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 accordance	ordance with the instr	uctions to the Form 550	0-SF.		
Part I	Annual Report	Identification Information					
For calenda	ar plan year 2012 or f	iscal plan year beginning 08/01/20)12	and ending 0	7/31/2	013	
	urn/report is for: urn/report is:	X a single-employer plan ☐ the first return/report	a multiple-employer the final return/repo	plan (not multiemployer)	[a one-particip	oant plan
		an amended return/report	a short plan year reti	urn/report (less than 12 m	onths)		
C Check h	box if filing under:	X Form 5558	automatic extension			DFVC progra	am
• Oncor i	oox ii iiiiiig ariaci.	special extension (enter descrip			ļ		
Part II	Racio Blan Info	<u> </u>	<u>'</u>				
		ormation—enter all requested infor	mation		1h	Throo digit	
1a Name		ASSOCIATES, P.A. 401K PROFIT S	HARING PLAN			Three-digit plan number	
LLOIWIND I	OOMALL, M.D. 744D	7.00001/(120,11./1.401(11.0111.0				(PN) ▶	001
					1c	Effective date o	f plan
						12/05	/1969
		ddress; include room or suite number ASSOCIATE S, P.A.	(employer, if for a singl	e-employer plan)			fication Number 66812
P. O. BOX 4	02865				2c	Sponsor's telep	
	CH, FL 33140-0865				2d	Business code ((see instructions)
	dministrator's name a	nd address Same as Plan Sponsor	<u> </u>	an Sponsor Address	3b	Administrator's 59-12	EIN 266812
LONARD TO	OUNTEL, W.D. AND P		H, FL 33140-0865		3с	Administrator's 1	telephone number 5-3400
A Kitha			Land and the second Clark	forth in the control to	41		
name,	, EIN, and the plan nu	e plan sponsor has changed since the imber from the last return/report.	e last return/report filed	for this plan, enter the	4b		
	or's name				4c	PN	
		s at the beginning of the plan year			5a		3
		s at the end of the plan year			5b		2
		account balances as of the end of the		•	5c		2
6a Were	all of the plan's asset	ts during the plan year invested in elig	ible assets? (See instr	uctions.)			X Yes No
_		of the annual examination and report of					
		6? (See instructions on waiver eligibilit					X Yes No
lf you	answered "No" to e	either line 6a or line 6b, the plan car	not use Form 5500-S	F and must instead use	Form	<u>5500.</u>	
		or incomplete filing of this return/r	•				
SB or Sche	, , ,	ther penalties set forth in the instruction and signed by an enrolled actuary, as inplete.	*	•	, ,	O, 11	,
SIGN	Filed with authorized	/valid electronic signature.	05/12/2014	LEONARD M. TOON	KEL		
HERE	Signature of plan	administrator	Date	Enter name of individ	ual sigi	ning as plan adr	ninistrator
SIGN							
HERE	Signature of emplo	over/nlan enoneor	Date	Enter name of individ	ual sim	ning as employe	ar or plan sponsor
Preparer's		name, if applicable) and address; incli					number (optional)
·	, ζ			, ,	·	·	,

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Por	t III Financial Information						
<u> Par</u>	Plan Assets and Liabilities		(a) Paginning of Var				(b) End of Your
		70	(a) Beginning of Year				(b) End of Year 3086035
	Total plan assets 7a 29762 Total plan liabilities 7b 72						3000033
	Net plan assets (subtract line 7b from line 7a)	7c	296900				3086035
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from:		(a) Amount				(b) Total
	(1) Employers	8a(1)	1750	0			
	(2) Participants	8a(2)	550	00			
	(3) Others (including rollovers)	8a(3)					
	Other income (loss)	8b	42866	64			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					451664
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	31325	8			
e	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f	2137	9			
g	Other expenses	8g					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					334637
	Net income (loss) (subtract line 8h from line 8c)	8i					117027
j	Transfers to (from) the plan (see instructions)	8j					
Par	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instructions:
Part V Compliance Questions							
10	During the plan year:				Yes	No	Amount
	a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)					X	7
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					X	
	Was the plan covered by a fidelity bond?			10c	Χ		200000
d				100			300000
	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 cinstructions.)	of the bene	efits under the plan? (See	10e		X	
f	Has the plan failed to provide any benefit when due under the plan			10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount a					X	
h	If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR	10g		X	
	,			10h			
Part	vi Pension Funding Compliance	1-3		10i			
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
11a	11a Enter the amount from Schedule SB line 39						
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?						
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon	ith	and e	enter th Day	ne date of the letter ruling Year
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
b Enter the minimum required contribution for this plan year							

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

Form 5500-SF

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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

