## 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

Part I	Benefit Guaranty Corporation	▶ Complete all entries in a	accordance with the instruc	tions to the Form 5500	)-SF.		
raiti	Annual Report I	dentification Information	n				
For caler	ndar plan year 2013 or fise	cal plan year beginning 01/0	1/2013	and ending 1	2/31/2	.013	
	return/report is for:	a single-employer plan	a multiple-employer pla	an (not multiemployer)		a one-particip	pant plan
<b>B</b> This	return/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year return	/report (less than 12 mo	onths)		
C Chec	k box if filing under:	Form 5558 special extension (enter des	automatic extension			DFVC progra	am
Part II	Pacia Blan Infor	mation—enter all requested in	<u> </u>				
		mation—enter all requested if	niormation		1h	Three-digit	<u> </u>
1a Nam	ie of plan CE BERGMAN MD,PA PR	POFIT SHAPING PLAN			ID	plan number	
LAWKLING	CL DERGINAN IVID, FA FR	TOTT STAKING FLAN				(PN) ▶	001
					1c	Effective date or	f plan
						01/01/	•
	sponsor's name and add CE R. BERGMAN, M.D.,	dress; include room or suite num P.A.	ber (employer, if for a single-	employer plan)		Employer Identii (EIN) 65-02	fication Number 21837
						Sponsor's telep	hone number
10115 W	FOREST HILL BLVD., ST	TE 303				561-798	
WELLING	TON, FL 33414	12 000			2d	Business code (	(see instructions)
						62111	i1
3a Plan	administrator's name and	d address XSame as Plan Spor	nsor Name Same as Plan	Sponsor Address	3b	Administrator's I	EIN
					3c	Administrator's t	telephone number
							·
		plan sponsor has changed since	e the last return/report filed fo	r this plan, enter the	4b	EIN	
	•	nber from the last return/report.			4c	DN	
	nsor's name	at the heginning of the plan year				T T	
Ja Tola	ii Hullibel ol participants d				5a		
L							2
	al number of participants a	at the end of the plan year			5b		2
<b>C</b> Nun	al number of participants anber of participants with a		of the plan year (defined benef	fit plans do not	5b 5c		
C Nun	al number of participants and the participants and plete this item)	at the end of the plan year	of the plan year (defined benef	it plans do not	5c		2
<b>c</b> Nuncom <b>6a</b> We <b>b</b> Are	all number of participants and the plants of participants with a splete this item)	at the end of the plan yeardecount balances as of the end o	of the plan year (defined beneficially below the plan year) (See instruct ort of an independent qualified	it plans do not ions.)	<b>5c</b>		2  Z  Yes No
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c Nuncom 6a We b Are und If yo	In number of participants and participants with a splete this item)	at the end of the plan year	of the plan year (defined beneficially below the plan year (See instruct ort of an independent qualified ibility and conditions.)	int plans do not ions.)d public accountant (IQI	5c  PA) Form	5500.	2  X Yes No  X Yes No
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c Nuncom 6a We b Are und If yo c If the	all number of participants and participants with a uplete this item)	at the end of the plan year	of the plan year (defined beneficially be assets? (See instruct ort of an independent qualified ibility and conditions.)	int plans do not ions.)  d public accountant (IQI and must instead use ERISA section 4021)?  Inless reasonable cau examined this return/rep	5c PA) Form se is port, in	5500. Yes No established. Cluding, if applic	2  X Yes No  Yes No  Not determined  able, a Schedule
6a We b Are und If yo C If the  Caution: Under pe SB or So	all number of participants and participants with a uplete this item)	during the plan year invested in the annual examination and report (See instructions on waiver eliginate line 6a or line 6b, the plan the plan, is it covered under the PB or incomplete filing of this return the penalties set forth in the instructions of the plan that plan is it covered under the PB or incomplete filing of this return that plan is incomplete filing of this return that pla	of the plan year (defined beneficially be assets? (See instruct ort of an independent qualified ibility and conditions.)	int plans do not ions.)  d public accountant (IQI and must instead use ERISA section 4021)?  Inless reasonable cau examined this return/rep	5c PA) Form se is port, in	5500. Yes No established. Cluding, if applic	2  X Yes No  Yes No  Not determined  able, a Schedule
