Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor 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		dentification information									
For calendar	plan year 2018 or fise	cal plan year beginning 01/01/2	2018		and ending 12	2/31/201	8				
A This retu	rn/report is for:	X a single-employer plan			an (not multiemployer) (ployer information in ac		-				
	·	a one-participant plan	_	foreign plan	, ,,			,			
B This retur	n/report is	the first return/report	the	e final return/report							
		an amended return/report	a s	short plan year return	/report (less than 12 m	onths)					
C Check bo	ox if filing under:	Form 5558	au	itomatic extension		DFV	C program				
		special extension (enter desc	ription)								
Part II	Basic Plan Infor	rmation—enter all requested in	nformatio	on							
1a Name of plan CARLOS E. COELHO, M.D., P.A. PROFIT SHARING PLAN AND TRUST					pl	hree-digit an number PN)	001				
							ffective date o	f plan 1/1999			
		ver, if for a single-employer plan) n, apt., suite no. and street, or P.C	O Boy)					fication Number			
		e, country, and ZIP or foreign post		(if foreign, see instru	uctions)			862975			
	OELHO, M.D., P.A.	, , ,		(1 1 3 , 1 1 1 1	,	2c S	ponsor's telep 305-932				
						2d B	usiness code	(see instructions)			
21097 N.E. 27 AVENTURA, F	TH COURT, SUITE 5 FL 33180-1235	10					6211	11			
3a Plan adı	ministrator's name and	d address 🛚 Same as Plan Spor	nsor.			3b Administrator's EIN					
					3c Administrator's telephone number						
								•			
4 If the na	ame and/or EIN of the	plan sponsor or the plan name ha	nas chan	naed since the last re	eturn/report filed for	4b E	IN				
this pla	n, enter the plan spon	sor's name, EIN, the plan name a									
a Sponson c Plan Na						4d PN					
5a Total nu	umber of participants a	at the beginning of the plan year.				5a		5			
		at the end of the plan year				5b		5			
		account balances as of the end of				5с		5			
d(1) Total	number of active part	ticipants at the beginning of the pl	lan year	٢		5d(1	· -	3			
		ticipants at the end of the plan ye				5d(2)	3			
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested						5e		0			
		r incomplete filing of this retur									
SB or Sched		er penalties set forth in the instru d signed by an enrolled actuary, a lete.									
0.0	Filed with authorized/\	valid electronic signature.		07/03/2019	CARLOS E. COELHO	DELHO, M.D.					
HERE	Signature of plan ad	Iministrator		Date	Enter name of individ	ual signi	ng as plan adı	ministrator			
SIGN											
HERE	Signature of employ	/er/plan sponsor		Date	Enter name of individ	ual signi	ng as employe	er or plan sponsor			

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									es No	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									
С	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes									
	If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC p	remium filing for this pl	lan yea	r		·	(See ins	tructions.)	
Par	t III Financial Information									
	Plan Assets and Liabilities		(a) Beginning (of Year			(b) Fr	nd of Year		
	Total plan assets	7a		52963			(2) =:	119675	2	
	Total plan liabilities	7b		0					0	
	Net plan assets (subtract line 7b from line 7a)	7c	125	52963				119675	2	
	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total		
	Contributions received or receivable from:		(1)							
	(1) Employers	8a(1)		0	_					
	(2) Participants	8a(2)		0						
	(3) Others (including rollovers)	8a(3)		0	_					
<u>b</u>	Other income (loss)	8b	-4	43257						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-4325	7	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		0						
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f	,	12757						
g	Other expenses	8g		197						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1295	4	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-5621	1	
<u>j</u>	Transfers to (from) the plan (see instructions)	8j		0						
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 3D	feature co	des from the List of Pla	an Cha	racteris	stic Co	des in the ir	nstructions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan	n Chara	acterist	tic Cod	les in the ins	structions:		
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.)	? (Do not	include transactions	10b		X				
С	Was the plan covered by a fidelity bond?			10c	X			13	80000	
d						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.)							1	2757	
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		Χ				
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 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)

Form 5500-SF

Department of the Treesury 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

Complete all entries in accordance with the instructions to the Form 6600-SF.

