	rm 5500-SF	Short Form Annual	Return/Report o Benefit Plan	of Small Employ	yee	OMB Nos. 1210-0110 1210-0089			
	rtment of the Treasury mal Revenue Service	This form is required to be fi		nd 4065 of the Employe	е	2	2013		
	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).						s Open to Public		
	enefit Guaranty Corporation	Complete all entries in acco	ordance with the instruc	ctions to the Form 550	0-SF.		spection		
Part I		lentification Information							
For calend	ar plan year 2013 or fisc)13	and ending 1	2/31/2	013			
A This re	turn/report is for:	X a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-partici	pant plan		
B This re	turn/report is:								
		an amended return/report Form 5558	a short plan year returr automatic extension	n/report (less than 12 mo	onths)	-			
C Check	box if filing under:		L	DFVC progra	am				
		special extension (enter descrip	,						
Part II		nation—enter all requested infor	mation		41				
1a Name JAMES A. B		ROFIT SHARING PLAN				Three-digit plan number (PN) ▶	001		
					1c	Effective date c 01/01	f plan /2001		
	ponsor's name and addr BENNETT, D.D.S., P.A.	ess; include room or suite number	(employer, if for a single-	employer plan)			fication Number		
300 PEACH	TREE STREET				2c	bhone number 4-8252			
UNION, MS	39365				2d	Business code 6212	(see instructions)		
3a Plan a	dministrator's name and	address Same as Plan Sponsor	Name Same as Plan	Sponsor Address	3b /	Administrator's	EIN 617961		
4 If the	name and/or FIN of the r	UNION, MS 3		ar this plan, optor the	4b	601-77	telephone number 4-8252		
name		per from the last return/report.	e last returnineport med to		40 4c				
5a Total	number of participants at	t the beginning of the plan year			5a		8		
b Total	number of participants at	t the end of the plan year			5b		1		
		count balances as of the end of the		•	5c	5c			
		during the plan year invested in elig					X Yes No		
		ne annual examination and report of See instructions on waiver eligibilit					🗙 Yes 🗌 No		
		er line 6a or line 6b, the plan car	• •						
C If the	plan is a defined benefit	plan, is it covered under the PBGC	insurance program (see	ERISA section 4021)? .		Yes No	Not determined		
Caution	nenalty for the late or	incomplete filing of this return/r	enort will be assessed a	unless reasonable cau			_		
Under pen SB or Sche	alties of perjury and othe	r penalties set forth in the instruction signed by an enrolled actuary, as	ons, I declare that I have	examined this return/rep	oort, ind	cluding, if applic			
SIGN	Filed with authorized/va	lid electronic signature.	06/13/2014	JAMES A. BENNETT,	D.D.S.				
HERE	Signature of plan adr	ministrator	Date	Enter name of individu	ual sigr	ning as plan adı	ministrator		
SIGN									
HERE	Signature of employe	er/plan sponsor	Date	Enter name of individu	ual sigr	ning as employe	er or plan sponsor		
Preparer's	name (including firm nar	ne, if applicable) and address; inclu	ude room or suite number	r (optional)	Prepa	arer's telephone	number (optional)		

