## 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).

▶ 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	lar plan year 2018 or f	iscal plan year beginning 01/01/2	018	and ending 12	2/31/2018				
A This re	turn/report is for:	x a single-employer plan		olan (not multiemployer) ( mployer information in ac	-				
		a one-participant plan	a foreign plan						
<b>B</b> This ret	urn/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year retu	rn/report (less than 12 m	ionths)				
C Check	box if filing under:	X Form 5558	automatic extension		DFVC progra	.m			
		special extension (enter descr	. ,						
Part II	Basic Plan Info	ormation—enter all requested inf	ormation						
1a Name ACADEMY	•	PROFIT SHARING PLAN			1b Three-dig plan numb (PN) ▶				
					1c Effective of	date of plan 01/01/2015			
		oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O	) Boy)			Identification Number			
City or	r town, state or provinc	ce, country, and ZIP or foreign posta		tructions)	(EIN)  2c Sponsor's	04-3724072 s telephone number			
ACADEMY I	MEDICAL, LLC				56	61-235-7393			
380 COLUM	IBIA DRIVE, STE 100				Zu Business	code (see instructions)			
	M BEACH, FL 33409				446110				
3a Plan a	administrator's name a	nd address X Same as Plan Spor	nsor		<b>3b</b> Administra	 ator's FIN			
ou mane	arminotrator o name a	na address A came as rian oper	1001.						
					3c Administra	ator's telephone number			
		e plan sponsor or the plan name ha onsor's name, EIN, the plan name a			4b EIN				
	sor's name		and the plantianist near	are last retain properti	4d PN				
C Plan N	Name								
<b>5a</b> Total	number of participants	s at the beginning of the plan year			5a	15			
<b>b</b> Total	number of participants	s at the end of the plan year			5b	17			
<b>C</b> Numb	per of participants with	account balances as of the end of	the plan year (only define	d contribution plans	5c	17			
d(1) Total number of active participants at the beginning of the plan year					5d(1) 1:				
<b>d(2)</b> Tot	tal number of active pa	articipants at the end of the plan yea	ar		5d(2)	11			
		terminated employment during the			5e	0			
Caution: A	A penalty for the late	or incomplete filing of this return	n/report will be assessed	l unless reasonable ca	use is establish	ed.			
SB or Sch		ther penalties set forth in the instructed actuary, a splete.							
SIGN	Filed with authorized	I/valid electronic signature.	10/15/2019	MELANIE PERALTA					
HERE	Signature of plan a	administrator	Date	Enter name of individ	lual signing as pla	an administrator			
SIGN									
HERE	Signature of emplo	over/plan sponsor	Date	Enter name of individ	lual signing as en	nplover 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 Ye	s No	
b								X Ye	s П No
								. 🗀 .	о 🗀
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 de	termined
	If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC p	remium filing for this p	lan yea	r			(See inst	ructions.)
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Reginning	of Year			(h) En	d of Year	
<del>·</del> a	Total plan assets	7a	` '				(8) 2.11		1
b	Total plan liabilities	7b				(			
С	Net plan assets (subtract line 7b from line 7a)	Parinasinos							
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total	
а	Contributions received or receivable from:	2 (1)		00070					
	(1) Employers	` '							
	(2) Participants								
	(3) Others (including rollovers)  Other income (loss)		-4						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)			.002.				98493	
d	Benefits paid (including direct rollovers and insurance premiums	- 55							
	to provide benefits)	8d	20		_				
	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)				-				
<u>g</u>	Other expenses			0				005000	
_ <u>n</u>									
÷	Net income (loss) (subtract line 8h from line 8c)							-106770	
) 	, , , , , ,	8j		0					
9a	t IV Plan Characteristics	feature co	odes from the List of Pl	an Cha	racteri	stic Co	ndes in the in	etructions:	
<i></i>	2A 2E 2F 2G 2J 2T 3D	Toature oc	des from the List of the	an Ona	acton	olio Oc	odes in the in	structions.	
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	des in the ins	tructions:	
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								
	Program)	-	•	10a		X			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	include transactions	10b		X			
С				10c	X			340	0000
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	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				428
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Χ			
g			·	10g	X			30	)507
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	ministion and report of an independent qualified public accountant (IOPA) in so in walver eligibility and conditions.)  In so walver eligibility eligibility and conditions.  In so walver eligibility eligibility eligibility eligibility eligibility eligibility.  In so walver eligibility eligibility eligibility.  In so walver							
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 complete (Form 5500) and line 11a below)			Yes 🛚 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 302 of ERISA?								
	(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, granting the waiver	and enter Da		e of the letter ruling Year				
lf y	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?		Ye	s 🔀 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	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plant which assets or liabilities were transferred. (See instructions.)	n(s) to						
1	<b>3c(1)</b> Name of plan(s):	(2) EIN(s)	)	<b>13c(3)</b> PN(s)				