Revenue Code (the Code),

1210-0089

OMB Nos, 1210-0110

2018

This Form is Open to **Public Inspection**

For calend	dar plan year 2018 or i	i identification information iscal plan year beginning	01/01/2018	and ending	12/21/2010		
,		X a single-employer plan			12/31/2018 (Filers checking this box must a	-Hook o	
A This re	eturn/report is for:		list of participating	employer information in	accordance with the form instruc	attach a tions.)	
B This ret	turn/report is	a one-participant plan	🔲 a foreign plan				
2 (111319)	enmapor is	the first return/report	the final return/repo	rt			
		an amended return/report	a short plan year rei	tum/report (less than 12	months)		
C Check	box if filling under:	☐ Form 5558	automatic extension	n	DDW program		
		special extension (enter descr	' '	•	DFVC program		
Part II	Basic Plan Info	ormation—enter all requested in					
1a Name	of plan	Trees and a suppose in	omiscial t		1b Three-digit	_	
CARI	LOS E. COELHO,	M.D., P.A. PROFIT S	HARING PLAN ANI	TRUST	plan number		
					(PN) ▶ 001		
					1c Effective date of plan		
2a Plans	ponsor's name (emplo	yer, if for a single-employer plan)	, <u> </u>		01/01/1999		
Malling	d address (include roo	M. apt., suite no, and street, or P.O.	. Box)		2b Employer Identification N (EIN) 65-0862975	Number	
CART	COS E. COELHO,	e, country, and ZiP or foreign posts	al code (If foreign, see in	structions)	2c Sponsor's telephone nur		
- CILCI	oo b. commo,	H.D., P.A.			305~932-6068	mber	
2109	7 N.E. 27TH C	OURT, SUITE 510			2d Business code (see instr	uctions)	
		, 			, , , , , , , , , , , , , , , , , , , ,		
AVEN	ITURA	FL 33180-1	1235		621111		
3a Plan a	dministrator's name ar	nd address X Same as Plan Spon	aor		3b Administrator's EIN		
			3c Administrator's telephone number				
					A reministrated a resolution	a Mannoel	
4 If the n							
this pla	rame and/or biln of the an, enter the plan spor	plan sponsor or the plan name ha nsor's name, EIN, the plan name ar	s changed since the last	return/report filed for	4b EIN	_	
- 4641197	a o ildillo	and are been thank at	ia ma bian nomba tròtti	the last return/report.	4d PN		
C Plan N	eme				THE FIN		
F · ·							
e rotain	iumber of participants :	at the beginning of the plan year	**************************************	***************************************	5a		
D TOTAL I	umber of participants (at the end of the plan year			5b		
- 190100	ri or kalubinanila witu y	ccount balances as of the end of the		_	5c		
d(1) Tota	I number of active part	icipants at the beginning of the plan			<u> </u>		
d(2) Tota	I number of active part	icipants at the end of the plan year	1 year		5d(1)	3	
					5d(2)	3	
than 10	00% vested	r incomplete filing of this return/	vient Jedi Mint SccLifed Di	anetits that were less	5e	_	
Jinder penal	ties of periury and other	or populting and facility in the in-	About Mill DE 92362260	nillezz tegsouable cal	use is established.		
B or Sched elief, it is to	lule MB completed and le. correct, and combi	er penalties set forth in the instruction of signed by an enrolled actuary, as etc.	ons, i declare that I have well as the electronic ve	examined this return/re rsion of this return/repor	port, including, if applicable, a Sc t, and to the best of my knowled:	hedule te end	
IGN			7-3-2-17	CARLOS E. COEI			
ERE	Signature of plan and	Ministrator	Date				
IGN	(~7		2-7-2-19	CARLOS E. COEI	ual signing as plan administrator		
ERE	Signature of employ		- + - 1 - (/2' \	COEL	uo, M.D.		
	CANADA OF CAMPION	er/plan sponsor see the lastructions for Form 5500-S	Date	I =-4	ial signing as employer or plan s		

