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 11/30/2015 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 TRINITY PSYCHIATRIC ASSOCIATES DEFINED BENEFIT PLAN plan number (PN) ▶ 001 1c Effective date of plan 12/01/2013 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) **2b** Employer Identification Number TRINITY PSYCHIATRIC ASSOCIATES, INC 61-1655330 (EIN) Sponsor's telephone number 727-483-5912 4800 ROWAN RD. NEW PORT RICHEY, FL 34653 Business code (see instructions) 621111 **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. 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) d(2) Total number of active participants at the end of the plan year..... 5d(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

Enter name of individual signing as employer or plan sponsor Signature of employer/plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)

Date

Preparer's telephone number (optional)

Enter name of individual signing as plan administrator

Filed with authorized/valid electronic signature

Signature of plan administrator

SIGN HERE

SIGN **HERE**

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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 lif you answered "No" to either line 6a or line 6b, the plan cannot be a considerable with the con	an indeper and conditi	ident qualified public accounta	int (IC	PA)			X	Yes Yes	No
С	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40	21)?		Yes	X No	Not	deterr	nined
Par	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea		_		(b) End	of Ye		
	Total plan assets	7a	1554	_					3529	
	Total plan liabilities	7b	1554	0					3529	0
	Net plan assets (subtract line 7b from line 7a)	7c		+10	+				3529	50
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b)	Γotal		
	(1) Employers	8a(1)	2809	935						
	(2) Participants	8a(2)		0						
	(3) Others (including rollovers)	8a(3)		0						
	Other income (loss)	8b	-114	123						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							2695	12
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0						
е	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f		0						
g	Other expenses	8g	719	962						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							719	62
	et income (loss) (subtract line 8h from line 8c)								1975	50
_ J	Transfers to (from) the plan (see instructions)	8j		0						
Part	If the plan provides welfare benefits, enter the applicable welfare for V Compliance Questions	eature code	es from the List of Plan Chara	cterist	tic Cod	les in t	the instruc	tions:		
10	During the plan year:				Yes	No		Amo	unt	
	Was there a failure to transmit to the plan any participant contributing 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulian)	uciary Corr	ection Program)	10a		X				(
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X	C			
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		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 bene	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 of year end.)					X				(
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	X 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			or se	ection (302 of	ERISA?		Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,		•	-4:-	2.1			4l 1		
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter th Day		the let Yea		ing

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lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to lin	e 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)			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?			Y	es X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer the	nis year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred 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.)	in to another plan(s), ide	ntify the plan(s) to)			
1	3c(1) Name of plan(s):		130	c(2) EI	N(s)	13c(3) P	N(s)
			1			l	

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**

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▶ 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**

Part I		t Identification Information							
For calend	ar plan year 2014 or	fiscal plan year beginning	12/1/2014	and ending	11/30/20	015			
Δ This ret	turn/report is for:	a single-employer plan	a multiple-employer	plan (not multiemployer))				
A IIIISTO	turrireport is to.	a one-participant plan	a foreign plan						
R This rote	urn/report is	the first return/report	the final return/report						
D THIS TOLL	um/report is	an amended return/report	브	rn/report (less than 12 r	nonthe)				
				imreport (less trair 121	<u> </u>				
C Check	box if filing under:	Form 5558	automatic extension		∐ DFVC	program			
,		special extension (enter desc	ription)						
Part II	Basic Plan Inf	ormation—enter all requested in	formation						
1a Name	•				1b Three-dig	hau			
Irinit	ty Psychiatric As:	sociates Defined Benefit Pla	n		(PN) ≯	001			
					1c Effective	,			
2a Dian o		iddress; include room or suite numb	or (amplayor if for a single	o omniauor nice)		12/1/2013			
	Psychiatric Assoc		er (employer, ir for a single	e-employer plan)	(EIN)	Identification Number 611655330			
4800 R	owan Rd.				2c Sponsor'	s telephone number			
New Po	ort Richey	FL				274835912 code (see instructions)			
34653	летченеу					621111			
3a Plan a	dministrator's name	and address Same as Plan Spon	sor.		3b Administrator's EIN				
					3c Administrator's telephone number				
					Job Mariningstr	ator 5 telephone nameer			
4 If the r	name and/or EIN of ti		the last return/report filed	for this plan, enter the	4b EIN				
	e, EIN, and the plan no sor's name	umber from the last return/report.			4c PN				
		s at the beginning of the plan year.		***************************************	. 5a	4			
b Total i	number of participant	s at the end of the plan year			5b	7			
		account balances as of the end of			5c	0			
		articipants at the beginning of the p			5d(1)	4			
d(2) Tot	tal number of active o	articipants at the end of the plan ye	ear		5d(2)	7			
. ,	•	terminated employment during the			5e	· · · · · · · · · · · · · · · · · · ·			
						0			
		e or incomplete filing of this return other penalties set forth in the instru							
SB or Sche	edule MB completed true, correct, and cor	and signed by an enrolled actuary,	as well as the electronic ve	ersion of this return/repo	rt, and to the bes	t of my knowledge and			
SIGN	The conect silved	причас	08 23 2011	O SHODHA	J PATER				
HERE	Signature of plan	administrator	Date	Enter name of indivi		an administrator			
100									
SIGN				1					
SIGN HERE		loyer/plan sponsor	Date			mployer or plan sponsor			
HERE		loyer/plan sponsor name, if applicable) and address (i				mployer or plan sponsor phone number (optional)			
HERE									
HERE									
HERE									

