## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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 01/01/2	2018		and ending 12	2/31/2	018				
A This ret	urn/report is for:	X a single-employer plan			an (not multiemployer) ( ployer information in ac		-				
	·	a one-participant plan		foreign plan	,			,			
<b>B</b> This retu	urn/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	box if filing under:	X Form 5558	au	utomatic extension		DF	FVC program				
		special extension (enter desc	ription)								
Part II	Basic Plan Info	ormation—enter all requested in	formation	on							
1a Name OCEANWAY	•	INC. 401(K) PROFIT SHARING P	LAN AN	ND TRUST		1b	Three-digit plan number (PN)	002			
							1c Effective date of plan 01/01/2008				
		oyer, if for a single-employer plan)	) Day			2b	Employer Ident				
Mailing address (include room, apt., suite no. and street, or P.O. Box)  City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)						(EIN) 54-2113873					
FAMILY CARE PARTNERS OF NORTHEAST FLORIDA, LLC						<b>2c</b> Sponsor's telephone number 904-751-6200					
						2d	Business code	(see instructions)			
11513 N. MAIN STREET JACKSONVILLE, FL 32218						621111					
3a Plan administrator's name and address Same as Plan Sponsor.  3b Administrator's EIN							EIN				
<del>  </del>						<b>3c</b> Administrator's telephone number					
							7 tarrilliotrator o	telephone number			
4 If the r	name and/or FIN of the	e plan sponsor or the plan name h	as chan	aged since the last re	sturn/report filed for	4h	EIN				
this pl	an, enter the plan spo	nsor's name, EIN, the plan name a									
•	or's name					4d	PN				
C Plan N	iame										
<b>5a</b> Total i	number of participants	at the beginning of the plan year.				5	а	29			
<b>b</b> Total number of participants at the end of the plan year					5	b	25				
		account balances as of the end of			•	5	С	16			
d(1) Total number of active participants at the beginning of the plan year					5d	(1)	25				
	•	articipants at the end of the plan ye				5d	(2)	23			
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested						5		0			
		or incomplete filing of this retur									
SB or Sche	alties of perjury and ot edule MB completed a true, correct, and com	her penalties set forth in the instruind signed by an enrolled actuary, a plete.	ctions, I as well a	I declare that I have as the electronic vers	examined this return/re sion of this return/repor	port, i t, and	ncluding, if applito the best of m	cable, a Schedule y knowledge and			
SIGN	Filed with authorized	/valid electronic signature.		08/01/2019	JEANNE MICOLUCCI						
HERE	Signature of plan a	administrator		Date	Enter name of individ	ual siç	gning as plan ad	ministrator			
SIGN											
HERE	Signature of emplo	oyer/plan sponsor		Date	Enter name of individ	ual sig	gning as employ	er or plan sponsor			

Form 5500-SF (2018) Page **2** 

	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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							X Yes	No
	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	nsurance p	orogram (see ERISA se	ection 4	021)?	[	Yes No	Not determ	nined
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this p	lan yea	r			(See instruct	ions.)
Pa	rt III   Financial Information								
7	Plan Assets and Liabilities		(a) Beginning (	of Year			(b) End	d of Year	
а				13423				1973165	
b	otal plan liabilities								
С	et plan assets (subtract line 7b from line 7a)							1973165	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total	
а	Contributions received or receivable from:								
	(1) Employers	8a(1)		30490 97238					
		3(2)							
		Others (including rollovers)							
	ner income (loss)			100.0				12680	
d	nefits paid (including direct rollovers and insurance premiums							.2000	
				49551					
<u>e</u>	ertain deemed and/or corrective distributions (see instructions) 8e								
f	dministrative service providers (salaries, fees, commissions) 8f			3387					
<u>g</u>	ther expenses 8g								
<u>h</u>	otal expenses (add lines 8d, 8e, 8f, and 8g)							52938	
<u></u>	et income (loss) (subtract line 8h from line 8c)							-40258	
	Transfers to (from) the plan (see instructions)								
	Part IV Plan Characteristics								
9a	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  2E 2F 2G 2J 2K 2T 3D								
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Pla	n Chara	acteris	tic Co	des in the inst	ructions:	
Par	t V   Compliance Questions						ı		
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-1022 (See instructions and DOI is V								
	described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			10a		X			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)			10b		X			
С	Was the plan covered by a fidelity bond?			10c	X			200000	0
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	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	X			896	5
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X			
9				10g	Χ			45259	9
h	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					

Form 5500-SF (2018)	Page <b>3</b> - 1
1 3.111 3333 3.1 (23.13)	· ago 🗸

Part	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche (Form 5500) and line 11a below)		В	Y	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 or section ERISA?		:	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 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			
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?		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?			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(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).

