Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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).

Short Form Annual Return/Report of Small Employee

▶ 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 f	iscal plan year beginning 01/01/20)18	and ending 12	2/31/2018						
A This ret	turn/report is for:	a single-employer plan	a multiple-employer plating em	an (not multiemployer) (nployer information in ac							
R This rote	urn/report is	a one-participant plan	a foreign plan								
D IIIIs lett	um/report is	the first return/report	the final return/report								
_		an amended return/report	a short plan year return	n/report (less than 12 m	onths)						
C Check I	box if filing under:	Form 5558	automatic extension		DFVC program						
Dort II	Danie Blan Infe	special extension (enter descri	,								
Part II		ormation—enter all requested info	ormation		46 - 0 0 0	1					
1a Name	•	U ENVOCE 404/IC PROFIT CLIARIN	O DI ANI AND TRUCT		1b Three-digit plan number						
CARDIOLOG	31 CENTER OF ENG	ILEWOOD 401(K) PROFIT SHARIN	G PLAN AND TRUST		(PN) ▶	001					
					1c Effective date						
				01/2004							
		oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O.	Roy)		2b Employer Iden						
		ce, country, and ZIP or foreign posta		uctions)		1092014					
THE CARDIO	OLOGY CENTER OF	ENGLEWOOD, P.A.				75-5621					
004 MEDIOA					2d Business code (see instructions)						
601 MEDICAL DRIVE ENGLEWOOD, FL 34223					621	111					
3a Plan administrator's name and address ⊠ Same as Plan Sponsor.					3b Administrator's	EIN					
				3c Administrator's telephone number							
this pl	lan, enter the plan spo or's name	e plan sponsor or the plan name ha onsor's name, EIN, the plan name ar			4b EIN 4d PN						
5a Total	number of participants	s at the beginning of the plan year			5a						
		at the end of the plan year			5b	18					
		account balances as of the end of the		-	5c	12					
d(1) Tota	al number of active pa	articipants at the beginning of the pla	n year		5d(1)	19					
d(2) Total number of active participants at the end of the plan year					5d(2)	16					
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					5e 0						
		or incomplete filing of this return			use is established.						
SB or Sche		ther penalties set forth in the instruct and signed by an enrolled actuary, as									
SIGN		l/valid electronic signature.	08/15/2019	ADRIA HARTNER							
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as plan ad	lministrator					
SIGN	Filed with authorized	I/valid electronic signature.	08/15/2019	08/15/2019 ADRIA HARTNER							

Date

Enter name of individual signing as employer or plan sponsor

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6a b	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.)									
	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		• ,				<u> </u>	☐ Not deter		
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this p	ian yea	r			(See instruc	ctions.)	
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End	of Year		
а	Total plan assets	7a	66	60471				649857		
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	66	660471				649857		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	(a) Amount			(b) Total			
a	Contributions received or receivable from: (1) Employers	8a(1)	2	22285						
	(2) Participants	8a(2)		39798						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	-7	72697						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-10614		
d	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									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)									
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-10614		
j_	Transfers to (from) the plan (see instructions)	8j								
Pa	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Pla	an Cha	racteri	stic Cod	des in the ins	tructions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan	n Chara	acterist	tic Code	es in the instr	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 contributed described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	40-		X				
	Program) Were there any nonexempt transactions with any party-in-interest			10a		^				
	reported on line 10a.)			10b		X				
	Was the plan covered by a fidelity bond?			10c		X				
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	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.)	ne or all of	the benefits under	10e	X			299	92	
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
9	Did the plan have any participant loans? (If "Yes," enter amount as	s of year-	end.)	10g	X			218	39	
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	d 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 requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)									
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 se ERISA?		of	Yes X No					
	(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. Month Day Year								
lf y	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 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 🛚 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 control of the PBGC?	the	Yes X No						
С	C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)								
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).

