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).

1210-0089

OMB Nos. 1210-0110

2010

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation	▶ Complete all entries in accord	dance witl	h the instructions to the Form 5500	0-SF.				
		lentification Information							
For	calendar plan year 2010 or fisca	al plan year beginning 01/01/2010	0	and ending 1	2/31/	2010			
A	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-particip	ant plan		
В	This return/report is for:	first return/report	final retur	n/report		_			
	Ţ	an amended return/report	short plan	year return/report (less than 12 mor	nths)				
C	Check box if filing under:	▼ Form 5558	automatic	extension		DFVC progr	am		
		special extension (enter description							
Do	rt II Pacia Blan Inform	nation—enter all requested information	,						
		ination—enter all requested informa	ation		1h	Three-digit			
	Name of plan ND PIERCE MD PA PROFIT SH	HARING PLAN			טו	plan number	000		
						(PN) •	002		
					1c	Effective date			
						01/01/	1992		
	•	ess (employer, if for single-employer	plan)		2b	E0.046	ification Number		
ALAI	N D PIERCE MD PA				20	(LIIV)	telephone number		
	HUNTER ROAD				20	954-38	34-6075		
FI.L	AUDERDALE, FL 33331				2d		(see instructions)		
						62111			
	Plan administrator's name and ND PIERCE MD PA	address (if same as Plan sponsor, et 3200 HUNTE		e")	30	Administrator's 59-243			
		FT. LAUDER	DALE, FL	33331	3с	Administrator's	telephone number		
							34-6075		
	•	an sponsor has changed since the las		port filed for this plan, enter the	4b	EIN			
I	name, EIN, and the plan numbe	r from the last return/report. Sponso	r's name		4 c	PN			
5a	Total number of participants at	the beginning of the plan year			5a		40		
		the end of the plan year		ł		1			
		ith account balances as of the end of		ł	5b	+	40		
C			. ,	` .	5с		40		
6a	Were all of the plan's assets d	luring the plan year invested in eligib	le assets?	(See instructions.)			X Yes No		
b				ndent qualified public accountant (IQF					
	•	• .		ons.)			^ Yes ∐ No		
Da	rt III Financial Informa		orm 5500-	SF and must instead use Form 550	00.				
		ation			1				
7	Plan Assets and Liabilities		_	(a) Beginning of Year 6185340)	(b) End	d of Year 6843593		
	Total plan assets		7a	0100040			0		
b	'	71. (7b	6185340			6843593		
<u> </u>		7b from line 7a)	7c		_				
8	Income, Expenses, and Transf Contributions received or received			(a) Amount		(b)	Total		
а		vable from.	8a(1)	0)				
			8a(2)	0)				
	• •)		0)				
b	, ,	, 		720193	3				
С	,	8a(2), 8a(3), and 8b)					720193		
d		rollovers and insurance premiums		01010					
	to provide benefits)		. 8d	61940	_				
е	Certain deemed and/or correct	tive distributions (see instructions)	. 8e	0	_				
f	Administrative service provider	rs (salaries, fees, commissions)	. 8f	0					
g	Other expenses		. 8g	0)				
h	Total expenses (add lines 8d,	8e, 8f, and 8g)	8h				61940		
i	Net income (loss) (subtract line	e 8h from line 8c)	. 8i				658253		
j	Transfers to (from) the plan (se	ee instructions)	. 8i	0)				

