## 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).

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2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

			Complete all entries in a	ccordance with the instru	ictions to the Form 550	10-5F.	
	art I		Identification Information				
For	calenda	ar plan year 2012 or fis	scal plan year beginning 01/01	/2012	and ending	12/31/2	2012
Α .	This ret	urn/report is for:	a single-employer plan	a multiple-employer	olan (not multiemployer)		a one-participant plan
В .	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	onths)	
C	Check b	oox if filing under:	X Form 5558	automatic extension			DFVC program
			special extension (enter desc	ription)			
Pa	rt II	Basic Plan Info	rmation—enter all requested in	formation			
1a	Name o	of plan				1b	Three-digit
MAHE	BOOBE	H GOLTAPEH, MD, P	A PROFIT SHARING PLAN				plan number
							(PN) • 001
						1c	Effective date of plan 01/01/2005
2a	Plan sp	onsor's name and ad	dress; include room or suite numb	er (employer, if for a single	e-employer plan)	2b	Employer Identification Number
MAH	BOOBE	EH GOLTAPEH, MD, F	PA				(EIN) 59-0789709
						2c	Sponsor's telephone number
		H MIAMI AVENUE, SU	IITE 904				305-854-9878
IVIIAIV	11, FL 33	5133				2d	Business code (see instructions) 621111
3a	Plan ac	dministrator's name ar	nd address X Same as Plan Spon	sor Name Same as Pla	n Sponsor Address	3b	Administrator's EIN
			ь .				
						3с	Administrator's telephone number
4	If the n	ame and/or FIN of the	e plan sponsor has changed since	the last return/report filed t	for this plan, enter the	4h	EIN
•			nber from the last return/report.	the last retain, report mean	or this plan, office the	70	LIIN
а	Sponso	or's name				4c	PN
5a	Total n	number of participants	at the beginning of the plan year.			5a	2
b	Total n	number of participants	at the end of the plan year			5b	2
С			account balances as of the end of	, ,	•	5c	2
6a		· · · · · · · · · · · · · · · · · · ·	s during the plan year invested in				X Yes No
b		•	the annual examination and repo	•	•		
			? (See instructions on waiver eligil				
	If you	answered "No" to ei	ther line 6a or line 6b, the plan	cannot use Form 5500-SF	and must instead use	Form	5500.
Cau	ıtion: A	penalty for the late	or incomplete filing of this retur	n/report will be assessed	unless reasonable ca	use is	established.
			ner penalties set forth in the instru				
		dule MB completed ar rue, correct, and comp	nd signed by an enrolled actuary,	as well as the electronic ve	rsion of this return/repor	t, and t	to the best of my knowledge and
DOIN	51, 10 15 0	rue, correct, and comp					
SIG				JAY NICHOLSON			
HEF	₹E	Signature of plan a	dministrator	Date	Enter name of individ	lual sig	ning as plan administrator
SIG							
HEF	RE	Signature of emplo	yer/plan sponsor	Date	Enter name of individ	lual sig	ning as employer or plan sponsor
Pre	oarer's i	name (including firm n	ame, if applicable) and address; i	nclude room or suite number	er (optional)	Prep	arer's telephone number (optional)
							999-999-9999

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Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year		
<u>.</u>	Total plan assets	7a	(a) Deginning of 188				342187		
	Total plan liabilities	7b		0			0		
	Net plan assets (subtract line 7b from line 7a)	7c	29835	50			342187		
8	Income, Expenses, and Transfers for this Plan Year	, •	(a) Amount				(b) Total		
	Contributions received or receivable from:	(a) Amount				(b) Total			
	(1) Employers	8a(1)	4380	0					
	(2) Participants	8a(2)		0					
	(3) Others (including rollovers)		0						
b	Other income (loss)	8b	3	7					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					43837		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0					
е	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f	Administrative service providers (salaries, fees, commissions)	8f		0					
g	Other expenses	8g		0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					0		
i	Net income (loss) (subtract line 8h from line 8c)	8i					43837		
j	Transfers to (from) the plan (see instructions)	8j		0					
Pai	t IV Plan Characteristics	٠,							
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan Chara	cterist	ic Coc	les in t	he instructions:		
Par	t V Compliance Questions								
10	-				Yes	No	Amaunt		
а	During the plan year:  Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a	163	X	Amount		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported	10a		X	0		
С				10c	X		35000		
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-	-	10d		X	0		
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)	of the bene	efits under the plan? (See	10e		X	0		
f				10f		Χ	0		
						Χ	0		
g h	If this is an individual account plan, was there a blackout period? (	See instru	ictions and 29 CFR	10g		X	0		
i	If 10h was answered "Yes," check the box if you either provided the	ne required	d notice or one of the	10h		X			
_	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i		**			
Part	5 .								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)								
11a	Enter the amount from Schedule SB line 39					11a	0		
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction :	302 of	ERISA? Yes X No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а	<b>a</b> 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								
	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								

