Form 5500-SF		Short Form Annual Re	OMB Nos. 1210-0110 1210-0089							
Department of the Treasury Internal Revenue Service		Benefit Plan				2013				
Department of Labor This form is required to be filed under sections 104 and 4065 of the Employ Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 605 Employee Benefits Security Administration the Internal Revenue Code (the Code).										
Pension Be	nefit Guaranty Corporation)-SF.	Inspection							
Perison benefit dualative corporation Complete all entries in accordance with the instructions to the Form 5500-SF. Part I Annual Report Identification Information										
For calenda	For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013									
A This ret	urn/report is for:	a single-employer plan	multiple-employer pl	an (not multiemployer)		a one-participant plan				
B This ret	urn/report is:		ne final return/report							
		n/report (less than 12 mc	onths)							
C Check box if filing under:						DFVC program				
		special extension (enter description)								
Part II		nation—enter all requested informati	on		41					
1a Name WILLIAM C. I	of plan EARLY, MD, PA PROFI	T SHARING PLAN			1b	Three-digit plan number (PN) ▶ 001				
					1c	Effective date of plan 01/01/2000				
2a Plan sr	onsor's name and addre	ess; include room or suite number (em	plover if for a single-	emplover plan)	2h	Employer Identification Number				
	EARLY, MD, PA		ployer, il for a olligie		20	(EIN) 65-0878586				
8386 WEST	OAKLAND PARK BOUL	EVARD			2c	Sponsor's telephone number 954-741-7577				
SUNRISE, F					2d	Business code (see instructions) 621111				
3a Plan ad	Iministrator's name and	address 🛛 Same as Plan Sponsor Na	me Same as Plan	Sponsor Address	3b	Administrator's EIN				
3c Administrator's telephone number										
	EIN, and the plan numb	lan sponsor has changed since the las er from the last return/report.	it return/report filed fo	or this plan, enter the	4b 4c	EIN				
· · ·		the beginning of the plan year			40 5a	5				
		the end of the plan year			5a 5b	7				
C Numbe	er of participants with ac	count balances as of the end of the pla	n year (defined bene	fit plans do not	5c	7				
		uring the plan year invested in eligible				X Yes No				
b Are yo	u claiming a waiver of th	le annual examination and report of an See instructions on waiver eligibility an	independent qualifie	d public accountant (IQF	PA)					
		er line 6a or line 6b, the plan cannot								
C If the p	lan is a defined benefit p	blan, is it covered under the PBGC insu	urance program (see	ERISA section 4021)?		Yes No Not determined				
Caution: A	penalty for the late or	incomplete filing of this return/repo	rt will be assessed	unless reasonable cau	se 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	Filed with authorized/va	lid electronic signature.								
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	ual sig	ning as plan administrator				
SIGN										
HERE	Signature of employe		Date		idual 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) 999-999-9999						,				
				-						

Part III Financial Information 7 Plan Assets and Liabilities		(a) Paginning of Va-			(b) End	of Voo-	
	70	(a) Beginning of Yea			(D) ENG	01 Year 1430706	
a Total plan assets	7a 7b		0			0	
b Total plan liabilities	7b	106323				1430706	
C Net plan assets (subtract line 7b from line 7a)	7c		0		<i>(</i>) –		
 8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: 		(a) Amount			(b) T	otal	
(1) Employers	8a(1)	7842	5				
(2) Participants	8a(2)		0				
(3) Others (including rollovers)	8a(3)		0				
b Other income (loss)	8b	28904	5				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					367470	
d Benefits paid (including direct rollovers and insurance premiums							
to provide benefits)	8d		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					0	
i Net income (loss) (subtract line 8h from line 8c)	8i					367470	
j Transfers to (from) the plan (see instructions)	8j		0				
b If the plan provides welfare benefits, enter the applicable welfare fe	eature codes	from the List of Plan Charac	cteristi	c Codes i	n the instructi	ons:	
	eature codes	from the List of Plan Charac	cteristi	c Codes i	n the instructi	ons:	