Form 5500-SF 2010	Page 2-
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Part IV	Dian	('harac	tarietice
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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 th	e plan provides welfare benefits, enter the applicable welfare featur	re codes from the l	ist of Plan Characteri	stic Coo	des in	the instructi	ons:
Part	: V	Compliance Questions						
10	Du	ing the plan year:			Yes	No		Amount
а		s there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary				X		
b		re there any nonexempt transactions with any party-in-interest? (Doine 10a.)				X		
С	W	as the plan covered by a fidelity bond?		100	X			1000000
d		the plan have a loss, whether or not reimbursed by the plan's fideli			X			
е	ins	re any fees or commissions paid to any brokers, agents, or other per per ance service or other organization that provides some or all of the ructions.)	e benefits under the	plan? (See		X		
f	На	s the plan failed to provide any benefit when due under the plan?		10f		X		
g	Dic	the plan have any participant loans? (If "Yes," enter amount as of y	year end.)	10g		X		
h	If ti	is is an individual account plan, was there a blackout period? (See 0.101-3.)	instructions and 29	O CFR		X		
i	If 1	Oh was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3	quired notice or on	e of the				
art	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements?	•	•			•	Yes No
12	ls i	his a defined contribution plan subject to the minimum funding requ	uirements of section	1 412 of the Code or s	ection 3	302 of	ERISA?	Yes No
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.						
а		waiver of the minimum funding standard for a prior year is being an						
lf '	-	nting the waivercomplete lines 3, 9, and 10 of Schedule MB				Day		Teal
	-	er the minimum required contribution for this plan year	•	-	Г	12b		_
		er the amount contributed by the employer to the plan for this plan y			1	12c		_
	Sul	stract the amount in line 12c from the amount in line 12b. Enter the rative amount)	result (enter a minu	is sign to the left of a		12d		
е	Wil	the minimum funding amount reported on line 12d be met by the fu	unding deadline?				Yes	No N/A
Part	VII	Plan Terminations and Transfers of Assets						_
I3a	Has	a resolution to terminate the plan been adopted during the plan year	ear or any prior yea	r?				Yes X No
		'es," enter the amount of any plan assets that reverted to the emplo			Г	13a		
b	We	re all the plan assets distributed to participants or beneficiaries, tran			•	ntrol	•	Yes No
С		uring this plan year, any assets or liabilities were transferred from th ch assets or liabilities were transferred. (See instructions.)	nis plan to another	plan(s), identify the plantify the plantify	an(s) to			
1	13c(1) Name of plan(s):			13	c(2) El	N(s)	13c(3) PN(s)
Caut	ion.	A penalty for the late or incomplete filing of this return/report v	will be assessed i	ınless reasonable ca	use is	estah	lished	
Unde SB o	er pe r Scl	nalties of perjury and other penalties set forth in the instructions, I do needle MB completed and signed by an enrolled actuary, as well as true, correct, and complete.	eclare that I have e	examined this return/re	port, in	cludin	g, if applical	
SIG	N	iled with authorized/valid electronic signature.	7/22/2011	ALAN D PIERCE MD				
HER		Signature of plan administrator	Date	Enter name of individ	ual sig	ning a	s plan admii	nistrator

Date

Enter name of individual signing as employer or plan sponsor

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

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1210-0089

OMB Nos. 1210-0110

2010

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Р	ension Benefit Guaranty Corporation	▶ Complete all entries in accord	dance wit	h the instructions to the Form 5500	0-SF.			
		dentification Information						
For	calendar plan year 2010 or fisc	cal plan year beginning		and ending				
Α .	This return/report is for:	ingle-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	ant plan	
В	This 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:	X Form 5558	automatio	extension		DFVC progra	am	
		special extension (enter description	on)					
Pa	rt II Basic Plan Infor	mation—enter all requested inform	ation					
1a	Name of plan	·			1b	Three-digit		
ALA	N D PIERCE MD PA PROFIT S	SHARING PLAN				plan number	002	
				·	1.0	(PN)		
					10	Effective date of 01/01/		
	•	ress (employer, if for single-employer	plan)		2b	Employer Identi		
ALAI	N D PIERCE MD PA				2c	(LIIV)	telephone number	
3200	HUNTER ROAD				1	954-38	34-6075	
FT. L	AUDERDALE FL 33331				2d	Business code	(see instructions)	
32	Plan administrator's name and	d address (if same as Plan sponsor, e	nter "Same	a")	3h	Administrator's	-	
SAM		raddress (ii saine as rian sponsor, e	inter Garn		0.0	59-243		
					3с		telephone number 34-6075	
	•	an sponsor has changed since the la		eport filed for this plan, enter the	4b	EIN		
ı	name, EIN, and the plan number	er from the last return/report. Sponso	r's name		4 c	PN		
5a	Total number of participants a	at the beginning of the plan year			5a	FIN	40	
		it the end of the plan year		}	5b			
	·	vith account balances as of the end of		Į.	JU		40	
					5c		40	
		during the plan year invested in eligib					X Yes No	
b		the annual examination and report of a (See instructions on waiver eligibility a					X Yes □ No	
		her 6a or 6b, the plan cannot use F		•				
Pa	rt III Financial Inform							
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	l of Year	
а	Total plan assets		. 7a	6185340			6843593	
b	Total plan liabilities		. 7b	0			0	
С	Net plan assets (subtract line	7b from line 7a)	7c	6185340			6843593	
8	Income, Expenses, and Trans	sfers for this Plan Year		(a) Amount		(b) ·	Total	
а	Contributions received or rece		90(4)	0				
	` , ` ,		. 8a(1) . 8a(2)	0				
		5)		0	_			
b	, ,			720193				
C	` ,	, 8a(2), 8a(3), and 8b)					720193	
d		rollovers and insurance premiums	- 60					
-			. 8d	61940	_			
е	Certain deemed and/or correct	ctive distributions (see instructions)	. 8e	0	_			
f	Administrative service provide	ers (salaries, fees, commissions)	. 8f	0	_			
g	Other expenses		. 8g	0				
h	Total expenses (add lines 8d,	8e, 8f, and 8g)	. 8h				61940	
į	`	e 8h from line 8c)					658253	
j	Transfers to (from) the plan (s	see instructions)	. 8i	0				

