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

2013

This Form is Open to Public Inspection

		Complete all entries in accorda	ince with the instruc	tions to the Form 550	10-5F.		
Part I	Annual Report	Identification Information					
For calend	dar plan year 2013 or fis	scal plan year beginning 01/01/2013		and ending	12/31/2	2013	
A This re	eturn/report is for:	a single-employer plan	multiple-employer pl	an (not multiemployer)		a one-particip	oant plan
B This re	eturn/report is:	the first return/report the	he final return/report				
		an amended return/report a	short plan year return	n/report (less than 12 m	onths))	
C Check	box if filing under:	Form 5558	utomatic extension			DFVC progra	ım
		special extension (enter description))			<u> </u>	
Part II	Basic Plan Info		ion				
1a Name	e of plan	· · · · · · · · · · · · · · · · · · ·			1b	Three-digit	
CHARLES [D. THOMAS, DMD, PA	PROFIT SHARING PLAN AND TRUST				plan number	004
					10	(PN)	001
					10	Effective date of	•
	sponsor's name and add D. THOMAS, DMD ,PA	dress; include room or suite number (em	ployer, if for a single-	employer plan)	2b	Employer Identif	fication Number
					2c	Sponsor's telep	hone number
5382 S SUN	NCOAST BLVD					352-628	
	SA, FL 34446				2d	Business code (
3a Plan a	administrator's name an	nd address XSame as Plan Sponsor Nai	me Same as Plan	Sponsor Address	3b	Administrator's I	
					3c	Administrator's t	telephone number
						, tarriinotrator o t	iolophono nambol
4					1		
		e plan sponsor has changed since the las mber from the last return/report.	st return/report filed to	or this plan, enter the	4b	EIN	
	sor's name	mon the last retain report.			4c	PN	
5a Total	number of participants	at the beginning of the plan year			5a		5
b Total	number of participants	at the end of the plan year			5b		5
	· ·	account balances as of the end of the pla	•	•	5c		5
6a Were	e all of the plan's assets	during the plan year invested in eligible	assets? (See instruc	tions.)			X Yes No
,	- C	the annual examination and report of an			,		
		? (See instructions on waiver eligibility an ther line 6a or line 6b, the plan cannot					X Yes No
] Not determined
C If the	plan is a defined benef	it plan, is it covered under the PBGC insu	urance program (see	ERISA section 4021)?		Yes No	Not determined
Caution:	A penalty for the late of	or incomplete filing of this return/repo	rt will be assessed	unless reasonable ca	use is	established.	
		ner penalties set forth in the instructions,					
	true, correct, and comp	nd signed by an enrolled actuary, as well blete.	as the electronic vers	sion of this return/repor	t, and	to the best of my	knowledge and
,	<u> </u>		T	T			
SIGN HERE	Filed with authorized/	valid electronic signature.	06/02/2014	CHARLES D. THOMA	AS		
TILIXE	Signature of plan a	dministrator	Date	Enter name of individ	lual sig	ıning as plan adn	ninistrator
SIGN							
			D-4-		منما منم	uning an amplaya	
HERE	Signature of emplo		Date	Enter name of individ	iuai Sig	Jilling as employe	r or plan sponsor
		yer/plan sponsor 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				(b) End of Year
_ ′ a	Total plan assets	72	(a) Beginning of Tea				1440415
b	Total plan liabilities	74					1110110
	Net plan assets (subtract line 7b from line 7a)	76 7c	138811	6	-		1440415
8	Income, Expenses, and Transfers for this Plan Year	70			+		
	Contributions received or receivable from:		(a) Amount				(b) Total
	(1) Employers	8a(1)	4200	0			
	(2) Participants	8a(2)	965	9			
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	180	5			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					53464
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	. 8f	116	5			
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					1165
i	Net income (loss) (subtract line 8h from line 8c)	. 8i					52299
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 2J 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:
b	b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:						
Part V Compliance Questions							
10	During the plan year:				Yes	No	Amount
а	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)						
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	•	10b		X	
С	Was the plan covered by a fidelity bond?			10c	X		265000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X	20000
—е	Were any fees or commissions paid to any brokers, agents, or oth						
·	insurance service, or other organization that provides some or all	of the ben	efits under the plan? (See			X	
	instructions.)						
f	Has the plan failed to provide any benefit when due under the plan?					X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			10g		X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 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			10i			
Part	VI Pension Funding Compliance						
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)							
11a	11a 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		· · · · · · · · · · · · · · · · · · ·				FRISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	-		, oi 30	,50011	JUZ UI	
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 the letter ruling Year
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					Day	ı oui
	Enter the minimum required contribution for this plan year	,	,p			12b	

