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.

2015

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Part I	Annual Report	: Identification Information							
For calend		iscal plan year beginning 01/01/2		and ending 12/31	/2015				
A This ref	turn/report is for:	a single-employer plan a one-participant plan		an (not multiemployer) (Fil ployer information in accord	_				
B This reto	urn/report is	the first return/report an amended return/report	the final return/report	n/report (less than 12 month	ns)				
C Check	box if filing under:	Form 5558 special extension (enter description)	automatic extension		DFVC prog	ıram			
Part II	Basic Plan Info	ormation—enter all requested in	formation						
1a Name CHCA 401(of plan			11	b Three-digit plan number (PN) ▶	001			
				10	C Effective date o	of plan 01/2012			
Mailing	g address (include roc	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post			2b Employer Identification Number (EIN) 05-0629338				
	EALTHCARE ASSOCI		ar code (ii foreigh, see insti	20	2c Sponsor's telephone number 305-545-6685				
165 PARK	DDIVE			20	d Business code	(see instructions)			
MAMI SHOP	RES, FL 33138				621	111			
3a Plan a	dministrator's name a	nd address XSame as Plan Spons	sor.	3	b Administrator's	EIN			
				3	C Administrator's	telephone number			
		e plan sponsor has changed since	the last return/report filed fo	or this plan, enter the 4	b EIN				
	or's name			4	C PN				
5a Total	number of participants	s at the beginning of the plan year			5a	29			
b Total	number of participants	s at the end of the plan year			5b	26			
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)					. 5c 23				
d(1) Tot	al number of active pa	articipants at the beginning of the pl	an year		id(1)	20			
		articipants at the end of the plan year			d(2)	16			
than	100% vested	t terminated employment during the			5e	3			
Under pen SB or Sche	alties of perjury and o	or incomplete filing of this return ther penalties set forth in the instru- and signed by an enrolled actuary, a plete.	ctions, I declare that I have	examined this return/report	, including, if applic				
SIGN	Filed with authorized	/valid electronic signature.	06/15/2016	VICKI KEISCH					
HERE	I a		1	1					

Date

Date

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

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

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 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 lf you answered "No" to either line 6a or line 6b, the plan cannot be a second or line 6b. 	an indepenand	dent qualified public a	ccount	ant (IQ	PA)		_	Yes No
C If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No No	t determined
Part III Financial Information	1							
7 Plan Assets and Liabilities		(a) Beginning					(b) End of Y	
a Total plan assets	7a		/11	791 0				1089030
b Total plan liabilities C Net plan assets (subtract line 7b from line 7a)	7b 7c		711	791				1089030
8 Income, Expenses, and Transfers for this Plan Year	76	(a) Amou		751			(b) Total	
a Contributions received or receivable from:		(a) Amot	4111				(b) Total	
(1) Employers	8a(1)			2150				
(2) Participants	8a(2)			302				
(3) Others (including rollovers)	8a(3)			649				
b Other income (loss)	8b		-25	845				000050
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							396256
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		19	017				
e 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							19017
i Net income (loss) (subtract line 8h from line 8c)	8i							377239
j Transfers to (from) the plan (see instructions)	8j							
B If the plan provides welfare benefits, enter the applicable welfare for Part V Compliance Questions	eature code	es from the List of Pia	n Chara	acterist	ic Coc	les in the	nstructions	
10 During the plan year:				Yes	No	N/A	Δπ	nount
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fi	duciary Correction	10a		X		All	iount
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X			
				V				
			10c	X				140000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X			
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of t	he benefits under	10e		X			
f Has the plan failed to provide any benefit when due under the plan			10f		Χ			
g Did the plan have any participant loans? (If "Yes," enter amount a					X			
h If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instru	ctions and 29 CFR	10g 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	notice or one of the	10i					
j Did the plan trust incur unrelated business taxable income?			10j					
Part VI Pension Funding Compliance			,			<u> </u>		
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 all years from						11a		
12 Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of t	he Cod	e or se	ction 3	302 of EF	RISA?	Yes X No

	F	orm 5500-SF 2015 Page 3 - 1					
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui	
b	Enter t	ne minimum required contribution for this plan year		12b			
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c			
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d			
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A
Part		Plan Terminations and Transfers of Assets			100	110	1471
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No	
		s," 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 brough	ght under the co	ontrol		Yes X	No
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)					
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)
Part	: VIII	Trust Information					
14a	Name o	f trust		14b Trust's EIN			
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's
	rianio	of tubics of suctorial		telephone number			
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		Ye	S	No	
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based safe ADP/ACP harbor test method			
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No	
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st	ge Average benefit test	
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No	
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable	
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No	
19	Were in	n-service distributions made during the plan year?		Ye	s	No	
	If "Yes	" enter amount		19			
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A

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).

