Form 5500-SF	Short Form Annu	oyee	OMB Nos. 1210-0110 1210-0089				
Department of the Treasury Internal Revenue Service	This form is required to be file		d 4065 of the Employee Re		2018		
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974	(ERISA), and sections 6 Revenue Code (the Co		Internal	This Form is Open to		
Pension Benefit Guaranty Corporation	Complete all entries in a second s	accordance with the ins	structions to the Form 55	00-SF.	Public Inspection		
	Identification Information						
For calendar plan year 2018 or f	iscal plan year beginning 01/01/2			/31/2018	de a dela la constanta da ele a		
A This return/report is for:	X a single-employer plan	list of participating	plan (not multiemployer) (F employer information in acc		•		
B This return/report is	a one-participant plan	a foreign plan					
	the first return/report	the final return/repor					
	an amended return/report	a short plan year ret	urn/report (less than 12 mc	onths)			
C Check box if filing under:	X Form 5558	automatic extensior	n [DFVC p	rogram		
	special extension (enter desci	ription)	_	_			
Part II Basic Plan Info	ormation—enter all requested in	formation					
1a Name of plan				1b Three	e-digit number		
ROBERT V. CARIDA II M.D., P.A.	. 401(K) RETIREMENT PLAN			(PN)			
				1c Effect	tive date of plan		
23 Plan spansor's name (omply	over, if for a single-employer plan)			2h Empl	01/01/2006		
Mailing address (include roc	m, apt., suite no. and street, or P.C			(EIN)	N) 54-2063621		
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) ROBERT V. CARIDA II M.D., P.A.			structions)	2c Sponsor's telephone number 561-499-2585			
				2d Busir	ness code (see instructions)		
5258 LINTON BOULEVARD SUITE 104				621111			
DELRAY BEACH, FL 33484							
3a Plan administrator's name a	nd address 🛛 Same as Plan Spo	nsor.		3b Admi	nistrator's EIN		
			-	3c Administrator's telephone number			
4 If the name and/or EIN of th	e plan sponsor or the plan name ha	as changed since the las	t return/report filed for	4b EIN			
this plan, enter the plan spo a Sponsor's name	onsor's name, EIN, the plan name a	and the plan number from	the last return/report.	4d PN			
C Plan Name				HU IN			
5a Total number of participants	s at the beginning of the plan year			5a	9		
	s at the end of the plan year			5b	4		
	account balances as of the end of		-	5c	2		
d(1) Total number of active pa	articipants at the beginning of the pl	an year		5d(1)	7		
	articipants at the end of the plan ye			5d(2)	1		
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested				5e	0		
Caution: A penalty for the late	or incomplete filing of this return	n/report will be assesse	ed unless reasonable cau				
	ther penalties set forth in the instruction of the set						
	l/valid electronic signature.	10/14/2019	ROBERT CARIDA II				
HERE Signature of plan a	administrator	Date	Enter name of individu	al signing	as plan administrator		
SIGN							
HERE Signature of emplo	oyer/plan sponsor	Date	Enter name of individu	al signing	as employer or plan sponsor		

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

Form 5500-SF (2018) v.171027

			- 5 -							
6a	Were all of the plan's assets during the plan year invested in eligib	le 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.)									
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 th									
		0. 200 p		un jeu						
Pa	rt III Financial Information		1							
7	Plan Assets and Liabilities		(a) Beginning o	of Year			(b) End of Year			
а	Total plan assets	7a	8	55364			796598			
b	Total plan liabilities	7b								
C	Net plan assets (subtract line 7b from line 7a)	7c	8	55364			796598			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total			
а		90(4)								
	(1) Employers	8a(1)			_					
	(2) Participants	8a(2)			_					
	(3) Others (including rollovers)	8a(3)		49836	_					
	Other income (loss)	8b		+9030	_	40836				
d	C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c -49836									
u	Benefits paid (including direct rollovers and insurance premiums to provide benefits)									
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		75						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					8930			
i	Net income (loss) (subtract line 8h from line 8c)	8i					-58766			
j	Transfers to (from) the plan (see instructions)	8j								
Ра	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E $$ 2F $$ 2G $$ 2J $$ 2K $$ 3D	feature co	odes from the List of Pla	an Cha	racteris	stic Co	des in the instructions:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature coo	des from the List of Pla	n Chara	acterist	ic Cod	es in the instructions:			
Pa	rt V Compliance Questions									
10	During the plan year:				Yes	No	Amount			
a	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				
k	 Were there any nonexempt transactions with any party-in-interest reported on line 10a.) 	? (Do not	include transactions	10b		x				
C	Was the plan covered by a fidelity bond?			10c		Х				
C	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	,	·	10d		х				

Х

Х

Х

Х

10e

10f

10g

10h

10i

e 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.).....

f Has the plan failed to provide any benefit when due under the plan?

g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)

h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

i

2520.101-3.)

