Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

less than 100% vested.

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 final return/report **B** This return/report is the first return/report 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) Part II Basic Plan Information—enter all requested information 1a Name of plan **1b** Three-digit PERRI ELIZABETH YOUNG, M.D., P.A. 401(K) PROFIT SHARING PLAN & TRUST plan number (PN) ▶ 001 Effective date of plan 01/01/2009 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number PERRI ELIZABETH YOUNG, M.D., P.A. (EIN) 20-1708731 Sponsor's telephone number 305-667-7878 3850 BIRD ROAD SUITE 201 Business code (see instructions) MIAMI, FL 33146 541990 **3a** Plan administrator's name and address XSame as Plan Sponsor. Administrator's EIN **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. 4c PN a Sponsor's name Total number of participants at the beginning of the plan year 5a 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

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 t	true, correct, and complete.						
SIGN HERE	Filed with authorized/valid electronic signature.	10/09/2015	PERRI ELIZABETH YOUNG, M.D.				
	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 p				
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)				Preparer's telephone number (optional)			

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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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lifyou answered "No" to either line 6a or line 6b, the plan cannot be a considerable with the	an indeper and conditi	ndent qualified public accounta	int (IC	PA)				<u>.</u>	es [No No
C	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40	21)?	[Yes	No	_ N	lot de	ermi	ned
Par	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) E	nd of	Year		
<u>a</u>	Total plan assets	7a	2339	905					25	6734	
b	Total plan liabilities	7b	5	580						0	
С	Net plan assets (subtract line 7b from line 7a)	7с	2333	325					25	6734	
8	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(k) Tot	al		
	Contributions received or receivable from:	90(4)	28	379							
	(2) Participants	8a(1) 8a(2)	175								
	(3) Others (including rollovers)			0							
	Other income (loss)	8b	30	030							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							2	3409	
	Benefits paid (including direct rollovers and insurance premiums	00									
	o provide benefits)	8d		0							
е	Certain deemed and/or corrective distributions (see instructions)	8e		0							
<u>f</u> ,	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)	8i							2	3409	
Par	Transfers to (from) the plan (see instructions)	8j		0							
b Part	If the plan provides welfare benefits, enter the applicable welfare for V Compliance Questions	eature cod	es from the List of Plan Charad	cterist	tic Cod	des in t	he instr	uctior	ns:		
10	During the plan year:				Yes	No		Α	moun	t	
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulations)	ıciary Corr	ection Program)	10a		X					
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Χ					
c	Was the plan covered by a fidelity bond?			10c	X					3	30000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	······		10d		Χ					
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 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	nd.)	10g		Χ					
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			10i							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Υ	es ×	No
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			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?	?	Y	es 🔀	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applica	able.)								
a	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.	-			, and	enter tl Day			e letter 'ear _	ruling	g

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lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 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 (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?	X	Yes N	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 under the PBGC?	e control		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) which assets or liabilities were transferred. (See instructions.)	s) to			
1	3c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3	B) PN(s)
			_		