2018

This Form is Open to **Public Inspection** 

OMB Nos. 1210-0110

1210-0089

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

Part	Annual Report	t identification information						
For calend	dar plan year 2018 or f	fiscal plan year beginning	01/01/2018	and ending	12/31			
A This re	eturn/report is for:	x a single-employer plan	a multiple-employer pl	an (not multiemployer) (l nployer information in ac	Filers checking cordance with	this box must attach a the form instructions.)		
		a one-participant plan	a foreign plan					
B This ref	turn/report is	the first return/report	the final return/report					
		an amended return/report	a short plan year retur	n/report (less than 12 mo	onths)			
C Chack	box if filing under:	sees	automatic extension	ĺ	☐ DFVC prog	ram		
O CHECK	box if filling drider.	X Form 5558		l		rum		
	D ! Dissilut	special extension (enter desc						
Part II		ormation—enter all requested in	nformation	- T	1b Three-d	igit		
1a Name		CENTER INC. 401(K) F	PROFIT SHARING PI	AN AND TRUST	plan nui	mber		
002				1	(PN)			
						e date of plan L/2008		
2a Plans	sponsor's name (empl	10-10-10-10-10-10-10-10-10-10-10-10-10-1	er Identification Number					
Mailin City o	Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)					4-2113873		
Fam	Family Care Partners Of Northeast Florida, LLC					r's telephone number 751-6200		
					s code (see instructions)			
115	13 N. Main St	reet						
Jac	ksonville	FL 322	18		62111	.1		
3a Plan a	3a Plan administrator's name and address 🗵 Same as Plan Sponsor.				3b Administrator's EIN			
			20 At the test and the leading promptor					
						3c Administrator's telephone number		
4 150	- 1/ FINI - £46		and abanged since the last r	eturn/report filed for	4b EIN			
4 If the	name and/or EIN of the	ne plan sponsor or the plan name h onsor's name, EIN, the plan name a	and the plan number from t	he last return/report.	TO LIN			
	sor's name	, , , , , ,	,		4d PN			
<b>c</b> Plan l	Name							
					5a	29		
		s at the beginning of the plan year.		I	5b	25		
<ul> <li>Total number of participants at the end of the plan year</li> <li>Number of participants with account balances as of the end of the plan year (only defined contribution plans</li> </ul>				L contribution plans				
C Numi	plete this item)	account balances as of the end of	the plan year (only defined		5c	16		
		articipants at the beginning of the p			5d(1)	25		
		articipants at the end of the plan ye			5d(2)	23		
e Num	ber of participants who	o terminated employment during th	e plan year with accrued be	enefits that were less	5e	0		
Caution	A nonalty for the late	or incomplete filing of this retur	n/report will be assessed	unless reasonable cau	ıse is establis	shed.		
Under per SB or Sch	nalties of perjury and o nedule MB completed a	other penalties set forth in the instru and signed by an enrolled actuary,	ictions. I declare that I have	examined this return/rep	port, including,	if applicable, a Schedule		
	true, dorrect, and com	iplete.	18/1/19	JEANNE MICOLUC	CCI			
SIGN	X	~	- 0/ 1/1/			nlan administrator		
	Somature of plan		Date ,	Enter name of individu		pian auministrator		
SIGN	1	<u> </u>	0/1//					
HERE	Signature of empl	oyer/plan sponsor	Date	Enter name of individu	ual signing as	employer or plan sponsor Form 5500-SF (2018)		

Page 🛚	١					_
		4	e	a	a	Р

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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)				ant (IC	(PA)	X Yes No	
c If the plan is a defined benefit plan, is it covered under the PBGC ir	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this				[	Yes No Not determined	
Part III Financial Information							
7 Plan Assets and Liabilities	Constant and	(a) Beginning	of Year			(b) End of Year	
a Total plan assets	7a	The second name of the second na	013,			1,973,165	
b Total plan liabilities	7b						
C Net plan assets (subtract line 7b from line 7a)	7c	2,	013,	423		1,973,165	
8 Income, Expenses, and Transfers for this Plan Year		ıt			(b) Total		
a Contributions received or receivable from:     (1) Employers	8a(1)	30 49					
(2) Participants	8a(2)	3a(2)					
(3) Others (including rollovers)						Service Control of the Control of th	
<b>b</b> Other income (loss)	Other income (loss)			048		The Secretary of the Control of the	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			and the same	12,680		
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		49,	551	1 The state of the		
e Certain deemed and/or corrective distributions (see instructions)	Certain deemed and/or corrective distributions (see instructions) 8e					A STATE OF THE PARTY OF THE PAR	
f Administrative service providers (salaries, fees, commissions)	Administrative service providers (salaries, fees, commissions) 8f			387			
Other expenses							
Total expenses (add lines 8d, 8e, 8f, and 8g)						52,938	
Net income (loss) (subtract line 8h from line 8c)						-40,258	
Transfers to (from) the plan (see instructions)							
Part IV Plan Characteristics  9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D  b If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare described by the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides pension benefits, enter the applicable pension benefits benefits.							
S No. William to a price of Company of Compa				Yes	No	Amount	
a Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)				х		
	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)				Х		
C Was the plan covered by a fidelity bond?	Was the plan covered by a fidelity bond?			Х		200,000	
by fraud or dishonesty?	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?				Х		
carrier, insurance service, or other organization that provides som the plan? (See instructions.)	i i i i i i i i i i i i i i i i i i i			х		8,965	
<b>f</b> Has the plan failed to provide any benefit when due under the pla	n?		10f		Х		
g Did the plan have any participant loans? (If "Yes," enter amount a		The second secon	10g	Х		45,259	
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 the exceptions to providing the notice applied under 29 CFR 2520.10	ne require 1-3	d notice or one of the	10i				

	Form 5500-SF (2018) Page <b>3-</b>							
This are particular.	PERMISHISTER VOIL							
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum fu (Form 5500) and line 11a below)						Ye	es 🗌 No
11a	Enter the unpaid minimum required contributions f	or all years from Schedule SB (Form 5500)	) line 40		11a		- Participation	
12	Is this a defined contribution plan subject to the m ERISA?	nimum funding requirements of section 41	2 of the 0	Code or sectio	n 302 o	f 	Ye	es 🛭 No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					(11-1-	-645-1-44	- Ilia a
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.  Month				d enter	tne date y	Year	ruling
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 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 plan year				12c			
d	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)      will the minimum funding amount reported on line 12d be met by the funding deadline?				12d			
e						Yes	No [	N/A
Separation of the second	art VII Plan Terminations and Transfers of Assets							
13a	13a Has a resolution to terminate the plan been adopted in any plan year?					Yes	s X No	1
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a				
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?					Yes 🛚	No	
С	union of the state							
1					EIN(s)		13c(3)	PN(s)