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 Be	enefit Guaranty Corporation	▶ Complete all entries in accord	ance with the instruc	ctions to the Form 550	0-SF.		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Part I	Annual Report lo	dentification Information					
For calenda	ar plan year 2013 or fisc	cal plan year beginning 01/01/2013		and ending 1	2/31/2	2013	
A This ret	turn/report is for:			an (not multiemployer)		a one-partici	pant plan
B This ret	turn/report is:	片 '	the final return/report				
		an amended return/report	ı short plan year returr	n/report (less than 12 mo	onths)		
C Check I	box if filing under:		automatic extension			DFVC progra	am
Dest II	Desir Dies leter	special extension (enter description	,				
Part II		mation—enter all requested informa	tion		41.		Γ
1a Name FRANK J SI		PROFIT SHARING PLAN & TRUST			10	Three-digit plan number (PN)	001
					1c	Effective date o	
	ponsor's name and add	ress; include room or suite number (en	nployer, if for a single-	employer plan)	2b	Employer Identi	
5420 WEBB	ROAD				2c	Sponsor's telep	
SUITE C2 TAMPA, FL					2d	Business code 6212	(see instructions)
3a Plan a	dministrator's name and	d address XSame as Plan Sponsor Na	ame Same as Plan	Sponsor Address	3b	Administrator's	
					3с	Administrator's	telephone number
4 If the r	name and/or FIN of the	plan appear has changed since the la	at raturn/rapart filed for	or this plan, enter the	415	SIN	
		plan sponsor has changed since the la ber from the last return/report.	st return/report filed fo	or this plan, enter the	4b	EIN	
a Spons	or's name				4c	PN	
5a Total r	number of participants a	t the beginning of the plan year			5a		14
b Total r	number of participants a	t the end of the plan year			5b		14
		ccount balances as of the end of the pl	• `	•	5c		14
_		during the plan year invested in eligible					X Yes No
under	29 CFR 2520.104-46?	the annual examination and report of a (See instructions on waiver eligibility a ther line 6a or line 6b, the plan canno	nd conditions.)				X Yes No
-		plan, is it covered under the PBGC ins			_		Not determined
		r incomplete filing of this return/repo					•
Under pena SB or Sche	alties of perjury and other	er penalties set forth in the instructions d signed by an enrolled actuary, as wel	, I declare that I have	examined this return/rep	oort, in	cluding, if applic	
SIGN	Filed with authorized/va	alid electronic signature.	04/14/2014	VICTORIA GATES			
HERE	Signature of plan ad	ministrator	Date	Enter name of individu	ual sig	ning as plan adr	ninistrator
SIGN							
HERE	Signature of employ	er/plan sponsor	Date	Enter name of individu	ual sig	ning as employe	er or plan sponsor
Preparer's	name (including firm na	me, if applicable) and address; include	room or suite numbe	r (optional)	Prep	arer's telephone	number (optional)

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	of Y	ear		
a	Total plan assets	7a	37661				(2) 2.10		44183	9	
	Total plan liabilities	7b									
	Net plan assets (subtract line 7b from line 7a)	7c	37661	376613			441839				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal			
	Contributions received or receivable from:		(4) / 1110 4111				(4) 1				
	(1) Employers	8a(1)	1285	9							
	(2) Participants	8a(2)	2594	4							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	6395	1							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1	0275	4	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	3253	5							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f	499	3							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							3752	8	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							6522	6	
j	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instruc	tions	S:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instructi	ons:			
Par	t V Compliance Questions										
10	During the plan year:				Yes	No		Am	ount		
а	Was there a failure to transmit to the plan any participant contribute 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		X					
						X					
	· · · · · · · · · · · · · · · · · · ·			10c							
d	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					30	081
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 e	end.)	10q	X					474	495
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	ne required	d notice or one of the	10i		X					
Part		-									
11	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form										
110	5500) and line 11a below)								100	^	,,,0
	a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39										
12	Is this a defined contribution plan subject to the minimum funding			or se	ection	კ02 of	EKISA?		Yes	^	No
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 the minimum funding standard for a prior year is being the standard for a prior year.	ng amortiz	ed in this plan year, see instru		, and e	_	ne date of t			ıling	
	granting the waiver.			th		Day		Yea	ar		
	you completed line 12a, complete lines 3, 9, and 10 of Schedule Enter the minimum required contribution for this plan year	•				12b					
0	Fuller the minimum required contribution for this plan year					140	1				

Page	3 -		1
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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			

Short Form Annual Return/Report of Small Employee Benefit Plan Form 5500-SF

Department of the Treasury Internel Revenue Senice Department of Labor

This form is required to be filed under sections 104 and 4085 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of