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			400					
<u> </u>	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	I				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	X	V/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	10		
	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 und of the PBGC?	er the	contro	ol			res X	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pwhich assets or liabilities were transferred. (See instructions.)	lan(s)	to					
1	3c(1) Name of plan(s):	1	13c(2)	EIN	(s)	13	c(3) PN	l(s)
Part	VIII Trust Information (optional)							
14a	Name of trust		14b	Trus	st's EIN			

## 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).

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Dort I	Annual Dancet		ccordance with the instruc	dona to the Form 550	U*3F.	<del></del>			
Part I   For calenda		Identification Information scal plan year beginning	1/1/2012	and ending	12	/31/2012			
	urn/report is for:	a single-employer plan	a multiple-employer pla	•		a one-participa	nt plan		
	urn/report is:	the first return/report	the final return/report	ar (not manathployor)	h_	1 a puo barasiba	in plant		
- 11101000	artiropore io.	an amended return/report	a short plan year return	/report (less than 12 m	onths)				
C Check h	oox if filing under:	Form 5558	automatic extension	,, opare (1990 diam) tm ///	Г	DFVC program	1		
• Ondor p	ox II lang andon	special extension (enter des			<u>L</u>	] Di vo program	'		
Part II	Basic Plan Info	rmation—enter all requested i							
1a Name o					1b T	hree-digit			
Mahb	oobeh Goltapeh	, MD, PA Profit Sharing Pla	ın			olan number	001		
	,				<del></del>	PN) > Effective date of	olon		
					'` '	1/1/2			
2a Plan sp	onsor's name and ac	ldress; include room or suite num	ber (employer, if for a single-	employer plan)	2b E	Employer Identific			
Mahboot	oeh Goltapeh, Mi	D, PA			(EIN) 590789709				
					2c S	Sponsor's teleph 3058549			
3661 So	uth Miami Avenu	e, Suite 904			2d F	Business code (s			
						,	,		
Miami		FL				621	] [ ]		
33133									
3a Plan ad	dministrator's name a	nd address Same as Plan Spo	nsor Name Same as Plan	Sponsor Address	3b A	Administrator's E	IN		
		<u></u>	LI						
					3c /	Administrator's te	lephone number		
4 If the n	name and/or EIN of th	e plan sponsor has changed sinc	e the last return/report filed fo	or this plan, enter the	4b {	EIN			
name, <b>a</b> Sponse		imber from the last return/report.			4c i	PN			
		s at the beginning of the plan year	*	***************************************	5a		2		
		s at the end of the plan year			5b		2		
<b>C</b> Number	er of participants with	account balances as of the end	of the plan year (defined bene	efit plans do not	0.5				
					5c	I	2		
		ts during the plan year invested in				***************	Yes No		
under	ou claiming a waiver o 29 CFR 2520.104-46	of the annual examination and rep 6? (See instructions on waiver elig	ort of an independent qualifications.)	ed public accountant (IC	≬PA)		Yes No		
		either line 6a or line 6b, the plai							
		or incomplete filing of this ret							
Under pena	alties of perjury and o	ther penalties set forth in the inst and signed by an enrolled actuary	ructions, I declare that I have	examined this return/re	port, inc	cluding, if applica	ble, a Schedule		
belief, it is t	true, correct, and con	and signed by an emolied actuary aplete.	, as well as the electronic ver	sion of this return/repor	t, and to	o the best of my i	knowleage and		
CICH	Mahboobeh	Goltapeh	9/27/13	Mahhaahah	G-11				
SIGN HERE				<del>                                     </del>	Goltapeh				
	Signature of plan		Date 9/27/13	Enter name of individe Mahboobeh	<del></del>	<u> </u>	inistrator		
SIGN	<u> </u>	Goltapeh							
		oyer/plan sponsor name, if applicable) and address	Date	Enter name of individ		<u> </u>			
1 Auparor a	namo (moidaing iliti	nome, ii applicanie) and addless	, monde room or suite numbe	а (орионан	Liebs	arer s tereprione :	number (optional)		

