## 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

2012

This Form is Open to Public Inspection

Р	ension Be	nefit Guaranty Corporation	▶ Complete all entries in accorda	nce with the instruc	ctions to the Form 550	0-SF.		p
Pa	art I	Annual Repor	t Identification Information					
For	calenda	ar plan year 2012 or	fiscal plan year beginning 01/01/2012		and ending 1	2/31/2012	2	
		urn/report is for: urn/report is:		multiple-employer pl ne final return/report	an (not multiemployer)		a one-particip	oant plan
		·	an amended return/report a	short plan year returr	n/report (less than 12 mo	onths)_		
C	Check b	oox if filing under:	Form 5558 a a	utomatic extension			DFVC progra	m
Pa	art II	Basic Plan Inf	ormation—enter all requested informati	on				
1a	Name	of plan	., P.A. PROFIT SHARING PLAN AND TRI			pla	ree-digit an number N)	003
						,	ective date of 04/01/	
		oonsor's name and a HOLBROOK, D.M.D	address; include room or suite number (em b., P.A.	ployer, if for a single-	employer plan)	<b>2b</b> Em (El		ication Number 94857
		HOWELL AVENUE				<b>2c</b> Sp	onsor's telepl 352-796	
BRO	OKSVIL	LE, FL 34601-2044				<b>2d</b> Bu	siness code ( 62121	see instructions)
3a	Plan ad	dministrator's name a	and address Same as Plan Sponsor Na	me Same as Plan	Sponsor Address	<b>3b</b> Ad	ministrator's E	ΞIN
						3C Ad	ministrator's t	elephone number
4	name,	EIN, and the plan n	he plan sponsor has changed since the las umber from the last return/report.	t return/report filed fo	or this plan, enter the	4b EII		
		or's name	to at the beginning of the plan year			1	ı	
			ts at the beginning of the plan year			5a		9
b			ts at the end of the plan year			5b		0
С			n account balances as of the end of the pla	• '	•	5c		0
6a b	Are yo	ou claiming a waiver	ets during the plan year invested in eligible of the annual examination and report of an 6? (See instructions on waiver eligibility an	independent qualifie	ed public accountant (IQ	PA)		X Yes No
			either line 6a or line 6b, the plan cannot					
Cau	ıtion: A	penalty for the late	e or incomplete filing of this return/repo	rt will be assessed	unless reasonable cau	se is est	ablished.	
Und SB	ler pena or Sche	alties of perjury and o	other penalties set forth in the instructions, and signed by an enrolled actuary, as well	I declare that I have	examined this return/rep	ort, inclu	ding, if applica	
SIG		Filed with authorized	d/valid electronic signature.	02/07/2013	STEPHEN A. BROOK	S		
HEF	₹ <b>E</b>	Signature of plan	administrator	Date	Enter name of individu	ual signin	g as plan adn	ninistrator
SIG								
			loyer/plan sponsor	Date	Enter name of individu			
Prep	parer's	name (including firm	name, if applicable) and address; include	room or suite numbe	r (optional)	Prepare	r's telephone	number (optional)

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	rt III   Financial Information		<u> </u>							
	Plan Assets and Liabilities		(a) Beginning of Yea		+		(b) End o	Year		
	Total plan assets	7a	119676				0			
	Total plan liabilities	7b		0					0	
	Net plan assets (subtract line 7b from line 7a)	7c	119676	58					0	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	tal		
а	Contributions received or receivable from:  (1) Employers	8a(1)		0						
	(2) Participants	8a(2)		0						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b	6312	29						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						63	129	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	125982	20						
е	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f	7	7						
g	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1259	9897	
i	Net income (loss) (subtract line 8h from line 8c)	8i						-1196	6768	
j	Transfers to (from) the plan (see instructions)	8j		0						
Pai	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 3D	feature co	odes from the List of Plan Char	acteris	stic Co	des in	the instruction	ons:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature coo	les from the List of Plan Chara	cterist	ic Cod	les in t	he instruction	ns:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	_	mour	nt	
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X				
b		? (Do not	include transactions reported	10b		X				
С				10c	X				-	50000
	Did the plan have a loss, whether or not reimbursed by the plan's			100					1	50000
	or dishonesty?			10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of									
	instructions.)			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	end.)	10g		X				
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							 П ү	'es	X No
11a		500) and line 11a below)								
12	Is this a defined contribution plan subject to the minimum funding						FRISA?	Пү	'es	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	•		, UI 3C	,50011	JUZ UI		<u>ш</u>	[	
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver									
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					Luy		<u> </u>		
	Enter the minimum required contribution for this plan year	•				12b				

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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	res 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 of the PBGC?	control		X Yes	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:	3c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				

14b Trust's EIN

14a Name of trust

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Lebor

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).

