#### 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

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in acc	ordance with the instru	ctions to the Form 550	0-SF.						
Part I		Identification Information									
For calenda	ar plan year 2012 or fi	iscal plan year beginning 01/01/2	012	and ending 1	2/31/2	2012					
	urn/report is for:	a single-employer plan	H	olan (not multiemployer)	a one-participant plan						
<b>B</b> This ret	urn/report is:	the first return/report	the final return/report								
		an amended return/report	a short plan year retu	rn/report (less than 12 m	nonths)						
C Check b	box if filing under:	X Form 5558	automatic extension			DFVC program					
		special extension (enter descrip	otion)								
Part II	Basic Plan Info	prmation—enter all requested info	rmation								
1a Name		•			1b	Three-digit					
JAMES A. BI	ENNETT, D.D.S., P.A	. PROFIT SHARING PLAN				plan number					
						(PN) ▶ 001					
					1c Effective date of plan						
0						01/01/2001					
JAMES A. B	ponsor's name and ac ENNETT, D.D.S., P.A	ddress; include room or suite number N.	(employer, if for a single	e-employer plan)	26	Employer Identification Number (EIN) 64-0617961					
				2c Sponsor's telephone number							
300 PEACHTREE STREET				601-774-8252							
UNION, MS 39365				2d	Business code (see instructions) 621210						
3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address				3b	Administrator's EIN 64-0617961						
AMES A. BENNETT, D.D.S., P.A. 300 PEACHTREE STREET UNION, MS 39365			3c	Administrator's telephone number							
	UNION, MS 39365				601-774-8252						
4 If the r	name and/or EIN of the	e plan sponsor has changed since th	ne last return/report filed	for this plan, enter the	4b EIN						
	•	mber from the last return/report.									
<b>a</b> Sponso					4c PN						
<b>5a</b> Total r	number of participants	at the beginning of the plan year			5a	8					
<b>b</b> Total r	number of participants	at the end of the plan year			5b	8					
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)					5c						
	,					X Yes No					
<ul> <li>Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li> <li>Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IC</li> </ul>											
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)					,	X Yes No					
If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use					Form	5500.					
Caution: A	penalty for the late	or incomplete filing of this return/	report will be assessed	unless reasonable cau	ıse is	established.					
		ther penalties set forth in the instructi									
	edule MB completed a true, correct, and com	nd signed by an enrolled actuary, as	well as the electronic ve	rsion of this return/report	, and	to the best of my knowledge and					
Deliei, it is t	rue, correct, and com										
SIGN	GN Filed with authorized/valid electronic signature. 10/14/2013 JAMES A. BENNET		T, D.D.S.								
HERE	Signature of plan a	administrator	Date	Enter name of individ	vidual signing as plan administrator						
CION	orginataro or piarro		Date	Enter Hame of marvia	uai oig	ining do plan danimiotrator					
SIGN HERE											
	Signature of emplo	oyer/plan sponsor name, if applicable) and address; inc	Date			gning as employer or plan sponsor parer's telephone number (optional)					
riepaiei S	name (including firm r	iame, ii applicable) and address; Inc	idde 100m of Suite numb	ει (υμιιστιαι)	Frep	arei s teleprione number (optional)					

Form 5500-SF 2012 Page **2** 

	1 01111 0000 01 2012		r age <b>z</b>								
Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	of Year			
a	Total plan assets	. 7a	77890				( )		145		
b	Total plan liabilities										
С	Net plan assets (subtract line 7b from line 7a)	7c	77890	)4				846	145		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal					
а	Contributions received or receivable from:										
	(1) Employers	8a(1)	220								
	(2) Participants	8a(2)	3248								
	(3) Others (including rollovers)	8a(3)		0							
	Other income (loss)	. 8b	3634	13							
									031		
d	to provide benefits)	cluding direct rollovers and insurance premiums ts)									
е	Certain deemed and/or corrective distributions (see instructions)	. 8e		0							
f	Administrative service providers (salaries, fees, commissions)	. 8f	379	0							
g	Other expenses	8g		0							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)							3	790		
	Net income (loss) (subtract line 8h from line 8c)								241		
	Transfers to (from) the plan (see instructions)	0									
Pai	Part IV Plan Characteristics										
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:											
	2A 2E 2J 2K 3D										
<b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:											
Dam	t V Compliance Overtions										
Par	•				Yes	No		<b>A</b>			
10 a	During the plan year:  Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period described in		162	NO		Amour	<u>it</u>		
u	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu		•	10a		X					
b	, , , , , , , , , , , , , , , , , , , ,	•	•			X					
	on line 10a.)			10b		^					
	Was the plan covered by a fidelity bond?			10c	Х				250000		
d	Did the plan have a loss, whether or not reimbursed by the plan's	-		40.1		X					
	or dishonesty?			10d							
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 pla	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	10g		X					
h	. ,	•				Χ					
<del>-</del> -	2520.101-3.)			10h							
ı	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	<u> </u>					I					
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Пү	es No		
11a						11a		<u> </u>			
12	Is this a defined contribution plan subject to the minimum funding						ERISA?	Пү	es X No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,							<u> </u>			
а	If a waiver of the minimum funding standard for a prior year is being	ng amortiz	ed in this plan year, see instru		, and e	_	ne date of t		ruling		
If	you completed line 12a, complete lines 3, 9, and 10 of Schedul			IUI		Day		Year _			
	Enter the minimum required contribution for this plan year					12b					
	Enter the minimum required continuation for this plan year						<u> </u>				