## Form 5500-SF

Department of the Treasury Internal Revenue Service

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).

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to

Employee Belletits Security Administration	· ''	revenue Code (the Code)	).			ic Inspection	
Pension Benefit Guaranty Corporation	▶ Complete all entries in acc	cordance with the instru	uctions to the Form 5500-	-SF.		о торооноп	
Part I Annual Repor	t Identification Information						
For calendar plan year 2018 or	fiscal plan year beginning 01/01/2018		and ending 12/31/2	018			
A This return/report is for:  B This return/report is	X a single-employer plan  a one-participant plan  the first return/report	list of participating em a foreign plan the final return/report	an (not multiemployer) (File ployer information in accor	dance wit			
	an amended return/report	a short plan year return	/report (less than 12 month	hs)			
C Check box if filing under:	X Form 5558	automatic extension		DFVC pro	ogram		
Part II Basic Plan Inf	ormation—enter all requested infor	mation					
3a Name of plan Academy Medical LLC 401(k) Pr		mauon	11	<b>b</b> Three plan n	umber	001	
			10	C Effect 01/01	ive date of /2015	fplan	
Mailing address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.O. Ence, country, and ZIP or foreign postal		2l	(EIN)	04-37240	······································	
Academy Medical, LLC	ios, soundly, and zin or foreign posters	oode (ii loreigh, see man	20	<b>c</b> Spons	ponsor's telephone number (561) 235-7393		
380 Columbia Drive, Ste 100			20	<b>d</b> Busine 44611		see instructions)	
West Palm Beach, FL 33409	-						
3a Plan administrator's name	and address 🛛 Same as Plan Sponso	or.	31	<b>b</b> Admin	nistrator's l	EIN	
	he plan sponsor or the plan name has consor's name, EIN, the plan name and		eturn/report filed for 4	<b>c</b> Admin	nistrator's t	elephone number	
a Sponsor's name C Plan Name			4	<b>d</b> PN			
5a Total number of participant	ts at the beginning of the plan year			5a		15	
-	ts at the end of the plan year			5b		17	
C Number of participants with	h account balances as of the end of the	e plan year (only defined	contribution plans	5c		17	
•	participants at the beginning of the plan			5d(1)		12	
	participants at the end of the plan year	•		5d(2)		11	
e Number of participants wh	no terminated employment during the p	lan year with accrued be	nefits that were less	5e	··· · · · ·	0	
Under penalties of perjury and	e or incomplete filing of this return/r other penalties set forth in the instruction and signed by an enrolled actuary, as	report will be assessed ons, I declare that I have	unless reasonable cause examined this return/report	t, includin	ng, if applic		
SIGN // Luny/	1 ans M		Melanie 1	Pera	Ita		
HERE Signature of plan		Date 10   15   19	Enter name of individual			ministrator	
SIGN L							
Signature of emp	loyer/plan sponsor	Date	Enter name of individual	signing a	s employe	er or plan sponsor	