For Paperwork Reduction Act Notice and OMB Control Numbers,	, see the instructions for Form 5500-SF.
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FIAU ASSEIS AUG LIADUITES		(a) Beginning of Yea	r			(b) End	of Year	
 7 Plan Assets and Liabilities a Total plan assets 	7a	(a) Beginning of Yea					50383	
b Total plan liabilities	7a 7b		0				0	
C Net plan assets (subtract line 7b from line 7a)	75 7c	84614	-		50383			
8 Income, Expenses, and Transfers for this Plan Year	70		0		(b) Total			
a Contributions received or receivable from:		(a) Amount				(0) 1	otai	
(1) Employers	8a(1)	(0					
(2) Participants	8a(2)		0					
(3) Others (including rollovers)	8a(3)		0					
b Other income (loss)	8b	1712	5					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						17125	
d Benefits paid (including direct rollovers and insurance premiums	64	81288	7					
to provide benefits)	8d		0					
e Certain deemed and/or corrective distributions (see instructions)	8e		0					
f Administrative service providers (salaries, fees, commissions)	8f				_			
g Other expenses	8g		0				040007	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						812887	
Net income (loss) (subtract line 8h from line 8c)	8i						-795762	
j Transfers to (from) the plan (see instructions) Part IV Plan Characteristics	8j		0					
b If the plan provides welfare benefits, enter the applicable welfare fe Part V Compliance Questions								
				Yes	No		Amount	
			10a	Yes	No X		Amount	
During the plan year:a Was there a failure to transmit to the plan any participant contribution	ciary Correc ? (Do not inc	tion Program)	10a 10b	Yes	-		Amount	
 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 Fidurentia) b Were there any nonexempt transactions with any party-in-interest? 	ciary Correc ? (Do not inc	tion Program)		Yes	X			5000
 During the plan year: a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure) b Were there any nonexempt transactions with any party-in-interest? on line 10a.) 	ciary Correc ? (Do not inc fidelity bond	tion Program) clude transactions reported 	10b		X			5000
 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 Fidure) 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 fidelity for the plan have a loss. 	ciary Correc ? (Do not inc fidelity bond er persons b of the benefi	tion Program) clude transactions reported , that was caused by fraud , that was caused by fraud oy an insurance carrier, ts under the plan? (See	10b 10c		X X			5000
 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 Fidure) 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 for dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all of the plan base of the pl	ciary Correc ? (Do not inc fidelity bond er persons b of the benefi	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See	10b 10c 10d		× × ×			5000
 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 Fidure) 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 for dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all of instructions.) 	ciary Correc ? (Do not inc fidelity bond er persons b of the benefi n?	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See	10b 10c 10d 10e 10f		× × × ×			6000
 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 Fidure) 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 for dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all or instructions.) f Has the plan failed to provide any benefit when due under the plan 	ciary Correc ? (Do not inc fidelity bond, er persons b of the benefi n? s of year end See instructi	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e		x x x x x x			6000
 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 Fidure 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 for dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all constructions.) 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 h If this is an individual account plan, was there a blackout period? (See See See See See See See See See Se	ciary Correc ? (Do not inc fidelity bond er persons b of the benefi n? s of year end See instruction er required n	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g		× × × × × × ×			5000
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribute 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure) b Were there any nonexempt transactions with any party-in-interest? on line 10a.)	ciary Correc ? (Do not inc fidelity bond er persons b of the benefi n? s of year end See instruction er required n	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g 10h		× × × × × × ×			5000
 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 Fidure 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 for dishonesty? e Were any fees or commissions paid to any brokers, agents, or othe insurance service, or other organization that provides some or all constructions.) 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 h 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 2520.101 	ciary Correc ? (Do not inc fidelity bond, er persons b of the benefi n? s of year enc See instruction re required n I-3	tion Program) dude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X Ule SE	(Form		
 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 Fidure b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond?	ciary Correc ? (Do not inc fidelity bond, er persons b of the benefi n? s of year enc See instruction re required n I-3	tion Program)	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X Ule SE	(Form	25	
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribute 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidures 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 for dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all constructions.) f Has the plan failed to provide any benefit when due under the plan and the plan have any participant loans? (If "Yes," enter amount as h 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 the exceptions to providing the notice applied under 29 CFR 2520.101 Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements of the unpaid minimum required contribution for current year from the second second	ciary Correc ? (Do not inc fidelity bond, er persons b of the benefi n? s of year enc See instruction re required n I-3 ents? (If "Ye	tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X Sched	X X X X X X X Ule SE	3 (Form	25] N
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribute 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure b Were there any nonexempt transactions with any party-in-interest? on line 10a.)	ciary Correc ? (Do not inc fidelity bond er persons b of the benefi n? s of year end See instruction in required n I-3 ents? (If "Ye com Schedule requirement	tion Program) dude transactions reported that was caused by fraud by an insurance carrier, ts under the plan? (See the plan? (See the p	10b 10c 10d 10e 10f 10g 10h 10i	X Sched	X X X X X X X Ule SE	3 (Form	25] N
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribute 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidures Were there any nonexempt transactions with any party-in-interest? on line 10a.)	ciary Correc ? (Do not inc fidelity bond, er persons b of the benefi n? s of year enc See instruction required n I-3 om Schedule requirement as applicabl g amortized	tion Program) lude transactions reported , that was caused by fraud oy an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X Sched	X X X X X X X Ule SE	3 (Form 	25	60000
 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 Fidure b Were there any nonexempt transactions with any party-in-interest? on line 10a.)	ciary Correc ? (Do not inc fidelity bond, er persons b of the benefi n? s of year end See instruction required n I-3 om Schedule requirement as applicabl g amortized	tion Program) lude transactions reported , that was caused by fraud oy an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X Sched	X X X X X X X Ule SE	3 (Form 	25	N

c	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?	XY	′es I	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		Ye	es 🗙 No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) this which assets or liabilities were transferred. (See instructions.)	to			
1	3c(1) Name of plan(s): 1:	3 c(2) El	N(s)	13c	(3) PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust	14b ⊺r	ust's EIN		

