## 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).

2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	· · ·	Complete all entries in accord	iance with the instruc	ctions to the Form 550	JU-5F.		
Part l	Annual Report	Identification Information					
For cale	ndar plan year 2013 or fis	scal plan year beginning 01/01/2013	3	and ending	12/31/2	2013	
<b>A</b> This	return/report is for:	a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-particip	oant plan
<b>B</b> This	return/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year returi	n/report (less than 12 m	onths)	)	
<b>C</b> Che	ck box if filing under:	Form 5558	automatic extension			DFVC progra	ım
		special extension (enter descriptio	n)			<u> </u>	
Part I	Basic Plan Info	rmation—enter all requested informa	ation				
1a Nar	ne of plan	·			1b	Three-digit	
CHCA 40	1(K) PLAN					plan number	004
					10	(PN)	001
					10	Effective date of 01/01/	
	n sponsor's name and ad HEALTHCARE ASSOCI	dress; include room or suite number (en	mployer, if for a single-	employer plan)	2b	Employer Identification (EIN) 05-06:	
9165 PAF	RK DRIVE				2c	Sponsor's telep	
	HORES, FL 33138				2d	Business code (	
<b>3a</b> Pla	n administrator's name ar	nd address XSame as Plan Sponsor N	ame Same as Plar	Sponsor Address	3b	Administrator's I	
					3с	Administrator's t	elephone number
							•
<b>A</b> 16.41			t t t		41.		
		e plan sponsor has changed since the lamber from the last return/report.	ast return/report filed to	or this plan, enter the	4b	EIN	
	nsor's name				4c	PN	
<b>5a</b> Tot	al number of participants	at the beginning of the plan year			- 5a		19
<b>b</b> Tot	al number of participants	at the end of the plan year			5b		20
		account balances as of the end of the p	• •	•	5c		20
6a W	ere all of the plan's assets	s during the plan year invested in eligibl	e assets? (See instruc	tions.)			X Yes No
	,	the annual examination and report of a			,		
		? (See instructions on waiver eligibility a					X Yes   No
		ither line 6a or line 6b, the plan canno					1
C If th	e plan is a defined benef	it plan, is it covered under the PBGC in	surance program (see	ERISA section 4021)?		Yes No	Not determined
Caution	: A penalty for the late	or incomplete filing of this return/rep	ort will be assessed	unless reasonable ca	use is	established.	
		her penalties set forth in the instructions					
	is true, correct, and comp	nd signed by an enrolled actuary, as we blete.	ell as the electronic ver	sion of this return/repor	t, and	to the best of my	knowledge and
SIGN	Filed with authorized/	valid electronic signature.	06/10/2014	VICKI KEISCH			
HERE	Signature of plan a	dministrator	Date	Enter name of individ	dual sig	ning as plan adn	ninistrator
SIGN							
HERE	Signature of emplo	ver/plan sponsor	Date	Enter name of individ	dual sid	ining as employe	r or plan sponsor
Prepare		name, if applicable) and address; include					number (optional)