Form 5500-SF 2010 Page 2- 1	
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Part IV	Plan	Charact	teristics

SIGN HERE

Signature of employer/plan sponsor

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

D	if the plan provides welfare benefits, enter the applicable welfare fea	iture codes from the i	List of Pian Characte	ristic C	odes in	tne instruc	ctions:	
art	V Compliance Questions							
0	During the plan year:			Yes	s No		Amount	
а	Was there a failure to transmit to the plan any participant contributio 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci)a	X			
b	Were there any nonexempt transactions with any party-in-interest? (on line 10a.)	•	·)b	X			
С	Was the plan covered by a fidelity bond?		10)c X				1000000
d	Did the plan have a loss, whether or not reimbursed by the plan's fic or dishonesty?)d	X			
е	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of tinstructions.)	ance carrier, e plan? (See)e	X				
f	Has the plan failed to provide any benefit when due under the plan?			Of	X			
g	Did the plan have any participant loans? (If "Yes," enter amount as	of vear end.))g	X			
_	If this is an individual account plan, was there a blackout period? (Se 2520.101-3.)	ee instructions and 29	O CFR		X			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3	required notice or on	e of the	Oh Oi				
art	VI Pension Funding Compliance		•			•		
11	Is this a defined benefit plan subject to minimum funding requiremen 5500))						. Yes	s X No
12	Is this a defined contribution plan subject to the minimum funding re							s X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	ole.)					_	_
а	If a waiver of the minimum funding standard for a prior year is being	amortized in this plar						
ıe.	granting the waiver.		_		_ Day		Year	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule I		•		12b			
	Enter the minimum required contribution for this plan year				120 12c			
	Enter the amount contributed by the employer to the plan for this pla Subtract the amount in line 12c from the amount in line 12b. Enter the	,			120			
	negative amount)		-		12d			П
	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 yea	r?				Yes	s X No
	If "Yes," enter the amount of any plan assets that reverted to the em							
b	Were all the plan assets distributed to participants or beneficiaries, to of the PBGC?	ransferred to another	plan, or brought und	ler the	control		Ye	s 🔀 No
С	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify the	olan(s)	to			
1	13c(1) Name of plan(s):			1	3c(2) El	N(s)	13c(3) PN(s)
`auti	ion: A penalty for the late or incomplete filing of this return/repo	rt will be assessed i	inless reasonable	sauco i	e oetab	lichod		
Jnde SB o	er penalties of perjury and other penalties set forth in the instructions, or Schedule MB completed and signed by an enrolled actuary, as well f, it is true, correct, and complete.	I declare that I have e	examined this return	report,	includin	g, if applic		
			ALAN D PIERCE I	MD				
SIGN HERE Signature of plan administrator Date Enter name of individual signing						e nlan adr	ministrator	