Form 5500-SF Short Form Annual Return/Report of Small Empl						yee	OMB Nos. 1210-0110 1210-0089					
	rtment of the Treasury mal Revenue Service	This form is requ		enefit Plan	nd 4065 of the Employe	20	2013					
	epartment of Labor lenefits Security Administration		Security Act of 1		ctions 6057(b) and 605		This Form is Open to Public					
	enefit Guaranty Corporation	Complete all ent	ctions to the Form 550	0-SF.	Inspection							
Part I	Annual Report Id	entification Infor					-					
For calend	ar plan year 2013 or fisca		01/	01/2013	and ending		12/31/2013					
A This ret	turn/report is for:	an (not multiemployer)		a one-participant plan								
B This ref	turn/report is:	the first return/repor	t 🗌 ti	ne final return/report								
	[onths)										
C Check box if filing under: Form 5558 automatic extension							DFVC program					
	[special extension (e	nter description))								
Part II	Basic Plan Inforn	nation—enter all req	uested informati	on								
1a Name						1b	Three-digit					
JAMES	A. BENNETT, D.I).S., P.A. PRC	FIT SHARI	NG PLAN			Plan number (PN) ▶ 001					
						10	Effective date of plan					
							01/01/2001					
2a Plans	ponsor's name and addre	ess; include room or su	uite number (em	ployer, if for a single-	employer plan)	2b	Employer Identification Number					
JAMES .	A. BENNETT, D.D	.S., P.A.					(EIN) 64-0617961					
300 05	ACHTREE STREET					2c	Sponsor's telephone number					
200 50	ACHIKEE SIKEEI					24	601-774-8252 Business code (see instructions)					
UNION		MS 3	9365			20	621210					
3a Plan a	dministrator's name and	address Same as P	lan Sponsor Na	me Same as Plar	Sponsor Address	3b	Administrator's EIN					
	A. BENNETT, D.D						64-0617961					
							Administrator's telephone number					
300 PE.	ACHTREE STREET						601-774-8252					
UNION		MS 3936	5									
	name and/or EIN of the p		Concern reporter representation attended and	t return/report filed fo	or this plan, enter the	4b	EIN					
	, EIN, and the plan numb or's name	er from the last return/	report.			4c	PN					
	number of participants at	the beginning of the p	lan year			5a						
	number of participants at					5b						
	er of participants with acc						<u>⊥</u>					
	lete this item)					5c	1					
	all of the plan's assets d						🛛 Yes 🗌 No					
b Are you under	ou claiming a waiver of th 29 CFR 2520.104-46? (\$	e annual examination	and report of an	independent qualifie	d public accountant (IQ	PA)	X Yes 🗌 No					
	answered "No" to eithe											
C If the p	olan is a defined benefit p	lan, is it covered unde	r the PBGC insu	rance program (see	ERISA section 4021)?		Yes No Not determined					
Caution: A	penalty for the late or	incomplete filing of t	his return/reno	t will be assessed	unless reasonable ca							
							cluding, if applicable, a Schedule					
SB or Sche	edule MB completed and	signed by an enrolled	actuary, as well	as the electronic vers	sion of this return/report	, and t	o the best of my knowledge and					
	true, correct, and complet	.e.										
SIGN	V	(Ane	UD	56-5-20,	JAMES A. BENN	ETT,	D.D.S.					
HERE	Signature of plan adm	vinistrator		Date	Enter name of individ	ual sig	ning as plan administrator					
SIGN	ASE	uffet	B	6-5-2014	JAMES A. BENN							
HERE	Signature of employed	r/plan sponsor		Date	Enter name of individ	ual sig	ning as employer or plan sponsor					
Preparer's	name (including firm nam	ie, if applicable) and a	ddress; include i		(optional)		arer's telephone number (optional)					
For Paperwo	ork Reduction Act Notice a	nd OMB Control Numbe	rs, see the instru	ctions for Form 5500-	SF.		Form 5500-SF (2013)					

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Pa	t III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year
а	Total plan assets	7a	84	1614	5		50383
b	Total plan liabilities	7b			0		0
С	Net plan assets (subtract line 7b from line 7a)	7c	84	1614	5		50383
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from:	8-(4)			0		
	(1) Employers	8a(1)			0	-	
	(2) Participants	8a(2)			0		
b	(3) Others (including rollovers) Other income (loss)	8a(3) 8b		1712	5		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					17125
	Benefits paid (including direct rollovers and insurance premiums	00					
	to provide benefits)	8d	81	1288			
е	Certain deemed and/or corrective distributions (see instructions)	8e			0	ستغربت	
f	Administrative service providers (salaries, fees, commissions)	8f			0		
	Other expenses	8g			0		
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			_		812887
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i	- ²⁵⁷ P				-795762
1	Transfers to (from) the plan (see instructions)	8j			0		
	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 3D	feature co	des from the List of Plan Chara	acteris	tic 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 Charac	cteristi	c Cod	es in th	ne instructions:
Par	t V Compliance Questions						
10	During the plan year:				Yes	No	Amount
а	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.)			10b		х	
с	Was the plan covered by a fidelity bond?			10c	Х		250000
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 insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		х	
f	Has the plan failed to provide any benefit when due under the plan			10f		х	
g						х	
	If this is an individual account plan, was there a blackout period? (the second se	10g			
	2520.101-3.)	•		10h		х	
i	If 10h was answered "Yes," check the box if you either provided th 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 requirem 5500) and line 11a below)						
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a	
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction 3	302 of	ERISA? Yes 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 bein granting the waiver.		Mon	10 M	and e	nter th Day	e date of the letter ruling Year
200	you completed line 12a, complete lines 3, 9, and 10 of Schedule					4.01	
b	Enter the minimum required contribution for this plan year					12b	

Page **3** -

C	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				
e	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?		X	Yes	N	0	
	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?						🗌 Ye	s X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla which assets or liabilities were transferred. (See instructions.)	in(s) t	0				
	I3c(1) Name of plan(s):	1:	3c(2)	EIN(s)	13c(3) PN(s)
						_	
Part	VIII Trust Information (optional)						
14a	Name of trust		14b ⁻	[rusť	s EIN		