Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans 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.**

OMB Nos. 1210-0110
1210-0089

2018

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [X] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [ ] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
GASTRO FLORIDA 401K PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2011

2a Plan sponsor's name (employer, if for a single-employer plan)
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)
WEST CENTRAL GASTROENTEROLOGY, LLP

3001 EXECUTIVE DRIVE
SUITE 130
ST. PETERSBURG, FL 33762

2b Employer Identification Number (EIN)
26-4471084

2c Plan Sponsor's telephone number
727-347-0536

2d Business code (see instructions)
621111

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	11/11/2019	SEENA SALYANI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b**	EIN
		4d	PN

5	Total number of participants at the beginning of the plan year	**5**	161
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	138
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	125
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	41
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	166
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	166
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	166
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	14
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2A 2E 2F 2G 2J 2T 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [ ] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] 0 **A** (Insurance Information)
- **(4)** [ ] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2018

This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
GASTRO FLORIDA 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
WEST CENTRAL GASTROENTEROLOGY, LLP

D Employer Identification Number (EIN)
26-4471084

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: EB MAGIC 50 STABLE VALUE FUND

b Name of sponsor of entity listed in (a): KEY BANK, NA (EB MAGIC FUND)

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
34-6903863-002	C	210282

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
GASTRO FLORIDA 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WEST CENTRAL GASTROENTEROLOGY, LLP

D Employer Identification Number (EIN)
26-4471084

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	98449	159009
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	43167	47470
(9) Value of interest in common/collective trusts	1c(9)	262687	210282
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	11714187	12780248
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	12118490	13197009
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	12118490	13197009

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	995238	
	(B) Participants	2a(1)(B)	866278	
	(C) Others (including rollovers)	2a(1)(C)	123200	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1984716
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)	0	
	(E) Participant loans	2b(1)(E)	1864	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1864
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	835933	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		835933
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		3979
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-1557401
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1269091
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	132884	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		132884
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	57688	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		57688
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		190572
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1078519
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: SPOOR BUNCH FRANZ **(2)** EIN: 36-4818378

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a	X		38347
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b 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.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

Gastro Florida 401(k) Plan
Financial Statements
And Supplemental Schedules
December 31, 2018 and 2017

Gastro Florida 401(k) Plan
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December 31, 2018 and 2017

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SPOOR BUNCH FRANZ est 71 74 16 CPA

Independent Auditor's Report

To the Trustees and Plan Administrator of
Gastro Florida 401(k) Plan
Clearwater, Florida

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Gastro Florida 401(k) Plan, which comprise the statements of net assets available for benefits as of December 31, 2018 and 2017, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Capital Bank and Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2018 and 2017, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matters

The supplemental schedules of assets held at end of year and delinquent participant contributions as of or for the year ended December 31, 2018, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



Spoor Bunch Franz

October 8, 2019

Gastro Florida 401(k) Plan
Statements of Net Assets Available for Benefits
December 31, 2018 and 2017

	2018	2017
Assets		
Investments, at fair value:		
Mutual funds	$ 12,780,248	$ 11,714,187
Stable value fund	210,282	262,687
Total investments	12,990,530	11,976,874
Receivables:		
Employer contribution receivable	159,009	98,449
Notes receivable from participants	47,470	43,167
Total receivables	206,479	141,616
Net assets available for benefits	$ 13,197,009	$ 12,118,490

See accompanying notes to financial statements

Gastro Florida 401(k) Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2018 and 2017

	2018	2017
Additions to net assets attributed to:		
Investment income:		
Interest and dividends	$ 835,933	$ 536,966
Net appreciation (depreciation) in fair value of mutual funds	(1,557,401)	1,046,438
Net appreciation in fair value of stable value fund	3,979	3,183
	(717,489)	1,586,587
Interest income on notes receivable from participants	1,864	2,585
Contributions:		
Employer	995,238	1,082,835
Participant	866,278	814,803
Other contributions - rollovers	123,200	75,758
	1,984,716	1,973,396
Total additions	1,269,091	3,562,568
Deductions from net assets attributed to:		
Benefits paid to participants and beneficiaries	132,884	396,483
Administrative expenses	57,688	47,000
Total deductions	190,572	443,483
Net increase	1,078,519	3,119,085
Net assets available for benefits:		
Beginning of year	12,118,490	8,999,405
End of year	$ 13,197,009	$ 12,118,490

See accompanying notes to financial statements

1. Description of Plan

The following description of the Gastro Florida 401(k) Plan, formerly West Central Gastroenterology 401(k) Plan, (the Plan), provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution retirement plan subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Plan became effective January 1, 2011 and covers all eligible employees of West Central Gastroenterology, LLP d/b/a Gastro Florida (the "Company") who have met certain eligibility requirements.

