## 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

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 JOAQUIN BARBARA MD PA 401K PLAN plan number (PN) ▶ 001 1c Effective date of plan 01/01/2012 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number JOAQUIN BARBARA MD PA 65-1044724 (EIN) Sponsor's telephone number 786-256-5366 9212 SW 78 PLACE MIAMI, FL 33156 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) 3 d(2) Total number of active participants at the end of the plan year..... 5d(2) 3 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 Filed with authorized/valid electronic signature 10/02/2015 JOAQUIN BARBARA **SIGN HERE** 

Date

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

Signature of plan administrator

Signature of employer/plan sponsor

SIGN **HERE**  Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number (optional)

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b	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 a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann	an indeper and condit ot use Fo	ndent qualified public accounta ions.)rm 5500-SF and must instead	int (IQ d <b>d use</b>	PA) Form	5500.		X	Yes Yes	No No
	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40	)21)?		Yes	No	Not o	determ	nined
Par	t III   Financial Information		Г							
	Plan Assets and Liabilities		(a) Beginning of Yea		-		(b) End			14
	Total plan assets	7a	943	340					11532	.4
	Total plan liabilities	7b	943	846					11532	24
	Net plan assets (subtract line 7b from line 7a)	7c		7-10	-		(b) T		11002	
	Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:		(a) Amount				(b) T	otai		
	(1) Employers	8a(1)		)56						
	(2) Participants	8a(2)	56	550						
	(3) Others (including rollovers)	8a(3)								
	Other income (loss)	8b	132	297						_
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							2100	)3
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g		25						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							2	25
	Net income (loss) (subtract line 8h from line 8c)	8i							2097	8
j	Transfers to (from) the plan (see instructions)	8j								
Par 9a	t IV Plan Characteristics  If the plan provides pension benefits, enter the applicable pension									
b		eature cod	es from the List of Plan Charac	cterist			he instructi			
10	During the plan year:	tiono withi	n the time natical described in		Yes	No		Amo	unt	
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduly)	iciary Cor	rection Program)	10a		X				
	<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					Χ				
C					X					20000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					X				
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 ben	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 a	s of year e	end.)	10g	X					32259
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					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			10i						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	No
11a	Enter the unpaid minimum required contribution for current year fr					11a				
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection (	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 beir granting the waiver.	-			, and e	enter th Day		he lett Year		ng 

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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):		<b>13c(2)</b> EI	N(s)	<b>13c(3)</b> PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

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bath community hospita

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10-02-2015

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## Form 5500-SF

Department of the Treasury Internal Revenue Service

## Short Form Annual Return/Report of Small Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2014

			de filed under sections 104 an			<del></del>
			1974 (ERISA), and sections (		Internal	This Form is Open to
Employee Benefits Security Administration Revenue Code (the Code).						Public Inspection
Pension I	Senefit Guaranty Corporation	> Complete all entrie	s in accordance with the in	structions to the Form 5	500-SF.	
Part I	Annual Report	Identification Informa				
		iscal plan year beginning	01/01/2014	and ending	12/	31/2014
1 Or Guicine	an plan year collect	time.	F-1			
A This re	eturn/report is for:	a single-employer plan	<u> </u>	plan (not multiemployer) loyer information in accord	•	king this box must attach a list he form instructions)
_		H	H			
<b>B</b> This ref	turn/report is	the first return/report	the final return/repor			
		an amended return/repor	t a short plan year rel	urn/report (less than 12 m	onths)	
		,,	5		_	
C Check	box if filing under:	X Form 5558	automatic extension	†	DI	FVC program
	DOM IT FIRM IS BUILDED!		dan arintina)			
		special extension (enter	Jeschphon)			
Part II	Racic Plan Info	rmation—enter all requeste	nd information			<del> </del>
	·*········	Atmation—enter all request	ed unior manori		4h	
1a Name	*				1b Three	•
Joaqui	n Barbara MD 1	PA 401k Plan			, -	number 001
					(PN)	
						tive date of plan
					01/	01/2012
	ponsor's name and ad n Barbara MD	ldress; include room or suite n PA	umber (employer, if for a sing	e-employer plan)	,	oyer Identification Number 65-1044724
						sor's telephone number
9212 S	W 78 PLACE					•
					<u> </u>	-256-5366
10 June 1		777			i	ess code (see instructions)
Miami	······ ••	FL 3315			621	111
3a Plan a	idministrator's name ar	nd address XSame as Plan S	pensor.		3b Admir	nistrator's EIN
		<del></del>				
					3C Admir	histrator's telephone number
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4 If the	name and/or EIN of the	e plan sponsor has changed si	nce the last return/report filed	for this plan, enter the	3c Admir	nstrator's telephone number
		e plan sponsor has changed si mber from the last return/repor	,	for this plan, enter the		nistrator's telephone number
name			,	for this plan, enter the		nistrator's telephone number
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	Form 5500-SF 2014	····	Page 2							
6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)						X Ye	s No
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accounder 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								X Ye	s 🗌 No
c	If the plan is a defined benefit plan, is it covered under the PBGC in				_		_	Пи	ot dete	ermined
	rt III   Financial Information		108.000 (000 0000000000000000000000000000				ш	닚''		
7	Plan Assets and Liabilities		(a) Beginning of Ye	197	Т		/h) E	nd of		
a	Total plan assets	7a	(a) Degithing of Fe	943	46		(1) 5	nu oi	1 Cai	11532
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c		943	46	*********	···········			11532
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(t	) Tota	1	
а	Contributions received or receivable from:			20				······································		***************************************
	(1) Employers	8a(1)		20	-					
	(2) Participants	8a(2)	***************************************	56	50					
	(3) Others (including rollovers)	8a(3)		777	ᆛ		·····	············		
	Other Income (loss)	8b		132	9/					03.00
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					······································			21003
	to provide benefits)	8d								
e	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
9	Other expenses	8g		:	25					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								25
i										20978
j	Transfers to (from) the plan (see instructions)	8j								
Pa	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension (	leature cod	es from the List of Plan Char	acteri	stic Co	des in	the instr	uction	S:	
	2E 2J 2K 2G 3D						***************************************			
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature code	s from the List of Plan Chara	clerist	ic Coc	les in t	he instru	ctions	;	
Par	V Compliance Questions	<del>.</del>								
10	During the plan year:				Yes	No	T			
	Was there a failure to transmit to the plan any participant contribut	ions within	the time period described in	Г	163			An	ount	
	29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fidu	ciary Corre	ction Program)	10a		Х				
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					Х				
C	C Was the plan covered by a fidelity bond?							_		20000
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					х				
е	• 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.)					x			***************************************	
f				10e 10f		х				
g					х					32259
	If this is an individual account plan, was there a blackout period? (\$	· · · · · · · · · · · · · · · · · · ·		10g	^		***************************************			34239
••	2520.101-3.)			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 2520.101	e required i	notice or one of the	10i						
Part		***************************************					***************************************		<del></del>	
11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)	•						Jr	Yes	∏ No
11a	Enter the unpaid minimum required contribution for current year fro					11a				
12	is this a defined contribution plan subject to the minimum funding r	***************************************					RISA?	ΠĪ	Yes	K No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a		<del> </del>			T				
	If a waiver of the minimum funding standard for a prior year is being			timma	and a	nior the	a data of	16- 1-	Manager 1	lina