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**

Parti	Annual Repor	t identification information							
For calend	ar plan year 2018 or	fiscal plan year beginning 06/01/2	2018	and ending 05	/31/2019				
A This re	_	nis box must attach a e form instructions.)							
D		a one-participant plan	a foreign plan						
B This ret	urn/report is	the first return/report	the final return/report						
		rn/report (less than 12 mo	onths)						
C Check	box if filing under:	Form 5558	automatic extension		DFVC progra	m			
		special extension (enter desc	ription)						
Part II	Basic Plan Inf	ormation—enter all requested in	formation						
1a Name	of plan	·			1b Three-digi	t			
	NGA MD, P.A. PROF	T SHARING PLAN			plan numb				
	,				(PN) •	001			
					1c Effective of	late of plan			
						06/01/1980			
2a Plan s	ponsor's name (empl	oyer, if for a single-employer plan)			2b Employer	Identification Number			
Mailin	g address (include ro	om, apt., suite no. and street, or P.0			(EIN)	59-2027151			
		ice, country, and ZIP or foreign pos	tal code (if foreign, see inst	ructions)	,	telephone number			
JORGE J. IN	IGA, MD, PA				•	3-888-5000			
					2d Business of	code (see instructions)			
6701 HANLE						621111			
TAMPA, FL	33634					021111			
3a Plan a	idministrator's name a	and address 🛛 Same as Plan Spo	nsor.		3b Administra	tor's EIN			
				_	3c Administrator's telephone number				
					3C Administra	tor's telephone number			
4 If the	nome and/or FINI of th	an plan aparagraph the plan name h	as abanged since the last t	roturn/roport filed for	4b EIN				
		ne plan sponsor or the plan name h onsor's name, EIN, the plan name a			4D EIN				
a Spons	or's name	•	•	·	4d PN				
C Plan N	Name								
		s at the beginning of the plan year.		F	5a	4			
		s at the end of the plan year			5b	4			
		account balances as of the end of			5c	4			
d(1) Tot	al number of active p	articipants at the beginning of the p	lan year		5d(1)	4			
d(2) Tot	tal number of active p	articipants at the end of the plan ye	ar		5d(2)	4			
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 retur			se is establishe	ed.			
SB or Scho		other penalties set forth in the instru and signed by an enrolled actuary, aplete.							
SIGN	Filed with authorize	d/valid electronic signature.	09/28/2019	JORGE J. INGA MD					
HERE	Signature of plan	administrator	Date	Enter name of individu	al signing as pla	an administrator			
SIGN									
HERE	Signature of empl	oyer/plan sponsor	Date	Enter name of individu	ıal signing as em	nployer 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.)							X Yes No	
b	b 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 cann							X Yes No	
С	If the plan is a defined benefit plan, is it covered under the PBGC in							Not determined	
	If "Yes" is checked, enter the My PAA confirmation number from the							(See instructions.)	
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) Er	nd of Year	
а	Total plan assets	7a	` '	70086			` '	318807	
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7с	5	70086				318807	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b) Total	
а	Contributions received or receivable from:								
	(1) Employers	8a(1)							
	(2) Participants	8a(2)							
_	(3) Others (including rollovers)	8a(3)		04450					
	Other income (loss)	8b		81158				04450	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-81158	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	17	70040					
е	Certain deemed and/or corrective distributions (see instructions)	8e							
	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g		81					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					170121		
i	Net income (loss) (subtract line 8h from line 8c)	8i						-251279	
j	Transfers to (from) the plan (see instructions)	8i							
Pai	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Pla	an Cha	racteri	stic Co	des in the ir	nstructions:	
	2E								
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	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 contribution								
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)			10a		X			
b	Were there any nonexempt transactions with any party-in-interest			IVa					
	reported on line 10a.)	•		10b		X			
C	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 fidelity bond, that was caused by fraud or dishonesty?				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			
f	Has the plan failed to provide any benefit when due under the plan			10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year-	end.)	10g		Χ			
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		Χ			
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	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	3c(1) 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 filled under sections 104 and 4085 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 Repo For calendar plan year 2018 or	rt identification informatio fiscal plan year beginning	06/01/2018	and ending	05/31/2	019
1	a single-employer plan	a multiple-employer p			
A This return/report is for:		list of participating en	mployer information in	accordance with the	form instructions.)
B This return/report is	a one-participant plan				
a tina tatan mapairia	the first return/report	the final retum/report			
	an amended return/report	a short plan year retu	m/report (less than 12	months)	
C Check box if filing under:	Form 5558	automatic extension		DFVC program	1
	special extension (enter des				
	formation—enter all requested i	nformation		T 41 =	
a Name of plan	, P.A. PROFIT SHARIN	C PLAN		1b Three-digit	
TORGE O. INGA MI	,, r.A. PROPIL DIMERIN	G I LIAN		(PN) >	001
				1G Effective da 06/01/1	
	oloyer, if for a single-employer plan)				lentification Number
Malling address (Include ro	oom, apt., suite no. and street, or P. nos, country, and ZIP or foreign pot	.O. Box) stal code (if foreign, see insi	ructions)	(EIN) 59-2	
JORGE J. INGA, N				2C Sponsor's t	elephone number
COA1 11337 89 DOAT					ode (see instructions
6701 HANLEY ROAL					
TAMPA	FL 336	34		621111	
a Plan administrator's name	and address 🖫 Same as Plan Spo	onsor.		3b Administrati	or's EIN
If the name and/or EIN of this plan series the plan series	the plan sponsor or the plan name l consor's name, EIN, the plan name	has changed since the last i	eturn/report filed for the last return/report.	4b EIN	
a Sponsor's name	wiser o nervo, Ent, sie pair nervo	and the presentation of the		4d PN	
C Plan Name					
Total number of participan	ts at the beginning of the plan year			. 5a	
	ts at the end of the plan year				
C Number of participants wit	h account balances as of the end o	of the plan year (only defined	contribution plans	5c	
	participants at the beginning of the				
	participants at the end of the plan y			0 1/0)	
Number of participants with the second	no terminated employment during the	ne plan year with accrued b	enefits that were less	5a	
than 100% vested	e or incomplete filing of this retu	m/recort will be assessed	unissa masonable c		
Inder penalties of perium and	other penalties set forth in the instr and signed by an enrolled actuary,	uctions. I declare that I have	examined this return/r	eport, including, if a	policable, a Schedul
IGN 1729	M90 40	9/23/19	JORGE J. ING	A MD	
ERE Signature of pier	administrator	Date	Enter name of indivi	dual signing as plar	administrator
	and the second s			and the second s	
IGN			to the contract of the contrac		
GIGN HERE Signature of emo	lover/plan sponsor	Date	Enter name of Indivi	dual signing as eme	layer or plan sponso

