

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

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [X] a single-employer plan [ ] a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
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 Check box if filing under: [X] Form 5558 [ ] automatic extension [X] DFVC program [ ] special extension (enter description)
D If the plan is a collectively-bargained plan, check here [ ]
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan: EDUARDO GONZALEZ HERNANDEZ MD 401(K) PROFIT SHARING PLAN & TRUST
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/2015
2a Plan sponsor's name (employer, if for a single-employer plan): EDUARDO GONZALEZ HERNANDEZ MD
2b Employer Identification Number (EIN): 27-0191191
2c Sponsor's telephone number: 786-329-3150
2d Business code (see instructions): 812990
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.
4b EIN
4d PN
5a Total number of participants at the beginning of the plan year: 10
5b Total number of participants at the end of the plan year: 11
5c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item): 5
5c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item): 5
5d(1) Total number of active participants at the beginning of the plan year: 9
5d(2) Total number of active participants at the end of the plan year: 10
5e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested: 0

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Row 1: Filed with authorized/valid electronic signature, 03/13/2026, EDUARDO GONZALEZ-HERNANDEZ. Row 2: Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor.

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) .....  Yes  No
- 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.) .....  Yes  No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** 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.)

<b>Part III Financial Information</b>			
<b>7</b> Plan Assets and Liabilities		<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total plan assets .....	<b>7a</b>	144752	227617
<b>b</b> Total plan liabilities .....	<b>7b</b>	0	0
<b>c</b> Net plan assets (subtract line 7b from line 7a) .....	<b>7c</b>	144752	227617
<b>8</b> Income, Expenses, and Transfers for this Plan Year		<b>(a) Amount</b>	<b>(b) Total</b>
<b>a</b> Contributions received or receivable from:			
<b>(1)</b> Employers .....	<b>8a(1)</b>	14793	
<b>(2)</b> Participants .....	<b>8a(2)</b>	38106	
<b>(3)</b> Others (including rollovers) .....	<b>8a(3)</b>	0	
<b>b</b> Other income (loss) .....	<b>8b</b>	30086	
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....	<b>8c</b>		82985
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits) .....	<b>8d</b>	0	
<b>e</b> Certain deemed and/or corrective distributions (see instructions) .	<b>8e</b>	0	
<b>f</b> Administrative service providers (salaries, fees, commissions) .....	<b>8f</b>	120	
<b>g</b> Other expenses .....	<b>8g</b>	0	
<b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g) .....	<b>8h</b>		120
<b>i</b> Net income (loss) (subtract line 8h from line 8c) .....	<b>8i</b>		82865
<b>j</b> Transfers to (from) the plan (see instructions) .....	<b>8j</b>	0	

<b>Part IV Plan Characteristics</b>	
<b>9a</b>	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D 3H
<b>b</b>	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

<b>Part V Compliance Questions</b>				
<b>10</b> During the plan year:		<b>Yes</b>	<b>No</b>	<b>Amount</b>
<b>a</b> 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) .....	<b>10a</b>		X	
<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) .....	<b>10b</b>		X	
<b>c</b> Was the plan covered by a fidelity bond? .....	<b>10c</b>		X	
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....	<b>10d</b>		X	
<b>e</b> 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.) .....	<b>10e</b>		X	
<b>f</b> Has the plan failed to provide any benefit when due under the plan? .....	<b>10f</b>		X	
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) .....	<b>10g</b>	X		819
<b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....	<b>10h</b>		X	
<b>i</b> 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 .....	<b>10i</b>			

**Part VI Pension Funding Compliance**

**11** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below.  Yes  No

**a** Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 ..... **11a**

**b PBGC missed contribution reporting requirements.** If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:  
 Yes.  
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.  
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.  
 No. Other. Provide explanation \_\_\_\_\_

**12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .....  Yes  No  
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.

**a** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. .... Month Day Year

**If 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**

**c** 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**

**e** Will the minimum funding amount reported on line 12d be met by the funding deadline?.....  Yes  No  N/A

**Part VII Plan Terminations and Transfers of Assets**

**13a** Has a resolution to terminate the plan been adopted in any plan year? .....  Yes  No

**a** If "Yes," enter the amount of any plan assets that reverted to the employer this year..... **13a**

**b** Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....  Yes  No

**c** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

**Part VIII IRS Compliance Questions**

**14a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?  Yes  No

**14b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).  
 Design-based safe harbor method  
 "Prior year" ADP test  
 "Current year" ADP test  
 N/A

**15** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 08 / 31 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q704150A.