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?	🔲 `	Yes X N	lo	
	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	No 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			
	I3c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3) P	N(s)
Part	VIII Trust Information (optional)				
	Name of trust RLES D. THOMAS, DMD, PA PROFIT S		rust's EIN 500017567		

OMB Nos. 1210-0110 1210-0089

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor

Short Form Annual Return/Report of Small Employee Benefit Plan

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2013

	se Benefits Security Administration	. the interna	al Revenue Code (th	e Code).		This Form is Open	
	in Banafit, Guerenty Corporation	Complete all entries in accor	dance with the inst	ructions to the Form St	500-SF.	Inspection	ì
Part		dentification information					
<u>For çale</u>	onder plan year 2013 or liso		1/01/2013	and ending		12/31/2013	
A This	return/report is for:	🗵 e single-employor plan 📗	a multiple-employe	r plan (not multiemployer) [a one-participant pla	
B This	return/report is:	the first return/report	the final return/repo	ort	, n	I = h=	
		an emended return/report	•	wm/report (less than 12)	montho)		
C Che	ck box if filing under:	7 Form 5558	automatic extension		monus)	1	
`	f	<u></u>		ı	Ц	DFVC program	
Part I	Donia Dies Inform	special extension (enter descriptio				· · · · · · · · · · · · · · · · · · ·	
	ne of plan	mation—enter all requested informa	ation		1 ::		
		Date was				hree-digit	
Pro	irles D. Thomas, ofit Sharing Plan	DMD, PA				an number	001
	-1%0 Dilazing 1,kal	I and Irest				ffective date of plan	001
					10 5	7/01/1983	
2a Plar	sponsor's name and addre	ess; include room or suite number (er	nployer, if for a singl	e-employer plan)		riployer Identification i	lumbor
Cna	rles D. Thomas,	DMD , PA				IN) 59-2197011	เสนเมอา
						ponsor's telephone nu	Ther
538	2 S Suncoest Blv	7.0				352) 628-5635	HOGI
		ru				usiness code (see instr	uctions)
	<u> </u>		F	L 34446		21210	,
Sa Plan	administrator's name and	eddress XSame as Plan Sponsor Na	ame ⊟Same as Pla	an Sponsor Address	3b Ad	Iministrator's EIN	
					3C Ad	iministrator's telephone	number
					1		
4 If the	name and/or EIN of the pla	an sponsor has changed since the la	st return/report filed	for this plan apportu	Ala eu	-	_
Heart	e, cus, and me bign unimpe	an sponsor has changed since the la- er from the last return/report.	st return/report filed	for this plan, enter the	4b Eli	N	<u>-</u>
a Spor	sor's name	er from the last return/report.			40 01		
a Spar 5a Tota	sor's name number of participants at t	the beginning of the plan year			4c PN		<u> </u>
a Spor 5a Tota b Tota	sor's name number of participants at to number of participants at to	the beginning of the plan year the end of the plan year			4c PN		.5
a Spor 5a Tota b Tota c Num	s, cirk, and the plan humber sor's name I number of participants at the number of participants with acci	the beginning of the plan year	DO VARY (dofined hos	off place do not	4c PN		<u>5</u>
a Spor 5a Tota b Tota c Num com	e, cirt, and the plan humbe isor's name I number of participants at t i number of participants at t ber of participants with acc date this item)	the beginning of the plan year the end of the plan year ount balances as of the end of the pla	an year (defined ben	efit plans do not	4c PN 5a 5b	1	
a Spar 5a Tota b Tota c Num com 6a Wer	sor's name I number of participants at to number of participants at to her of participants with accordete this item)	the beginning of the plan year the end of the plan year ount belances as of the end of the plan uring the plan year invested in eligible	an year (defined ben	efit plans do not	4c PN 5a 5b 5c	1	5 5
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a Spar 5a Tota b Tota c Num com 6a Wer b Are y unde	e, cirk, and the plan numbers sor's name I number of participants at the number of participants at the plan of participants at the plan of the plan's assets during a waiver of the plan's 29 CFR 2520-104-467 (Suranswered "No" to eitheld	the beginning of the plan year	an year (defined ben assets? (See instru- independent quellin- id conditions.)	efit plans do not clions.)ed public accountant (IQ	4c PN 5a 5b 5c PA)		5 5 2 No 2 No
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C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c d Benefits pald (Including direct rollovers and insurance premiums to provide benefits) 8d e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salaries, fees, commissions) 8f Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 1, 165 i Net income (loss) (subtract line 8h from line 8o) 8l i Net income (loss) (subtract line 8h from line 8o) 8l i Trensfers to (from) the plan (see instructions) 8j Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2 J 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 28 CFR 2510,3-1027 (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a,) 10b X	Par	t III Financial Information						
a Total plan lashillias	7	Plan Assets and Liabilities		(a) Beginning of Yea	<u>r</u>			(b) End of Year
to the plan assets (aubtract line 7b from line 7a)	а	Total plan assets	7a	1,388	3,11	٥		1/440/412
c Net plan assets (subtract line 7b from line 7a)			7b			_ _		2 440 415
a Contributions received or receivable from: (1) Employers		Net plan assets (subtract line 7b from line 7a)	7c	1,388	3,11			
(2) Participants	8	Income, Expenses, and Transfers for this Plan Year		(a) <u>Amount</u>				(b) Total
(2) Participants	а	Contributions received or receivable from:	8a(1)	42	2,00	Q		
(3) Others (including rollovers)					9,65	9		
b Other income (tess)						1		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)					1,80	15		
