## 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.

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

Parti	Annuai Report	identification information				
For calendar	plan year 2017 or fi	iscal plan year beginning 01/01/2	2017	and ending 12	2/31/2017	
A This retu	rn/report is for:	x a single-employer plan	a multiple-employer pl list of participating en	an (not multiemployer) (F	_	
D. Trick		a one-participant plan	a foreign plan			
<b>B</b> This return	n/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year retur	n/report (less than 12 mo	onths)	
C Check bo	x if filing under:	X Form 5558	automatic extension	[	DFVC progra	m
		special extension (enter desc	ription)			
Part II	Basic Plan Info	ormation—enter all requested in	formation			
1a Name of	plan				<b>1b</b> Three-digi	t
JOAQUIN BAF	RBARA MD PA 401I	K PLAN			plan numb	per
					(PN) ▶	001
					1c Effective of	late of plan
						01/01/2012
		oyer, if for a single-employer plan)			<b>2b</b> Employer	Identification Number
		om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign pos		ructions)	(EIN)	65-1044724
	RBARA MD PA	io, country, and En or foreign poo	tar oodo (ir foreign, oce mot	ruotionoj		telephone number 6-256-5366
				-		code (see instructions)
9212 SW 78 P						621111
MIAMI, FL 331	56					32
<b>30</b> Diament					<b>3b</b> Administra	40.00 FINI
<b>Ja</b> Pian aur	ninistrator's name a	nd address X Same as Plan Spo	nsor.		<b>3D</b> Administra	IIOI S EIIN
					3c Administra	tor's telephone number
4 If the na	me and/or EIN of th	e plan sponsor or the plan name h	as changed since the last r	eturn/report filed for	<b>4b</b> EIN	
this plar <b>a</b> Sponsor		onsor's name, EIN, the plan name a	and the plan number from the	he last return/report.	<b>4d</b> PN	
C Plan Na					<b>44</b> 1 N	
• Harria						
<b>5a</b> Total nu	mber of participants	s at the beginning of the plan year.			5a	3
		s at the end of the plan year			5b	3
		account balances as of the end of		•	5c	3
<b>d(1)</b> Total	number of active pa	articipants at the beginning of the p	lan year		5d(1)	3
d(2) Total	number of active pa	articipants at the end of the plan ye	ar		5d(2)	3
		terminated employment during th			5e	0
Caution: A p	penalty for the late	or incomplete filing of this retur	n/report will be assessed	unless reasonable cau	se is establishe	ed.
SB or Sched		ther penalties set forth in the instru and signed by an enrolled actuary, a plete.				
0.0.0	Filed with authorized	d/valid electronic signature.	10/14/2018	JOAQUIN BARBARA		
HERE	Signature of plan a	administrator	Date	Enter name of individu	ual signing as pla	an administrator
SIGN						
HERE	Signature of emplo	oyer/plan sponsor	Date	Enter name of individu	ual signing as em	nployer or plan sponsor

Form 5500-SF 2017 Page **2** 

	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	an indepe	ndent qualified public a	ccount	ant (IC	PA)		
	If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC ir If "Yes" is checked, enter the My PAA confirmation number from the	nsurance p	orogram (see ERISA se	ection 4	021)?	[	Yes No	Not determined . (See instructions.)
Pa	rt III   Financial Information		Γ					
_7_	Plan Assets and Liabilities		(a) Beginning (	of Year	·		(b) En	d of Year
<u>a</u>	Total plan assets	. 7a	12	24380				135416
<u>b</u>	Total plan liabilities	. 7b						
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	. 7c	12	24380				135416
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b)	Total
а	Contributions received or receivable from:	90/1)						
	(1) Employers	8a(1)		650				
	(2) Participants	8a(2)		030				
	(3) Others (including rollovers)	. 8a(3)		10386				
	Other income (loss)	. 8b		10300	-			44026
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c 8d						11036
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
q	Other expenses	8g						
	Total expenses (add lines 8d, 8e, 8f, and 8g)							0
<del></del>	Net income (loss) (subtract line 8h from line 8c)	8i						11036
÷	Transfers to (from) the plan (see instructions)							11030
Do		8j						
9a	rt IV Plan Characteristics  If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in the in	structions:
	2E 2J 2K 2G 3D							
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	les in the ins	tructions:
Par	t V Compliance Questions							
10	During the plan year:				Yes	No		Amount
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X		
С	Was the plan covered by a fidelity bond?			10c	X			20000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	•	·	10d		X		2000
е		ner person ne or all of	s by an insurance the benefits under	10e		X		
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X		
g	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-	•	10g	Х			10412
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				