The Plan was restated effective January 1, 2016 to conform to regulatory requirements and incorporate previous compliance amendments. The restatement also changed the Plan name to "Gastro Florida 401(k) Plan", modified the employer's discretionary matching contribution to eliminate the matching formula and modified default provisions for notes receivable from participants. There were no other material changes to the provisions of the Plan and related amendments.

Effective January 1, 2016, the Plan was amended to modify the employer discretionary profit sharing contribution allocation eligibility requirements.

Eligibility

Employees of the Company who have attained age twenty-one and completed one year of service are eligible to participate in the Plan.

Contributions

After enrollment in the Plan, participants may elect to contribute, in the form of salary deferrals, up to 100 percent of their annual compensation, not to exceed the regulatory maximum. Participants who have attained the age of 50 before the end of the Plan year are eligible to make catch-up contributions. Rollover contributions from another qualified plan or individual retirement account are permitted under the Plan.

The Company may make discretionary matching and profit sharing contributions to the Plan. The employer's discretionary matching contribution is a percentage of participant's compensation or a discretionary dollar amount to be determined by the employer on a uniform basis for all participants. The discretionary profit sharing contribution is allocated to eligible participants based on eligible compensation and participant classification. The discretionary matching and profit sharing contributions are determined annually by the Company. The Company will make safe harbor contributions to each eligible participant in an amount equal to 3% of the participant's compensation for the Plan year. Eligible employees for the purpose of the safe harbor contributions exclude highly compensated employees. There was no matching contribution for 2018 or 2017. The Company made profit sharing and safe harbor contributions totaling $995,238 and $1,082,835 for 2018 and 2017, respectively.

Contributions were invested, as directed by the participant, in mutual funds or a stable value fund held by Capital Bank and Trust Company.

1. Description of Plan (continued)

Participant Accounts
Each participant's account is credited with the participant's contributions and employer contributions, as well as investment earnings (losses). Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant account balances, equally among participants or to specific participants for transactions specifically incurred by them. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Participants have the ability to direct the investment of their account balances between various investment funds or any combination thereof. Each investment fund has unique and varied investment objectives.

Vesting
Participants are immediately vested in their voluntary contributions and in Company safe harbor contributions and earnings thereon and, if applicable, any amounts "rolled over" into their accounts. Vesting of the employer discretionary contributions and earnings thereon is based on the participant's period of service with the Company. Participants vest 20% per year beginning in the second year of service and are fully vested after six years.

Forfeited Accounts
At December 31, 2018 and 2017, forfeited nonvested accounts totaled $5,746 and $5,126, respectively. The forfeitures will be used to reduce future employer contributions or pay Plan expenses. In 2018 and 2017, $2,337 and $1,075, respectively, of Plan expenses were paid from forfeited nonvested accounts.

Notes Receivable from Participants
The Plan allows participants to borrow up to the lesser of 50% of their vested balance or $50,000. Loans must be for a minimum of $1,000 and are limited to one loan per participant at a time. Loans to participants are secured by the participant's vested account balance. Interest rates are based on the Wall Street Journal Prime Rate plus 1%, and generally must be repaid within five years. Up to a fifteen year term loan may be available if the loan is to be used to purchase the principal residence of the participant.

Notes receivable from participants are measured at their unpaid principal balance. A loan is considered in default if payment is not made by the last day of the calendar quarter following the calendar quarter when the participant missed the scheduled payment. Upon default the entire principal balance shall become immediately due and payable. Loans in default are reclassified as distributions based upon the terms of the Plan documents.