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Pa	rt III   Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End o	f Voor			_
	Total plan assets	7a	(a) Beginning of Tea		-		(b) Liid 0	3688	862		
	Total plan liabilities	7b		0	+		0			_	
	Net plan assets (subtract line 7b from line 7a)	7c	1648				3688	62		_	
8	Income, Expenses, and Transfers for this Plan Year	,,,	(a) Amount			(b) To				_	
	Contributions received or receivable from:		(a) Amount				(6) 10	ıaı			
	(1) Employers	8a(1)	20494	9							
	(2) Participants	8a(2)	13855	6							
	(3) Others (including rollovers)	8a(3)		0							
b	Other income (loss)	8b	887	6							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						3523	81		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d									
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							0		
i	Net income (loss) (subtract line 8h from line 8c)	8i						3523	881		
j	Transfers to (from) the plan (see instructions)	8j									
Pai	rt IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 3D 2F 2G	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructi	ons:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instructio	ns:			
Par	t V Compliance Questions										
10	During the plan year:				Yes	No		moun	<u> </u>		
a				10a		X	,	unoun	-		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		Х					
					X				4	000	20
				10c					4	000	10
	or dishonesty?	······		10d		X					
е	<ul> <li>Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all</li> </ul>										
	instructions.)			10e		X					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
9	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		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 2520.10	ne required	d notice or one of the	10i							
Part											
11	Is this a defined benefit plan subject to minimum funding requirem							П ү		] N	J۸
110	5500) and line 11a below)							<u>''</u>	,,,		
	Enter the unpaid minimum required contribution for current year fr		,			11a	EDICAC	□ v.	) .		
12	Is this a defined contribution plan subject to the minimum funding	-		or se	ction	302 Of	EKISA?	Y	55 X	N	IU
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is beir			ctions	and a	anter th	e date of th	a letter	rulina		_
	granting the waiver.		Mon		, апа (	Day		ear	·umi	, —	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•				461				_	
b	Enter the minimum required contribution for this plan year					12b					

Page	3 -		1
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С	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?	Y	es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the coof the PBGC?	ontrol		Yes X No
С	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.)	)		
1	<b>3c(1)</b> Name of plan(s):	c(2) Ell	V(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b Trust's EIN		

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## 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