# EGH

Eduardo Gonzalez-Hernandez, MD, PLLC  
Surgery of the Hand and Upper Extremity

Certificate of Added Qualifications in Hand Surgery  
Certified American Board of Orthopaedic Surgery

*Eduardo Gonzalez-Hernandez, MD*

*401 SW 42<sup>nd</sup> Avenue #200*

*Miami, FL 33134*

*Plan Name: Eduardo Gonzalez-Hernandez, MD PLLC*

*401(k) Plan – 323270*

*DOL EFAST2: A2611078*

*To Whom It May Concern,*

*I am writing to request a waiver on the penalty incurred from the late filing of the 5500 for 12/31/2024. My accountant overlooked the email reminder that was sent. She didn't realize that she hadn't filed the 5500 until January 2026. We are aware that the form was due by 7/31/25. However, since this is the first time this has happened, we are asking for an abatement or waiver of the large penalty that was incurred. We weren't aware that there would be a such a penalty for filing late.*

*My accountant is amending the 5500 for 2024 to include the Delinquent Filer Voluntary Compliance Program option on the Form 5500-SF in hopes of drastically reducing this penalty.*

*Thank you for your attention to this matter.*



*Eduardo Gonzalez-Hernandez, MD*



Department of the Treasury  
Internal Revenue Service  
Ogden, UT 84201-0073

IRS Notice CP283

003499.741593.185259.2067 1 AB 0.641 372



EDUARDO GONZALEZ HERNANDEZ MD  
401 SW 42ND AVE STE 200  
CORAL GABLES FL 33134-1938

003499

March 2, 2026

**Balance due: \$26,250.00**

We charged you a penalty on your Form 5500, for the plan year ended December 31, 2024 , plan number 0001.

**What you need to know**

We charged you a penalty for filing a late or incomplete Form 5500 series return for employee benefit plans. (Internal Revenue Code Section 6652(e) or 6692)

**Billing Summary**

Late filing penalty Form 5500 series return	\$26,250.00
<b>Amount due by April 01, 2026</b>	<b>\$26,250.00</b>

Note: In the "Billing Summary," we combined any penalties we charged for filing the Form 5500 series tax return late including required Schedule SB or MB.

The due date for filing your Form 5500 series return is the last day of the seventh month after the plan year ends. This is July 31st for a calendar year plan. For returns received on or before December 31, 2019, the penalty for failure to file a Form 5500 series return is \$25 a day (up to \$50,000). For returns received (regardless of plan year) after December 31, 2019, the penalty for failure to file increases to \$250 a day (up to \$150,000). See IRC Section 6652(e).

The penalty for missing or incomplete actuarial report is \$1,000 per occurrence. The penalty applies to missing or incomplete Schedule SB or MB. See IRC Section 6692.

*Scanned/mailed 3/9/26 to eju*



## What you need to do

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### If you agree:

- **Pay the balance due by April 1, 2026.** If you have already paid your balance in full within the past 14 days, the payment may not show in this notice.
- Visit [IRS.gov/Payments](https://www.irs.gov/Payments) for all your payment options or send us your payment using the address shown above. Write your employer ID number, plan year ending, plan number, and form number on your payment.
- If you can't pay the full amount due, pay as much as you can now to avoid added interest.
- If there are any errors in your name, address, employer ID number, or plan number, provide corrected information with your payment.
- If your return was incomplete, you must provide the missing or incomplete information.
- Fax your information to 877-792-2864. (Protect yourself when sending digital data by understanding the fax service's privacy and security policies.)

### If you disagree with the penalty:

- You must provide any missing or incomplete information.
- Visit [IRS.gov/Payments/Penalty-Relief](https://www.irs.gov/Payments/Penalty-Relief) for information on removal or reduction of penalties.
- Fax your reasonable cause statement and missing information to 877-792-2864. (Protect yourself when sending digital data by understanding the fax service's privacy and security policies.)

## For more information

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- Visit [IRS.gov/CP283](https://www.irs.gov/CP283).
- Visit [IRS.gov/Retirement-Plans/Form-5500-Corner](https://www.irs.gov/Retirement-Plans/Form-5500-Corner) for information on employee retirement plans.
- Visit [IRS.gov/Pub594](https://www.irs.gov/Pub594) to review Publication 594, The IRS Collection Process.
- Call 877-829-5500, if you can't find what you need online.