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

2013

This Form is Open to Public Inspection

Pension B	enefit Guaranty Corporation	▶ Complete all entries in accorda	ance with the instruc	tions to the Form 5500	0-SF.	""	spection		
Part I	Annual Report I	dentification Information							
For calend	lar plan year 2013 or fis	cal plan year beginning 01/01/2013		and ending 1	2/31/2	2013			
A This re	turn/report is for:	an (not multiemployer)		a one-partici	pant plan				
B This re	turn/report is:	the first return/report	the final return/report						
		an amended return/report	short plan year returr	n/report (less than 12 mo	onths))			
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	am		
		special extension (enter description	1)						
Part II	Basic Plan Infor	mation—enter all requested information	tion						
1a Name	of plan				1b	Three-digit			
SOUTHEAS	ST FLORIDA DENTAL G	GROUP, PA 401K PROFIT SHARING P	PLAN			plan number	000		
					4.0	(PN) •	003		
					10	Effective date o	η pian /1995		
2a Plan s	ponsor's name and add	dress; include room or suite number (em	nplover if for a single-	employer plan)	2h	Employer Identi			
	ST FLORIDA DENTAL O		ipioyor, ii ioi a diligio	omployer planty	20		218473		
					2c	Sponsor's telep	hone number		
	17 AVENUE, SUITE 50	0				305-89			
NORTH MIA	AMI, FL 33181-2058				2d	Business code 6212	(see instructions)		
3a Plan a	administrator's name and	d address Same as Plan Sponsor Na	ame Same as Plan	Sponsor Address	3b	Administrator's			
	FLORIDA DENTAL GF		AVENUE, SUITE 500	•			218473		
		NORTH MIAMI,	FL 33181-2058		3с	Administrator's 305-89	telephone number		
						303-03	1-0000		
4 If the	name and/or FIN of the	plan sponsor has changed since the la	st return/report filed fo	or this plan enter the	4h	EIN			
		nber from the last return/report.		р, с		Liiv			
a Spons	sor's name				4c	PN			
5a Total	number of participants a	at the beginning of the plan year			5a		14		
b Total	number of participants a	at the end of the plan year			5b		13		
		account balances as of the end of the pl	• •	-	5c		11		
	•	during the plan year invested in eligible					X Yes No		
	·	the annual examination and report of a	,	•					
		(See instructions on waiver eligibility as					X Yes No		
•		ther line 6a or line 6b, the plan canno			_		_		
C If the	plan is a defined benefit	t plan, is it covered under the PBGC ins	surance program (see	ERISA section 4021)? .		Yes No	Not determined		
Caution: A	A penalty for the late o	or incomplete filing of this return/repo	ort will be assessed	unless reasonable cau	ıse is	established.			
		er penalties set forth in the instructions					able, a Schedule		
		d signed by an enrolled actuary, as wel	I as the electronic vers	sion of this return/report	, and	to the best of my	knowledge and		
Dellei, it is	true, correct, and comp	iete.							
SIGN	Filed with authorized/v	valid electronic signature.	01/21/2014	DAVID ZIONTS					
HERE	Signature of plan ac	lministrator	Date	Enter name of individu	ter name of individual signing as plan administrator				
SIGN									
HERE	HERE Signature of employer/plan sponsor Date Enter name of individe				ual sig	ning as employe	er or plan sponsor		
Preparer's		ame, if applicable) and address; include					number (optional)		

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Pa	rt III Financial Information													
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar	(b) End of Year						_			
a	Total plan assets	7a	87641			1002529				9				
	Total plan liabilities	7b		0					()				
	Net plan assets (subtract line 7b from line 7a)	7c	87641	8			1002529			_				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	nount			(b)	Total			_			
a	Contributions received or receivable from:		(a) ranount				(2)	Total						
	(1) Employers	8a(1)	2350	7										
	(2) Participants	8a(2)	5242	20										
	(3) Others (including rollovers)	8a(3)		0										
b	Other income (loss)	8b	10507	4										
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						•	181001					
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	5489	0										
e	Certain deemed and/or corrective distributions (see instructions)	8e		0										
f	Administrative service providers (salaries, fees, commissions)	8f		0										
g	Other expenses	8g		0										
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							54890	0				
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							12611	1				
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 2F 2J 3D	feature coo	des from the List of Plan Char	acteris	stic Co	des in	the instru	iction	s:					
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan Chara	cterist	ic Cod	les in t	he instruc	tions						
Par	Part V Compliance Questions													
10	During the plan year:				Yes	No		Δm	ount		_			
	Was there a failure to transmit to the plan any participant contributions within the time period described 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)					X		7411	ount					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not in	nclude transactions reported	10a 10b		X								
_					X						_			
				10c						8800)()			
	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 	•	•											
	instructions.)			10e		X								
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X								
9	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd)	10g		Χ					_			
h	If this is an individual account plan, was there a blackout period? ((See instru	ctions and 29 CFR	10g 10h		X								
i		ne required	notice or one of the											
D = ==	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i										
Part	<u> </u>	1.0.4510	· " · · · · · ·		0.1									
<u>11</u>	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	_ N	l٥			
11a	1a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a													
	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	10			
12	is this a defined contribution plan subject to the minimum funding	requireme					(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
12	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applica	ible.)								_			
12		as applica	ible.) ed in this plan year, see instru	ctions			ne date of	the le		ling				
12 a	(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	as applica	ble.) ed in this plan year, see instruMon	ctions		enter th	ne date of			ling	_			

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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?	Y	es 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 coof the PBGC?	ontrol		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) to which assets or liabilities were transferred. (See instructions.))			
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)	
Part	VIII Trust Information (optional)				
14a	Name of trust	14b Trust's EIN			