If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3

Page **3-** 1

Part	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and rm 5500) and line 11a below)			B		Yes	No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the C SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		n 302 o	f 	[Yes	X No
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see institution the waiver.		l enter _ Da		e of the le		ing
lf	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		-			
b	Ente	r the minimum required contribution for this plan year		12b				
С	Ente	r the amount contributed by the employer to the plan for this plan year		12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative 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 X	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou trol of the PBGC?	ght under the			Yes	× N	0
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred. (See instructions.)	tify the plan(s)	to				
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		130	:(3) PN	l(s)

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5	4 1. million and management of the second second		$\mathbf{s} = - \mathbf{x} + \mathbf{x} $	nate bitan	347.7 States			
Form 5500-SF	Demofit Diam							
Department of the Treasury Internal Revenue Service Department of Labor	This form is required to be file	ed under sections 104	and 4065 of the Employed	the Internal This Form is Open				
Employee Benefits Security Administration Pension Benefit Guaranty Corporation	<u>`</u>	Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).						
Part I Annual Repor	t Identification Information	Accordance with the	manucuons to the Pom	5500-5F.				
For calendar plan year 2018 or	fiscal plan year beginning	01/01/2018	and ending	12/3	1/2018			
A This return/report is for:	X a single-employer plan	list of participatin	ver plan (not multiemptoye ng employer information in	r) (Filers checki accordance wi	ng this box must attach a the form instructions.)			
B This return/report is	a one-participant plan	a foreign plan						
• •	the first return/report	the final return/reg						
C Check box if filing under:		-	return/report (less than 12	_ ·				
	X Form 5558	automatic extens	ion	DFVC pro	ogram			
Part II Basic Plan Info	prmation—enter all requested in	· · ·	····					
1a Name of plan	sinitation-enter an requested in	Iomauon		1b Three-	_d!_ta			
	II M.D., P.A. 401(K)	Retirement P	lan	plan ni (PN)	umber			
					ve date of plan			
2a Plan sponsor's name (emplo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.O			2b Employ	ver Identification Number			
City or town, state or provinc	e, country, and ZIP or foreign posta	al code (if foreign, see	instructions)		4-2063621 or's telephone number			
Robert V. Carida	11 M.D., P.A.				499-2585			
5258 Linton Boule Suite 104	vard			2d Busines	ss code (see instructions)			
Delray Beach	FL 3348	4		62111	11			
3a Plan administrator's name an	nd address 🛛 Same as Plan Spon	sor.		3b Adminis	strator's EIN			
				3c Adminis	trator's telephone number			
4 If the name and/or EIN of the	plan sponsor or the plan name has	s changed since the la	st return/report filed for	4b EIN				
this plan, enter the plan spor a Sponsor's name c Plan Name	sor's name, EIN, the plan name an	id the plan number from	m the last return/report.	4d PN				
	at the beginning of the plan year				9			
 b Total number of participants a c Number of participants with a 	at the end of the plan year ccount balances as of the end of th	e plan vear (only defin	ed contribution plans	5b	4			
complete this item)			***************************************	5c	2			
	icipants at the beginning of the plar			5d(1)	7			
- a(2) Total number of active part	icipants at the end of the plan year eminated employment during the r	tion wass with compared	hanafite that were train	5d(2)	1			
• e Number of participants who t		Hall year with accided	benefits that were less	5e (0			
e Number of participants who to than 100% vested								
than 100% vested Caution: A penalty for the late of Under penalties of perjury and othe SB or Schedule MB completed and	r incomplete filing of this return/r ar penalties set forth in the instruction of pigned by an enrolled actuary, as	report will be assesse	ed unless reasonable cau	and instudies	hed.			
than 100% vested Caution: A penalty for the late of Under penalties of perjury and othe SB or Schedule MB completed and pelief, it is true, correct, and completed	r incomplete filing of this return/r ar penalties set forth in the instruction of pigned by an enrolled actuary, as	eport will be assesse ons, I declare that I ha well as the electronic v	ed unless reasonable cau ve examined this return/report version of this return/report	port, including, indicating to the best	hed.			
than 100% vested Caution: A penalty for the late of Under penalties of perjury and other SB or Schedule MB completed and belief, it is true, correct, and completed SIGN	r Incomplete filling of this return/r ar penalties set forth in the instruction bigned by an enrolled actuary, as	report will be assesse	ed unless reasonable cau ve examined this return/report version of this return/report Robert Carida	oort, including, i , and to the bes	hed. If applicable, a Schedule st of my knowledge and			
than 100% vested	r Incomplete filling of this return/r ar penalties set forth in the instruction bigned by an enrolled actuary, as	report will be assessed ons, I declare that I have well as the electronic to MANG	ed unless reasonable cau ve examined this return/report version of this return/report	oort, including, i , and to the bes	hed. If applicable, a Schedule st of my knowledge and			

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6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.).....