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

P	art		Identification Information			1 42	10/21/201						
For	calenda	ar plan year 2018 or fi	scal plan year beginning		01/01/2018	and ending	12/31/201						
A	This ret	turn/report is for:	x a single-employer plan	∐ a li	ist of participating em	n (not multiemployer) (F aployer information in ac	Filers checking the ecordance with the	s box must attach e form instructions.)					
			a one-participant plan		oreign plan								
В	This ret	turn/report is:	the first return/report		final return/report		721 2						
			an amended return/report	as	short plan year return	/report (less than 12 mo	onths)						
С	Check I	box if filing under:	Form 5558		tomatic extension		DFVC pr	ogram					
			special extension (enter desc										
P	art II	Basic Plan Inf	ormation enter all requested	informa	tion	T	46 - " " "						
1a	Name	e of plan					1b Three-digit plan number						
	Cardiology Center of Englewood 401(k) Profit Sharing			haring Plan ar	nd Trust	(PN) ►	001						
						1c Effective da 12/01/2	QC-902. SC40. ■C4C010000						
2 a	B A - :1:	an Address (include re	loyer, if for a single-employer plan) om, apt., suite no. and street, or P	.O. Box)				dentification Number -1092014					
	City o	or town, state or provii	nce, country, and ZIP or foreign pos	stal code	e (if foreign, see instr	uctions)	2c Sponsor's	elephone number					
	The Cardiology Center of Englewood, P.A.				(941) 4								
					2d Business	ode (see instructions)							
	601	Medical Drive					621111						
38	US E	nglewood FL 34223	and address X Same as Plan Sp	onsor			3b Administra	tor's EIN					
36	a Plan	auministrator s name	and address E came as man of										
							3c Administra	tor's telephone number					
4	If the	name and/or EIN of t	he plan sponsor or the plan name	has char	nged since the last re	eturn/report filed for	4b EIN						
-	this p	olan, enter the plan sp	onsor's name, EIN, the plan name	and the	plan number from th	e last return/report.	41-0						
	a Spor	nsor's name					4d PN						
	c Plan	Name											
5	a Total	I number of participan	ts at the beginning of the plan year				5a	19					
) Total	I number of participan	ts at the end of the plan year				5b	18					
C	Nium	her of participants wit	h account balances as of the end c	f the pla	in year (only defined	contribution plans	5c	12					
	1(1) To	stal number of active p	articipants at the beginning of the p	olan yea	r		5d(1)	19					
	d(2) To	tal number of active p	articipants at the end of the plan ye	ear			5d(2)	16					
•		nber of participants wh than 100% vested	o terminated employment during the	e plan y	ear with accrued ber	nefits that were	5e	0					
-			te or incomplete filing of this ret				use is establish	ed.					
Ţ	Jnder pe		l other penalties set forth in the inst d and signed by an enrolled actuary	ructions	I declare that I have	e examined this return/r	eport, including, i	applicable, a Schedule					
Г			20	81	15/19	Adria Hartner							
	SIGN	67		7	Date	Enter name of individu	al signing as plar	administrator					
	HERE	Signature of planta	oministrator	-/-	7	E Col Harris of High Floor							
	SIGN	Signature of emplo	ver/nlan snonsor	- /	Date	Enter name of individu	ıal signing as emp	oloyer or plan sponsor					
	HERE	i olgnature of emplo	yen pian aponaoi			A CONTRACTOR OF THE PROPERTY O							