Part V Compliance Questions	eature codes	from the List of Plan Charac	cteristi	c Codes in Yes No.		ons: Amount	
Part V Compliance Questions	tions within th	ne time period described in	cteristi				(
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut	tions within th uciary Correct ? (Do not incl	ne time period described in ion Program) ude transactions reported		Yes No			(
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest*	tions within th uciary Correct ? (Do not incl	ne time period described in tion Program) lude transactions reported	10a	Yes No		Amount	(
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest' on line 10a.)	tions within th uciary Correct ? (Do not incl fidelity bond,	that was caused by fraud	10a 10b	Yes No X		Amount	
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's	tions within th uciary Correct ? (Do not incl fidelity bond, ner persons b of the benefit	that was caused by fraud y an insurance carrier, s under the plan? (See	10a 10b 10c	Yes No X X X		Amount	(
 Part V Compliance Questions During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all other some or all	tions within th uciary Correct ? (Do not incl fidelity bond, ner persons b of the benefit	he time period described in tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See	10a 10b 10c 10d	Yes No X X X X X		Amount	(()()()()()()()()()()()()()()()()()()()(
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the plan	tions within th uciary Correct ? (Do not incl fidelity bond, ner persons b of the benefit n?	that was caused by fraud y an insurance carrier, s under the plan? (See	10a 10b 10c 10d 10e 10f	Yes No X X X X X X		Amount	(
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Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest on line 10a.)	tions within th uciary Correct ? (Do not incl fidelity bond, fidelity bond, ner persons b of the benefit n? s of year end (See instruction ner required not	that was caused by fraud y an insurance carrier, s under the plan? (See 	10a 10b 10c 10d 10e 10f 10g 10h	Yes No X X X X X X X X X X X X		Amount	(
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest' on line 10a.)	tions within th uciary Correct ? (Do not incl fidelity bond, fidelity bond, ner persons b of the benefit n? s of year end (See instruction ne required not 1-3 uents? (If "Yes	he time period described in tion Program)	10a 10b 10c 10d 10d 10f 10g 10h 10i	Yes No X X X X X X X X X X X X X X X X X X X	D	Amount	(
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Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as instructions.) i If this is an individual account plan, was there a blackout period? (2520.101-3.) i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.107 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) 11a Enter the unpaid minimum required contribution for current year free the unpaid minimum required contribution for current year free the unpaid minimum required contribution for current year free the unpaid minimum required contribution for current year free the unpaid minimum required contribution for current ye	tions within th uciary Correct ? (Do not incl fidelity bond, fidelity bond, ner persons b of the benefit n? s of year end (See instruction ne required not 1-3 ments? (If "Yes rom Schedule requirements	he time period described in tion Program)	10a 10b 10c 10d 10d 10f 10g 10h 10i	Yes No X X X X X X X X X X X X X X X X X X X	D	Amount 26	(((((
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Page 3 - 1

			r					
C	Enter the amount contributed by the employer to the plan for this plan year	12c		0				
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		0				
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?	ı 🗌 ۱	res X No					
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		0				
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): 1	3c(2) El	N(s)	13c(3) PN(s)				
Part VIII Trust Information (optional)								
14a	Name of trust	14b ⊺ı	rust's EIN					

Form 5500-SF	yee		OMB Nos. 1210-0110 1210-0089			
Internal Revenue Service	ю	2	2013			
Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	8(a) of This Form is Open to Publ Inspection					
· · ·	Complete all entries in accorda	ince with the instru	ctions to the Form 550	0-SF.		