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public

	nefit Gueranty Corporation	<del>-</del> 1	I Meveline Con	•	•		lns	pection	
		Complete all entries in accom	dance with the	instruc	tions to the Form 550	0-SF.	<u> </u>		
Part I		t Identification information  iscal plan year beginning 0	1/01/2012		and ending		12/31/201	2	
	um/report is for:	a single-employer plan			an (not multiemployer)		a one-partici		
B This ret	urn/report is:	the first return/report	the final retur	/repart					
	·	an amended return/report	a short plan y	ear retur	m/report (less than 12 n	nonthe	1)		
C Check b	oox if filing under:	Form 5558	automatic ext	ension			DFVC progra	am	
		apecial extension (enter description	<u> </u>					<b></b>	
Part II		ormation—enter all requested inform	ation						
1a Name	•					10	Three-digit		
Willi	iam B. Holbro	ook, D.M.D., P.A.					(PN) •	00	3
Profi	it Sharing Pl	lan and Trust				1c	Effective date o	•	_
On Diamer		dd tlinddr on on the superboads	analanan ittar	ninala	amplause plaus	<b>a</b> 1			
		ddress; include room or suite number (e ook, D.M.D., P.A.	mployer, il for	i single-	etuhioyer brant	26	Employer Identi (EIN) 59-189	fication Nun 4857	iber
						2c	Sponsor's telep (352) 796		er
401 1	North Howell	Avenue				2d	Business code (		ions)
Brool	ksville			PT.	34601-2044		621210		•
3a Plan ac	dministrator's name :	and address XSame as Plan Sponsor N	lame Same			3b	Administrator s	EIN	
			_						
						30	Administrator's	rerebyone u	umber
						]			
		ne plan sponsor has changed since the l	last return/repo	t filed fo	or this plan, enter the	4b	EIN		
		umber from the last return/report.				4c	DN		
8 Sponse		s at the beginning of the plan year		-		5a	PN		9
	* *					-			
		s at the end of the plan year				5b			
		account balances as of the end of the p				5c			
		ts during the plan year invested in eligib						X Yes	∐No
b Are yo	ou claiming a waiver	of the annual examination and report of	an independen	t qualifie `	d public accountent (IQ	PA)		X Yes	∏No
		67 (See instructions on walver eligibility elther line 6a or line 6b, the plan cann						EH	□
		or incomplete filing of this return/rep							
	-1	other penalties set forth in the instruction						able, a Sch	edule
SB or Sche	dule MB completed true, correct, and cor	and signed by an enrolled actuary, as w	ell as the elect	onic ven	sion of this return/repor	t, and	to the best of my	knowledge	Bng
201.01, 11 10 1	A		1 1	1	1				
SIGN HERE	Willy		020	1/13	William B. Ho.				
	Signature of plan	administrator /	Date	<i>1</i>	Enter name of individ			ninistrator	
SIGN HERE	(with	~ Befollows	05/03	13	William B. Ho	••		•	
	Signature of empl	loyer/plan sponsor name, if applicable) and address; includ	Date	numba	Enter name of individ	ual sig	<u>ming as employe</u> arer's telephone	r or plan sp number (o:	onsor otional)
riepaiaia	Hama (moroding min	Harte, it approants and address, made	ie loom of aut	Hamos	(оршины)	۱,,,,	aror o tosopriose	(12111021 (0)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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For Paperw	ork Reduction Act Not	ice and OMB Control Numbers, see the Ins	tructions for Fo	rm 5500-	8F.			Form 6500-5 V	3F (2012) 7. 120126

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Pai	t III Financial Information									
	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	of Y	ear	
	Total plan assets	7a	1,19		8		(10) =110	-		0
	Total plan liabilities	7b			0					0
	Net plan assets (subtract line 7b from line 7a)	7c	1,19	6,76	8					0
	Income, Expenses, and Transfers for this Plan Year		(a) Amount					Γotal		
	Contributions received or receivable from:		(4) / 1110 4111				(13)			
	(1) Employers	8a(1)			0					
	(2) Participants	Participants								
	(3) Others (including rollovers)	8a(3)			0					
	Other income (loss)	8b	6:	3,12	9					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							6	3,129
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1,25	9,82	0					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e			0					
f	Administrative service providers (salaries, fees, commissions)	8f		7	7					
	Other expenses	8g			0					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			+					9,897
	Net income (loss) (subtract line 8h from line 8c)	8i			_			(1	,196	,768)
	Transfers to (from) the plan (see instructions)	8j			0					
	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 3D	feature co	des from the List of Plan Char	acteris	stic C	odes in	the instruc	ctions	S:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan Chara	cterist	ic Co	des in t	he instruct	ions:		
Part	V Compliance Questions									
10	During the plan year:				Yes	No		Am	ount	
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Х				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)		•	10b		Х				
С	Was the plan covered by a fidelity bond?			10c	Х				1 5	50,000
	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	nd, that was caused by fraud	40.1	Λ	х				0,000
	Were any fees or commissions paid to any brokers, agents, or oth			10a		- 21	<del>                                     </del>			
C	insurance service or other organization that provides some or all of									
	instructions.)			10e		Х	Ь—			
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х				
h	If this is an individual account plan, was there a blackout period? (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 2520.10	ne require	d notice or one of the	10i						
Part										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							T	Yes	X No
112	Enter the amount from Schedule SB line 39					11a			1 . 55	
12							EDICAG	Тг	Yes	X No
12	Is this a defined contribution plan subject to the minimum funding			or se	เบแบท	SUZ OT	ERISA!		169	<u> </u>
а	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is being graphing the waiver.	ng amortiz	ed in this plan year, see instru		and					ling
	granting the waiveryou completed lines 3, 9, and 10 of Schedule			L[1]		Day		Yea	tr	
	Enter the minimum required contribution for this plan year				П	12b				
	= 110 tillo piati you				[					

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	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?		X	res No	ı
	If "Yes," enter the amount of any plan assets that reverted to the employer the	is year	. 13a		0
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		control		X 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.)	n to another plan(s), identify the plan(s)	) to		
1	3c(1) Name of plan(s):		13c(2) El	N(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)	·			
	Name of trust		<b>14b</b> Tr	rust's EIN	
			1		