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b Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either line 6a or line 6b, the plan can	of an indepe ty and condi nnot use Fo	ndent qualified public a tions.) orm 5500-SF and mus	account t instea	ant (IC	PA) Form	 5500.	_ _ X Ye		
c If the plan is a defined benefit plan, is it covered under the PBGC If "Yes" is checked, enter the My PAA confirmation number from					_		Not de (See inst	etermined ructions.)	
∂art III Financial Information									
Y Plan Assets and Liabilities		(a) Beginning	of Year			(b) En	d of Year		
a Total plan assets	7a		85837	'9			751	609	
b Total plan liabilities	7b			0				0	
C Net plan assets (subtract line 7b from line 7a)	7с		85837	79			751	609	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt			(b)	Total		
Contributions received or receivable from:     (1) Employers	8a(1)		6207	9					
(2) Participants	8a(2)		8333	35					
(3) Others (including rollovers)	8a(3)			0					
b Other income (loss)	8b		-4692	21					
© Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)						6-4-100 a.u. 4 c.u. 100 a.u. 100 a.u. 100 a.u.	984	493	
Benefits paid (including direct rollovers and insurance premiums to provide benefits)			20000	00					
© Certain deemed and/or corrective distributions (see instructions)			858379  (a) Amount  62079  83335  0  -46921  200000  0  5263  0  0  from the List of Plan Characteristic Codes in the incomplete the complete the co						
f Administrative service providers (salaries, fees, commissions)			e instructions.)						
© Other expenses		Bd 200000 Be 0 Bf 5263 Bg 0 Bh 8i							
h Total expenses (add lines 8d, 8e, 8f, and 8g)							205	263	
Net income (loss) (subtract line 8h from line 8c)							-106	***************************************	
j Transfers to (from) the plan (see instructions)							100	770	
Part IV Plan Characteristics	····  8j								
9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2T 3D	on feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in the in	structions:		
b If the plan provides welfare benefits, enter the applicable welfare	e feature co	des from the List of Pla	n Chara	acteris	tic Cod	des in the ins	tructions:	****************	
Part V Compliance Questions						<del></del>			
10 During the plan year:	·			Yes	No		Amount	<del></del>	
a Was there a failure to transmit to the plan any participant contri described in 29 CFR 2510.3-102? (See instructions and DOL's	s Voluntary I	Fiduciary Correction	40		х				
Program)			iva	<b> </b>	\ ,'				
reported on line 10a.)			10b	<u> </u>	<u> </u>			VI.	
C Was the plan covered by a fidelity bond?			10c	Х				340000	
d Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?	n's fidelity bo	ond, that was caused	10d		х				
Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides so the plan? (See instructions.)	ome or all of	f the benefits under	10e	х				428	
${ m f}$ Has the plan failed to provide any benefit when due under the p	olan?		10f		x				
g Did the plan have any participant loans? (If "Yes," enter amoun	t as of year-	end.)	10g	Х				30507	
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 exceptions to providing the notice applied under 29 CFR 2520.	d the require	d notice or one of the	10i						

Form 5500-SF (2018) Page <b>3-</b> 1					
art VI Pension Funding Compliance					
11 is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500) and line 11a below)					Yes X N
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 CERISA?  (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					Yes X N
a if a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver.		d enter t Day		f the lette Year	er ruling
if you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.	-			
5 Enter the minimum required contribution for this plan year		12b			
© Enter the amount contributed by the employer to the plan for this plan year		12c			
Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)		12d			
Will the minimum funding amount reported on line 12d be met by the funding deadline?	1		Yes	No	N/A
art VII Plan Terminations and Transfers of Assets					
13a Has a resolution to terminate the plan been adopted in any plan year?			Yes	X	lo
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 broucontrol of the PBGC?				] Yes [>	No No
C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden which assets or liabilities were transferred. (See instructions.)	ntify the plan(s)	) to			
13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3	3) PN(s)

•