2013

This Form is Open to Public Inspection

		t Identification Information			
For calend	lar plan year 2013 or f	iscal plan year beginning	01/01/2013	and ending	12/31/2013
A This ref	turn/report is for:	X a single-employer plan	a multiple-employer plan (no	ot multiemployer)	a one-participant plan
B This re	turn/report is:	the first return/report	the final return/report		
		an amended return/report	a short plan year return/repo	rt (less than 12 mor	nths)
C Check	box if filing under:	Form 5558	automatic extension		DFVC program
		special extension (enter desc	ription)		
Part II	Basic Plan Info	ormation—enter all requested in	formation		
1a Name	•				1b Three-digit
CHCA 4	01(k) Plan				plan number (PN) • 001
				<del> </del>	1c Effective date of plan
	,				01/01/2012
	ponsor's name and ac Healthcare A	ddress; include room or suite numb	er (employer, if for a single-emplo	yer plan)	2b Employer Identification Number
Cancer	nearthcare A	SSUCIALES PA		-	(EIN) 05-0629338
9165 P	ark Drive				<b>2c</b> Sponsor's telephone number 305-545-6685
				<u> </u>	2d Business code (see instructions
Miami		FL 33138			621111
3a Plan a	dministrator's name a	nd address XSame as Plan Spon	sor Name XSame as Plan Spon	isor Address	3b Administrator's EIN
				-	3c Administrator's telephone numb
				İ	Administrator's telephone numb
4 If the r	name and/or EIN of th	e plan sponsor has changed since	the last return/separt filed for this	nlan antartha	4h = 0.1
		imber from the last return/report.	are rast return/report filed for this	plan, enter the	4b EIN
	or's name				4c PN
					5a
		s at the beginning of the plan year.		L	5a
<b>b</b> Total i	number of participants	s at the end of the plan year	(**************************************	,,,,,,	5b
b Total i	number of participants er of participants with	s at the end of the plan year account balances as of the end of	the plan year (defined benefit plar	ns do not	5b
b Total i	number of participants er of participants with lete this item)	s at the end of the plan year account balances as of the end of	the plan year (defined benefit plar	ns do not	5b 5c
b Total ii c Numb compl	number of participants er of participants with lete this item)	s at the end of the plan year account balances as of the end of	the plan year (defined benefit plan	ns do not	5b 5c X Yes
b Total a c Numb compl 6a Were b Are younder	number of participants er of participants with lete this item)	at the end of the plan year	the plan year (defined benefit plan eligible assets? (See instructions.) It of an independent qualified publ illity and conditions.)	ns do not	5b
b Total in Complete C	number of participants with lete this item)	at the end of the plan year	the plan year (defined benefit plan eligible assets? (See instructions.) at of an independent qualified publility and conditions.)	ns do not lic accountant (IQP/	5b
b Total in Complete C	number of participants with lete this item)	at the end of the plan year	the plan year (defined benefit plan eligible assets? (See instructions.) at of an independent qualified publility and conditions.)	ns do not lic accountant (IQP/	5b
b Total is c Numb compl 6a Were b Are younder if you c If the p	number of participants with lete this item)	at the end of the plan year	the plan year (defined benefit plan seligible assets? (See instructions.) It of an independent qualified publicity and conditions.)	ns do not lic accountant (IQP/ nust instead use For A section 4021)?	5b
b Total of Complete C	number of participants with lete this item)	at the end of the plan year	the plan year (defined benefit plan seligible assets? (See instructions.) It of an independent qualified publication of an independent qualified publication of the second transfer of	ns do not lic accountant (IQP/ nust instead use F A section 4021)? s reasonable causined this return/repo	5b  5c
b Total of Complete Section Complete Complete Section Complete Complete Section Complete Comp	number of participants with lete this item)	account balances as of the end of account balances as of the end of the structure of the annual examination and report (See instructions on waiver eligibilither line 6a or line 6b, the plant of the plant, is it covered under the PBC or incomplete filing of this return ther penalties set forth in the instrument signed by an enrolled actuary,	the plan year (defined benefit plan seligible assets? (See instructions.) It of an independent qualified publication of an independent qualified publication of the second transfer of	ns do not lic accountant (IQP/ nust instead use F A section 4021)? s reasonable causined this return/repo	5b
b Total is c Numb compl 6a Were b Are younder if you c If the p Caution: A Under pens SB or Sche belief, it is is	number of participants with lete this item)	account balances as of the end of account balances as of the end of the structure of the annual examination and report (See instructions on waiver eligibilither line 6a or line 6b, the plant of the plant, is it covered under the PBC or incomplete filing of this return ther penalties set forth in the instrument signed by an enrolled actuary,	the plan year (defined benefit plan seligible assets? (See instructions.) It of an independent qualified publicity and conditions.)	ns do not lic accountant (IQP/ nust instead use Fr A section 4021)? s reasonable caus ned this return/report, a	5b  5c
b Total is c Numb compl 6a Were b Are younder if you c If the p Caution: A Under pens SB or Sche belief, it is is	number of participants with lete this item)	account balances as of the end of account balances as of the end of the start of the annual examination and report? (See instructions on waiver eligibilither line 6a or line 6b, the plant of the plant is it covered under the PBC or incomplete filing of this return there penalties set forth in the instruction signed by an enrolled actuary, aplete.	the plan year (defined benefit plan seligible assets? (See instructions.) It of an independent qualified publicity and conditions.)	ns do not lic accountant (IQP/ nust instead use F A section 4021)? s reasonable causined this return/repo	5b  5c