Date

Enter name of individual signing as employer or plan sponsor

р.З

	Form 5500-SF 2010		Page 2-					
Par								
9a	If the plan provides pension benefits, enter the applicable pen	sion feature codes from t	ne List of Plan Characte	ristic Co	des in	the instruc	tions:	
b	If the plan provides welfare banefits, enter the applicable welf	are feature codes from th	e List of Plan Character	istic Co	des in :	the instruct	ions;	
Part	V Compliance Questions	, ···	,				" '	
10	During the plan year:			Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant con 29 GFR 2510.3-102? (See instructions and DOL's Voluntary	Inibutions within the time i	period described in		7.			
b	Were there any nonexempt transactions with any party-in-integral on line 10a.)	erest? (Do not include trac	sactions reported	1				
C	Was the plan covered by a fidelity bond?		 		,		tadhyr	
d	Did the plan have a loss, whether or not reimbursed by the pl or dishonesty?	***************************************			,		• •	
ė	Were any fees or commissions paid to any brokers, agents, of insurance service or other organization that provides some of instructions.)	or other persons by an ins rall of the benefits under	urance carrier, he plan? (See					
f	Has the plan falled to provide any benefit when due under the	ptan?		f .	:			
9	Did the plan have any participant loans? (If "Yes," enter amount							-''
h	If this is art individual account plan, was there a blackout peri 2520,101-3.)			,	ų.			
i i	If 10h was answered "Yes." check the box if you either provid exceptions to providing the notice applied under 29 CFR 252	ed the required potice or :	one of the					
Part								
11	is trus a defined benefit plan subject to minimum funding requ 5500))	irements? (If "Yes," see ir	structions and complete	Sched	ute SB	(Form	[] Yes	. ∏ No
12	Is this a defined contribution plan subject to the minimum fun	ding requirements of sect	on 412 of the Code or s	ection 3	M2 of 8	-RISA2	Yes	
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as a if a waiver of the minimum funding standard for a prior year is granting the waiver. ou completed line 12a, complete lines 3, 9, and 10 of Sche	pplicable.) being amortized in this pl	an yeer, see instru ction Month	t ond a	nter th	a data of M	e letter n Year	aling
	Enter the minimum required contribution for this plan year			Г	12b			
C	Enter the amount contributed by the employer to the plan for t	his plan vear			12c			
a	Subtract the amount in line 12c from the amount in line 12b. E negative amount)	inter the result (enter a mi	gue eign to the left of a		12d			,
е	Will the minimum funding amount reported on line 12d be met	by the funding deadline?			[Yes	No	N/A
Part								
13a	Has a resolution to terminate the plan been adopted during the	e plan year or any prior ye	ar?			· · ·	Yes	No
	if "Yes," enter the amount of any plan assets that reverted to t	he employer this year			13a			
D	Were all the plan assets distributed to participants or beneficial of the PBGC?	ries transferred to sooth	etellen och revelstande	44ba aa.	ntrol		Yes	∏ No
C	if during this plan year, any assets or liabilities were transferre which assets or liabilities were transferred. (See instructions.)	d from this plan to anothe	r plan(s), identify the pla	m(s) to			□ .es	₩.
	o(1) Name of plan(s):			130	(2) EIN	l(s)	13c(3) PN(s)
							<u> </u>	, ,,
							-	
Cautio	rn: A penalty for the late or incomplete filing of this return	report will be assessed	uniess reasonable ca	unse ls c	etabli	shed		•
SB or belief,	penalties of penalty and other penalties set forth in the instruct Schedule till completed and eigned by an enrolled actuary, and into true, conject, and complete.	tions, I declare that I have a well as the electronic ver	examined this return/re sion of this return/repor	port, inc t, aind is	studing. the ba	, if applice est of my k	ile, a S on nowledge	edule and
SIGN	AMIL AMILIO	7/21/11	es escel en executivada			······································		
HERE	Signature of pian administrator	Date	Enter name of individ		ing se	nian adwi-	istrator	
SIGN						Pian punk	າວແສເບາ	
HERE	Signature of employer/plan sponsor	Date	Enter name of individ	ıst oʻzari	ino es	oronto es u	!	
			· = wer name or more	aca sign	마타당다	employer d	pien spo	ZOSOF