Payment of Benefits
Participants are eligible to receive benefits upon termination of service, retirement, disability or death. Distributions will be made in one lump sum payment in cash. The Plan also allows in-service distributions from fully vested account balances for participants age 59½ or older. Hardship distributions for immediate and heavy financial need are allowed but are limited to the participant's elective deferral accounts. Distributions of rollover contributions may be made at any time as elected by the participant.

1. Description of Plan (continued)

Plan Administration Expenses
Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Also, Company personnel provided administrative services to the Plan at no charge in 2018 and 2017. Fees related to the administration of notes receivable from participants and withdrawals are charged directly to the participant's accounts. Investment related expenses are included in net appreciation (depreciation) of fair value of investments.

2. Summary of Significant Accounting Policies

Basis of Accounting
The accompanying financial statements have been prepared on the accrual basis of accounting.

Investment Valuation and Income Recognition
Investments are reported at fair value. See note 4 for discussion of fair value measurements.

Investment transactions are recorded on the trade date. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the years.

Payment of Benefits
Benefits are recorded when paid.

Notes Receivable from Participants
Notes receivable from participants are measured at their unpaid principal balance.

Use of Estimates
The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Risks and Uncertainties
The Plan provides for various investment options. Investment securities are exposed to various risks such as interest rate, market and credit. Due to the risk associated with investment securities and the uncertainty related to changes in the value of such securities, it is at least reasonably possible that changes in risks in the near term could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits and the Statements of Changes in Net Assets Available for Benefits.

3. Investments

The Plan's investments were held by Capital Bank and Trust Company at December 31, 2018 and 2017. The information included in the accompanying financial statements and supplemental schedule of assets held at end of year was obtained from data that has been prepared and certified to as complete and accurate by Capital Bank and Trust Company.

3. Investments (continued)

The only nonparticipant-directed investments are forfeitures which are included in the stable value fund at December 31, 2018 and 2017.

During 2018 and 2017, the Plan's investments, including gains and losses on investments sold during the years, appreciated (depreciated) in fair market value by $(1,557,401) and $1,046,438, respectively, as certified by Capital Bank and Trust Company.

Interest and dividend income and interest income from participant notes receivable was certified by Capital Bank and Trust Company for the years ended December 31, 2018 and 2017.

4. Fair Value Measurements

Generally accepted accounting principles provide a framework for measuring fair value and have established a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of other than publicly quoted prices that are observable, either directly or indirectly, and Level 3 inputs consist of unobservable inputs and has the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs are used only when Level 1 or Level 2 inputs are not available. The level is based on the lowest level of any input that is significant to the fair value measurement.

Following is a description of the valuation methodologies used for investments measured at fair value. There have been no changes in methodologies used at December 31, 2018 and 2017.

- Mutual funds: The fair value is based on quoted net asset values of the shares held by the Plan at year-end (market approach).

- Stable value fund: As a practical expedient, the net asset value of units of the bank collective trust is used to estimate fair value.

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2018 and 2017. There are no Level 2 or 3 type investments.

	2018	
	Fair value measurements using:	
	Total	Level 1
Mutual funds	$ 12,780,248	$ 12,780,248
Investments measured at net asset value (a)	210,282	-
Investments at fair value	$ 12,990,530	$ 12,780,248

4. Fair Value Measurements (continued)

	2017	
	Fair value measurements using:	
	Total	Level 1
Mutual funds	$ 11,714,187	$ 11,714,187
Investments measured at net asset value (a)	262,687	-
Investments at fair value	$ 11,976,874	$ 11,714,187

(a) In accordance with Financial Accounting Standards Board, Accounting Standards Codification 820-10, investments that were measured at net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statements of Net Assets Available for Benefits.

The following tables summarize investments measured at fair value based on net asset value per share as of December 31, 2018 and 2017. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

	2018			
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Stable value fund	$ 210,282	N/A	Daily	12 months

	2017			
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Stable value fund	$ 262,687	N/A	Daily	12 months