For calendar plan year 2013 or fise	dentification Information	2013	and ending	,	2/31/2013	
A This return/report is for:			lan (not multiemplover)		a one-particip	ant plan
B This return/report is:	m H	he final return/report	an (normaliamployor)			
	an amended return/report a	short plan year retur	n/report (less than 12 m	onths)	
C Check box if filing under:	🗌 Form 5558 🛛 🗍 a	utomatic extension			DFVC progra	กา
	special extension (enter description)					
	mationenter all requested information	on				
1a Name of plan				1b	Three-digit	
William C. Early, MD, P.	A Profit Shanng Plan				plan number (PN) ►	001
				1c	Effective date of 1/1/2	•
2a Plan sponsor's name and add	ress; include room or suite number (em	ployer, if for a single-	employer plan)	2b	Employer Identif	
William C. Early, MD, PA	N. I. I				(EIN) 65	0878586
\$386 West Oakland Park I \$302	Soulevard			20	Sponsor's telept 954741	
Sunrise 33351	FL			2d	Business code (621	see instructions)
	address Same as Plan Sponsor Na	me Same as Plar	Sponsor Address	3b	Administrator's E	
			· - · · - · · · · · · · · · · · · ·			
				30	Administrator's t	elephone number
4 If the name and/or EIN of the name, EIN, and the plan num	plan sponsor has changed since the las	t return/report filed fo	or this plan, enter the	4b	EIN	
a Sponsor's name				4c	PN	
	t the beginning of the plan year			5a		5
	t the end of the plan year			5b		7
C Number of participants with ac complete this item)	count balances as of the end of the pla	n year (defined bene	fit plans do not	5c		7
	during the plan year invested in eligible					Yes No
b Are you claiming a waiver of t	he annual examination and report of an	independent qualifie	d public accountant (IQI	PA)		
If you answered "No" to eith	See instructions on waiver eligibility an ler line 6a or line 6b, the plan cannot	d conditions.) use Form 5500-SF	and must instead use	Form	5500	Yes No
	plan, is it covered under the PBGC insu					Not determined
	incomplete filing of this return/repo					
Under penalties of perjury and other	r penalties set forth in the instructions.	I declare that I have	examined this return/ren	ort in	cluding if applies	hle a Schedule
SB or Schedule MB completed and belief, it is true, correct, and completed and complete the schedule of the sc	signed by an enrolled actuary, as well	as the electronic ver	sion of this return/report,	, and	to the best of my	knowledge and
SIGN MINIA	C. S. R. Pist	2hula.	WILL Am		· EAALU	,
HERE Signature of plan age	ninistrator	Date				
	Ana (San Unit	1 Lacht	Enter name of individu		\sim A_{M}	Inistrator
HERE Signature of employe	pr/nlan sponsor	Date	WILL (An		<u> </u>	· · · · · · · · · · · · · · · · · · ·
Preparer's name (including firm na	ne, if applicable) and address; include i		Enter name of individu			or plan sponsor number (optional)
						, , , , , , , , , , , , , , , , , , ,
For Paperwork Reduction Act Notice	and OMB Control Numbers, see the instru	ctions for Form 5500-	3F.		F	orm 5500-SF (2013)
						v. 130118

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Part III Financial Information							
7 Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End o	of Year
a Total plan assets	. 7a	10	6323	6			1430706
b Total plan liabilities	. 7b			0			0
C Net plan assets (subtract line 7b from line 7a)	. 7c	10	6323	36			1430706
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	otal
a Contributions received or receivable from:							
(1) Employers	. 8a(1)		7842				
(2) Participants	1						
(3) Others (including rollovers) b Other income (loss)				<u>_</u>			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	-ff-	2	8904	<u>.</u> 5			007470
d Benefits paid (including direct rollovers and insurance premiums	8c			_		· · · · · · · · · · · · · · · · · · ·	367470
to provide benefits)	. 8d			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						0
i Net income (loss) (subtract line 8h from line 8c)	. 8i						367470
j Transfers to (from) the plan (see instructions)	- 8j			0			
Part IV Plan Characteristics		· · · · · · · · · · · · · · · · · · ·					
 9a If the plan provides pension benefits, enter the applicable pension 2E 3D b If the plan provides welfare benefits, enter the applicable welfare for a second secon							
Part V Compliance Questions							
IV During the plan year:				Yes	No		Amount
a Was there a failure to transmit to the plan any participant contribu	itions within uclary Corre	the time period described in ection Program)	10a	Yes	No √	,	Amount
, , , , , , , , , , , , , , , , , , ,	uciary Corre t? (Do not in	ection Program) nclude transactions reported	10a 10b	Yes	No ✓		Amount
 a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b Were there any nonexempt transactions with any party-in-interest 	uciary Corre t? (Do not in	ection Program) nclude transactions reported		Yes	1		Amount 265
 a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b Were there any nonexempt transactions with any party-in-interest on line 10a.) 	uclary Corre t? (Do not in fidelity bone	ection Program) nelude transactions reported 	10b	Yes √	1		
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<u> </u>	nter the amount contributed by the employer to the plan for this plan year	12c		
ds	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a egative amount)	12d		
	Vill the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part V				
13a ⊦	las a resolution to terminate the plan been adopted in any plan year?	ΓĪΥ	′es 🗙 N	0
	f "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		
b v	Vere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the fthe PBGC?	control		Yes 🛛 No
C II	f during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) /hich assets or liabilities were transferred. (See instructions.)	to		
130	c(1) Name of plan(s):	3c(2) El	N(s)	13c(3) PN(s)
Part V	III Trust Information (optional)			
14a Na	me of trust	14b ⊺r	ust's EIN	