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).

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

| | | | Complete all entries in acc | ordance with the instruc | tions to the Form 55 | 00-3F. | | | | |
|--|-----------|--|--|--------------------------------|-----------------------------------|------------------|------------------------------------|--|--|--|
| | art I | | Identification Information | | | | | | | |
| For | calenda | ar plan year 2012 or fis | cal plan year beginning 01/01/2 | 012 | and ending | 12/31/2 | 2012 | | | |
| Α | This ret | urn/report is for: | X a single-employer plan | a multiple-employer pl | an (not multiemployer) |) | a one-participant plan | | | |
| В | This ret | urn/report is: | the first return/report | the final return/report | | | | | | |
| | | | an amended return/report | a short plan year return | n/report (less than 12 n | nonths) | | | | |
| С | Check b | oox if filing under: | X Form 5558 | automatic extension | | | DFVC program | | | |
| | | | special extension (enter descrip | otion) | | | | | | |
| Pa | art II | Basic Plan Infor | rmation—enter all requested info | rmation | | | | | | |
| 1a | Name | of plan | | | | 1b | Three-digit | | | |
| PERRI ELIZABETH YOUNG, M.D., P.A. 401(K) PROFIT S ARING PLAN & TRUST | | | | | | | plan number | | | |
| | | | | | | | (PN) • 001 | | | |
| | | | | 1c | Effective date of plan 01/01/2009 | | | | | |
| 2a | Plan sr | oonsor's name and add | dress; include room or suite number | (employer, if for a single- | emplover plan) | 2h | Employer Identification Number | | | |
| | | ABETH YOUNG, M.D., | | (employer, in for a onigro | omployor plany | (EIN) 20-1708731 | | | | |
| | | | | | | 2c | Sponsor's telephone number | | | |
| | | T DRIVE, SUITE 501 | | | | | 305-667-7878 | | | |
| MIAN | ЛI, FL 33 | 3143 | | | | 2d | Business code (see instructions) | | | |
| 32 | Dlon or | dministrator's name an | d address X Same as Plan Sponso | r Nama — Como ao Blan | Sponsor Address | 3h | 541990 Administrator's EIN | | | |
| Ja | riaii at | ammistrator s name an | u address Moaine as Plan Sponso | i NameSame as Flam | Sponsor Address | 30 | Administrator's EIN | | | |
| | | | | | | 3c | Administrator's telephone number | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 4 | | | plan sponsor has changed since the | ne last return/report filed fo | or this plan, enter the | 4b | EIN | | | |
| а | | Elin, and the plan hurr or's name | nber from the last return/report. | | | 4c PN | | | | |
| | | | at the beginning of the plan year | | | | 4 | | | |
| | | | at the end of the plan year | | | . 5b | 4 | | | |
| | | | account balances as of the end of th | | | | | | | |
| | | | | | • | . 5c | 4 | | | |
| | | | during the plan year invested in elig | | | | X Yes No | | | |
| b | | | the annual examination and report | | | | ₩ yee □ Ne | | | |
| | | | (See instructions on waiver eligibili | | | | | | | |
| | If you | answered "No" to en | ther line 6a or line 6b, the plan ca | nnot use Form 5500-SF | and must instead use | e Form | 5500. | | | |
| | | | or incomplete filing of this return/ | | | | | | | |
| | | | ner penalties set forth in the instructi | | | | | | | |
| | | rue, correct, and comp | id signed by an enrolled actuary, as ilete. | well as the electronic vers | sion of this return/repo | rt, and t | to the best of my knowledge and | | | |
| | , | | | | 1 | | | | | |
| SIG | | Filed with authorized/\ | valid electronic signature. | 10/15/2013 | CAMERON KELLY | | | | | |
| ПЕІ | NE . | Signature of plan ac | lministrator | Date | Enter name of individ | dual sig | ning as plan administrator | | | |
| SIG | | | | | | | | | | |
| HEI | RE | Signature of employer/plan sponsor Date Enter name of individu | | | | | ning as employer or plan sponsor | | | |
| Pre | parer's | | ame, if applicable) and address; inc | lude room or suite number | | | arer's telephone number (optional) | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | 1 | | | | |