The Key Bank EB MaGIC Stable Value Fund, a collective investment fund, seeks to provide investors with a reasonable level of income together with stability of principal. The fund invests in traditional guaranteed investment contracts (GICs), synthetic GICs, bank investment contracts, separate account GICs, repurchase agreements, other collective investment trusts, cash and cash equivalents and other investments having the characteristics of a guaranteed return of principal and fixed rate of interest. An investment in the fund is not insured or guaranteed. Generally, participant directed transfers and withdrawals from the Fund will be made at book value, as determined pursuant to the terms of the Trust documents governing the Fund. Withdrawals for participant benefit payments in accordance with the provisions of the Plan (including benefit distributions, elections to change investments, or to obtain a loan), will be processed as soon as administratively practicable, subject to available liquidity of the Fund. However, participants are prohibited from transferring from the Fund to a "competing investment", as defined in the Trust document of the Fund, without first investing in a "non-competing investment" for a period of three months. Employer directed withdrawals may be delayed for up to twelve months at the sole discretion of the trustee of the Fund.

5. Tax Status

Effective January 1, 2011, the Employer adopted the KB Pension Services, Inc. Defined Contribution Volume Submitter Plan and Trust. The Volume Submitter Plan obtained a determination letter dated March 31, 2014, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator believes the Plan is designed, and is currently being operated, in compliance with applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

6. Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

7. Related Party Transactions

The Plan has investments consisting of mutual funds with American Funds totaling $5,274,273 and $4,874,945 as of December 31, 2018 and 2017, respectively, which were managed by Capital Research and Management Company, an affiliate of American Funds and Capital Bank and Trust Company, the trustee. Therefore these transactions qualify as party-in-interest.

Capital Research and Management Company or any assignee or agent thereof (collectively referred to as the "service provider") provides recordkeeping and administrative services to the Plan pursuant to a Recordkeeping Services Agreement. The service provider may receive revenue from investments held by the Plan. Revenue received is used to offset service provider fees otherwise payable by the Plan.

Recordkeeping fees of $10,290 and $9,902 were paid to Capital Research and Management Company, Inc. for the years ended December 31, 2018 and 2017, respectively.

Investment management fees relating to the mutual funds and administration fees relating to the stable value fund are charged against the participant's investment, and are reflected in the return on the investment.

8. Prohibited Transactions

For the Plan year 2018, all the participant contributions were made in a timely manner. For the Plan year 2017, the Company did not remit certain participant contributions to the trustee in a timely manner based on when the participant contributions were withheld from participant paychecks as required under Department of Labor Regulation 29 CFR 2150.3-102. In recognition of its responsibility in this matter, the Company calculated and made contributions to the affected participants' accounts to compensate for estimated lost income of $26 for 2017.

9. Subsequent Events

The Plan's management has evaluated events occurring subsequent to year end through October 8, 2019, the date the financial statements were available to be issued, for financial reporting and disclosure purposes. Plan management concluded that no events occurred that required adjustments to or disclosures in the financial statements.

Supplemental Schedules

Gastro Florida 401(k) Plan
Supplemental Schedule of Assets Held at End of Year
December 31, 2018

Schedule H, line 4i
Employer identification number: 26-4471084
Plan number: 001

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
*	American Funds	Growth Fund of America R5	**	$ 1,535,955
*	American Funds	New Perspective R5	**	695,517
*	American Funds	SMALLCAP World R5	**	37,094
	American Century	Discovery Growth Z	**	121,756
	ClearBridge	Small Cap Growth I	**	252,953
	Franklin Mutual	Global Discovery Z	**	348,646
	Oppenheimer	Developing Markets Y	**	657,362
	PRIMECAP	Odyssey Stock	**	685,852
	Vanguard	Mid Cap Index Admiral	**	165,012
	Vanguard	Selected Value Investor	**	375,496
	Vanguard	Small Cap Index Admiral	**	293,219
	Victory	Sycamore Small Company Opportunity I	**	314,942
*	American Funds	Fundamental Investors R5	**	153,201
*	American Funds	International Growth and Income R5	**	138,317
*	American Funds	Washington Mutual R5	**	1,060,833
*	American Funds	Capital Income Builder R5	**	76,729
*	American Funds	Income Fund of America R5	**	731,484
	Franklin	Income Advisor	**	345,676
	Vanguard	Equity-Income Admiral	**	754,714
	Vanguard	REIT Index Admiral	**	255,360
	Franklin	US Government Security Series Advisor	**	1,304
	PIMCO	Income Institutional	**	258,578
	PIMCO	Investment Grade Credit Bond Inst	**	315,892
	PIMCO	Real Return Institutional	**	455,406

* Denotes exempt party-in-interest.
** Cost omitted for participant-directed investments.