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

De	epartment of the Treasury eternal Revenue Service		Benefit Plan	n coronian Effi	pioyee	12	210-011 21 <mark>0-0</mark> 08			
	Department of Labor	2014								
	e Benefits Security Administration Benefit Guaranty Corporation	-	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).							
Part I	/	Complete all entries in a	eccordance with the in	structions to the Form	6500-SF.	This Form is Ope Public Inspection	ол			
For caler	idar plan year 2014 or fis		01/01/2014							
		X a single-employer plan	_	and ending	12	/31/2014				
A This	return/report is for:		of participating emp	r plan (not multiemploye lloyer information in acc	:f) (hilers chec) Ordance with ti	king this box must attac	ch a lis			
D To:	.t	a one-participant plan	a foreign plan	-		ie iom instructions)				
D inis re	eturn/report is	the first return/report	the final return/repo	rt						
		an amended return/report	a short plan year ret	urn/report (less than 12	months)					
C Check	box if filing under:	X Form 5558	automatic extension	ı	П оя	- FVC[program				
		special extension (enter descrip								
Part II	Basic Plan Infor	mation—enter all requested info	rmation							
1a Nami	e of plan				1b Three					
Perri	Elizabeth Youn	g, M.D., P.A. 401(k)	Profit		plani	number				
Sharin	ng Plan & Trust	· · · · · · · · · · · · · · · · · · ·	220120		(PN)					
	<u> </u>					ive date of plan				
2a Plan	sponsor's name and addi	ress; include room or suite number	(employer, if for a single	e-employer plan)		1/2009 Oyer Identification Numb	<u> </u>			
rerri	Elizabeth Youn	g, M.D., P.A.		,		20-1708731	ber			
					2c Spons	sor's telephone number				
3850 E	Bird Road				(305	<u>) 667-7878</u>				
Suite <u>Miami</u>			577	22116		ess code (see instructio	ons)			
3a Piana	idministrator's name and	address XSame as Plan Sponsor		33146	3b Admin	90 istrator's EIN				
					VID Admin	istrator s EIM				
	name and/or EIN of the p EIN, and the plan numb asor's name	olan sponsor has changed since the eer from the last return/report.	e last return/report filed f	or this plan, enter the	4b EIN					
		the heginaine of the color			4c PN					
b Total	number of participants at	the beginning of the plan year	•		5a		4			
C Numb	er of participants with an	the end of the plan year			5b		4			
	**** **********************************	count balances as of the end of the			5c					
-(/) 10%	arriamper of active partic	aparits at the beginning of the plan	year		5d(1)		4_			
d(2) Tota	al number of active partic	ipants at the end of the plan year		***************************************	5d(2)		3			
e numbe	r of participants that term	inated employment during the plar		-	5e		3			
caution; A	Denaity for the late or i	incomplete filing of this setup.		_			0_			
Under pena SB or Sche belief, it is t	lities of perjury and other dule MB completed and a rue, correct, and complet	penalties set forth in the Instruction signed by an enrolled actuary, as we e.	ns, I declare that I have vell as the electronic ver	unless reasonable cau examined this return/re sion of this return/report	use is establist port, including, i, and to the be	hed. If applicable, a Schedust of my knowledge an	ule id			
SIGN				Porri Elicab	<u> </u>		_			
HERE	Signature of plan adm	injstrator	Date (0.16	Perri Elizabe Entername of individ						
SIGN HERE				Perri Elizabe						
	Signature of employer	/plan sporsor	Date (01016			employer or plan spons				
reparer's r	name (including firm nam	e, (applicable) and address (include	de room or suite numbel) (optional)	Preparer's te	employer of plan spons lephone number (option	nal)			
or Paperwo	rk Reduction Act Notice ar	nd OMB Control Numbers, see the Ins	Structions for Form KEAA		<u> </u>					
				<i></i>		Form 5500-SF (2	2014)			