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|-------------------|---------------|

| Pa | rt III Financial Information | | ı | | - | | | | | |
|----------|---|--|----------------------------------|------------|---------|-----------|--------------|--------|------|------|
| | Plan Assets and Liabilities | | (a) Beginning of Yea | ar | _ | | (b) End | of Y | ear | |
| <u>a</u> | Total plan assets | 7a | 6607 | 79 | _ | 90 | | | | 8 |
| | Total plan liabilities | 7b | | 0 | | | | | | 0 |
| <u>C</u> | Net plan assets (subtract line 7b from line 7a) | 7c | 6607 | 79 | | 909 | | | 9092 | 8 |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | | | (b) Total | | | | |
| а | Contributions received or receivable from: | 8a(1) | 367 | ' 5 | | | | | | |
| | (1) Employers | 8a(2) | 1707 | | | | | | | |
| | (2) Participants | 8a(3) | 1707 | 0 | | | | | | |
| | Other income (loss) | 8b | 957 | | | | | | | |
| | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | 957 | <u>'</u> | | | | | 2020 | _ |
| | Benefits paid (including direct rollovers and insurance premiums | 00 | | | | | | | 3032 |) |
| | to provide benefits) | 8d | | 0 | | | | | | |
| е | Certain deemed and/or corrective distributions (see instructions) | 8e | | 0 | | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | 547 | ' 6 | | | | | | |
| g | Other expenses | 8g | | 0 | | | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | | 547 | 6 |
| i | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | | | 2484 | 9 |
| j | Transfers to (from) the plan (see instructions) | 8j | | 0 | | | | | | |
| Pa | rt IV Plan Characteristics | | | | | | | | | |
| 9a | If the plan provides pension benefits, enter the applicable pension 2A 2E 2J | feature co | des from the List of Plan Char | acteris | stic Co | des in | the instruc | ctions | 3: | |
| b | If the plan provides welfare benefits, enter the applicable welfare fe | eature cod | es from the List of Plan Chara | cterist | ic Coc | les in t | he instruct | ions: | | |
| _ | | | | | | | | | | |
| Par | | | | | | | 1 | | | |
| 10 | During the plan year: | | | | Yes | No | | Am | ount | |
| a | 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu | ıciary Corı | rection Program) | 10a | | X | | | | |
| b | Were there any nonexempt transactions with any party-in-interest on line 10a.) | , | • | 10h | | X | | | | |
| | ' | | | 10b | | X | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | 10c | | ^ | | | | |
| | Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? | | | 10d | | X | | | | |
| е | Were any fees or commissions paid to any brokers, agents, or oth | ner person | s by an insurance carrier, | | | | | | | |
| | insurance service or other organization that provides some or all cinstructions.) | | | 10e | X | | | | | 5476 |
| f | , | | | | | X | | | | 0470 |
| | | | | 10f | | | | | | |
| 9 | | | <u> </u> | 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 | 1-3 | | 10i | | | | | | |
| Par | VI Pension Funding Compliance | | | | | | | | | |
| 11 | | | | | | | | | | |
| 11a | , | Enter the amount from Schedule SB line 39 | | | | | | | | |
| 12 | | Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X No | | | | | | | | |
| | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | | | | | | | | | |
| 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 e | enter th | ne date of t | he le | | ling |
| If | you completed line 12a, complete lines 3, 9, and 10 of Schedule | | | | | Day | | 100 | | |
| | Enter the minimum required contribution for this plan year | | | | | 12b | | | | |

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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 (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 of the PBGC? | control | | 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 | 3c(1) Name of plan(s): | 3c(2) E | IN(s) | 13c(3) PN(s) |
| Part | VIII Trust Information (optional) | | | |
| | Name of trust | 14b ⊤ | rust's EIN | |

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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2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

