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

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

Revenue Code (the Code).

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I	Annual Report	t Identification Informatior	1						
For calenda	ar plan year 2014 or f	fiscal plan year beginning 01/01/2	2014	and ending 12/	/31/2014				
A This ret	turn/report is for:	(Filers checking this box must attach a list rdance with the form instructions)							
		a one-participant plan	a foreign plan						
B This retu	urn/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year retu	urn/report (less than 12 mo	onths)				
C Check b	box if filing under:	Form 5558	automatic extension		DFVC pro	gram			
	J	special extension (enter desc	cription)						
	· · · · · ·								
Part II		ormation—enter all requested in	nformation		1 4.	1			
1a Name JOSEPH DE		PROFIT SHARING PLAN AND TR	UST		1b Three-digit plan number (PN) ▶	002			
					1c Effective date	e of plan /01/1982			
	ponsor's name and ad MARTINO MD LTD	ddress; include room or suite numb	per (employer, if for a singl	e-employer plan)	2b Employer Ide (EIN) 05-	ntification Number -0385493			
C/O PROFES	SSIONAL PRACTICE	MGMT INC			2c Sponsor's tel	lephone number 487-3928			
35 CEDAR BAY DRIVE WARWICK, RI 02888					2d Business code (see instructions)				
3a Plan a	dministrator's name a	and address Same as Plan Spor	nsor.		3b Administrator				
JOSEPH DEI	MARTINO MD LTD		OFESSIONAL PRACTICE	MGMT INC		-0385493			
			AR BAY DRIVE CK, RI 02888		3c Administrator's telephone number				
					401-				
		ne plan sponsor has changed since	e the last return/report filed	for this plan, enter the	4b EIN				
name,	, EIN, and the plan nu	ne plan sponsor has changed since umber from the last return/report.	e the last return/report filed	for this plan, enter the	4b EIN				
name, a Sponso	, EIN, and the plan nu or's name	umber from the last return/report.			4b EIN 4c PN				
name, a Sponso 5a Total r	, EIN, and the plan nu or's name number of participants	umber from the last return/report. s at the beginning of the plan year			4b EIN 4c PN 5a	1			
a Sponso 5a Total r b Total r C Number	, EIN, and the plan nu or's name number of participants number of participants er of participants with	s at the beginning of the plan year s at the end of the plan year account balances as of the end of	f the plan year (defined be	nefit plans do not	4b EIN 4c PN				
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a Sponso 5a Total r b Total r c Number completed(1) Total	EIN, and the plan nuor's name number of participants number of participants er of participants with ete this item)	s at the beginning of the plan year s at the end of the plan year	f the plan year (defined berolan year	nefit plans do not	4b EIN 4c PN 5a 5b 5c	1			
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name, a Sponso 5a Total r b Total r c Numbe comple d(1) Tota d(2) Tota e Numbe less the Caution: A Under pena SB or Sche belief, it is t	EIN, and the plan nuor's name number of participants number of participants er of participants with ete this item)	s at the beginning of the plan year is at the end of the plan year	olan year (defined beautions) plan year with accrued beautions, I declare that I have	nefit plans do not nefits that were d unless reasonable cau	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if apple, and to the best of recommendation.	1 1 1 1 0 olicable, a Schedule			
a Sponso 5a Total r b Total r c Numbe comple d(1) Tota d(2) Tota e Numbe less the Caution: A Under pena	p. EIN, and the plan nuor's name number of participants number of participants er of participants with ete this item)	s at the beginning of the plan year is at the end of the plan year	olan year (defined beaution) plan year with accrued beautions, I declare that I have as well as the electronic verification.	nefit plans do not nefits that were d unless reasonable cau e examined this return/repersion of this return/report	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if appt, and to the best of recommendation.	1 1 1 1 0 olicable, a Schedule my knowledge and			
name, a Sponso 5a Total r b Total r c Number completed (1) Total d(2) Total e Number less that Caution: A Under pena SB or Schebelief, it is t	EIN, and the plan nuor's name number of participants number of participants er of participants with ete this item)	s at the beginning of the plan year is at the end of the plan year	olan year (defined ber plan year	nefit plans do not nefits that were d unless reasonable cau e examined this return/report	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if appt, and to the best of recommendation.	1 1 1 1 0 olicable, a Schedule my knowledge and			
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a Sponso 5a Total r b Total r c Number completed (1) Total r d(2) Total r e Number less the l	p. EIN, and the plan nuor's name number of participants number of participants er of participants with ete this item)	s at the beginning of the plan year is at the end of the plan year	f the plan year (defined beaution) plan year with accrued beautions, I declare that I have as well as the electronic volume. 07/20/2015 Date	nefit plans do not nefits that were d unless reasonable cau e examined this return/repersion of this return/report JOSEPH DEMARTING Enter name of individue	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if appt, and to the best of recording to the best of recording as plan and a signing as employed.	1 1 1 1 0 olicable, a Schedule my knowledge and administrator			
name, a Sponso 5a Total r b Total r C Number completed (1) Total r e Number less that the less that	p. EIN, and the plan nuor's name number of participants number of participants er of participants with ete this item)	s at the beginning of the plan year is at the end of the plan year	f the plan year (defined beaution) plan year with accrued beautions, I declare that I have as well as the electronic volume. 07/20/2015 Date	nefit plans do not nefits that were d unless reasonable cau e examined this return/repersion of this return/report JOSEPH DEMARTING Enter name of individue	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is established. Port, including, if appt, and to the best of recording to the best of recording as plan and the best of recording to the best of rec	1 1 1 1 0 olicable, a Schedule my knowledge and			