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b	 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 accounts under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead 					5500.		Yes Yes	No No
	If the plan is a defined benefit plan, is it covered under the PBGC in:	surance pro	ogram (see ERISA section 40.	21)?.	∐	res	Z NO I N	lot determine	eu
Par	t III Financial Information		3 0 to 3 to 30 to 20		_			· ·	
_	Plan Assets and Liabilities		(a) Beginning of Yea		_		(b) End of	A CONTRACTOR OF THE PARTY OF TH	0
a	Total plan assets	7a	15	5410				352960	0
	Total plan liabilities	7b	4.5		0			352960	
	Net plan assets (subtract line 7b from line 7a)	7c	White the last transfer and tra	541	0		# N T - 1		U
	Income, Expenses, and Transfers for this Plan Year		(a) Amount		+	_	(b) Tot	aı	
а	Contributions received or receivable from: (1) Employers	8a(1)	28	093	5				
	(2) Participants	8a(2)			0				
	(3) Others (including rollovers)	8a(3)			0				
b	Other income (loss)	8b	-1	142	3				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						269512	2
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		(0				
е	Certain deemed and/or corrective distributions (see instructions)	8e			0				
f	Administrative service providers (salaries, fees, commissions)				0				
g	Other expenses	8g	7	196	2				_
h	h Total expenses (add lines 8d, 8e, 8f, and 8g)							71962	
i	Net income (loss) (subtract line 8h from line 8c)	subtract line 8h from line 8c)						197550	0
j	Transfers to (from) the plan (see instructions)	8j		(
Par	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 1A 3D	feature cod	des from the List of Plan Chara	cteris	stic Co	des in t	the instruction	ins:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan Charac	terist	ic Cod	es in th	ne instruction	is:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No	Α	mount	
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	itions withir uciary Corre	the time period described in ection Program)	10a		V			C
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	t? (Do not i	nclude transactions reported	10b		~			(
	61.5-10			10c		V			C
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bor	nd, that was caused by fraud	10d		~			(
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	her persons of the ben	s by an insurance carrier, efits under the plan? (See	10e		~			(
f	Has the plan failed to provide any benefit when due under the pla			10f		~			(
-	O (If IVes I series amount as of year and					~			(
-	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR			10g		~			
i	2520.101-3.)	he required	notice or one of the	10h					
Par	exceptions to providing the notice applied under 29 CFR 2520.10 t VI Pension Funding Compliance)1-3		10i					
11	Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)	nents? (If "	Yes," see instructions and con	plete	Sche	dule SE	3 (Form	Yes	No
11:	Enter the unpaid minimum required contribution for current year f					11a			

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

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

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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.	200 U		
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 ye	ear	12c	- P	s (1.33)
d	Subtract the amount in line 12c from the amount in line 12b. Enter the re negative amount)		12d		
е	Will the minimum funding amount reported on line 12d be met by the fun	20 00		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	Marie VI Marie 44
	If "Yes," enter the amount of any plan assets that reverted to the employ	ver this year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, trans of the PBGC?	ferred to another plan, or brought under	the control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this which assets or liabilities were transferred. (See instructions.)	s plan to another plan(s), identify the pla	in(s) to		
1	13c(1) Name of plan(s):		13c(2) EI	N(s)	13c(3) PN(s)
Part					-
14a	Name of trust		14b ⊤r	ust's EIN	