| Pension Ber | nefit Guaranty Corporation | Complete all entries in acc | ordance with the instru | ctions to the Form 5500 | 0-SF. | | | | | |
|---------------------|---|--|--|---|--|--|--|--|--|--|
| Part I | Annual Report Id | entification Information | | | 10/01/00 | 10 | | | | |
| For calenda | r plan year 2012 or fisca | | 01/01/2012 | and ending | 12/31/201 | | | | | |
| A This retu | um/report is for: | a single-employer plan | a multiple-employer | plan (not multiemployer) | ∐ a one-partici | pant plan | | | | |
| | um/report is: | the first return/report | the final return/repor | t | | | | | | |
| AND THE PROPERTY OF | Ī | an amended return/report | a short plan year ret | um/report (less than 12 m | nonths) | | | | | |
| C Charlet | ox if filing under: | Form 5558 | automatic extension | | DFVC progr | am | | | | |
| C CHECK L | | special extension (enter descr | iption) | | | | | | | |
| Part II | Racic Plan Inform | nation—enter all requested info | | | | | | | | |
| 1a Name | | | The state of the s | | 1b Three-digit | | | | | |
| | | ing, M.D., P.A. 401 | k) Profit S | | plan number | 001 | | | | |
| aring Plan & Trust | | | | | (PN) | | | | | |
| arıng | J Pian & Ilusc | | | | 1c Effective date of plan 01/01/2009 | | | | | |
| 20 Class | annor's name and addr | ess; include room or suite numbe | er (employer, if for a single | e-employer plan) | 2b Employer Ident | | | | | |
| | | ing, M.D., P.A. | a formation in the month | , | (EIN) 20-170 |)8731 | | | | |
| | | 3 . | | | 2c Sponsor's telep | phone number | | | | |
| | | | | | (305) 667 | | | | | |
| 6200 | Sunset Drive, | Suite 501 | | | 2d Business code | (see instructions) | | | | |
| Miam | <u>i</u> | | | 33143 | 541990 | P11.1 | | | | |
| 3a Plan a | dministrator's name and | address XSame as Plan Spons | or Name USame as Pla | n Sponsor Address | 3b Administrator's | FIN | | | | |
| | | | | | 3c Administrator's | telephone number | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | f. at : -1 t 11 - | | The second secon | | | | |
| 4 If the r | name and/or EIN of the | plan sponsor has changed since ber from the last return/report. | the last return/report filed | for this plan, enter the | 4b EIN | | | | | |
| | , Elly, and the plan hall or's name | Det Holli tild ibac fotolim opera | | | 4c PN | | | | | |
| | | t the beginning of the plan year. | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 5a | 4 | | | | |
| | 2 | t the end of the plan year | | | 1 | 4 | | | | |
| | | count balances as of the end of | | | | | | | | |
| comp | lete this item) | | A | (#****; 7; #* ##************************* | | 4 | | | | |
| 6a Were | all of the plan's assets | during the plan year invested in e | eligible assets? (See instr | uctions.) | | X Yes No | | | | |
| b Are yo | ou claiming a waiver of I | he annual examination and repo (See instructions on waiver eligit | nt of an independent quali | fied public accountant (IC | QPA) | X Yes No | | | | |
| under | · 29 CFR 2520,104-46? • answered "No" to eit | ther line 6a or line 6b, the plan | cannot use Form 5500-S | F and must instead use | Form 5500. | | | | | |
| | | r incomplete filing of this retur | | | | | | | | |
| Under non | alties of perium and oth | er penalties set forth in the instru | ctions. I declare that I have | re examined this return/re | port, including, if applie | cable, a Schedule | | | | |
| SB or Sche | edule MB completed and | i signed by an enrolled actuary, | as well as the electronic v | ersion of this return/repor | rt, and to the best of m | y knowledge and | | | | |
| belief, it is | true, correct, and compl | ete. | | | ···· | | | | | |
| SIGN | 1// | | 10/13/13 | Perri Elizabe | th Young, M.D | • | | | | |
| HERE | Signatore of plan ad | ministrator | Date / / | Enter name of individ | dual signing as plan ad | ministrator | | | | |
| | 10 | 27711141041041041 | 6/13/13 | Perri Elizabe | | | | | | |
| SIGN | 1-11-X | * * | | | | | | | | |
| . The second second | Signature of employ | er/pian sponsor me, if applicable) and address; i | Date nclude room or suite num | | dual signing as employ Preparer's telephone | | | | | |
| Lichard | terrine fremential title pe | arrant is substitutionally alread manus many in | | | | , , , , , , , , , | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | * | | | | |
| | | | | | I strkini vita | | | | | |