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н	а	а	е	4

Sa V	Vere all of the plan's assets during the plan year invested in eligible	assets? (Se	ee instructions.)					X Yes No			
h /	are you aloiming a waiver of the annual examination and report of ar	n independe	ent qualified public accoun	itant (IQPA	.)		XYes No			
ι	under 29 CFR 2520.104-46? (See instructions on waiver eligibility ar	na condition	S.)	ad u	se Fo	rm 55	500.				
ı	f you answered "No" to either line 6a or line 6b, the plan cannot f the plan is a defined benefit plan, is it covered under the PBGC ins	Luse Folin	gram (see ERISA section	4021)?		lγes Γ	No ☐ Not determined			
C	f the plan is a defined benefit plan, is it covered under the PBGC ins	surance pro	gram (see ERISA section	//oca instru							
1	f "Yes" is checked, enter the My PAA confirmation number from the	PBGC prei	mium filing for this year _					(See instructions.)			
Day	t III Financial Information										
_			(a) Beginning of	Year			(b)	End of Year			
	Plan Assets and Liabilities	7a		,47	1			649,857			
	Total plan assets	7b									
	Total plan liabilities	7c	660	,47	1	649,857					
	Net plan assets (subtract line 7b from line 7a)		(a) Amount			(b) Total					
	Contributions received or receivable from:		(4)								
	(1) Employers	8a(1)		2,28							
	(2) Participants	8a(2)	39	9,79	8						
_	(3) Others (including rollovers)	8a(3)				100	10				
	Other income (loss)	8b	(72	,697)						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						(10,614)			
d	Benefits paid (including direct rollovers and insurance premiums	0.4									
	to provide benefits)	8d									
	Certain deemed and/or corrective distributions (see instructions)	8e					Mark of				
	Administrative service providers (salaries, fees, commissions)	8f									
	Other expenses	8g		160	4000						
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						(10,614)			
	Net income (loss) (subtract line 8h from line 8c)	8i		4447			- 170				
j	Transfers to (from) the plan (see instructions)	8j					-				
Pa	rt IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension f	eature code	es from the List of Plan Ch	narac	teristi	c Cod	es in the	instructions:			
2000	2E 2F 2G 2J 2K 2T 3D										
h	If the plan provides welfare benefits, enter the applicable welfare fe	ature codes	from the List of Plan Cha	aracte	eristic	Code	s in the ir	nstructions:			
~	If the plan provides notice and the plan provides in the plan provides i										
Pa	art V Compliance Questions										
10	During the plan year:				Yes	No	N/A	Amount			
a	a the standard property participant contribu	utions withir	the time period								
	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary Fic	luciary Correction								
	Program)		·······	10a		Х					
- k	Were there any nonexempt transactions with any party-in-interes	t? (Do not i	nclude transactions	10h		x					
	reported on line 10a.)		······	10b							
C	: Was the plan covered by a fidelity bond?	•••••		10c		Х					
C	by fraud or dishonesty?			10d		x					
E	 Were any fees or commissions paid to any brokers, agents, or of carrier, insurance service, or other organization that provides sor 	ther person	s by an insurance								
	the plan? (See instructions.)			10e	Х			2,992			
f	. College de la	an?		10f		х					
	Did the plan have any participant loans? (If "Yes," enter amount			10g	x	_		2,189			
	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	uctions and 29 CFR	10h		х					
	If 10h was appropried "Ves " check the hox if you either provided	the required	d notice or one of the	125047			100				
	exceptions to providing the notice applied under 29 CFR 2520.10	01-3		10i							

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Part	VI	Pension Funding Compliance	Sche	dule	SB		V [N	u a
11	Is this a	a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete		uuic		Ш	Yes [X N	Vo_
	(Form	5500 and line 11a below)	1	la					
	Enter t	he unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	ction	302	of				
12							Yes	X I	No
	ERISA?								
	If a wa	iver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions	, and	enter	the date	of the	e letter	ruling	ı
		a the weiver	_	Da	y	Ye	ar	- 32	
If v	ou com	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	_						
b	Enter t	he minimum required contribution for this plan year	1	2b					
				2c					
С	Enter t	he amount contributed by the employer to the plan for the 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				2d					
	pegative amount)			Yes No N/A					
е	Will th	e minimum funding amount reported on line 12d be met by the funding deadline?	<u>. </u>	ш	, 60			10,8537.53	
Par	F V/II	Plan Terminations and Transfers of Assets	_				2000		
Fai	LVII	resolution to terminate the plan been adopted in any plan year?			Yes	X	No		
138	Has a	resolution to terminate the plan been adopted in any plan year.	. 1	3a					
	If "Yes	s," enter the amount of any plan assets that reverted to the employer and year	r the			· ·	[]	NI.	
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought unde	ı uıe			Yes	X	No	
	contro	of the PBGC?	an(s)	to					
С	lf, dur	ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plant to another plan(s), identify the plant to another plant (See instructions)							
	which assets or liabilities were transferred. (See instructions.) 13c(2)					1	3c(3) F	N(s)	
1	3c(1) N	lame of plan(s):							