	Form 5500-SF 2012	Page <b>3</b> - 1						
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 resunegative amount)			12d				
е	Will the minimum funding amount reported on line 12d be met by the funding	ng 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	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, transfer of the PBGC?	rred to another plan, or brought unde	er the c	ontro	I		Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this p which assets or liabilities were transferred. (See instructions.)	plan to another plan(s), identify the p	lan(s) t	0			_	
1	3c(1) Name of plan(s):		13	3c(2)	EIN(s	s)	13c(3	<b>)</b> PN(s)
Part	VIII Trust Information (optional)						•	
14a 1	Name of trust			14b	Trust	's EIN		

#### Form 5500-SF

Department of the Treasury Internal Revenue Service

#### 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

OMB Nos. 1210-0110 1210-0089

2012

Part I   Annual Report   Learnity Copromision   Description   Descriptio
Part
A This return/report is for:  B This return/report is:  I the final return/report  I the final return/report  I a namehoder return/report  I a short plan year return/report (less than 12 months)  C Check box if filing under:  F Form 5558  I automatic extension  DFVC program  DFVC p
B This return/report is:
C Check box if filing under:    an amended return/report   a short plan year return/report (less than 12 months)   DFVC pregram
C Check box if filing under: Special extension (enter description)  Part II Basic Plan Information—enter all requested information  1a Name of plan  JAMES A. BENNETT, D.D.S., P.A. PROFIT SHARING PLAN  2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)  JAMES A. BENNETT, D.D.S., P.A.  2b Employer Identification Number (EIN) 64-0617961  2c Sponsor's telephone number 601-774-8252  2d Business code (see instructions)  3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address  JAMES A. BENNETT, D.D.S., P.A.  30 PEACHTREE STREET  MS 39365  2d Business code (see instructions)  621210  3c Administrator's EIN 64-0617961  3c Administrator's telephone number 601-774-8252  UNION MS 39365  4 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  5a Total number of participants at the beginning of the plan year  5b Total number of participants at the end of the plan year  5c Number of participants at the end of the plan year  5c Number of participants at the end of the plan year  5d Were all of the plans assets during the plan year invested in eligible assets? (See instructions)  A report validing a waiver of the annual examination and report of an independent qualified public accountant (IGPA)  under 29 CPR 2520 104-467 (See instructions on waiver eligibility and conditions.)  H you answered "No" to either line 6s or line 6b, the plan cannot use Form 5500-8F and must instead use Form 5500.
Special extension (enter description)   Part ii   Basic Plan Information—enter all requested information   1a Name of plan
Special extension (enter description)   Part II   Basic Plan Information—enter all requested information   1a Name of plan
1 b Three-digit plan number (PN)
1 b Three-digit plan number (PN)
CPN   O1   CEffective date of plan   C1   CEffective date of plan   C1   CEffective date of plan   C1   C1   CEffective date of plan   C1   C1   C1   CEFfective date of plan   C1   C1   C1   CEFFective
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)  JAMES A. BENNETT, D.D.S., P.A.  2b Employer Identification Number (EIN) 64-0617961  2c Sponsor's telephone number 601-774-8252  2d Business code (see instructions) 621210  3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address JAMES A. BENNETT, D.D.S., P.A.  30 PEACHTREE STREET  3b Administrator's EIN 64-0617961  3c Administrator's EIN 64-0617961  3c Administrator's EIN 64-0617961  3d Admi
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) JAMES A. BENNETT, D.D.S., P.A.  2b Employer Identification Number (EIN) 64-0617961  2c Sponsor's telephone number 601-774-8252  2d Business code (see instructions) 621210  3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address JAMES A. BENNETT, D.D.S., P.A.  30 PEACHTREE STREET  3b Administrator's EIN 64-0617961  3c Administrator's telephone number 601-774-8252  UNION MS 39365  4 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.  3 Sponsor's name  4c PN  5a Total number of participants at the end of the plan year.  5 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).  5 A reve all of the plan's assets during the plan year invested in eligible assets? (See instructions.).  5 A reve 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.).  Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established.
JAMES A. BENNETT, D.D.S., P.A.    CEIN) 64-0617961
2C Sponsor's telephone number 601-774-8252  UNION MS 39365  3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address 621210  3b Administrator's liN 64-0617961.  3c Administrator's telephone number 601-774-8252  UNION MS 39365  UNION MS 39365  UNION MS 39365  UNION MS 39365  4 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  5a Total number of participants at the beginning of the plan year Sponsor's name  5b C Number of participants at the end of the plan year More opplete this item).  5c Sponsor's name Sponsor's name sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number of participants at the beginning of the plan year sponsor's name s
Same as Plan Sponsor Name   Same as Plan Sponsor Address   Same as Plan Sponsor Name   Same as Plan Sponsor Address   Same as Plan Sponsor Name   Same as Plan Sponsor Address   Same as