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-	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									Yes	No
	If the plan is a defined benefit plan, is it covered under the PBGC i	nsurance	program (see ERISA section	4021)	?	∏ Ye	,∪. s ∏	No I	□ Not	deter	mined
Pε	rt III Financial Information						<u> </u>				
_7	Plan Assets and Liabilities		(a) Beginning of Y	ear	T	_		h) Fz	d of Ye	25	
_ <u>a</u>	Total plan assets	. 7a		33,9	05			,, <u>L.</u>,,	u or re		6,734
<u>d</u>	Total plan liabilities	. 7b			80			-	-		10,134 1
_ <u>c</u>	Net plan assets (subtract line 7b from line 7a)	7c	23	33,3				i		25	66,734
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		_			(b)	Tota!	۷.	70, 734
_a 	Contributions received or receivable from: (1) Employers	8a(1)		2,8	79	-		1-7			
_	(2) Participants	8a(2)]	.7,5		•			<u> </u>		
	(3) Others (including rollovers)	8a(3)			0		,	Frig. 1			1.
<u>a</u>	Other income (loss)	8b		3,0	30 .	1					
<u>c</u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		_ : :						2	3,409
u	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d					· .				9, 10
e	Certain deemed and/or corrective distributions (see instructions)	8e			0	-					<u> </u>
f	Administrative service providers (salaries, fees, commissions)	8f			0		<u> </u>			·	
g	Other expenses	8g		_	0	· ·	· .	_		<u> </u>	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			0 -		· .		<u> </u>		
i	Net income (loss) (subtract line 8h from line 8c)	81			- -			<u> </u>			0
j	Transfers to (from) the plan (see instructions)	8j			╁			 	-	2	<u>3,409</u>
Par	t IV Plan Characteristics	<u> </u>			0			-		<u>. * </u>	<u> </u>
Part		ature cod	es from the List of Plan Chara	cteris	tic Cod	des in	the in	struc	ions;		
10	During the plan year:				Yes	No	Τ		Amou	nt	
a —	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Corr	ection Program)	10a		Х					
	on line 10a.)	<u></u>		10b		Х	Τ				
C	Was the plan covered by a fidelity bond?		***************************************	10c	Х		1			31	0,000
d	Did the plan have a loss, whether or not reimbursed by the plan's f or dishonesty?		•	10d		Х	十				3,000
	Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all of instructions.)	er persons of the bene	by an insurance carrier, efits under the plan? (See	10e		X		_			
f	Has the plan failed to provide any benefit when due under the plan	?				_	╫	_			
g	Did the plan have any participant loans? (If "Yes," enter amount as			10f		X	╄	<u> </u>			
h	If this is an individual account plan, was there a blackout period? (5	See instru	dions and 20 CED	10g		X					:
i	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-	hatiuner e	notice or one of the	10h	\neg	_X	\vdash		· ·	·	
Part	VI Pension Funding Compliance	J		10i			<u> '</u>	100		· · · ·	
11	Is this a defined benefit plan subject to minimum funding requirements 5500 and line 11a below)	nts? (If "Y	es," see instructions and com	plete :	Schedu	le SB	(Forn	<u> </u> 	Пу		 _
11a	Enter the unpaid minimum required contribution for current year from	m Schedi	lle SB (Form 5500) line 20			44-		- 	<u> </u>	es	X No
12	Is this a defined contribution plan subject to the minimum funding re	equiremen	nts of section 412 of the Code	or	otion C	11a	EDIO.	1	Пи	Г] <u>.</u> .
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a	as annlica'	hle)				I		∐ Y∢		χ No
а	If a waiver of the minimum funding standard for a prior year is being granting the waiver.	amortize	d in this plan year, see instru	tions,	and e	nter ti Day		e of ti		rulir	g
			WOII			_pay			Year		

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if you completed line 12a, complete lines 3, 9, and 10 of Schedule M	B (Form 5500) and skin to line 42				<u> </u>		
b Enter the minimum required contribution for this plan year			12b	1			
				-	_		
C Enter the amount contributed by the employer to the plan for this plan	year		12c	T			
negative amount)the include in the amount in time 12b. Enter the	result (enter a minus sign to the left	of a	12d				
e vill the minimum funding amount reported on line 12d be met by the	funding deadline?				es	No	□ N/A
Part VII Plan Terminations and Transfers of Assets				<u> '</u>		140	INIA
13a Has a resolution to terminate the plan been adopted in any plan year?			[x] v	res	No.		
The res, enter the amount of any plan assets that reverted to the employer	over this year		420		<u> </u>		
Vere all the plan assets distributed to participants or hopolicies as	and any of the second						
of the PBGC?						Yes	X No
13c(1) Name of plan(s):				<u> </u>			
		1	3c(2) EI	N(s)		13c(3) PN(s)
Part VIII Trust Information (optional) 14a Name of trust						<u></u>	
14a Name of trust	· · · · · ·	·	14b Tr	ust's	EIN		
		Ì					
				_			
				ì			