 6a Were all of the plan's assets during the plan year invested in eligib 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 	an indeper	ident qualified publions.)	с ассоі	untant ((IQPA)	
C If the plan is a defined benefit plan, is it covered under the PBGC i		maram (see ERISA	ust ms	1930 U	a run	
If "Yes" is checked, enter the My PAA confirmation number from the	he PBGC pr	remium filing for this	section s plan y	ear		Yes No Not determined
Part III Financial Information						The contract the state of the s
7 Plan Assets and Liabilities	的复数	(a) Beginnin	a of Ye	ar		(b) End of Year
a Total plan assets	7a			,364		796,598
b Total plan liabilities	7b					
C Net plan assets (subtract line 7b from line 7a)	7c		855	,364		796,598
8 Income, Expenses, and Transfers for this Plan Year	SERVER	(a) Amou	unt			(b) Total
a Contributions received or receivable from: (1) Employers	8a(1)					
(2) Participants	8a(2)				100	
(3) Others (including rollovers)	8a(3)				報題	
b Other income (loss)	8b		-49	,836	18885	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		1222	States and States		-49,836
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		8,855			
e Certain deemed and/or corrective distributions (see instructions)	8e				6333	
f Administrative service providers (salaries, fees, commissions)	8f	75			No.	
g Other expenses	8g				1.68	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h 🔡		33800 T	13823		8,930
i Net income (loss) (subtract line 8h from line 8c)	81				_	-58,766
j Transfers to (from) the plan (see instructions).	BI				Sass	
Part IV Plan Characteristics						and applications of a summary summary restricts.
9a If the plan provides pension benefits, enter the applicable pension f 2E 2F 2G 2J 2K 3D	leature code	as from the List of P	an Cha	aracteri	stic Co	des in the instructions;
b If the plan provides welfare benefits, enter the applicable welfare fe	ature codes	s from the List of Pla	an Char	acteris	tic Code	es in the instructions:
Part V Compliance Questions						
10 During the plan year:				Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributi described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program)	oluntary Fidi	uciary Correction	10a		x	Albenin
b Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	(Do not inc	lude transactions	105	- 20	x	
C Was the plan covered by a fidelity bond?		the second se	10c		х	
d Did the plan have a loss, whether or not reimbursed by the plan's fi	delity bond,	that was caused	10c		x	S.
e Ware any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some	 by fraud or dishonesty?				x	
f Has the plan failed to provide any benefit when due under the plan			10f		х	
g Did the plan have any participant loans? (If "Yes," enter amount as		Charles C. 1993.	10g		х	<u> </u>
h If this is an individual account plan, was there a blackout period? (S 2520.101-3.)	ee instructio	ons and 29 CFR	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 2520.101-	required no	otice or one of the	101			
						And Annual Control of

From:

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Form 5500-SF (2018)	Page 3-					
Part VI Pension Funding Compliance						
11 Is this a defined benefit plan subject to minimum fundir (Form 5500) and line 11a below)	g requirements? (If "Yes," see instructio	ns and complete Sc	hedule S	3 B	Yes	No
11a Enter the unpaid minimum required contributions for al	years from Schedule SB (Form 5500) li	ne 40.	11.			
12 Is this a defined contribution plan subject to the minimu ERISA? (if "Yes," complete line 12a or lines 12b, 12c, 12d, and	Im funding requirements of section 412	of the Code or section	n 302 c	əf	[] Yes	X No
granting the waiver.	rear is being amortized in this plan year,	Month	d enter Da		f the letter roli Year	ng
If you completed line 12a, complete lines 3, 9, and 10 o	Schedule MB (Form 5500), and skip	to line 13.				
b Enter the minimum regulred contribution for this plan year	r		12b			
	C Enter the amount contributed by the employer to the plan for this plan year					-
d Subtract the amount in line 12c from the amount in line negative amount)	12d	 				
e Will the minimum funding amount reported on line 12d t				Yes	No N	I/A
Part VII Plan Terminations and Transfers of A		······			<u> </u>	
13a Has a resolution to terminate the plan been adopted in any	olari year?			1 Yes	X No	
If "Yes," enter the amount of any plan assets that revent						<i></i>
b Were all the plan assets distributed to participants or be control of the PBGC?	neficiaries, transferred to another plan, o	r brought under the			Yes 🕅 No	
C If, during this plan year, any assets or liabilities were transwhich assets or liabilities were transferred.	nsferred from this plan to another plan(s), identify the plan(s)	to	L. <u></u>		
13c(1) Name of plan(s):	13c(1) Name of plan(s): 13c(2) E				13c(3) PN(5)
· · · · · · · · · · · · · · · · · · ·	·					
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