UNION MS 39365  3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address JAMES A. BENNETT, D.D.S., P.A.  3b Administrator's telephone number 601-774-8252  UNION MS 39365  4 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  5a Total number of participants at the beginning of the plan year.  b Total number of participants at the end of the plan year.  c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).  b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 22 CFR 2520.104-467 (See instructions on waiver eligibility and conditions.).  C authon: A penalty for the late or Incomplete filling of this return/report will be assessed unless reasonable cause is established.
A Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address A BENNETT, D.D.S., P.A.  30 PEACHTREE STREET  UNION MS 39365  4 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.  3 Sponsor's name  4 EIN  5 Total number of participants at the beginning of the plan year  C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)  5 Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.  C aution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established.
3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address  JAMES A. BENNETT, D.D.S., P.A.  3b Administrator's EIN 64-0617961  3c Administrator's telephone number 601-774-8252  UNION MS 39365  4 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.  3 Sponsor's name  4 DEIN  5a Dotal number of participants at the beginning of the plan year.  5 Total number of participants at the end of the plan year.  5 Description of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)
JAMES A. BENNETT, D.D.S., P.A.  64-0617961  3c Administrator's telephone number 601-774-8252  UNION MS 39365  4 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  5a Total number of participants at the beginning of the plan year.  b Total number of participants at the end of the plan year.  5b Se Source of Participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)
UNION MS 39365  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.  Sponsor's name  Total number of participants at the beginning of the plan year
UNION MS 39365  4 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  5a Total number of participants at the beginning of the plan year
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.  Sponsor's name  Total number of participants at the beginning of the plan year.  Total number of participants at the end of the plan year.  Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).  Mare 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.).  We were all of the plan's assets during the plan year invested in eligible assets? (See instructions.).  We have 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.).  We have all of the plan's assets during the plan year invested in eligible assets? (See instructions.).  We have all of the plan's assets during the plan year invested in eligible assets? (See instructions.).  We have all of the plan's assets during the plan year invested in eligible assets? (See instructions.).  We have all of the plan's assets during the plan year invested in eligible assets? (See instructions.).  We have all of the plan's assets during the plan year invested in eligible assets? (See instructions.).  Yes No. We have all of the plan year invested in eligible assets? (See instructions.).
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.  Sponsor's name  Total number of participants at the beginning of the plan year.  Total number of participants at the end of the plan year.  Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).  Mare 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.).  We were all of the plan's assets during the plan year invested in eligible assets? (See instructions.).  We have 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.).  We have all of the plan's assets during the plan year invested in eligible assets? (See instructions.).  We have all of the plan's assets during the plan year invested in eligible assets? (See instructions.).  We have all of the plan's assets during the plan year invested in eligible assets? (See instructions.).  We have all of the plan's assets during the plan year invested in eligible assets? (See instructions.).  We have all of the plan's assets during the plan year invested in eligible assets? (See instructions.).  Yes No. We have all of the plan year invested in eligible assets? (See instructions.).
name, EIN, and the plan number from the last return/report.  3 Sponsor's name  4c PN  5a Total number of participants at the beginning of the plan year.  5b Sa
Ac PN  Total number of participants at the beginning of the plan year
Total number of participants at the beginning of the plan year
Total number of participants at the end of the plan year
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) ————————————————————————————————————
complete this item) 5c 8  6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) X Yes No 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.) X Yes No H you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.  Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established.
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.)
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 use Form 5500.  Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.
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.
SIGN JAMES A. BENNETT, D.D.S. HERE
Signature of plan administrator Date Enter name of individual signing as plan administrator
SIGN JAMES A. BENNETT, D.D.S.
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)  Preparer's telephone number (optional)