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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 a cunder 29 CFR 2520.104-46? (See instructions on waiver eligibility a figure answered "No" to either line 6a or line 6b, the plan cannot with the control of the contr	an indepe and condi ot use Fo	ndent qualified public accounta iions.) rm 5500-SF and must instead	nt (IQ	PA) Form	5500.	X Yes [No No
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA section 40)21)? .		Yes	No Not determine	ined
Par	III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Yea		_		(b) End of Year	
	Total plan assets	7a	17019	926			1721806	3
	Total plan liabilities	7b	47040		_		1701000	
	Net plan assets (subtract line 7b from line 7a)	7c	17019	926	-		1721806)
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
	Contributions received or receivable from: 1) Employers	8a(1)						
	2) Participants	8a(2)						
	3) Others (including rollovers)	8a(3)						
-	Other income (loss)	8b	812	286				
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					81286	3
	Benefits paid (including direct rollovers and insurance premiums							
1	o provide benefits)	8d	614	106				
_ е	Certain deemed and/or corrective distributions (see instructions)	8e						
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f						
<u>g</u>	Other expenses	8g						
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					61406	
	Net income (loss) (subtract line 8h from line 8c)	8i					19880)
J	ransfers to (from) the plan (see instructions)	8j						
	If the plan provides pension benefits, enter the applicable pension to 2E If the plan provides welfare benefits, enter the applicable welfare fe V Compliance Questions							
10	During the plan year:				Yes	No	Amount	
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Cor	rection Program)	10a		X		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	<u></u>	'	10b		X		
C	Was the plan covered by a fidelity bond?			10c		X		
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Χ		
e	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 ber	efits under the plan? (See	10e		X		
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X		
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year	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 2520.101			10i				
Part								
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)							No
11a	Enter the unpaid minimum required contribution for current year from					11a		
12	Is this a defined contribution plan subject to the minimum funding					302 of	ERISA? Yes	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 bein granting the waiver.	ng amortiz	ed in this plan year, see instruc		, and e	enter th Day		ıg

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lf :	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)	-	1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g 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 the	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		inder 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 th	e plan(s) to		
1	3c(1) Name of plan(s):		13c(2) EI	N(s)	13c(3) PN(s)

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

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filled 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).