OMB Nos	1210-0110 1210-0089
2013	

		Benefit Guaranty Corporation		itemal Revenue Code (th		,-,	_	is Open to Public
	_		Complete all entries in a	ccordance with the inst	ructions to the Form 5	500-SF.		spection .
	Part I	Annual Report Id	lentification information	· · · · · · · · · · · · · · · · · · ·				
		dar plan year 2013 or fec	_	01/01/2013	and ending		12/31/20	13
A	This n	eturn/report is for:	a single-employer plan	a multiple employe	plan (not mulbemploye	1)	a one-partici	pant plan
B	א שענן	stum/report is:	the first return/report	the final return/repo	n		-	•
			an amended return/report	a short plan year rel	um/report (less than 12	months	1	
C	Check	box if filing under	Form 5558	automatic extension			DFVC progra	
			special extension (enter desc	-	•		U brac brook	211
P	art II	Basic Plan Inform	nation—enter all requested in	F-11-2-1-1				
18	Name	of plan		- CONTRACTOR		46		
		k J Sierra DMD	27			10	Three-digit plan number	
		k) Profit Shari					(PN) Þ	001
			,			1c	Effective date of	
2-	<u> </u>					1	01/01/199	
48	Frank Fran	iponsors name and addre ik J Sierra DMD	iss; include room or suite numb	er (employer, if for a sing	e-employer plan)	2b	Employer Identi	fication Number
		A O CICITA EMD	rn .				(EN) 59-340	
						2c	Sponsor's telep	
	5420	Webb Road				<u> </u>	(813) 885-	
	Sult Tamp	e C2		*		2d		(see enstructions)
3a			eddress XSame as Plan Spon	tor Name Rame or Di	33615	-	621210	
			Process Process es a seu obos	Contains Dame 22 h	en Sponsor Address	30	Administrator's	EIN
						3c	Administrator s	elephone number
								en eight state in (U.) 1994
	Spons	, EIN, and the plan numbe or's name	an sponsor has changed since or from the last return/report			4c	EIN	 -
5 a	Total	number of participents at I	the beginning of the plan year .			- 5a	 	
þ	Total	number of participents at t					+	14
C	Numb	er of participants with acc	ount belances as of the end of	the plan year (defined her	refit niene do not	 ""		
	comp	900 trus item)				5c		14
6a	Were	all of the plan's essets du	ining the plan year invested in e	ligible assets? (See instr.	ctions.)		*	X Yes No
Þ	Are yo	ou distining a waiver of the	and the notanimest bunna e	t of an independent qualit	ed public accountant (10	OPA)		
		28 CLM 5350 104-40 ((2	es kustructiout ou melver eligib	lity and conditions.)				X Yes No
c	if the	Nan is a defined benefit of	r line 6a or line 6b, the plan o	annot use rom 5909-6	and must instead use	_		
			an, is it covered under the PBG				Yes [] No []	Not determined
Cau	tion: A	penalty for the late or is	ncomplete filing of this return	vreport will be assessed	unioss reconsble ca	uee is	established.	
ung	er peni	libes of perjury and other i	penalties set forth in the instruc	tions I declare that I have	and any state of the state of the		al., at	bie, a Schedule
		ine, correct, and compact	TO THE OTHER PROPERTY.	is well as the electronic vi	rsion of this return/repo	t, and t	o the best of my	knowledge and
_			/////////	1. 7. 1				
				3/8/m	FRANK J. SIER	RA, I	OMD	
		Signature of plant sage	interpret /	Dete	Enter name of individ	tual sine	NOO se plan adm	
		JAK .		1/1/2	FRANK J. SIER			
7		Signature of employer	hian sponsor	3/3//				
N.	Aprèc s	name (including firm name	a, if applicable) and address, in	cings count or strips unimp	Enter name of individer (collonal)	P	rang as employer	or plan sponeor
٠	• • • •	-	,,		. /-h		n ar s resebuces (number (optional)
					-			ļ
						l		j
ror f	-ebe-m	ork Reduction Act Notice an	d OMB Control Numbers, see the	instructions for Form 4866	22			2222 22 22 22

Pa	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	nr			(b) End of Year		
а	Total plan assets	7a		6,61	.3		441,839		
	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	370	6,61	. 3		441,839		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
а	Contributions received or receivable from:		1,	2 0 5					
-	(1) Employers	8a(1)		2,85 5,94					
-	(2) Participants	8a(2)	۷.	J, 99	-				
_	(3) Others (including rollovers)	8a(3)	6	3,95	5.1	_			
-	Other income (loss)	8b	0.	J, J.	_		102,754		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			+		102,734		
u	to provide benefits)	8d	32	2,53	35				
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f		4,99	93				
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					37,528		
L	Net income (loss) (subtract line 8h from line 8c)	8i					65,226		
j	Transfers to (from) the plan (see instructions)	8j							
Pai	t IV Plan Characteristics								
-	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D								
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Plan Chara	cterist	tic Cod	des in t	he instructions:		
	N. Commission of Constitute								
<u>Par</u>					Yes	No	A		
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		163	NO	Amount		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	uciary Cor	rection Program)	10a		Х			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х			
	Was the plan covered by a fidelity bond?			10c		Х			
	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 instructions.)	of the ben	efits under the plan? (See	10e	Х		3,081		
f						Х	<u> </u>		
				10f 10g	Х	21	47,495		
_	If this is an individual account plan, was there a blackout period?	(See instr	uctions and 29 CFR	iog			, ,		
_	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the state of the s			10h		X			
	exceptions to providing the notice applied under 29 CFR 2520.10			10i		Х			
Par							4		
	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) Yes No								
	1a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a								
12									
	(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 ranting the waiver.		Mor	nth	, and	enter th Day			
	you completed line 12a, complete lines 3, 9, and 10 of Schedul				Т	12b			
<u>lb</u>	Enter the minimum required contribution for this plan year					120	l		

	Form 5500-SF 2013 130118 Page 3 -			
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?		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 of the PBGC?			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.)	ю.		
1	3c(1) Name of plan(s):	3c(2) El	N(s)	13c(3) PN(s)
_				
	VIII Trust Information (optional)			
14a	Name of trust	14b ⊺⊦	rust's EIN	

Page 3 -