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6a We b Are und If yo c If the Caution: Under pe SB or So belief, it i	all number of participants and plete this item)	during the plan year invested in the annual examination and representation of the plan year invested in the annual examination and representations on waiver eligither line 6a or line 6b, the plan to plan, is it covered under the PB or incomplete filing of this return of signed by an enrolled actuary, lete.	of the plan year (defined beneficially be assets? (See instruct ort of an independent qualified ibility and conditions.)	int plans do not ions.)	Form se is ort, in, and t	5500.  Yes No established.  cluding, if applic of the best of my	2  X Yes No X Yes No Not determined  able, a Schedule knowledge and
6a We b Are und If yo C If the Caution: Under pe SB or Sc belief, it i SIGN HERE SIGN	all number of participants and plete this item)	during the plan year invested in the annual examination and representation of the plan year invested in the annual examination and representations on waiver eligither line 6a or line 6b, the plan to plan, is it covered under the PB or incomplete filing of this return of signed by an enrolled actuary, lete.	eligible assets? (See instruct ort of an independent qualifier ibility and conditions.)	ions.)d public accountant (IQI and must instead use ERISA section 4021)?.  Inless reasonable cau examined this return/report LAWRENCE R. BERG	Form se is port, in, and t	5500.  Yes No established.  cluding, if applic of the best of my	2  X Yes No X Yes No Not determined  able, a Schedule knowledge and
6a We b Are und If yo C If the Caution: Under pe SB or So belief, it i  SIGN HERE	all number of participants and plete this item)	during the plan year invested in the annual examination and report (See instructions on waiver eligither line 6a or line 6b, the plan to plan, is it covered under the PB or incomplete filing of this return to signed by an enrolled actuary, lete.  Identify the plan year invested in the annual examination and report (See instructions on waiver eligither line 6a or line 6b, the plan to plan, is it covered under the PB or incomplete filing of this return penalties set forth in the instruction of the plan in the instruction of the plan in the instruction of the plan in	eligible assets? (See instruct ort of an independent qualifier ibility and conditions.)	inns.)d public accountant (IQI and must instead use ERISA section 4021)?.  Inless reasonable cau examined this return/report LAWRENCE R. BERG Enter name of individual EAWRENCE R. BERG Enter name of individual Enter n	5c PA) Form se is a sort, in and to MAN ual sig	5500.  Yes No established.  cluding, if applic to the best of my ning as plan admining as employe	2  X Yes No X Yes No Not determined  able, a Schedule knowledge and  ministrator  er or plan sponsor
6a We b Are und If yo C If the Caution: Under pe SB or So belief, it i SIGN HERE Preparer	all number of participants and plete this item)	during the plan year invested in the annual examination and repu (See instructions on waiver eligither line 6a or line 6b, the plan to plan, is it covered under the PB or incomplete filling of this return the penalties set forth in the instruction of the plan of the plan of the plan of the penalties set forth in the instruction of the plan of the penalties set forth in the instruction of the plan of the penalties set forth in the instruction of the penalties of the plan o	eligible assets? (See instruct ort of an independent qualifier ibility and conditions.)	inns.)d public accountant (IQI and must instead use ERISA section 4021)?.  Inless reasonable cau examined this return/report LAWRENCE R. BERG Enter name of individual EAWRENCE R. BERG Enter name of individual Enter n	5c PA) Form se is a sort, in and to MAN ual sig	5500.  Yes No established.  cluding, if applic to the best of my ning as plan admining as employe	2  X Yes No X Yes No Not determined  able, a Schedule knowledge and
