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

2014

2017

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Annual Report Identification Information For calendar plan year 2014 or fiscal plan year beginning and ending 12/31/2014 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the first return/report the final return/report **B** This return/report is an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Part II 1a Name of plan **1b** Three-digit MAHBOOBEH GOLTAPEH, MD, PA PROFIT SHARING PLAN plan number (PN) ▶ 001 1c Effective date of plan 01/01/2005 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) **2b** Employer Identification Number MAHBOOBEH GOLTAPEH, MD, PA 59-0789709 (EIN) Sponsor's telephone number 305-854-9878 3661 SOUTH MIAMI AVENUE, SUITE 904 MIAMI, FL 33133 Business code (see instructions) 621111 Administrator's EIN **3a** Plan administrator's name and address XSame as Plan Sponsor. **3c** Administrator's telephone number 4b EIN If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN Total number of participants at the beginning of the plan year 5a **b** Total number of participants at the end of the plan year..... 5b Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c complete this item) d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 2 d(2) Total number of active participants at the end of the plan year..... 5d(2) 2 e Number of participants that terminated employment during the plan year with accrued benefits that were 0 5e less than 100% vested. 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

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

Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)

Preparer's telephone number (optional)

Filed with authorized/valid electronic signature

SIGN HERE

	Form 5500-SF 2014		Page 2								
 Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cannot be a contraction of the plan cannot be a contraction. 			lent qualified public accounta	nt (IQ	PA)				X Ye	_	No
C	f the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance pro	ogram (see ERISA section 40	21)? .		Yes	No	N	lot det	ermir	ned
Par	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) Er	nd of	Year		
a	Total plan assets	. 7a	3790						379	9150	
b	Total plan liabilities	. 7b		0						0	
С	Net plan assets (subtract line 7b from line 7a)	. 7c	3790	92	379			9150			
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				<u>(b</u>) Tot	al		
	Contributions received or receivable from: (1) Employers	. 8a(1)		0							
	(2) Participants			0							
	(3) Others (including rollovers)	. 8a(3)		0							
b	Other income (loss)	. 8b		58							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c								58	
	Benefits paid (including direct rollovers and insurance premiums	٥٩		0							
1	to provide benefits) Certain deemed and/or corrective distributions (see instructions)	. 8d . 8e		0							
	Administrative service providers (salaries, fees, commissions)	. 8f		0							
	Other expenses			0							
	Total expenses (add lines 8d, 8e, 8f, and 8g)									0	
	Net income (loss) (subtract line 8h from line 8c)									58	
	Transfers to (from) the plan (see instructions)	. 8i		0							
Par	t IV Plan Characteristics	<u> </u>									
Part		eature codes	s from the List of Plan Charad	cterist			he instru	iction	s: 		
10	During the plan year:				Yes	No	<u> </u>	A	mount	t	
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	uciary Corre	ction Program)	10a		X					0
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X	(0	
С	Was the plan covered by a fidelity bond?			10c	X					3	35000
d 	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Χ					0
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the benef	fits under the plan? (See	10e		X					0
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		X					0
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year en	d.)	10g		X					0
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			10h		X					
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10			10i		X					
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Υe	es X	No
11a	Enter the unpaid minimum required contribution for current year for					11a					0
12	Is this a defined contribution plan subject to the minimum funding				•	302 of	ERISA?		Υe	es X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below										
а	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.	•			, and e	enter th Day			letter ear	rulin	g

	Form 5500-SF 2014	Page 3 - 1			
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to line 13.			
b	Enter the minimum required contribution for this plan year		12b		(
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 negative amount)	- · · · · · · · · · · · · · · · · · · ·	1 124		(
е	Will the minimum funding amount reported on line 12d be met by the funding	g deadline?		Yes	No X N/A
Part	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?		l	'es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer the	his year	13a		(
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		der the control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify the	plan(s) to		
1	3c(1) Name of plan(s):		13c(2) El	N(s)	13c(3) PN(s)
					1

