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**

For calendar plan year 2018 of fiscal plan year teaginning 0101/2018 A This return/report is a single-employer plan is of participating employer plan (not multiemployer) (Filers checking this box must attach a its of participating employer information in accordance with the form instructions.) a foreign plan is of participating employer information in accordance with the form instructions.) a foreign plan is of participating employer information in accordance with the form instructions.) a foreign plan is of participating employer information in accordance with the form instructions.) B This return/report is the first return/report in an emended return/report in a named and return/report in a short plan year return/report (less than 12 months). C Check box if filing under: Form 5558 in automatic extension in DFVC program is special extension (enter description). Part II Basic Plan Information—enter all requested information. 1a Name of plan MINCHELLE J. CHARLES DDS 401K PLAN 1b Three-digit plan number (employer. If for a single-employer plan). A 1b Three-digit plan number (employer. If for a single-employer plan). C or o rown, state or provinca, country, and ZIP or foreign postal code (if foreign, see instructions). 2b Employer Identification Number (eIN) is 93-917229. 2c Sponsor stephonen number 407-832-2033. 2d Business code (see instructions). 3d Administrator's telephone number 407-832-2033. 2d Business code (see instructions). 4 If the name and/or EIN of the plan sponsor or the plan name and the plan number from the last return/report. 4 If the name and/or EIN of the plan sponsor or the plan name and the plan number from the last return/report. 3 Sponsor's name. C Plan Name 5 Total number of participants at the beginning of the plan year. C Plan Name C Plan Name 5a 1 total number of participants at the beginning of the plan year. C Number of participants at the end of the plan year. C Number of participants at the end of the plan year. C Number of participants at the end of the pla	Part I		t Identification Information									
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C Check box if filing under:	B This retu	ırn/report is	the first return/report	the final return/report								
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Part II Basic Plan Information—enter all requested information 1a Name of plan MICHELLE J. CHARLES DDS 401K PLAN 1c Effective date of plan (PN) 001 1c Effective date of plan 0401/2010 1c Effective date of plan 0401/2010 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) 2b Employer Identification Number (EIN) 59-3417522 2c Sponsor's telephone number 407-832-2003 2d Business code (see instructions) 621210 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number 407-832-2003 2d Business code (see instructions) 621210 3c Administrator's telephone number 4d Pin 4d	C Check b	oox if filing under:	Form 5558	au	tomatic extension	DFVC program						
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SIGN HERE Filed with authorized/valid electronic signature. 06/05/2019 MICHELLE CHARLES Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE HERE	SB or Sche	dule MB completed a	and signed by an enrolled actuary, a	ictions, I as well a	declare that I have as the electronic vers	examined this return/re sion of this return/repor	port, in t, and	ncluding, if applic to the best of my	cable, a Schedule knowledge and			
Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERF	SIGN				06/05/2019	MICHELLE CHARLES						
HERE	HERE	Signature of plan	administrator		Date	Enter name of individ	ual siç	ning as plan adr	ninistrator			
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor												
	HERE	Signature of emplo	oyer/plan sponsor		Date	Enter name of individ	dividual 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.)						X Yes No		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							X Yes No	
c	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								
								(See instructions.)	
_ <u> </u>			(a) Da atauria a	- ()/			(I-) F	Lat Waar	
	Plan Assets and Liabilities	7-	(a) Beginning ((b) End of Year			
	a Total plan assets 7a 416 423								
	b Total plan liabilities							423	
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	7c	(a) Amazum	416			(1-)	(b) Total	
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amoun	t			(a)	lotai	
a	(1) Employers	8a(1)							
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b		7					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						7	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
<u>e</u>	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						0	
i	Net income (loss) (subtract line 8h from line 8c)	8i						7	
j	Transfers to (from) the plan (see instructions)	8i							
Pai	t IV Plan Characteristics		•						
9a									
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	des from the List of Pla	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 contributus described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	100		X			
	Program)			10a					
	reported on line 10a.)			10b		X			
C	Was the plan covered by a fidelity bond?			10c	Χ			1000	
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?			10d		X			
е	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.)					X			
f						X			
	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)					Χ			
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 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 con (Form 5500) and line 11a below)			В		es 🗌 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 ERISA?	e or section	n 302 of		. Y	es 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 instru granting the waiver.		d enter t Day		of the letter Year	ruling
lf :	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 negative amount)	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?			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 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 which assets or liabilities were transferred. (See instructions.)	the plan(s)	to			
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)