6a Were all of the plan's assets during the plan year invested in eligib	le assets	(See instructions.)		,,,,,,,,,,			X Yes	No.
b Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condi	tions.)					X Yes	☐ No
If you answered "No" to either line 6a or line 6b, the plan cann							_	
C 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	isurance p	orogram (see ERISA s	ection -	4021)?	·	∐Yes ∐No	Not dete	
	ie Pooc p	premium filing for this	pian ye:	ar			. (See instru	ictions.)
	,							
7 Plan Assets and Liabilities		(a) Beginning		_		(b) End	of Year	
a Total plan assets	7a	<u> </u>	,252,	963			1,1	96,75
b Total plan liabilities	7b	1		0				
C Net plan assets (subtract line 7b from line 7a)	7e	<u> </u>	,252,	. 963	·		1,1	96,75
B Income, Expenses, and Transfers for this Plan Year		(a) Amou	nt			(b) 1	ota	
Contributions received or receivable from: (1) Employers	8a(1)			ō				
(2) Participants	8a(2)			0		Andrew Mark	4	
(3) Others (including rollovers)	8a(3)			0				
b Other income (loss)	8ь		-43,	257				1.11
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		eric est	100			-4	43,25
d Benefits paid (including direct rollovers and insurance premiums to provide benefits).	8d			Ō				
Certain deemed and/or corrective distributions (see instructions)	8e			ō			The state of the s	. <u> </u>
f Administrative service providers (salaries, fees, commissions)	8f	// 	12,757			<u> </u>		
g Other expenses	8g		,	197	<u> </u>	<u> </u>		· · · · · ·
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	17 #4.94				'''''''''''''''''''''''''''''''''''''	-	12,95
i Net income (loss) (subtract line 8h from line 8c)	8i		<u> </u>	-		***		56,21
j Transfers to (from) the plan (see instructions)		0						
Part IV Plan Characteristics	8j			<u> </u>	<u> </u>			
9a If the plan provides pension benefits, enter the applicable pension 2A 2E 3D	feature co	des from the List of P	lan Cha	racteri	stic Co	odes in the inst	ructions:	
b If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Pla	ın Char	acteris	tic Cod	les in the instru	rctions:	
Part V Compliance Questions								
0 During the plan year:				Yes	No			
a Was there a failure to transmit to the plan any participant contribut	ions within	the time period	Τ –	162	NO	<i>+</i>	mount	
gescribed in 29 CFR 2510.3-102? (See instructions and DOL's Vi Program)	oluntary F	iduciary Correction	10a		x			
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not i	nclude transactions	10b		х			
C Was the plan covered by a fidelity bond?				Х			1 3	0 00
d Did the plan have a loss, whether or not reimbursed by the plan's to by fraud or dishonesty?	Fidelity bas	od that was	10c		Х			0,000
vvere 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	10d	x				<u> </u>
the plan? (See instructions.)	?		10e 10f		х		1	2,757
g Did the plan have any participant loans? (If "Yes," enter amount as							<u> </u>	
n If this is an individual account plan, was there a blackout period? (\$ 2520.101-3.)	See instru	ctions and 29 CFR	10g		X X			. Note that
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.			10h					
The state of the s	5-		10i			<u></u>		

	Form 5500-SF (2018)		Hage o-					-		
Part V	Pension Funding Compliance Is this a defined benefit plan subject to minimum (Form 5500) and line 11a below)	funding requirements?	(If "Yes," see instruc	ctions and com	plete Sche	odule SE	3		/es 🗌	No
114	Enter the unnaid minimum required contributions	for all years from Scho	edule SB (Form 550)	D) lin <u>e 40</u>		11a				
12	Is this a defined contribution plan subject to the	minimum funding requi	rements of section 4	12 of the Gode	or section	ان عباد ر		│ □ `	Yes X	No
	- Arms - #	ON 984 176 NOININ 99 5	inniicanie i					f the lette	e culina	
	If a waiver of the minimum funding standard for a granting the waiver.				1411	Day	ile date v	Year		
If v	ou completed line 12a, complete lines 3, 9, ar	rd 10 of Schedule MB	(Form 5500), and s	kip to line 13.						
	Enter the minimum required contribution for this p					12b		,		
	Enter the amount contributed by the employer to	the plan for thi <u>s plan y</u> e	ar			12c				
d	Subtract the amount in line 12c from the amount negative amount)	t in line 12b. Enter the r	esult (enter a minus	sign to the left	ofa	12d		,	<u> </u>	<u></u>
8	Will the minimum funding amount reported on lin	ne 12d be met by the fu	nding deadline?	111711			Yes	No	N/A	1
Part										
and the Lateral	Has a resolution to terminate the plan been adopte						X Yes	יו 🔲	No	
100	If "Yes," enter the amount of any plan assets tha					13a				0
ь	Were all the plan assets distributed to participal control of the PBGC?	nts or beneficiaries, trar	sferred to another p	lan, or brought	t under the			Yes	X No	
c	If, during this plan year, any assets or liabilities which assets or liabilities were transferred.	were transferred from t	his plan to another p	lan(s), identify	the plan(s) to				
•	13c(1) Name of plan(s):				13c(2	<u>)</u> EIN(s)		13e(3) PN(s))
					1.181818					
							1			

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