2014

1210-0089

This Form is Open to Public inspection

Employee Benefits Security Administration		- (The Area Section and	one to the Form 550	00-SF.	
Pension Be	nelt Guaranty Corporation	► Complete all entries in	accordance with the instructi	Olia to all I division		
Part I	Annual Report	Identification information	l	and ending	12/31/20	114
or calenda	ar plan year 2014 or lis	cal plan year beginning	01/01/2014 a multiple employer plan	to the malous of	Filers checking this	box must attach a list
	urn/report is for:	X a single-employer plan X a one-participant plan	a multiple-employer plan of participating employer a foreign plan	information in accord	ance with the form	instructions)
		the first return/report	the final return/report			
B This refi	urn/report is		a short plan year return/re	port (less than 12 mo	onthe)	
		an amended return/report			DFVC pro	wam
C Check	box if filing under:	Form 5558 Special extension (enter des	automatic extension		U Drvc pri	igi ai ii
		Special extension (enter dee	Cipitory			
Part II	Basic Plan Info	ormation enter all requested	information			
4					1b Three-digit plan numbe	r 002
Joseph	Demartino MD	Ltd Profit Sharing	Plan and Trust		(PN) >	
					1c Effective da 01/01/1	982
2a Plan	sponsor's name and a	ddress; include room or suite num	nber (employer, if for a single-er	nployer plan)	2b Employer Id (EIN) 05-	lentification Number 0385493
-	DeMartino MD				2c Sponsor's 1	elephone number
		actice Mgmt Inc				ode (see instructions)
35 Cec	lar Bay Drive				621111	Me (see man sens. =)
Warwic	k	RI 02888 and address Same as Plan Spo			3b Administrat	
	DeMartino MI					or's telephone number
1 Osebi) bewarting a			•	1	
a/a B	rofessional Pi	ractice Mgmt Inc			401-487	-3928
	dar Bay Drive					
Warwi		RI 02888				
MSTAT		he plan sponsor has changed sin	on the last return/report filed for	this plan, enter the	4b EIN	
4 If the	e name and/or EIN of t	he plan sponsor has changed sin lumber from the last return/report	CE TIC IOST ICIDITAL SPORT WITE IN	. ,,,		
					4c PN	
Fo Total	a number of participan	ts at the beginning of the plan ye	M		5a	1
58 Tota	a number of participan	its at the end of the plan year			5b	1
		to annual balances as of the end	of the plan year (defined benef	t bisus on nor	5C	1
¢0ff	iplete this item)	participants at the beginning of th	e plan year		5d(1)	1
		participants at the end of the plan			5d(2)	1
an Alica	the stranicipants the	terminated employment during t	he plan year with accrued bene	ils that were	5e	0
					io ocablish	
Under p	enalties of perjury and chedule MB completed is true, correct, and co	te or incomplete filing of this re other penalties set forth in the in- d and signed by an enrolled actual	hurn/report will be assessed to structions, I declare that I have try, as well as the electronic ver	ion of this return/repo	ort, and to the best	applicable, a Schedule of my knowledge and
SIGN	1/2000//	2 Martin Mi	7/14/15	Joseph DeMar		an administrator
HERE	Signature of pla		Date	Enter name of indiv Joseph DeMax	vidual signing as pi	an administrator
SIGN	the who	De Montan on o	. 1/1/4//			molower or plan sponsor
AMEDE	Signature of em	ployer/plan aponsor	Date	Enter name of indi	Preparer's tele	mployer or plan sponsor phone number (optional)
Prepare	er's name (including fir	m name, it applicable) and adors	ss (include room of suite numbe	() (Obdone)	1 '	-463-7149
John	J. Campbell (CHBC EA		•	****	WWW P F W T M
Prof	essional Prac	tice Mgmt Inc				
35 C	edar Bay Driv	e			1	
Warw	ick	RI 02888				
- marw						