| Pa | rt III Financial Information | | | | | | | , | |
|--|--|--|--|----------|----------|--|--|---|-------|
| 7 | Plan Assets and Liabilities | | (a) Beginning of Year | • | | 2 200 | (b) End o | f Year | |
| <u>'</u> a | Total plan assets | 7a | | ,07 | 9 | | | 9 | 0,928 |
| _ <u>u</u> _b | Total plan liabilities | 7b | | t | | | | | 0 |
| | Net plan assets (subtract line 7b from line 7a) | 7c | 66 | ,07 | 9 | | | 9 | 0,928 |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | | | | (b) To | tal | |
| | Contributions received or receivable from: | | | | | | | | |
| | (1) Employers | 8a(1) | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | , 67. | | | | | |
| | (2) Participants | 8a(2) | 17 | ,07 | 3 | 73 124 14 31 1 | <u> </u> | | |
| | (3) Others (including rollovers) | 8a(3) | | | 0 | 1000 | | | |
| b | Other income (loss) | 8b | 9 | ,57 | 7 | | | | |
| | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | And the State of t | | 4_ | | | 3 | 0,325 |
| | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | | | 0 | Name of St. | | | |
| _ e | Certain deemed and/or corrective distributions (see instructions) | 8e | | | 0 | وأستنبلين | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8 f | S | ,47 | | | | | |
| g | Other expenses | 8g | | | 0 | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| <u>h</u> | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | - | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | 5,476 |
| i | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | | 2 | 4,849 |
| j | Transfers to (from) the plan (see instructions) | 8j | | | 0 | | | - | |
| Pa | rt IV Plan Characteristics | ((1444) (1444) (1444) (1444) (1444) | | | | | | | |
| 9a | If the plan provides pension benefits, enter the applicable pension 2A 2E 2J | | | | | | * | | |
| b | If the plan provides welfare benefits, enter the applicable welfare for | eature cod | es from the List of Plan Charac | teristi | c Cod | es in th | e instruction | ons: | |
| Pai | Part V Compliance Questions | | | | | | | | |
| 10 | During the plan year: | | | | Yes | No | | Amount | |
| | Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide | itions withi uciary Con | n the time period described in rection Program) | 10a | | х | | | |
| Ī | Were there any nonexempt transactions with any party-in-interes on line 10a.) | t? (Do not | include transactions reported | 10b | | Х | | | |
| | Was the plan covered by a fidelity bond? | | | 10c | | Х | | | |
| | Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? | fidelity bo | nd, that was caused by fraud | 10d | | Х | | | |
| | Were any fees or commissions paid to any brokers, agents, or of | her person | is by an insurance carrier, | | | *************************************** | | | |
| • | insurance service or other organization that provides some or all instructions.) | of the ben | efits under the plan? (See | 10e | Х | | | *************************************** | 5,476 |
| | Has the plan failed to provide any benefit when due under the pla | an? | *************************************** | 10f | | Х | | | |
| | Did the plan have any participant loans? (If "Yes," enter amount | | | 10g | | Х | | | |
| | h If this is an individual account plan, was there a blackout period? 2520.101-3.) | (See instr | uctions and 29 CFR | 10h | | х | et susues ^{et} | | |
| | If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10 | the require | d notice or one of the | 10i | | | | | |
| Da | t VI Pension Funding Compliance | | | . | | A | <u> </u> | | |
| 11 | | ments? (If | "Yes," see instructions and con | nplete | Sche | dule SE | 3 (Form | Yes | No |
| 11 | a Enter the amount from Schedule SB line 39 | | *************************************** | | <u>.</u> | 11a | | | |
| 12 | Is this a defined contribution plan subject to the minimum fundin | g requirem | ents of section 412 of the Code | e or se | ection | 302 of | ERISA? | Yes | X No |
| ********* | (If "Yes." complete line 12a or lines 12b, 12c, 12d, and 12e below | w, as applic | cable.) | | | | | | |
| | If a waiver of the minimum funding standard for a prior year is be oranting the waiver. | ing amorti | zed in this plan year, see instru Mor | 1th_ | , and | enter th Day | ne date of t | ne letter ru Year | ling |
| WASHINGTON TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRES | If you completed line 12a, complete lines 3, 9, and 10 of Schedu | ile MB (Fo | rm 5500), and skip to line 13. | | | | T | ······································ | |
| | b Enter the minimum required contribution for this plan year | | 44.1474.7477777777777777777777777777777 | | <u> </u> | 12b | <u> </u> | | |

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|------|---|---|------------|------------|--------------|
| | Enter the amount contributed by the employer to the plan for this plan year | | 120 | | |
| d | Subtract the amount in line 12c from the amount in line 12b. Enter the result negative amount) | (enter a minus sign to the left of a | 12d | - 10 | |
| 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 | | | | |
| | Has a resolution to terminate the plan been adopted in any plan year? | | | res 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, transferre of the PBGC? | ed to another plan, or brought under t | he control | | Yes X 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) E | N(s) | 13c(3) PN(s) |
| | | | | | |
| Part | VIII Trust Information (optional) | | | | |
| | Name of trust | | 14b T | rust's EIN | |
| | | | | | |