6a We b Are und If yo C If the Caution: Under pe SB or So belief, it i SIGN HERE Preparer MICHAEL	all number of participants and plete this item)	during the plan year invested in the annual examination and report (See instructions on waiver eligither line 6a or line 6b, the plan to plan, is it covered under the PB or incomplete filing of this return the penalties set forth in the instruction of the plan to signed by an enrolled actuary, lete.  Idministrator  Idmi	eligible assets? (See instruct ort of an independent qualifier ibility and conditions.)	inns.)d public accountant (IQI and must instead use ERISA section 4021)?.  Inless reasonable cau examined this return/report LAWRENCE R. BERG Enter name of individual EAWRENCE R. BERG Enter name of individual Enter n	5c PA) Form se is a sort, in and to MAN ual sig	5500.  Yes No established.  cluding, if applic to the best of my ning as plan admining as employe	2  X Yes No  X Yes No  Not determined  able, a Schedule knowledge and  ministrator  er or plan sponsor number (optional)
6a We b Are und If yo C If the Caution: SIGN HERE Preparer MICHAEL MICHAEL 400 COLL	all number of participants and plete this item)	during the plan year invested in the annual examination and report (See instructions on waiver eligible line 6a or line 6b, the plan to plan, is it covered under the PB or incomplete filing of this returner penalties set forth in the instructions on waiver eligible.  In incomplete filing of this returner penalties set forth in the instruction of the plan actuary, lete.  In incomplete filing of this returner penalties set forth in the instruction of the plan actuary, lete.  In incomplete filing of this returner penalties set forth in the instruction of the plan actuary, lete.  In incomplete filing of this returner penalties set forth in the instruction of the plan actuary, lete.  In incomplete filing of this returner penalties set forth in the instruction of the plan actuary, lete.  In incomplete filing of this returner penalties set forth in the instruction of the plan actuary, lete.  In incomplete filing of this returner penalties set forth in the instruction of the plan actuary, lete.  In incomplete filing of this returner penalties set forth in the instruction of the plan actuary, lete.	eligible assets? (See instruct ort of an independent qualifier ibility and conditions.)	inns.)d public accountant (IQI and must instead use ERISA section 4021)?.  Inless reasonable cau examined this return/report LAWRENCE R. BERG Enter name of individual EAWRENCE R. BERG Enter name of individual Enter n	5c PA) Form se is a sort, in and to MAN ual sig	5500. Yes No established. Cluding, if applic o the best of my ning as plan adm	2  X Yes No  X Yes No  Not determined  able, a Schedule knowledge and  ministrator  er or plan sponsor number (optional)
6a We b Are und If yo C If the Caution: SIGN HERE Preparer MICHAEL MICHAEL 400 COLL	all number of participants and plete this item)	during the plan year invested in the annual examination and report (See instructions on waiver eligible line 6a or line 6b, the plan to plan, is it covered under the PB or incomplete filing of this returner penalties set forth in the instructions on waiver eligible.  In incomplete filing of this returner penalties set forth in the instruction of the plan actuary, lete.  In incomplete filing of this returner penalties set forth in the instruction of the plan actuary, lete.  In incomplete filing of this returner penalties set forth in the instruction of the plan actuary, lete.  In incomplete filing of this returner penalties set forth in the instruction of the plan actuary, lete.  In incomplete filing of this returner penalties set forth in the instruction of the plan actuary, lete.  In incomplete filing of this returner penalties set forth in the instruction of the plan actuary, lete.  In incomplete filing of this returner penalties set forth in the instruction of the plan actuary, lete.  In incomplete filing of this returner penalties set forth in the instruction of the plan actuary, lete.	eligible assets? (See instruct ort of an independent qualifier ibility and conditions.)	inns.)d public accountant (IQI and must instead use ERISA section 4021)?.  Inless reasonable cau examined this return/report LAWRENCE R. BERG Enter name of individual EAWRENCE R. BERG Enter name of individual Enter n	5c PA) Form se is a sort, in and to MAN ual sig	5500. Yes No established. Cluding, if applic o the best of my ning as plan adm	2  X Yes No  X Yes No  Not determined  able, a Schedule knowledge and  ministrator  er or plan sponsor number (optional)