b Total is c Numb compl 6a Were b Are younder if you c If the p Caution: A Under pens SB or Sche belief, it is is	number of participants with lete this item)	account balances as of the end of account balances as of the end of the start of the annual examination and report? (See instructions on waiver eligibilither line 6a or line 6b, the plant of the plant is it covered under the PBC or incomplete filing of this return there penalties set forth in the instruction signed by an enrolled actuary, aplete.	the plan year (defined benefit plan the plan year (defined benefit plan the plan year (defined benefit plan the plan year (see instructions.)  The of an independent qualified publication will be assessed unless that I have examinate well as the electronic version of the plan year.	ns do not  lic accountant (IQP/ nust instead use For A section 4021)?	5b  5c
b Total is c Numb compl 6a Were b Are younder if you C If the p Caution: A Under pens SB or Sche belief, it is is SIGN HERE SIGN	number of participants with lete this item)	account balances as of the end of account balances as of the end of the start of the annual examination and report? (See instructions on waiver eligibilither line 6a or line 6b, the plant of the plant is it covered under the PBC or incomplete filing of this return there penalties set forth in the instruction signed by an enrolled actuary, aplete.	the plan year (defined benefit plan the plan year (defined benefit plan the plan year (defined benefit plan the plan year (see instructions.)  The of an independent qualified publication will be assessed unless that I have examinate well as the electronic version of the plan year.	ns do not  lic accountant (IQP/ nust instead use For A section 4021)?	5c
b Total is complete to the com	number of participants with lete this item)	account balances as of the end of account balances as of the end of its during the plan year invested in earth of the annual examination and report? (See instructions on waiver eligibilither line 6a or line 6b, the plan of the plan, is it covered under the PBC or incomplete filling of this return ther penalties set forth in the instrument signed by an enrolled actuary, applete.	the plan year (defined benefit plan seligible assets? (See instructions.) It of an independent qualified publicity and conditions.)	ns do not  lic accountant (IQP/ nust instead use F. A section 4021)? s reasonable cause ned this return/report, a this return/report, a ki Keisch er name of individual	5c  X Yes A  X Yes A  X Yes A  X Yes A  Orm 5500.  X Yes A  Not determined a setablished.  Ord, including, if applicable, a Schedule and to the best of my knowledge and all signing as plan administrator  all signing as employer or plan sponso
b Total is complete to the com	number of participants with lete this item)	account balances as of the end of account balances as of the end of the start of the annual examination and report (See instructions on waiver eligibilither line 6a or line 6b, the plant of the plant, is it covered under the PBC or incomplete filling of this return there penalties set forth in the instrument signed by an enrolled actuary, applete.	the plan year (defined benefit plan seligible assets? (See instructions.) It of an independent qualified publicity and conditions.)	ns do not  lic accountant (IQP/ nust instead use F. A section 4021)? s reasonable cause ned this return/report, a this return/report, a ki Keisch er name of individual	5c
b Total is complete to Numb complete to Numb complete to Number to	number of participants with lete this item)	account balances as of the end of account balances as of the end of its during the plan year invested in earth of the annual examination and report? (See instructions on waiver eligibilither line 6a or line 6b, the plan of the plan, is it covered under the PBC or incomplete filling of this return ther penalties set forth in the instrument signed by an enrolled actuary, applete.	the plan year (defined benefit plan seligible assets? (See instructions.) It of an independent qualified publicity and conditions.)	ns do not  lic accountant (IQP/ nust instead use F. A section 4021)? s reasonable cause ned this return/report, a this return/report, a ki Keisch er name of individual	5c  X Yes A  X Yes A  X Yes A  X Yes A  Orm 5500.  X Yes A  Not determined a setablished.  Ord, including, if applicable, a Schedule and to the best of my knowledge and all signing as plan administrator  all signing as employer or plan sponso
b Total is complete to Numb complete to Numb complete to Number to	number of participants with lete this item)	account balances as of the end of account balances as of the end of its during the plan year invested in earth of the annual examination and report? (See instructions on waiver eligibilither line 6a or line 6b, the plan of the plan, is it covered under the PBC or incomplete filling of this return ther penalties set forth in the instrument signed by an enrolled actuary, applete.	the plan year (defined benefit plan seligible assets? (See instructions.) It of an independent qualified publicity and conditions.)	ns do not  lic accountant (IQP/ nust instead use F. A section 4021)? s reasonable cause ned this return/report, a this return/report, a ki Keisch er name of individual	5c  X Yes A  X Yes A  X Yes A  X Yes A  Orm 5500.  X Yes A  Not determined a setablished.  Ord, including, if applicable, a Schedule and to the best of my knowledge and all signing as plan administrator  all signing as employer or plan sponso
b Total is complete to Numb complete to Numb complete to Number to	number of participants with lete this item)	account balances as of the end of account balances as of the end of its during the plan year invested in earth of the annual examination and report? (See instructions on waiver eligibilither line 6a or line 6b, the plan of the plan, is it covered under the PBC or incomplete filling of this return ther penalties set forth in the instrument signed by an enrolled actuary, applete.	the plan year (defined benefit plan seligible assets? (See instructions.) It of an independent qualified publicity and conditions.)	ns do not  lic accountant (IQP/ nust instead use F. A section 4021)? s reasonable cause ned this return/report, a this return/report, a ki Keisch er name of individual	5c  X Yes A  X Yes A  X Yes A  X Yes A  Orm 5500.  X Yes A  Not determined a setablished.  Ord, including, if applicable, a Schedule and to the best of my knowledge and all signing as plan administrator  all signing as employer or plan sponso