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,	Complete all entries in accordance	ance with the instri	actions to the Form 55	00-SF.	mspection.			
Parti	Annual Report Identification Information							
For calen		/01/2012	and ending		07/31/2013			
A This re	eturn/report is for: 🗵 a single-employer plan 🔲 a	a multiple-employer	plan (not multiemployer) [a one-participant plan			
B This re	eturn/report is: $igcap $ the first return/report $igcap $ t	the final return/repor						
	an amended return/report a	short plan year retu	m/report (less than 12 r	nonths)				
C Check	box if filing under: X Form 5558	automatic extension		Ţ	DFVC program			
	special extension (enter description			Ŀ				
Part II	Basic Plan Information—enter all requested informat							
1a Name			**************************************	1h	Three-digit			
	RD TOONKEL, M.D. AND ASSOCIATES, P.A.	401K PROFIT	SHARING PLAN		plan number			
	•			1	(PN) • 001			
				1c	Effective date of plan			
0				1	L2/05/1969			
LEONAR	sponsor's name and address; include room or suite number (em PD TOONKEL, M.D. AND ASSOCIATE S, P.A.	ployer, if for a single	-employer plan)	1	Employer Identification Number			
	Toolius, I Ind Modernia o, E.M.			(EIN) 59-1266812				
P. O.	BOX 402865				Sponsor's telephone number			
				****************	305-535-3400			
MIAMI	BEACH FL 33140-0865			3	Business code (see instructions) 621111			
3a Plan a	administrator's name and address Same as Plan Sponsor Na	me	n Sponsor Address		Administrator's EIN			
	D TOONKEL, M.D. AND ASSOCIATE S, P.A.	ne Leane as ria	ii Opolisui Audiess		59-1266812			
	,			3c /	Administrator's telephone number			
P. O.	BOX 402865			305-535-3400				
MIAMI	BEACH FL 33140-0865			**************************************				
4 If the	name and/or EIN of the plan sponsor has changed since the las	t columns and find f	action when we have	1				
name	EIN, and the plan number from the last return/report.	r reminishon men i	n mis biani enter me	4b E	-1N			
a Spons	or's name			4c F	∍N			
5a Total	number of participants at the beginning of the plan year	~ * * * - * * > * * * * * * * * * * * * *		5a	3			
b Total number of participants at the end of the plan year				2				
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not								
complete this item)					2			
6a Were	all of the plan's assets during the plan year invested in eligible	assets? (See instruc	tions.)	->*********	X Yes No			
D Are yo	ou claiming a waiver of the annual examination and report of an	independent qualifie	d public accountant (IQ	PA)				
If you	29 CFR 2520.104-46? (See instructions on waiver eligibility and answered "No" to either line 6a or line 6b, the plan cannot	d conditions.)			Yes No			
Caution: A	penalty for the late or incomplete filing of this return/repor	twill be assessed	and must instead use	rorm 5	500.			
Under pena	alties of perjury and other penalties set forth in the instructions, I	declare that I have	uniess reasonable cat	ise is es	itablished.			
	And the combining and signed by an empheli schiller as well:	as the electronic ven	sion of this return/report	port, inci c, and to	the best of my knowledge and			
belier, it is t	true, correct, and complete.		,					
SIGN	duly / C	5/11/14	Leonard M. Too	nkel				
HERE	Signature of plan administrator							
SIGN	- Committee and the committee	Date	Enter name of individi	uai signii	ng as plan administrator			
HERE								
Prenararia	Signature of employer/plan sponsor	Date	Enter name of individu	ual signir	ng as employer or plan sponsor			
. (Speicial	name (including firm name, if applicable) and address; include re	oom or suite numbei	(optional)	Prepare	er's telephone number (optional)			
			The state of the s					
			and the second s		Independent			
- Titlerskon								
FD								

Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Ye	ar			(b) End of Year
а	Total plan assets	7a		762	17		3086035
	Total plan liabilities	7b		72	39		
C	Net plan assets (subtract line 7b from line 7a)	7c	29	690	80		3086035
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from:			175	20		
	(1) Employers	8a(1)		55(,	
***************************************	(2) Participants 8a(2)						
	(3) Others (including rollovers)						
	Other income (loss)	8b	+	286	24		A 200 M 200
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		·····		·	451664
u	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d -	3	132	58		
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f		213	79		<u>, , , , , , , , , , , , , , , , , , , </u>
g	Other expenses	8g		***************************************			**************************************
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					334637
i	Net income (loss) (subtract line 8h from line 8c)	8i					117027
j	Transfers to (from) the plan (see instructions)	8j					
Pa	rt IV Plan Characteristics						***************************************
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Char	acteri	stic Co	odes in	the instructions:
	2E 2F 2G 2J 3D						
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan Chara	cterisi	ic Coc	ies in I	the instructions:
Par	t V Compliance Questions						
10	During the plan year:	***************************************		······	Yes	No	Amount
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			10a		х	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported	10b		Х	
С	Was the plan covered by a fidelity bond?	~		10c	Х		300000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х	
e	Were any fees or commissions paid to any brokers, agents, or oth						1
	insurance service or other organization that provides some or all o instructions.)	f the bene	fits under the plan? (See	10e		х	
f	Has the plan failed to provide any benefit when due under the plan?			10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year e	nd.)	10g		Х	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			10h		Х	
i	If 10h was answered "Yes," check the box if you either provided the acceptions to providing the notice applied under 29 CFR 2520.101			10i			
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements 500) and line 11a below)	ents? (If "Y	es," see instructions and com	plete	Sched	lule SE	3 (Form Yes No
<u>11a</u>	Enter the amount from Schedule SB line 39					11a	L
11a 12			***************************************				ERISA? Yes X No
	Enter the amount from Schedule SB line 39	requireme	nts of section 412 of the Code				ERISA? Yes X No
12 a	Enter the amount from Schedule SB line 39 Is this a defined contribution plan subject to the minimum funding (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 bein granting the waiver.	requireme as applica g amortize	nts of section 412 of the Code ible.) ed in this plan year, see instruc Moni	or se	ction 3	302 of	he date of the letter ruling
12 a	Enter the amount from Schedule SB line 39. Is this a defined contribution plan subject to the minimum funding (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 bein	requireme as applica g amortize	nts of section 412 of the Code ible.) ed in this plan year, see instruc Moni	or se	ction 3	302 of enter th	he date of the letter ruling
12 a	Enter the amount from Schedule SB line 39 Is this a defined contribution plan subject to the minimum funding (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 bein granting the waiver.	requireme as applica g amortize MB (Forr	nts of section 412 of the Code able.) ad in this plan year, see instruc Moni	or se	ction 3	302 of enter th	he date of the letter ruling