Form 5500-SF 2017	Page <b>3-</b> 1
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Part	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below)		В	. Y	es No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?	n 302 of			es X No
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	d enter t		of the letter Year	ruling
lf y	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?		Yes	X No	)
	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 control of the PBGC?			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.)	) to			
1	<b>3c(1)</b> Name of plan(s): 13c(2)	EIN(s)		13c(3)	PN(s)

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For celendar plan year 2017 or lacal plan year programs	(17317(8))1 grid ending	A (Figure of the change that the change of t
A This return/report is for:  B This return/report is  Output  B This return/report is	ket of persopating employer internation in a handpublish	accordance with the form instructions)
an accept agricultural and a service agricultura	the figure extern/report  a short plan year return/report their them 13	months)
Part 1. Sasic Plan Information—are el recesso de		
ia Name si pini Jonguin Barbara MD FA 4014 Pini		1b Three-dist plan number 001 (PN) b 1c Effective data of plan 01/01/2012
28 Plan sporace's home temployer of for a single-employer plant. Making schools (module mon. adl., suite no. and since' or P. City of form, state or province, scoring, and 20° or twenty pos. Josephin. Barbara. FID. FA. 0212. SW-76. PLACE.	O. Box) tal code of funeign; see tristractions;	2b Employer Identification Number (EIN) 65-1 544724  2c Sportage's Respirate number 186-256-5366  2d Sustance code (see Instructions)
Milami FL 33156 Sa Plan administrator's name and address Milamina at Plan Spi	Professional Communication of the Communication of	3D Administrator's EIA  3e Administrator's agreeptions number
H the paints and/or EIN of the plate approach or the plan name ages plan, even the plan approach turns, EIN, the plan name a Sponsor's name     Sponsor's name     Plan Name	has phanged since the last return/report fled for and the plan number from the last return/report.	4b EIN 4d PN
5.4. Total number of perhapsins 8. The beginning of the plan year in the months of perhapsins of the bot of the plan year and a humber of perhapsins with account before as of the and of companie the film).  di [1] Total number of active perhapsins it is if the beginning of the	Viving the state of the state o	- 5a 3 5b 3 5c 3 - 5d(1) 3
ct(2) Total number of survey participants at the and of the room of a Number of sandsparts who percent at employment during the DEST realist.  Caution: A present but the last of incomplete filling of that perturbate products as a participant of the perturbate participant of t	he clair year with account transfits that were locs	Sd(2) 3  Se 0  Dates is established.
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	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indepe		account	ant (IC	PA)		
	If you answered "No" to either line 6a or line 6b, the plan can							H .00
С	If the plan is a defined benefit plan, is it covered under the PBGC in							☐ Not determin
_	If "Yes" is checked, enter the My PAA confirmation number from the	-	The field of the second					. (See instruction
			Territori ming for this p	ian yea	'			(Occ instruction
Pai	rt III Financial Information	T.	·	····				
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End	d of Year
a	Total plan assets	7a		124,	380	1 1		135,
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c		124,	380			135,
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	it	1.		(b)	Total
	Contributions received or receivable from: (1) Employers	8a(1)						
	(2) Participants	8a(2)			650			
		T			930			
	(3) Others (including rollovers)	8a(3)		10,	306			
		8b		10,	380			
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums	8c						11,
	to provide benefits)	8d			i i			
	Certain deemed and/or corrective distributions (see instructions)	8e	<u> </u>					
	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g		.4				
	Total expenses (add lines 8d, 8e, 8f, and 8g)							
		8h					·	
i	Net income (loss) (subtract line 8h from line 8c)	8h 8i				Reference (1500)		11,
i j Par	Net income (loss) (subtract line 8h from line 8c)  Transfers to (from) the plan (see instructions)  t IV Plan Characteristics  If the plan provides pension benefits, enter the applicable pension	8i 8j	odes from the List of PI	an Cha	racteri	stic Co	des in the ins	
j Par 9a	Net income (loss) (subtract line 8h from line 8c)  Transfers to (from) the plan (see instructions)  t IV Plan Characteristics	8i 8j feature co						structions:
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i j Par 9a b Part	Net income (loss) (subtract line 8h from line 8c)  Transfers to (from) the plan (see instructions)  t IV Plan Characteristics  If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2G 3D  If the plan provides welfare benefits, enter the applicable welfare f  t V Compliance Questions  During the plan year:  Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Versions)	8i 8j feature confeature confeature confeature confeature confeature confeature confeature for the state of t	les from the List of Pla  n the time period  identification	n Chara	octeris	tic Cod		structions: ructions:
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