of the plan	n year		5d(1) 6							
d(2) Tot	al number of active pa	5d(2)	5d(2) 5									
	per of participants who		5e 0									
		or incomplete filing of this return/			use is established.							
Under pena SB or Sche	alties of perjury and ot	ther penalties set forth in the instructi nd signed by an enrolled actuary, as	ions, I declare that I have	examined this return/re	port, including, if appli							
SIGN		/valid electronic signature.	05/13/2019	DR. JESSICA HERZO	DG							
HERE	Signature of plan a	administrator	Date	Enter name of individ	lual signing as plan ad	ministrator						
SIGN	Filed with authorized	ZOG										

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.) 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										
Par	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning ((b) En	d of Year			
	Total plan assets	7a	· ·	51221				134459			
<u>b</u>	Total plan liabilities	7b									
	Net plan assets (subtract line 7b from line 7a)	7с		51221				134459			
	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b)	Total			
	Contributions received or receivable from: (1) Employers	8a(1)		8054							
	(2) Participants	8a(2)	Ļ	56037							
	(3) Others (including rollovers)	8a(3)	2	28449							
b	Other income (loss)	8b		-9302							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						83238			
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d									
е	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						83238			
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 Pla	an Chai	racteri	stic Co	odes in the in	structions:			
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan	n Chara	acterist	tic Cod	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			8862			
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							
e	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							
f	Has the plan failed to provide any benefit when due under the pla	10f		Χ							
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-e	end.)	10g		X					
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 section 302 of ERISA?											
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)										
а	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver										
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 🔀 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?											
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plant 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).

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

Part I Annual Report Identification Information)	With the high	uctions to the Form 55	ло-эг.	·						
For calendar plan year 2018 or fiscal plan year beginning		1/01/2018	and ending	12/3	31/2018						
A This return/report is for: x a single-employer plan a one-participant plan the first return/report	(Filers checacordance	cking this box must attach with the form instructions.)									
an amended return/report a short plan year return/report (less than 12 months) Check box if filing under: automatic extension DFVC program special extension (enter description)											
special extension (enter descr	ription)			Ц	· -						
Part II Basic Plan Information — enter all requested	information										
1a Name of plan CASTLE ROCK FOOT & ANKLE CARE, P.C. 401 (K	plan (PN 1C Effe	ree-digit n number N) ▶ 001 ective date of plan									
Plan sponsor's name (employer, if for a single-employer plan) Mailing Address (include room, apt., suite no. and street, or P.C City or town, state or province, country, and ZIP or foreign post CASTLE ROCK FOOT & ANKLE CARE, P.C.	O. Box) tal code (if t	oreign, see in:	structions)	01/01/2017 2b Employer Identification Number (EIN) 27-4722033 2c Sponsor's telephone number							
2352 Meadows Blvd., Ste 270 US Castle Rock CO 80109				(303) 814-1082 2d Business code (see instructions) 621391							
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 hat this plan, enter the plan sponsor's name, EIN, the plan name ar a Sponsor's name C Plan Name 	retum/report filed for he last return/report.	4b EIN 4d PN									
5a Total number of participants at the beginning of the plan year D Total number of participants at the end of the plan year.	************	****************	*************************************	5a	6						
C Number of participants with account balances as of the end of the	he nlan ves	r (only define	contribution place	5b	5						
d(1) Total number of active participants at the beginning of the pla	************) +++++10140614044444444	10445###################################	5c 5d(1)	5						
d(2) Total number of active participants at the end of the plan year	г •••••••			5d(1)	65						
e Number of participants who terminated employment during the less than 100% vested	5e										
Caution: A penalty for the late or incomplete filing of this return	1 1	Dispari									
Under penalties of perjury and other penalties set forth in the instru	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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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	5	13/19	Dr. Fessice	i Her	747						
HERE Signature of plan administrator	Date	13/19	Enter name of individual								
HERE Signature of employer/plan sponsor	I signing as employer or plan sponsor										