Par	Part III   Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year				
a	Total plan assets	7a		298350			<del>                                     </del>				
b	Total plan liabilities	7b		(	)		0				
С	Net plan assets (subtract line 7b from line 7a)	7c	29	8350	0	342187					
_8_	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total				
	Contributions received or receivable from:	0.44									
	(1) Employers	8a(1)	<u> </u>	1380	_	<u> </u>					
	(2) Participants	8a(2)			0	*					
	(3) Others (including rollovers)	8a(3) 8b		<u>`</u>	)   7		· · · · · · · · · · · · · · · · · · ·				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		<u> </u>	<del>-  </del>		43837				
	Benefits paid (including direct rollovers and insurance premiums	- 55			$\top$						
	to provide benefits)	8d									
	Certain deemed and/or corrective distributions (see instructions)	8e					· · · · · · · · · · · · · · · · · · ·				
	Administrative service providers (salaries, fees, commissions)	8f			0		· · · · · · · · · · · · · · · · · · ·				
	Other expenses	8g		(	9	:					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			-		0				
	Net income (loss) (subtract line 8h from line 8c)	8i		(	<del>.  </del>	<del></del>	43837				
	Transfers to (from) the plan (see instructions)	8j		·	<u>'                                    </u>						
Par											
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 3D	reature co	des from the List of Plan Chara	acteris	stic Co	des in	the instructions:				
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan Charac	terist	ic Cod	es in ti	he instructions:				
Part	V Compliance Questions										
10	During the plan year:				Yes	No	Amount				
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	aciary Corr	ection Program)	10a		<b>\</b>	0				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	include transactions reported	10b		✓	0				
С	Was the plan covered by a fidelity bond?		*************************	10c	✓		35000				
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	nd, that was caused by fraud	10d		✓	0				
е	Were any fees or commissions paid to any brokers, agents, or of	ner person	s by an insurance carrier.								
	insurance service or other organization that provides some or all instructions.)	of the bene	efits under the plan? (See	10e		✓	O				
f	Has the plan failed to provide any benefit when due under the pla					1	0				
				10f		<u> </u>					
g	Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period?			10g		<b>√</b>	0				
- 11	2520.101-3.)			10h		✓					
i	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)	nents? (If "	Yes," see instructions and con	plete	Sche	dule SI	3 (Form Yes No				
11a	Enter the amount from Schedule SB line 39					11a					
12	Is this a defined contribution plan subject to the minimum funding						ERISA? Yes No				
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below										
а	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.										
1f	you completed line 12a, complete lines 3, 9, and 10 of Schedul										
b	Enter the minimum required contribution for this plan year					12b					

Morra-	Form 5500-SF 2012	Page <b>3</b> -				
С	Enter the amount contributed by the employer to the plan for this pl	lan vear	12c	1		
d	Subtract the amount in line 12c from the amount in line 12b. Enter negative amount)	the result (enter a minus sign to the left of a	12d			
е	Will the minimum funding amount reported on line 12d be met by the	1 1111		Yes	No	
Part	VII Plan Terminations and Transfers of Assets				<del></del>	
13a	Has a resolution to terminate the plan been adopted in any plan year? .			Yes X No		
	if "Yes," enter the amount of any plan assets that reverted to the er					
b	Were all the plan assets distributed to participants or beneficiaries, of the PBGC?	transferred to another plan, or brought under	the control		☐ Yes ☒ No	
С	If during this plan year, any assets or liabilities were transferred fro which assets or liabilities were transferred. (See instructions.)	om this plan to another plan(s), identify the pla	n(s) to			
	3c(1) Name of plan(s):		13c(2) E	IN(s)	13c(3) PN(s)	
Part	VIII Trust Information (optional)	· .				
				14b Trust's EIN		

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