d Benefits paid (Including direct rollowers and insurance premiums to provide benefits). e Certain deemed and/or corrective distributions (see instructions). g Certain deemed and/or corrective distributions (see instructions). g Other expenses			-			7		53,464
to provide benefits)			1			\neg		
f Administrative sarvice providers (salaries, fees, commissions)		to provide benefits)	8d					
Administrative sarvice provides provides reasonables. Set 1. Administrative sarvice provides service provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: Part IV Plan Characteristics Part IV Plan Characteristics Part IV Plan Characteristics Part IV Plan Characteristic provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions Vesting the plan provides walfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions Vesting the plan provides walfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions Vesting the plan provides walfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions Vesting the plan provides walfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions Vesting the plan provides walfare benefits walfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions Vesting the plan Provides walfare benefits walfare benefits walfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions Vesting the plan feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions Vesting the plan feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions Vesting the plan feature codes from the List o	e	Certain deemed and/or corrective distributions (see instructions)	8e			-	-	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	Ť	Administrative service providers (salaries, fees, commissions)	. 8f		1,16	55		
i Nat income (loss) (subtract line 8h from line 8o)	g	Other expenses	89					7.365
Net income (loss) (subtract line 8h from line 8c)	h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2J 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a Was thore 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)	ì	Net income (loss) (subtract line 6h from line 8c)	81			\bot		52,299
If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2J 3D	Ţ	Transfers to (from) the plan (see instructions)	8)					
If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2J 3D	Par	t IV Plan Characteristics						
Part V Compliance Questions 10 During the plan year: 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)	9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 3D						
During the plan year: 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 Fiduciery Correction Program)	b	If the plan provides welfare benefits, enter the applicable welfare f	eature coc	les from the List of Plan Chara	cteris	ic Coc	ies in I	the instructions:
During the plan year: 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 Fiduciery Correction Program)								
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)	Par	V Compliance Questions				r::		
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10					Yeş	No	Amount
on line 10a.)		29 CFR 2510,3-1027 (See instructions and DOL's Voluntary Fid	uciery Cor	rection Program)	10a		х	
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	t? (Do not	include transactions reported	10b		x	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.) f Has the plan falled to provide any benefit when due under the plan?	C	Was the plan covered by a fidelity bond?			10c	Х		265,000
insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan?	d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	ond, that was caused by fraud	10d		Х	
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 of year end.)	e	Were any fees or commissions paid to any brokers, agents, or of	her persor	ns by an insurance carrier,				
f Has the plan failed to provide any benefit when due under the plan?			of the ben	efits under the plan? (See	100		х	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			m T				V	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)							ļ	
2520.101-3.)		The state of the s			10g	ļ	X	
I If 10h was answered "Yes," check the box if you either provided the required notice or one of the	h 	2520,101-3.)			10h		Х	
AVADATAN A PRATICULAR APPARATOR AND	1	If 10h was answered "Yes," check the box if you either provided texceptions to providing the notice applied under 29 CFR 2520.10	he require 1-3	d natice or one of the	101			
Part VI Pension Funding Compliance	Part	VI Pension Funding Compliance						
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 X N	11							
11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39	11a	Enter the unpaid minimum required contribution for current year f	rom Sche	dule SB (Form 5500) line 39			11a	
							302 of	ERISA? Yes X No
(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 being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year								
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	If	you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (For	rm 5500), and skip to line 13.				
b Enter the minimum required contribution for this plan year	<u>b</u>	Enter the minimum required contribution for this plan year					12b	

Page 3 -Form 5500-SF 2013 130118 12¢ C Enter the amount contributed by the employer to the plan for this plan year 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 12¢ negative amount).....(truoms svijegen Yes No N/A e Will the minimum funding amount reported on line 12d be met by the funding deadline?..... Part VII Plan Terminations and Transfers of Assets X No Yes 13a Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this yeer 13a b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control Yes No c 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.) 13c(3) PN(s) 13c(2) EIN(s) 13c(1) Name of plan(s): Part VIII Trust information (optional) 14b Trust's EIN 14a Name of trust 50-0017567 Charles D. Thomas, DMD, PA Profit S