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 section 6058(a) of the Internal Revenue Code (the Code).

2000

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	 Complete all entries in accor 	rdance wit	h the instructions to the Form 550	0-SF.			
		lentification Information						
For	calendar plan year 2009 or fisca	al plan year beginning 01/01/200)9	and ending 1	2/31/2	2009		
Α.	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan		
В	Γhis return/report is for:	first return/report	final retur	n/report				
		an amended return/report	short plar	n year return/report (less than 12 mor	nths)			
C	Check box if filing under:	Form 5558	automatio	extension		DFVC program		
		special extension (enter description	on)			_		
Pa	rt II Basic Plan Inform	nation—enter all requested inform						
	Name of plan		iation		1b	Three-digit		
	I D PIERCE MD PA PROFIT SH	HARING PLAN				plan number		
						(PN) ▶ 002		
					1c	Effective date of plan 01/01/1992		
	Plan enoneor's name and addre	ess (employer, if for single-employer	r nlan)		2h	Employer Identification Number		
	I D PIERCE MD PA	ess (employer, ir for single-employer	i piari)		20	(EIN) 59-2433787		
					2c	Plan sponsor's telephone number		
	HUNTER ROAD AUDERDALE, FL 33331				0.1	954-384-6075		
FT. LAUDERDALE, FL 33331					2d	Business code (see instructions) 621111		
3a	3a Plan administrator's name and address (if same as Plan sponsor, enter "Same")					Administrator's EIN		
	I D PIERCE MD PA	3200 HUNTI FT. LAUDER	ER ROAD			59-2433787		
		33331	3с	Administrator's telephone number 954-384-6075				
4 1	the name and/or EIN of the pla	port filed for this plan, enter the	4b EIN					
		r from the last return/report. Sponso						
	5a Total number of participants at the beginning of the plan year					PN		
					5a	40		
b	• •	the end of the plan year			5b	40		
С		th account balances as of the end o			5c	40		
6a	Were all of the plan's assets d	luring the plan year invested in eligib	ole assets?	(See instructions.)		X Yes No		
b				ndent qualified public accountant (IQI		 		
				ions.)		Yes No		
Do	rt III Financial Informa		orm 5500-	SF and must instead use Form 55	00.			
		ation						
7	Plan Assets and Liabilities		_	(a) Beginning of Year	,	(b) End of Year		
	Total plan assets		7a	5133037	+	6185340		
b	·	75 fac as 15 a 7 a \		[42002	_	6195240		
<u>c</u>		7b from line 7a)	7с	5133037		6185340		
8	Income, Expenses, and Transf			(a) Amount		(b) Total		
а	Contributions received or recei (1) Employers	vable from:	8a(1)					
	• • • •			()			
))			
b	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	·	- ' '	1067615	5			
С	, ,	8a(2), 8a(3), and 8b)				1067615		
d	, , ,	rollovers and insurance premiums						
	to provide benefits)		8d	15312	2			
е	Certain deemed and/or correct	ive distributions (see instructions)		()			
f	Administrative service provider	rs (salaries, fees, commissions)	8f	()			
g	Other expenses		8g	C)			
h	Total expenses (add lines 8d, 8	Be, 8f, and 8g)	8h			15312		
į		e 8h from line 8c)				1052303		
j	Transfers to (from) the plan (see	ee instructions)	8i					

Part IV	Dlan	Charac	torictics
Part IV	Plan	Charac	reristics

SIGN HERE

Signature of employer/plan sponsor

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

art	V Compliance Questions							
0	During the plan year:		Yes	No		Amou	ınt	
а	Was there a failure to transmit to the plan any participant contributions within the time period described i 29 CFR 2510.3-102? (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				
С	Was the plan covered by a fidelity bond?	10c	X				10	00000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraucor dishonesty?	10d		Х				
е	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.)	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 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 required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI Pension Funding Compliance							
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co 5500))						Yes	X No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Co						Yes	X No
	(If "Yes," complete 12a or 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 instragranting the waiver.	onth						
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1		Г					
b	Enter the minimum required contribution for this plan year			12b				
	Enter the amount contributed by the employer to the plan for this plan year			12c				
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le negative amount)		-	12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No)	N/A
art	VII Plan Terminations and Transfers of Assets							
3а	Has a resolution to terminate the plan been adopted during the plan year or any prior 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 brough of the PBGC?	t under	the co	ontrol			Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	the pla	n(s) to)		1		
1	3c(1) Name of plan(s):		13	c(2) EI	N(s)	1:	3c(3) F	PN(s)
aut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasona	ble ca	ıse is	establ	ished.			
SB o	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this respectively. Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return, it is true, correct, and complete.							
SIGI	Filed with authorized/valid electronic signature. 07/29/2010 ALAN D PIERC	E MD						
HER		individ	ual sig	ning as	s plan adr	ninistra	tor	

Date

Enter name of individual signing as employer or plan sponsor

Form 5500-SF

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Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