Form 5500-SF 2012 Page **2** 

Pa	rt III   Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	of Ye	ear		
a	Total plan assets	7a		7890	4		()			346	145
	Total plan liabilities	7b			0						0
	Net plan assets (subtract line 7b from line 7a)	7c	7	7890	4				8	346	145
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total							
	Contributions received or receivable from:		(a) / unount				(2)	, tu.			
	(1) Employers	8a(1)		220	13						
	(2) Participants	8a(2)		3248	5						
	(3) Others (including rollovers)	8a(3)			0						
b	Other income (loss)	8b		3634	3						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								71	031
d	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		379	0						
g	Other expenses	8g			0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								3	790
ī	Net income (loss) (subtract line 8h from line 8c)	8i								67	241
j	Transfers to (from) the plan (see instructions)	8j			0						
Pai	rt IV Plan Characteristics	<u> </u>									
	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  2A 2E 2J 2K 3D										
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:											
Par						T	1	_			
10	During the plan year:	d = = 201-1	a tha tha a sadad da adh adh a	ſ	Yes	No		Amo	ount		
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	ciary Corr	rection Program)	10a		Х					
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х					
C	Was the plan covered by a fidelity bond?			10c	Х				2	250	000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)	ner person of the bene	s by an insurance carrier, efits under the plan? (See	10e		Х					
f	· · · · · · · · · · · · · · · · · · ·					Х					
				10f		1					
9		-	·	10g		Х					
h	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	•		10i							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes		No
112	Enter the amount from Schedule SB line 39					11a					
12	Is this a defined contribution plan subject to the minimum funding						ERISA?		Yes	Х	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,							<u> </u>			
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		and	enter th Dav	ne date of the	ne le Yea		ling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule							. 50			
	Enter the minimum required contribution for this plan year					12b					

	Form 5500-SF 2012	Page <b>3</b> - [									
		u dhi a mha a cean				12c					
C Enter the amount contributed by the employer to the plan for this plan year											
е	Will the minimum funding amount reported on line 12d be m	et by the funding deadline?					Yes	No	N/A		
Part	VII Plan Terminations and Transfers of Ass	ets									
13a	Has a resolution to terminate the plan been adopted in any plan	year?				Х	Yes	No			
	If "Yes," enter the amount of any plan assets that reverted to	the employer this year				13a			0		
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the c of the PBGC?											
С	If during this plan year, any assets or liabilities were transfe which assets or liabilities were transferred. (See instructions		olan(	(s), identi	y the plan(s)	to					
1	3c(1) Name of plan(s):				1:	3c(2) l	EIN(s)	13c	<b>(3)</b> PN(s)		
Part	VIII Trust Information (optional)										
							14b Trust's EIN				

## (Rev. August 2012)

Department of the Treasury Internal Revenue Service

to prepare this application.

Signature ▶

Part I Identification

# Application for Extension of Time To File Certain Employee Plan Returns

▶ For Privacy Act and Paperwork Reduction Act Notice, see instructions. ▶ Information about Form 5558 and its instructions is at www.irs.gov/form5558 OMB No. 1545-0212

File With IRS Only

A	Name of filer, plan administrator, or plan sponsor (see instructions)  JAMES A. BENNETT, D.D.S., P.A.	В			fying number (		ns) ts XX-XXXXXXX)							
	Number, street, and room or suite no. (If a P.O. box, see instructions) 300 PEACHTREE STREET			64-0617961  Social security number (SSN) (9 digits XXX-XX-XXXX)										
	City or town, state, and ZIP code													
С	UNION, MS 39365 Plan name		Plar		Pla	n year endi	ng —							
		r	numb	er	MM	DD	YYYY							
	JAMES A. BENNETT, D.D.S., P.A. PROFIT SHARING PLAN	0	0	1	12	31	2012							
Pai	Extension of Time To File Form 5500 Series, and/or Form 89	55-S	SA											
1	Check this box if you are requesting an extension of time on line 2 to file the in Part 1, C above.	first F	-orm	5500 s	series return/	report for the	e plan listed							
2	I request an extension of time until			•	nstructions).									
3	I request an extension of time until10 _ /15 _ / _2013 to file Form 8 Note. A signature IS NOT required if you are requesting an extension to file Form 9 to 10				structions).									
	The application <b>is automatically approved</b> to the date shown on line 2 and/or the normal due date of Form 5500 series, and/or Form 8955-SSA for which and/or line 3 (above) is not later than the 15th day of the third month after the normal date.	this e	xtens	ion is										
Par	t III Extension of Time To File Form 5330 (see instructions)													
4	I request an extension of time until/ to file Form 5 You may be approved for up to a 6 month extension to file Form 5 3 30, after the		ıal du	e date	of Form 533	30.								
а	Enter the Code section(s) imposing the tax	•	а											
b	Enter the payment amount attached				•	b								
5	For excise taxes under section 4980 or 4980F of the Code, enter the reversion/s  State in detail why you need the extension:	ameno	dmen	t date	•	С								
Unde	penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on	this for	rm are	true, co	orrect, and com	plete, and that	I am authorized							

Date ▶