		Page 2		,				
Form 5500-SF 2014						x	Yes	No
6a Were all of the plan's assets during the plan year invested in eligible b Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a				,,	,,	 	Yes []	No
under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the your answered "No" to either line 6a or line 6b, the plan cann	ot use Form	5500-SF and must material 4021)?	.П у	es 🗆	No Not	determine	d
If you answered "No" to either line 62 or line 6b, the plan cann C If the plan is a defined benefit plan, is it covered under the PBGC in	SUFANCE Pro	Statu (266 EURA 20010)1 405						
Part III Financial Information				[o) End of Y	0.R.T	
7 Plan Assets and Liabilities		(a) Beginning of Year 1701	926			J <u>Line o.</u> 1	1721	806
a Total plan assets	78	7/01	720	_				
b Total plan liabilities	76	1701	026				1721	806
C Net plan assets (subtract line 76 from line 7a)	7c	1701	720			(b) Total		*****
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount		-		(B) TOTAL		
a Contributions received or receivable from:	Se(1)			<u> </u>				
(1) Employers	1							
(2) Participants								
(3) Others (including rollovers)		8.	1286	;				
b Other income (loss)	1						81	286
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	- 8c			1				
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	6	1406	<u> </u>				
e Certain dearned and/or corrective distributions (see instructions)	8e			┼				
f Administrative service providers (salaries, fees, commissions)	81			╂			-	
g Other expenses				+ -				1406
h Total expenses (add lines 8d, 8e, 8f, and 8g)				 				9880
Net income (loss) (subtract line 8h from line 8c)	81							7000
Transfers to (from) the plan (see instructions)	8i							
						,		
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension	n feature co	tes from the List of Plan Chara	cteris	tic Co	les in th	e instruction	ns:	
D If the plan provides welfare benefits, enter the applicable welfare	: feature codi	es from the List of Plan Charac	uensan		3 III UNC			
Part V Compliance Questions				-				
				Yes	No	A	mount	
During the plan year: B. Was there a failure to transmit to the plan any participant contributions of Police Voluntees F.	butions withi	n the time period described in			x			
	DUCKED I CO.		109		-			<u> </u>
L Darly-in-interest transactions with any party-in-interest	BS("! (L)Q NQT	IUCINDO RIGILIDADENCIA LABOLICA	10b		X	 .	. <u> </u>	
on line 10a.)		11,,,,,,	10c		X			
C Was the plan covered by a fidelity bond?		the second by ferred	TOC					
d Did the plan have a loss, whether or not reimbursed by the plan	n's fidelity bo	nd, that was caused by made	10d	1	X			
or dishonesty? • Were any fees or commissions paid to any brokers, agents, or	other person	is by an insurance carrier.						
incurred coming or other organization that provides some or	Still Cities ner	lette ander me have for an		1	x			
instantions \		2111777	100	 	x			
f Has the plan failed to provide any benefit when due under the	plan?		10f	 	-			
g Did the plan have any participant loans? (If "Yes," enter amoun	nt as of year	and.)	10g		×			
The same of the same of the same and the same a blackout perio	d? (See instr	uctions and 29 CFH	10h	•	X		·	_
2520.101-3.)	ad the require	C LOUCE OLOUGO: his						
exceptions to providing the notice applied under 29 CFR 2520	.101-3		101	<u> </u>	<u></u>			
Part VI Pension Funding Compliance			olote	Sche	dule SP	(Form		
11 Is this a defined benefit plan subject to minimum funding requi	rements? (If	"Yes," see instructions and con	. gaett				Yes	X No
the second secon	ar from Sche	dule SB (Form 5500) line 35	****	********				
to a series of the contract of	ding requirer	nents of section 412 of the Coo	le or s	ection	302 of	ERISA?	Yes	X No
12 Is this a defined contribution plan subject to the transformation (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e be	low, as appl	icable.)						_
(If "Yes," COMDIETE HINE 124 OF HINES 120, 120, 124, 2210 154 00								

☑ 0004/0008

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	you completed line 12s, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			-					
<u></u>	Enter the minimum required contribution for this plan year		12b						
	Enter the minimum requires some reserve								
	Enter the amount contributed by the employer to the plan for this plan year		12c	L.					
<u>C</u>	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left	" "	12d						
	and the amount of the second o			h,	/es	П	No [] N/A	
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?			ــــــــــــــــــــــــــــــــــــــ		11			
Parl	VII Plan Terminations and Transfers of Assets		$\overline{}$	\ <u></u>	X	No.			
138	Has a resolution to terminate the plan been adopted in any plan year?		<u></u>	Yes	الما	NO			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a	_					
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PRGC?	inder the co					Yes	X No	
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	e plan(s) to) 	<u></u>				- -	
	13c(1) Name of plan(s):	13	c(2) [IN(s)			13c(3) PN(6)		
Par	t VIII Trust Information (optional)								
	Name of trust	1	4b	Trust	s EIN	}			