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation	Complete all entries in	accordance with the in	structions to the Form	5500-SF.	Public inspection				
Part I Annual Repor	t Identification Information								
For calendar plan year 2015 or	iscal plan year beginning X a single-employer plan	01/01/2015	and ending		/31/2015				
A This return/report is for:	r plan (not multiemployer	oyer) (Filers checking this box must attac							
A This return/report is for: list of participating employer information in a foreign plan ☐ a foreign plan					with the form instructions)				
	fored	T a totolân bian							
B This return/report is									
	an amended return/report	a short plan year rel	turn/report (less than 12	months)					
C Check box if filing under:	Form 5558	automatic extension	•	П	m, m, /m,				
•	special extension (enter desc	Lund	1		DFVC program				
Part II Basic Plan Info	ormation—enter all requested in								
1a Name of plan	amatron—enter an reduested in	Hormation		1b Thre	no delinit				
CHCA 401(k) Plan					number 001				
				(PN)	Į — ··· ·····				
					ctive date of plan				
2a Plan snonsor's name (emple	oyer, if for a single-employer plan)	M-25000000000000000000000000000000000000	erression de la resission de la resissa de l		01/2012				
Mailing address (include roo	m, apt., suite no. and street, or P.(O, Box)		1 '	loyer Identification Number				
	ce, country, and ZIP or foreign pos	tal code (if foreign, see in	structions)	(EIN) 05-0629338 2c Sponsor's telephone number					
Cancer Healthcare	ASSOCIATES PA			305-545-6685					
9165 Park Drive				2d Business code (see instructions)					
222 222				621	111				
Miami Shores	FL 33138								
3a Plan administrator's name a	nd address XSame as Plan Spon	sor,		3b Admi	inistrator's EIN				
				3c Admi	inistrator's telephone number				
4 If the name and/or FIN of th	o plan papagas bag sharrand sister	Alexander and the second and the sec							
name, EIN, and the plan nu	e plan sponsor has changed since mber from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN					
a Sponsor's name	,			4c PN					
5a Total number of participants	at the beginning of the plan year		**************************************	5a	29				
	at the end of the plan year				26				
C Number of participants with	account balances as of the end of	the plan year (defined bei	nefit plans do not	5c					
					23				
	rticipants at the beginning of the pl				20				
Q(2) Total number of active pa	rticipants at the end of the plan year	аг		5d(2)	16				
than 100% vested	terminated employment during the			5e	3				
_Caution: A penalty for the late	or incomplete filing of this return	1/report will be assesse:	l unless reasonable ca	use is estab	hadail				
Under penalties of perjury and of SB or Schedule MB completed at	ner penalties set forth in the instruction and signed by an enrolled actuary, a	ctions, I declare that I have	e examined this return/re	port, includir	ng, if applicable, a Schedule				
belief, it is true, correct, and comp	olete.	o went as the electronic vi	ersion of this return/reput	i, and to the	best of my knowledge and				
SIGN VO		15/10/16	Vicki Keisch		, , , , , , , , , , , , , , , , , , ,				
HERE Signature of plan a	dministrator	Date	Enter name of individ	lual signing a	s plan administrator				
SIGN			X Oir	\					
HERE Signature of emplo	ver/plan sponsor	Date	Entername of individ	ual sinninn a	s employer or plan sponsor				
Preparer's name (including firm n	ame, if applicable) and address (in	clude room or suite numb	er)		telephone number				