Dg	a	2

6a Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-48? (See instructions on waiver eligibility 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	an independ and condition of use Form surance pro-	dent qualified public a ons.)	t Instea ction 4	ant (IC ad use 021)?	PA) Form 5500.	No	☐ Not	: deten	
If "Yes" Is checked, enter the My PAA confirmation number from the	e PBGC pn	emium filing for this pl	lan yea				. (See I	nstruc	tions.)
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning o	AND DESCRIPTION OF THE PERSONS ASSESSMENT OF		- 1	b) End	of Year	-	
a Total plan assets	7a		570,	086				31	8,80
b Total plan liabilities	7b								
C Net plan assets (subtract line 7b from line 7a)	7c		570,	986				31	8,80
8 Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) T	otal		
Contributions received or receivable from: (1) Employers	8a(1)								
(2) Participants	8a(2)								
(3) Others (including rollovers)	8a(3)								
b Other Income (loss)	8b		-81,	L58					
© Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							-8	1,158
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		170,0	040					
e Certain deemed and/or corrective distributions (see instructions)	8e								
f Administrative service providers (salaries, fees, commissions)	8f								
g Other expenses	expenses8g 81					-			
h Total expenses (add lines 8d, 8e, 8f, and 8g)	al expenses (add lines 8d, 8e, 8f, and 8g)								0,12
Net Income (loss) (subtract line 8h from line 8c)	81					ATTORING TO SERVICE STATE		-25	1,279
J Transfers to (from) the plan (see instructions)	8								
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension 2E b If the plan provides welfare benefits, enter the applicable welfare for									
Part V Compliance Questions								-	
10 During the plan year:		the time souled 1		Yes	No		mount	!	
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 Fig	luciary Correction	10a		х				
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not In	clude transactions	10b		х				
C Was the plan covered by a fidelity bond?			10c		Х				
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bon	d, that was caused	10d		х				
carrier, insurance service, or other organization that provides som the plan? (See instructions.)	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				
f Has the plan falled 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	s of year-er	nd.)	10g		X	-			
h if this is an individual account plan, was there a blackout period? 2520.101-3.)		***************************************	10h		х				
If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	ne required 1-3	notice or one of the	101						

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Part	VI	Pension Funding Compliance				TOTAL STATE OF THE				
11	ls t	this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instruction	ons an	d complete So	hedule S	SB		Yes	No.
11a	En	ter the unpaid minimum required contributions for all years from Sched	lule SB (Form 5500) l	ine 40		11a				
12	Is ER	this a defined contribution plan subject to the minimum funding require RISA?	plicable.)	of the	Code or sect	on 302 o				X No
	If a	a waiver of the minimum funding standard for a prior year is being amor anting the waiver.	tized in this plan yea		Month	nd enter Da	the date o	of the le Yes	itter n	uling
If	you	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (F	orm 5500), and ski;	to ilr	ie 13.	-	-			
b	Ente	er the minimum regulred contribution for this plan year	D468445555554555555555555555555555555555			12b				
C	Ente	er the amount contributed by the employer to the plan for this plan year	***************************************			. 12c				
d	Sul	btract the amount in line 12c from the amount in line 12b. Enter the res pative amount)	uit (enter a minus sig	n to th	e left of a	12d				
	WII	il the minimum funding amount reported on line 12d be met by the fund	ilng deadiine?		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. L	Yes	No	Ш	N/A
Part	VII	Plan Terminations and Transfers of Assets								
13a	Ha	s a resolution to terminate the plan been adopted in any plan year?			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Yes	X	No	
		Yes," enter the amount of any plan assets that reverted to the employe		-		The second second second second				
b	COL	ere all the plan assets distributed to participants or beneficiaries, transf ntrol of the PBGC?				**********		Yes	X	No
C	If, o	during this plan year, any assets or liabilities were transferred from this alch assets or liabilities were transferred.	plan to another plan	(s), ide	entify the plant	s) to				
	13c(1	1) Name of plan(s):			13c(2) EIN(s)		130	c(3) F	N(s)