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Pa	rt III   Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) En	d of Y	ear	
<u>.</u>	Total plan assets	7a	(a) Beginning of Tea		+		(b) Lii		37768 <sup>4</sup>	1
	Total plan liabilities	7b		0	+				(	
	Net plan assets (subtract line 7b from line 7a)	7c	107038	4				1;	377684	
8	Income, Expenses, and Transfers for this Plan Year	70			+		(b)			
	Contributions received or receivable from:		(a) Amount				(D)	Total		
	(1) Employers	8a(1)	2670	0						
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	28720	4						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						3	13904	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	660	4						
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							6604	1
ī	Net income (loss) (subtract line 8h from line 8c)	8i						;	307300	)
j	Transfers to (from) the plan (see instructions)	8j								
	t IV Plan Characteristics	_ <u> </u>								
9a	If the plan provides pension benefits, enter the applicable pension 2E 3D	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instr	uctions	3:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	des in t	he instru	ctions:		
Dam	Compliance Overtions									
Par	•				Vaa	l Na	I			
10	During the plan year:	4:	- 46 4:		Yes	No		Am	ount	
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure 1997).	ıciary Corr	ection Program)	10a		X				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X				
					Χ					400000
c				10c						100000
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				
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end )	10g		X				
h	<u> </u>	(See instru	uctions and 29 CFR	10g 10h		X				
i	If 10h was answered "Yes," check the box if you either provided the	ne required	d notice or one of the	10ii						
Davi	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		101						
Part	<u> </u>	1.0.4510			0.1			-		
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	No
<u>11a</u>	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	ection	302 of	ERISA?		Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,									
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter tl Day	ne date o	f the le		ling
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.				1			
b	Enter the minimum required contribution for this plan year					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?	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	<b>3c(1)</b> Name of plan(s):	c(2) Ell	V(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l <b>4b</b> Tr	ust's EIN	

## 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

	► Complete all entries in acco	rdance with the instr	uctions to the Form 5	500-SF.		шэрсской
P.	# Annual Report Identification Information					
	calendar plan year 2013 or fiscal plan year beginning	and	d ending			
	This return/report is for: X a single-employer plan	a multiple-employer r	olan (not multiemployer)	Пас	one-p	articipant plan
_		the final return/report				
В	This return/report is: the first return/report an amended return/report	•	m/report (less than 12	months)		
_		automatic extension	introport (1000 diam 12 t		EV/C n	rogram
C	Check box if filing under: X Form 5558			□ 5.	νο,	rogiani
*******	special extension (enter description)  Basic Plan Information—enter all requested info					
	10.00000	Dimation			1b	Three-digit plan
1a		· Dlan				number (PN) > 001
	Lawrence Bergman MD, PA Profit Sharing	Flan			1c	Effective date of plan
					10	01/01/1991
		(amplayor if for a si	ngle employer plan)		2b	Employer Identification No.
26	•	er (employer, il loi a si	igi <del>e-e</del> mployer plan)			(EIN) 65-0221837
	Lawrence R. Bergman, M.D., P.A.			<u> </u>	2c	Sponsor's telephone number
				1	20	561-798-5565
	10115 W. Forest Hill Blvd., Ste 303			-	2d	Business code (see instr.)
	22414			1	Zu	Dusiness code (see insu.)