*******************************	Form 5500-SF 2015		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 cannot be considered.	an indepe and condi	ndent qualified public	accoun	tant (10	QPA)	***********		Yes [No No		
	f the plan is a defined benefit plan, is it covered under the PBGC in								t determi	ned		
Par												
7 F	Plan Assets and Liabilitles		(a) Beginnin	g of Ye	ar	T		(b) End of Y	ear			
a	Total plan assets	7a			1179	91	108					
b	Total plan llabilities	7b				0				0		
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c		"7	1179	1	108903					
*******	ncome, Expenses, and Transfers for this Plan Year		(a) Amo	unt		_	(b) Total					
	Contributions received or receivable from: 1) Employers	8a(1)		2	1215	الم						
	2) Participants	8a(2)			4030							
	3) Others (including rollovers)	8a(3)			6964							
	Other income (loss)	8b			2584	_						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			al Gala		39					
d E	Benefits paid (including direct rollovers and insurance premiums											
	o provide benefits)	8d			1901	7						
	Certain deemed and/or corrective distributions (see instructions)	8e			· · ·	1775						
	Administrative service providers (salaries, fees, commissions)	8f				_						
	Other expenses	8g	r internation	Section (
	Net income (loss) (subtract line 8h from line 8c)	8h 8i			-				9017			
	ransfers to (from) the plan (see instructions)	8	- end state a de cello do parecolo de con	Alteria,	erga a es er	384	4.8009A	gista sajara dipert	37 minariya	7239		
Part	**************************************		L			194531						
	If the plan provides pension benefits, enter the applicable pension 2E 2J 3D 2F 2G);			
	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	acteris	ic Cot	les in tr	ne instructions:				
Part 10				***************************************	1	Г	T	1				
	During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vi Program)	oluntary F	iduciary Correction	10a	Yes	No X	N/A	Am	ount			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not i	nclude transactions	10b		х						
	Was the plan covered by a fidelity bond?				Х	ļ			7 /	10000		
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bos	nd, that was caused	10c		х			1.	10000		
е	Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.)	er person: e or all of	s by an insurance the benefits under	10e		x						
	Has the plan failed to provide any benefit when due under the plan			10f		Х						
	Did the plan have any participant loans? (If "Yes," enter amount as	·····				X			w			
h	If this is an individual account plan, was there a blackout period? (See instru	ctions and 29 CFR	10g 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	e required	notice or one of the	10ii		,						
	Did the plan trust incur unrelated business taxable income?			10i								
Part \				IVJ								
11	is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)	ents? (If "Y	'es," see instructions a	and com	plete :	Sched	ule SB	(Form	Yes 🗍	No		
	Enter the unpaid minimum required contribution for all years from S											
	Is this a defined contribution plan subject to the minimum funding r					***************************************		RISA?	Yes X	No		

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	(If "Yes," complete fine 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		T			
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver	enter the	e date of	the letter r	uling	
	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	125				
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				
<u>e</u>	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		
	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 under the of the PBGC?	477774877444		Yes 🗓	No	
c	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) t which assets or liabilities were transferred. (See instructions.))				
-	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3)	PN(s)	
Part	VIII. Trust Information	NIXIII	***************************************		**************************************	
14a	Name of trust	14b Trust's EIN				
14c	Name of trustee or custodian	14d Trustee's or custodian's telephone number				
Parl	IX IRS Compliance Questions	<u> </u>				
15a	Is the plan a 401(k) plan?	∏ Yes		Пио		
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	De bas	sign- sed safe bor thod			
	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	Yes	***********	No		
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	Ra per tes	centage	Ave ber	erage nefit test	
	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	Yes		∏No		
	Has the plan been timely amended for all required tax law changes?	Yes		□No	□ N/A	
*****	Date the last plan amendment/restatement for the required tax law changes was adopted Enter the for tax law changes and codes).				nstructions	
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject advisory letter, enter the date of that favorable letter and the letter's serial number.		_		or	
	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of determination letter	the plan'	s last favo	orable		
	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	Yes		No		
19	Were in-service distributions made during the plan year?	Yes No				
	f "Yes," enter amount	19		70-140-140-140-150-150-150-150-150-150-150-150-150-15	***************************************	
20 \	Nere required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)?	Yes	Printing in Landson and the State of the Sta	[]No	□ N/A	