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6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)											
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IOPA)											
	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.											
С	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?											
	If "Yes" is checked, enter the My PAA confirmation number from the	PBGC pro	emium filing for this year			_		(See instructions.)				
P	art III Financial Information											
7	Plan Assets and Liabilities		(a) Posinning o		_	_		(L) F. J. (W				
a	Total plan assets	. 7a	(a) Beginning o	_		+	(b) End of Year					
b	Total plan liabilities	7b		51,2	21	+		134,459				
Ç	Net plan assets (subtract line 7b from line 7a)					+-						
8	Income, Expenses, and Transfers for this Plan Year	7c	(a) Amount	5 1 ,2	21_	+		134,459				
а	Contributions received or receivable from:	<u> </u>	(a) Amount					(b) Total				
	(1) Employers	8a(1)		8,0	54							
	(2) Participants	8a(2)		56,0	37							
<u>_</u>	(3) Others (including rollovers)	8a(3)		28,4	49							
<u>b</u>	Other income (loss)		(9	9,30	2)	1.						
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						83,238				
u	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		_		-						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	a ta jar									
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i				+-		83,238				
<u>i</u>	Transfers to (from) the plan (see instructions)	8j				 		03,238				
Pa	rt IV Plan Characteristics	·				<u> </u>						
9a	If the plan provides pension benefits, enter the applicable pension fe	ature code	es from the List of Plan Ch	12 5201	orietie	Cada						
	2A 2E 2F 2G 2J 2K 2T 3D		TO HOLD EIGHT IN THE	iaiaci	CHOUC	Code	3 III II I	HISTOCHOUS:				
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	from the List of Plan Cha	racte	ristic (Codes	in the i	nstructions:				
Pa	rt V Compliance Questions			-		_						
10	During the plan year:	·				_	 -					
а	Was there a failure to transmit to the plan any participant contribut	ioon within	61- - 1 2		Yes	No	N/A	Amount				
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	luntary Fid	ure ame period									
	Program) ************************************	***************		10a	x			8,862				
b	Were there any nonexempt transactions with any party-in-interest?	(Do not in	clude transactions	.,,,,				- 0,002				
	теритеа оп пле тиа.) этомого на него него него него него него него него	**********	######################################	10Ь		х						
_	Was the plan covered by a fidelity bond?	*************	******************	10c	x			25,000				
	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					ж						
6	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some	er persons	by an insurance									
	the plan? (See instructions.)	e or all of the	ne denetits under	10e		x						
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			10g	-	X	\vdash					
h	If this is an individual account plan, was there a blackout period? (\$2520.101-3.)	See inetrue	tions and 30 OFD									
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required	notice or one of the	10h		<u> </u>	_					
	The second and notice applied under 25 CFR 2520.1U1	-0	***************************************	10i								

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	For	m 5500-SF 2018		_		Pag	e 3 - [
Par	+ \/I	Panaian Funding Co											_	_
		Pension Funding Co										_		
11	(Form	a defined benefit plan subjec 5500 and line 11a below)	404000000000000000000000000000	***********	*************	***********	*****	P###01001011	omplete So	hedule	SB	_	es 🗓	No
_11a	<u>Enter t</u>	<u>he unpaid minimum required</u>	contributions for	for all years f	from Schedu	le SB (Form 55)	00) 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?									on 302	of		es X	No	
	(1) 11	es, complete line 12a or line	S 120, 120, 120	d, and 12e be	elow, as app	licable.)								
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver											g		
lf_y	OU CON	pleted line 12a, complete l	ines 3, 9, and	10 of Sched	dule MB (Fo	rm 5500), and s	skip to	line 1	3.		~ <i>,</i>	1007		
b		he minimum required contrib								12b			•	
c	Enter t	he amount contributed by the	employer to the	he plan for th	he plan year	***********	******	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*************	12c				
d	Subtra	ct the amount in line 12c fron	n the amount in	n line 12b. E	nter the resu	ult (enter a minu	s sign	to the	left of a	12d				
	e Will the minimum funding amount reported on line 12d be met by the funding deadline?										Yes [No [N/A	١
Par	t VII	Plan Terminations a	nd Transfer	rs of Ass	ets									
_13a		resolution to terminate the pla					*******	**********	10044249449499		Yes	X 1	No.	
		" enter the amount of any pla				-	********		1910191919191919	13a				
b	control	II the plan assets distributed of the PBGC?	**********	********	***********	***********	********		U14070104444444	********		Yes 🗓] No	
_c	If, durir which a	ng this plan year, any assets assets or liabilities were trans	or liabilities wer	ere transferre	ed from this p	lan to another p	olan(s),	, identif	y the plan(s) to	·			
1	13c(1) Name of plan(s): 13c(2) EIN							IN(s)		13c(3	B) PN(s)			
								ŀ						
														