2009

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	art i Annuai Report identificat					
For	calendar plan year 2009 or fiscal plan year			and ending		and the state of t
Α	This return/report is for:	nployer plan	multiple-e	mployer plan (not multiemployer)		one-participant plan
В	This return/report is for:	n/report	final retur	n/report		
	an amen	ded return/report	short plan	year return/report (less than 12 mo	nths)	
С	Check box if filing under:	58	automatic	extension		DFVC program
•	- H	xtension (enter descri				
D.	art II Basic Plan Information—		· ,			MACH.
	Name of plan	niter all requested into	nnauon		1h	Three-digit
	N D PIERCE MD PA PROFIT SHARING PL	ANI			10	plan number
rica	N & LENGE MOT AFROET SEAMING FE	.7314				(PN) 002
					1c	Effective date of plan
						01/01/1992
	Plan sponsor's name and address (employ	er, if for single-employ	yer plan)		2b	Employer Identification Number
ALA	N D PIERCE MD PA				20	(EIN) 59-2433787
ວາກເ	HUNTER ROAD				20	Plan sponsor's telephone number 954-384-6075
	LAUDERDALE FL 33331				2d	Business code (see instructions)
						621111
	Plan administrator's name and address (if	same as Plan sponsor	r, enter "Same	? ")	3b	Administrator's EIN
SAN	E				30	59-2433787 Administrator's telephone number
					30	954-384-6075
4	f the name and/or EIN of the plan sponsor I	nas changed since the	last return/re	port filed for this plan, enter the	4b	EIN
	name, EIN, and the plan number from the la	ast return/report. Spor	nsor's name		4-	
	Total analog of madicina at a the basiness	ing of the plant was			4c	
	Total number of participants at the beginn	, ,			5a	40
b	• •	, ,			5b	40
С	Total number of participants with account complete this item)				5с	40
62	Were all of the plan's assets during the pl					······
	Are you claiming a waiver of the annual ex	•	-	•		
-	under 29 CFR 2520.104-46? (See instruc					X Yes No
	If you answered "No" to either 6a or 6b	, the plan cannot use	Form 5500-	SF and must instead use Form 55	00.	
Pa	rt III Financial Information			P-4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		
7	Plan Assets and Liabilities			(a) Beginning of Year	_	(b) End of Year
а	Total plan assets		7a	5133037		6185340
b	Total plan liabilities		7b	C		0
<u>C</u>	Net plan assets (subtract line 7b from line	7a)	7c	5133037		6185340
8	Income, Expenses, and Transfers for this			(a) Amount		(b) Total
а	Contributions received or receivable from:		0-/4	(
	(1) Employers				-	
	(2) Participants					
L-	(3) Others (including rollovers)			4007046	ㅋ	
b	Other income (loss)			1067615	-	400704F
c C	Total income (add lines 8a(1), 8a(2), 8a(3)				-	1067615
d	Benefits paid (including direct rollovers an to provide benefits)			15312	:	
е	Certain deemed and/or corrective distribut			C		
f	Administrative service providers (salaries,	,		C	\Box	
g	Other expenses	· ·				
h	Total expenses (add lines 8d, 8e, 8f, and 8		f			15312
	Net income (loss) (subtract line 8h from lin	J,	- 			
- 1		e 8c)	8i			1052303
j	Transfers to (from) the plan (see instructio	•				1052303

Form	5500	SF.	2000

Page	2-	1	
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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:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

							UIIO 110.	
Parl	V Compliance Questions		· · · · · ·					
10	During the plan year:			Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contributions within the 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Corrections)	time period described in	10a		х			
b		de transactions reported	10b		X			
C	Was the plan covered by a fidelity bond?		10c	Х			1	000000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, the or dishonesty?	nat was caused by fraud	10d		Х			<u>- u</u>
е	Were any fees or commissions paid to any brokers, agents, or other persons by insurance service or other organization that provides some or all of the benefits a instructions.)	inder the plan? (See	10e		X			
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 end.).	***************************************	10g		Х			
ħ	If this is an individual account plan, was there a blackout period? (See instruction 2520.101-3.)		10h		х			
i	If 10h was answered "Yes," check the box if you either provided the required notice exceptions to providing the notice applied under 29 CFR 2520.101-3	ce or one of the	10i					
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," 5500))	see instructions and com	plete \$	Sched	ule SB	(Form	Yes	⊠ No
12	Is this a defined contribution plan subject to the minimum funding requirements of						Yes	⊠ No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
а	If a waiver of the minimum funding standard for a prior year is being amortized in granting the waiver.	this plan year, see instruc	tions, th	and e	nter th Dav	e date of	the letter ruli Year	ng
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 55				,			
b	Enter the minimum required contribution for this plan year			[_	12b			
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 (enternegative amount)			L	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding dea	dline?	********	***/***	<u></u>	Yes	No [N/A
Part	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted during the plan year or any p	rior year?					Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the employer this ye	ar			13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to of the PBGC?			******			Yes	⊠ No
С	If during this plan year, any assets or liabilities were transferred from this plan to which assets or liabilities were transferred. (See instructions.)	another plan(s), identify th	e plan	(s) to				
1	3c(1) Name of plan(s):			13c(2) EIN(s)			13c(3)	PN(s)
				·				
			-				_	
)					
Cauti	on: A penalty for the late or incomplete filing of this return/report will be ass	essed unless reasonabl	e cau	se is e	stabli	shed.		
SB or	penalties of perjury and other penalties set forth in the instructions, I declare that Schedule MB completed and signed by an enrolled actuary, as well as the electronic is true, correct, and complete.							
SIGN		2010 ALAND PIERCI	E MD					
HER	Organizate of plant administrator	Enter name of in	dividu:	al sign	ing as	plan adm	inistrator	
SIGN		26/0						
HER	Signature of employer/plan sponsor Date	Enter name of in	dividua	al sign	ing as	employer	or plan spo	nsor [