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

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

2014

This Form Is Open to Public Inspection

For calendar plan year 2014 or	t Identification Information	1/1/2014						
caloridal plantydal 2014 of	nscar prair year beginning	1/1/2014	and ending	12/31/20	14			
A This return/report is for:	a single-employer plan a one-participant plan	a multiple-employer p	oyer plan (not multiemployer)					
B This return/report is	the first return/report	the final return/report						
·	an amended return/report	· — — — — — — — — — — — — — — — — — — —						
C Check box if filing under:	Form 5558	automatic extension		☐ DFVC p	rogram			
Part I Basic Plan In	special extension (enter desc							
1a Name of plan	ormation—enter all requested in	nformation	TT	· · · · · · · · · · · · · · · · · · ·				
•	MD DA Drofft Charles Dis	_		1b Three-digit				
Maribooperi Gollapei	n, MD, PA Profit Sharing Plai	n		plan numb (PN) ▶	001			
				1c Effective d	ate of plan			
2a Plan sponsor's name and	address; include room or suite numb	or formlesser if for a single		1/1/2005				
Mahboobeh Goltapeh, I	VID, PA	ber (employer, il tor a single-	employer plan)	2b Employer Identification Number (EIN) 590789709				
3661 South Miami Aver	ule Suite 904				590789709			
				2c Sponsor's telephone number 3058549878				
Miami	FL			2d Business code (see instructions)				
33133 3a Plan administrator's name	and address Same as Plan Spor			621111				
THE THE TAIL CONTINUE OF THE THE	and address Module as Plair Spor	ISOF,		3b Administra	tor's EIN			
				3c Administrator's telephone number				
• ·								
4 If the name and/or EIN of t	he plan sponsor has changed since	the last return/report filed for	r this nian, enter the	4b EIN				
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.				4c PN				
a Sponsor's name Total number of participants at the beginning of the plan year								
b Total number of participan	ts at the beginning of the plan year.	***************************************	***************************************	5a	2			
C Number of participants with	ts at the end of the plan year		******************************	5b	2			
complete this item)	h account balances as of the end of	***************************************		5c	2			
G(1) Total number of active p	participants at the beginning of the p	olan year	***************************************	5d(1)	2			
d(2) Total number of active	participants at the end of the plan ye	əar	****************	5d(2)	2			
e Number of participants that less than 100% vested	terminated employment during the	plan year with accrued bene	fits that were	5e	0			
Caution: A penalty for the lat	e or incomplete filing of this retu	n/report will be assessed	unless regeonable se	ueo le octabilata				
Onder perialities of periuty affor	Other behalfles set forth in the instru	ictions I declare that I have	oversined this not under	manufactured to the second				
belief, it is true, correct, and co	and signed by an entitlied activity	as well as the electronic ver	sion of this return/repor	t, and to the best	of my knowledge and			
sign Manije	h Goltapeh	6/30/15	Manijeh Go	ltapeh				
HERE Signature of plan	administrator	Date		······································	n administrator			
sign Manije	h Goltapeh	6/30/15	Enter name of individual signing as plan administrator Manijeh Goltapeh					
HERE Signature of emp	loyer/plan sponsor	Date	Enter name of indivis		ployer or plan sponsor			
Preparer's name (including firm	name, if applicable) and address (i	nclude room or suite numbe	r) (optional)	Preparer's telep	hone number (optional)			
				·	. 1			
l				CONTRACTOR FOR CONTRACTOR				

	Form 5500-SF 2014	4 ···	Page 2		_				
b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan canal	an indeper and condit not use Fo	ndent qualified public accountarions.)	nt (IQI I use	PA) Form	5500.		Yes	No No
C	If the plan is a defined benefit plan, is it covered under the PBGC i	nsurance p	rogram (see ERISA section 40	21)? .	[]	Yes	No	Not determ	ined
Pa	rt III Financial Information								
7	Plan Assets and Liabilities	The state of the state of	(a) Beginning of Yea	r		(b) End of Year			
a	Total plan assets	. 7a	37	9092	2	379150			
b	Total plan liabilities	. 7b		(2	0			
	Net plan assets (subtract line 7b from line 7a)	7c	37	909	2	379150			
8	Income, Expenses, and Transfers for this Plan Year	111000000000000000000000000000000000000	(a) Amount			(b) Total			
	Contributions received or receivable from: (1) Employers	. 8a(1)			٥				
	(2) Participants	. 8a(2)			0	The Control of Control			
	(3) Others (including rollovers)				l 💮				
b				5	8	Control of the Contro			
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	And the state of t						58
u	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		ı	0	American Control of the Control of t			
е	Certain deemed and/or corrective distributions (see instructions)			0			The second secon		
f	Administrative service providers (salaries, fees, commissions)	. 8f			0				
g	Other expenses	. 8g	0						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					0		
	Net income (loss) (subtract line 8h from line 8c)					58			58
j	Transfers to (from) the plan (see instructions)	8j							
Pa	Part IV Plan Characteristics								
9a 	If the plan provides pension benefits, enter the applicable pension 2A 2E 3D	n feature co	odes from the List of Pian Chara	acteris	stic Co	des in	the instruc	tions:	
b	If the plan provides welfare benefits, enter the applicable welfare	feature cod	les from the List of Plan Charac	cterist	ic Cod	les in t	he instructi	ons:	
Par	tV Compliance Questions								
10	During the plan year:				Yes	No		Amount	
ā	Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fig.	utions with	in the time period described in			/			
k	Were there any nonexempt transactions with any party-in-interest	st? (Do not	include transactions reported	10a		1			C
	on line 10a.) Was the plan covered by a fidelity bond?			10b		/	<u> </u>	/	
	Did the plan have a loss, whether or not reimbursed by the plan'	s fidelity bo	ond, that was caused by fraud	10c	✓	1			35000
	or dishonesty?	ther persor	ns by an insurance carrier, nefits under the plan? (See	10d 10e		\ \ \			
f					\vdash	7			
	Did the plan have any participant loans? (If "Yes," enter amount			10f	-	ļ			
	1 If this is an individual account plan, was there a blackout period?	? (See instr	uctions and 29 CFR	10g		√	Property of the Control of the Contr		(
i	2520.101-3.) If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1	the require	d notice or one of the	10h					
Par	tVI Pension Funding Compliance	V 1-3	***************************************	10i	<u> </u>	J	and the second		
11	ls this a defined benefit plan subject to minimum funding require 5500) and line 11a below)	ments? (If	"Yes," see instructions and com	plete	Sche	dule Si	B (Form	П Уст	No
11:	a Enter the unpaid minimum required contribution for current year					115	***************************************	1 [108	F 140

Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?.

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

Year

(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)

12

	Form 5500-SF 2014	Page 3					
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to line 13.					
b	Enter the minimum required contribution for this plan year		12b				
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 negative amount)				=		
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?					lo .		
	If "Yes," enter the amount of any plan assets that reverted to the employer the	13a					
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the PBGC?				ontrol Yes No			
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)						
1	3c(1) Name of plan(s):		13c(2)	EIN(s)	13c(3) PN(s)		
Part	VIII Trust Information (optional)	- 1				····· <u>·</u>	
14a Name of trust				14b Trust's EIN			

· .