Form 5500-SF

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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

2013

This Form is Open to Public Inspection

Part I Annual Report	t Identification Information								
For calendar plan year 2013 or f	fiscal plan year beginning	01/01/2013	and ending	12/31/2	013				
A This return/report is for:	X a single-employer plan	a multiple-employer pl	an (not multiemployer)	a one-participant plan					
B This return/report is:	the first return/report	the final return/report							
	onths)								
C Check box if filing under:		DFVC pr	ogram						
	special extension (enter desc	ription)							
Part II Basic Plan Info	ormation-enter all requested in	formation		W. W					
1a Name of plan				1b Three-digit	[
SOUTHEAST FLORIDA I	DENTAL GROUP, PA 401K	PROFIT SHARING I	PLAN	plan numbe (PN) ▶	o 0 0 3				
				1c Effective date of plan					
				01/01/1					
2a Plan sponsor's name and a SOUTHEAST FLORIDA D	ddress; include room or suite numb DENTAL GROUP, PA	er (employer, if for a single-	employer plan)		fentification Number 1218473				
12900 N.E. 17 AVENU	JE, SUITE 500			2c Sponsor's t 305-891	telephone number				
NORTH MIAMI	•	. 0		2d Business co	ode (see instructions)				
	FL 33181-205 and address Same as Plan Spons		Sponsor Address	621210 3b Administrat					
SOUTHEAST FLORIDA D	DENTAL GROUP, PA			59-1218					
12900 N.E. 17 AVENU	JE, SUITE 500			3c Administrator's telephone number 305-891-0600					
NORTH MIAMI	FL 33181-2058								
	ne plan sponsor has changed since	the last return/report filed for	or this plan, enter the	4b EIN					
name, EIN, and the plan nu a Sponsor's name	umber from the last return/report.			4c PN					
5a Total number of participant	s at the beginning of the plan year.	***************************************	***************************************	5a	14				
b Total number of participant	s at the end of the plan year	***************************************		5b	13				
	account balances as of the end of			5c	11				
6a Were all of the plan's asse	its during the plan year invested in ϵ	eligible assets? (See instruc	tions.)		X Yes No				
b Are you claiming a waiver of under 29 CFR 2520 104-46	of the annual examination and reports 6? (See instructions on waiver eligib	rt of an independent qualifie	d public accountant (IQ	PA)	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.	🖺 100 🗌 110				
	efit plan, is it covered under the PBC				Not determined				
	or incomplete filing of this return								
Under penalties of perjury and of SB or Schedule MB completed a belief, it is true, correct, and con	other penalties set forth in the instruction and signed by an enrolled actuary, an enrolled actuary, and the control of the co	ctions, I declare that I have as well as the electronic ver	examined this return/report	port, including, if a t, and to the best o	pplicable, a Schedule of my knowledge and				
SIGN (//		1/21/14	David Zionts						
HERE Signature of plan	administrator	Date	Enter name of individ	lual signing as plac	administrator				
SIGN									
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan									
Preparer's name (including firm	name, if applicable) and address; ir	nclude room or suite numbe	r (optional)		hone number (optional)				

Pa	tt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Year				(b) End c	of Year		
a	Total plan assets	7a	87	7641	8			1	002529	
b	Total plan liabilities	7b	0							
C	Net plan assets (subtract line 7b from line 7a)	7c	876418				10025			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total			
а 	Contributions received or receivable from: (1) Employers	8a(1)	2	2350	7					
	(2) Participants	8a(2)	5	242	0					
	(3) Others (including rollovers)	8a(3)			0					
b	Other income (loss)	8b	10)507	4					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					***************************************		181001	
d 	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		5489	0					
e	Certain deemed and/or corrective distributions (see instructions)	8e			0	deva ili				
f	Administrative service providers (salaries, fees, commissions)	8f			0					
g	Other expenses	. 8g			0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							54890	
i	Net income (loss) (subtract line 8h from line 8c)	. 8i		4)4.					126111	
j	Transfers to (from) the plan (see instructions)	8j			0					
Pa	rt IV Plan Characteristics	· L	A		<u>S</u>					
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2J 3D									
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Charac	cterist	ic Cod	es in t	he instruction	ons:		
-							·			
Par							T			
10	During the plan year:				Yes	No		Amount		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	uciary Corr	rection Program)	10a		Х				
t	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х			***************************************	
- 0	Was the plan covered by a fidelity bond?			10c	х				88000	
	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х				
	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 ben	efits under the plan? (See	10e		X				
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		Х	1			
9	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х				
ř	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 to exceptions to providing the notice applied under 29 CFR 2520.10			10i						
Par	VI Pension Funding Compliance			'						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Ye	s No	
118	Enter the unpaid minimum required contribution for current year f					11a				
12	is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	or se	ection	302 of	ERISA?	Ye	s X No	
	(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 bei granting the waiver.	ng amortiz	ed in this plan year, see instruction Mon	ith	, and e	enter ti Day		ne letter r Year	uling	
!	you completed line 12a, complete lines 3, 9, and 10 of Schedul	le MB (For	rm 5500), and skip to line 13.				_			
b	Enter the minimum required contribution for this plan year					12b	<u> </u>			

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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 signegative 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?		<u> </u>	res 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, of the PBGC?				Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(which assets or liabilities were transferred. (See instructions.)	(s), identify the plan(s)	to			
	13c(1) Name of plan(s):		3c(2) E	IN(s)	13c(3) PN(s)
				······		
					1	
Part	t VIII Trust Information (optional)				1	
***************************************	Name of trust		14b T	rust's EIN		
			L			