Pa	rt III   Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of	Year	
а	Total plan assets	7a	1	1648	1		· · · · · · · · · · · · · · · · · · ·		368862
b	Total plan liabilities	7b			0				0
С	Net plan assets (subtract line 7b from line 7a)	7c		1648	1				368862
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Tot	al	
а	Contributions received or receivable from:  1) Employers			0494	9				
	(2) Participants				6				
	(3) Others (including rollovers)	8a(3)			0				
b	Other income (loss)	8b		887	6				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							352381
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
ее	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							0
i	Net income (loss) (subtract line 8h from line 8c)	81							352381
<u>j</u>	Transfers to (from) the plan (see instructions)	8j							
Par	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Char	acteris	tic Co	des in	the instructio	ns:	
b	2E 2J 3D 2F 2G If the plan provides welfare benefits, enter the applicable welfare fe	oturo cod	on from the List of Dian Chara	-11-1			h		
D	in the plant provides wellare benefits, enter the applicable wellare re	ature cou	es nom the List of Plan Chara	cteuzti	C COU	ies in t	ne mstruction	S.	
Par	V Compliance Questions								
10	During the plan year:				Yes	No	A	nount	
а	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	tions withi	n the time period described in ection Program)	10a		Х			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		х			
С	Was the plan covered by a fidelity bond?			10c	х				40000
d		fidelity bo	nd, that was caused by fraud	10d		х		<u> </u>	······································
	Were any fees or commissions paid to any brokers, agents, or oth		····	100				<del></del>	
·	insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		х			
f	Has the plan failed to provide any benefit when due under the plan			10f		Х			
9	Did the plan have any participant loans? (If "Yes," enter amount as	s of vear e	nd.)	10g		х			
	If this is an individual account plan, was there a blackout period? (2520.101-3.)	See instru	ictions and 29 CFR	10h		Х			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	e required	notice or one of the						
D		1-3		10i					
Part 11	VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem	ente? /lf "	Vac " see instructions and com	nlote (	School	lula SE	3 /Form		
	5500) and line 11a below)		***************************************					Ye	s No
<u>11a</u>	Enter the unpaid minimum required contribution for current year from	om Sched	ule SB (Form 5500) line 39	••••••		11a			····
12	Is this a defined contribution plan subject to the minimum funding		·	or se	ction 3	302 of	ERISA?	Ye	s X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						L		
	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.		Mon		and e	nter th Day		letter r ear	uling
***************************************	you completed line 12a, complete lines 3, 9, and 10 of Schedule				1				
b	Enter the minimum required contribution for this plan year	******	***************************************	,.,,,,,,,		12b			

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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 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 X No	9
	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 the PBGC?	ght under the	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden which assets or liabilities were transferred. (See instructions.)				
1	3c(1) Name of plan(s):	1	3c(2) E	N(s)	13c(3) PN(s)
<del></del>					_
Part	VIII Trust Information (optional)				
	Name of trust		<b>14b</b> T	rust's EIN	