	Wellington FL 33414					621111
	[V] 0 Bl 0	Nome C Sam	e as Plan Sponsor Add		3b	Administrator's EIN
38	Plan administrator's name and address $\overline{[X]}$ Same as Plan Spo	nsor Name Sam	e as rian Sponsor Add	699	JU	Administrator 5 Em
				-	2-	Administratoria
					3с	Administrator's
						telephone number
						•
	U. F.N. 5/1 (an analysis has about a fine the least rate	um/roport filed for this plan	a enter the name FIN		4b	EIN
4	If the name and/or EIN of the plan sponsor has changed since the last retu	universit med for and plan	i, once the name, Ent,	<u> </u>	4c	PN
	and the plan number from the last return/report, a Sponsor's name				5a	2
5					5b	2
t	the state of the s	or (defined benefit plans o	lo not complete this item)	<del> </del>	5c	2
		icible assets? (See ins	tructions )	<del></del>	<del>,</del>	X Yes No
6		of an independent qui	alified public accountan	(IQPA)	• • • • •	🛅
ł	under 29 CFR 2520.104-46? (See instructions on waiver eligibil	lity and conditions )	amoa pazno account	. (		X Yes No
	If you answered "No" to either line 6a or line 6b, the plan co	annot use Form 5500	-SF and must instead	use Form 5	500.	🖭 🗀
	to the state of the second and the DDCC incurrent	ce program (see ERISA se	ection 4021)? Yes	☐ No ☐	Not	determined
<del></del>	If the plan is a defined benefit plan, is it covered drider the PBC histianian aution: A penalty for the late or incomplete filling of this return/	report will be assess	ed unless reasonable		tablis	hed.
	nder penalties of perjury and other penalties set forth in the instructi	ions. I declare that I ha	ve examined this return	/report, inclu	ıding,	if applicable, a
0	chedule Spor Schedule MB completed and signed by an enrolled a	actuary, as well as the	electronic version of this	s return/repo	rt, and	to the best of my
31	owledge and belief it is true correct and complete.					
333333		10/3/2014	Lawrence R.	Bergman		
	RE Signature of plan administrator	Date	Enter name of individ	ual signing a	s plar	n administrator
	SN (V)	Moc/8/01	Lawrence R.			
H	RE Stanature of employer/plan sponsor	Date				oloyer or plan sponsor
P	eparer's name (including firm name, if applicable) and address; inc	clude room or suite nur	nber (optional)	Preparer's t	teleph	one number (optional)
	ichael C. Becker		ļ			
	ichael C. Becker & Co., CPAs					
N	TOTALL C. DECKEL & CO., Care					
N	00 Columbia Drive, Suite 101		Ļ	561-689	) — 4 ()	93
M 4	00 Columbia Drive, Suite 101			561-689	9-40	93

Lawrence R. Bergman, M.D., P.A.

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Par	Financial Information								
7	Plan Assets and Liabilities		(a) Be	inni	ng of	Year	(b	) End of	Year
<del>'</del> a		7a			1070				377684
<u>и</u> b	Total plant according to the second s	7b				0			0
		7c	*********		1070	384		13	377684
8	Income, Expenses, and Transfers for this Plan Year		(		nount			(b) Tot	
a	Contributions received or receivable from:								
		3a(1)			26,	700			
		3a(2)							
		3a(3)							
	· · · · · · · · · · · · · · · · · · ·	8b			287,	204			
C		8c						31	13,904
d	Benefits paid (including direct rollovers and insurance premiums								
-		8d			6,	604			
е		8e		-					
f	Administrative service providers (salaries, fees, commissions)	8f							
g		8g							
h		8h							6,604
ī	Net income (loss) (subtract line 8h from line 8c)	8i						30	07,300
ī	Transfers to (from) the plan (see instructions)	8j							
Par									
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of	Plan	Charac	teris	ic Co	des in	the ins	structions	s:
	2E 3D								
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of P	lan C	haract	eristi	Code	es in t	he inst	ructions:	
Par	Compliance Questions								
10_	During the plan year:				Yes	No		Amou	nt
<u>10</u> a	During the plan year:  Was there a failure to transmit to the plan any participant contributions within the time period des	cribe			Yes	No		Amou	nt
•	Was there a failure to transmit to the plan any participant contributions within the time period des 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			10a	Yes	No X		Amou	nt
•	Was there a failure to transmit to the plan any participant contributions within the time period des 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Flduciary Correction Program)  Were there any nonexempt transactions with any party-in-interest? (Do not include transactions remains the control of the cont	report	ed		Yes	х		Amou	nt
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