See accompanying independent auditor's report on pages 1-2

Schedule H, line 4i
Employer identification number: 26-4471084
Plan number: 001

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	PGIM	High-Yield R6	**	$ 694,299
	Templeton	Global Bond Advisor	**	366,124
	Western Asset	Core Plus Bond Fund I	**	843,384
	KeyBank	EB MaGIC 50 Stable Value Fund	**	204,536
	KeyBank	EB MaGIC 50 Stable Value Fund	$ 5,708	5,746
*	American Funds	2010 Target Date Fund R5	**	2,435
*	American Funds	2015 Target Date Fund R5	**	187,352
*	American Funds	2020 Target Date Fund R5	**	25,095
*	American Funds	2025 Target Date Fund R5	**	41,961
*	American Funds	2030 Target Date Fund R5	**	238,212
*	American Funds	2035 Target Date Fund R5	**	10,511
*	American Funds	2040 Target Date Fund R5	**	20,406
*	American Funds	2045 Target Date Fund R5	**	154,534
*	American Funds	2050 Target Date Fund R5	**	139,713
*	American Funds	2055 Target Date Fund R5	**	22,893
*	American Funds	2060 Target Date Fund R5	**	2,031
	Participant loans	4.25% - 6.25% interest and principal payable bi-weekly, matures February 2019 through October 2023, secured by the participants' vested accrued benefits	-	47,470
				$ 13,038,000

* Denotes exempt party-in-interest.
** Cost omitted for participant-directed investments.

See accompanying independent auditor's report on pages 1-2

Gastro Florida 401(k) Plan
Supplemental Schedule of Delinquent Participant Contributions
For the Year Ended December 31, 2018

Schedule H, line 4a
Employer identification number: 26-4471084
Plan number: 001

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: [X]	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Participant Contributions Transferred Late to Plan for Plan Year 2017	$ -	$38,348	$ -	$ -

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans 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.**

OMB Nos. 1210-0110
1210-0089

2018

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [x] a single-employer plan
- [ ] a DFE (specify) ___

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [x] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
GASTRO FLORIDA 401K PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2011

2a Plan sponsor's name (employer, if for a single-employer plan)
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)

West Central Gastroenterology, Llp

3001 Executive Drive
Suite 130
St. Petersburg FL 33762

2b Employer Identification Number (EIN)
26-4471084

2c Plan Sponsor's telephone number
727-347-0536

2d Business code (see instructions)
621111

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	[signature]	10/4/19	Seena Salyani
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	[signature]	10/4/19	Seena Salyani
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	161
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	138
a(2) Total number of active participants at the end of the plan year	**6a(2)**	125
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	41
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	166
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	166
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	166
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	14
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2A 2E 2F 2G 2J 2T 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1) [X] **R** (Retirement Plan Information)

(2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1) [X] **H** (Financial Information)

(2) [ ] **I** (Financial Information – Small Plan)

(3) [ ] ___ **A** (Insurance Information)

(4) [X] **C** (Service Provider Information)

(5) [X] **D** (DFE/Participating Plan Information)

(6) [ ] **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

Gastro Florida 401(k) Plan
Supplemental Schedule of Assets Held at End of Year (continued)
December 31, 2018

Schedule H, line 4i
Employer identification number: 26-4471084
Plan number: 001

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	PGIM	High-Yield R6	**	$ 694,299
	Templeton	Global Bond Advisor	**	366,124
	Western Asset	Core Plus Bond Fund I	**	843,384
	KeyBank	EB MaGIC 50 Stable Value Fund	**	204,536
	KeyBank	EB MaGIC 50 Stable Value Fund	$ 5,708	5,746
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*	American Funds	2025 Target Date Fund R5	**	41,961
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*	American Funds	2060 Target Date Fund R5	**	2,031
	Participant loans	4.25% - 6.25% interest and principal payable bi-weekly, matures February 2019 through October 2023, secured by the participants' vested accrued benefits	-	47,470
				$ 13,038,000

* Denotes exempt party-in-interest.
** Cost omitted for participant-directed investments.