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).

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Part I		ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance witl	n the instructions to the Form 550	0-SF.	7,000	
A This return/report is for:								
B This return/report is for: first return/report short plan year return/report (less than 12 months) C Check box if filing under: Form 5558 automatic extension DFVC program Part II Basic Plan Information—enter all requested information 1a Name of plan BARRON, BARRON, AND STEINER, M.D. P.A. CASH BALANCE PENSION PLAN 1b Three-digit plan number	For	calendar plan year 2010 or fisc	al plan year beginning 01/01/201	0	and ending 1	2/31/2	2010	
B This return/report is for:	Α.	This return/report is for:	single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participant plan	
C Check box if filing under:		,	first return/report	final retur	n/report			
special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan BARRON, BARRON, AND STEINER, M.D. P.A. CASH BALANCE PENSION PLAN 1c Effective date of plan 01/01/2006 2a Plan sponsor's name and address (employer, if for single-employer plan) BARRON, BARRON AND STEINER, M.D., P.A. 3700 WASHINGTON ST., #500 HOLLYWOOD, FL 33021 3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") BARRON, BARRON AND STEINER, M.D., P.A. 3700 WASHINGTON ST., #500 HOLLYWOOD, FL 33021 3b Administrator's EIN 36-60/29266 3c Administrator's EIN 36-80/29266 3c Administrator's EIN 3			an amended return/report	short plan	year return/report (less than 12 mor	nths)		
Special extension (enter description) Part	С	Check box if filing under:	Form 5558	automatic	extension		DFVC program	
Part II Basic Plan Information—enter all requested information 1a Name of plan BARRON, BARRON, AND STEINER, M.D. P.A. CASH BALANCE PENSION PLAN 1c Effective date of plan 01/01/2006 2a Plan sponsor's name and address (employer, if for single-employer plan) 2b Employer Identification Number (EIN) 36-60/29/266 2c Plan sponsor's telephone number 954-969-4700 2d Business code (see instructions) 621111 3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") 2d Business code (see instructions) 621111 3c Administrator's EIN 3700 WASHINGTON ST., #500 HOLLYWOOD, FL 33021 3b Administrator's EIN 36-02/266 3c Administrator's telephone number 954-989-4700			special extension (enter description	n)				
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BARRON, BARRON, AND STEINER, M.D. P.A. CASH BALANCE PENSION PLAN Plan number (PN) 103			mation—enter all requested inform	alion		1h	Three-digit	_
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b Total number of participants at the end of the plan year								_
C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)								
complete this item)			• •			5b)
Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.). **I Yes **No No If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	С				•	5c)
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							Ĭ Yes □ N	_ ი
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)		•	0 , ,		,			_
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Part III Financial Information	_			orm 5500-	SF and must instead use Form 55	00.		
	Pa	rt III Financial Inform	ation					
7 Plan Assets and Liabilities (a) Reginning of Year (b) End of Year	7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year	
\(\frac{1}{2}\)	а	Total plan assets		. 7a				
a Total plan assets	b	Total plan liabilities		. 7b				
a Total plan assets 7a 391373 0 b Total plan liabilities 7b 0 0	C	Net plan assets (subtract line	7b from line 7a)	. 7с	391373	3)
a Total plan assets7a3913730b Total plan liabilities7b00	8	Income, Expenses, and Trans	fers for this Plan Year		(a) Amount		(b) Total	_
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7 Plan Assets and Liabilities (a) Reginning of Year (b) End of Year	Pa 7 a b	under 29 CFR 2520.104-46? (If you answered "No" to either III Financial Inform Plan Assets and Liabilities Total plan assets	(See instructions on waiver eligibility ner 6a or 6b, the plan cannot use Fation	and conditi orm 5500- 7a 7b	(a) Beginning of Year	00.		0
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For	rm 5500-SF 2010	Page 2-	
Part IV	Plan Characteristics		

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 p	plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	cteris	tic Cod	des in 1	ine instru	action	is:	
art	V (Compliance Questions							
0	During	g the plan year:		Yes	No		Ar	nount	
а		there a failure to transmit to the plan any participant contributions within the time period described in FR 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.)				X				
С	Was	the plan covered by a fidelity bond?	10c	X					391373
d		ne plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud honesty?	10d		X				
е	insura	any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, ance service or other organization that provides some or all of the benefits under the plan? (See ctions.)	10e		X				
f	Has th	he 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.)				X				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)				X				
i		was answered "Yes," check the box if you either provided the required notice or one of the otions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI F	Pension Funding Compliance							
11	Is this	a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com						Yes	X No
12	Is this	s a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of	ERISA?		Yes	X No
		es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							_
а	If a wa	aiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrung the waiver							
lf :	you co	mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_					
b	Enter	the minimum required contribution for this plan year			12b				
С	Enter	the amount contributed by the employer to the plan for this plan year			12c				
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ive amount)			12d				
е	Will th	ne 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							
3a	Has a	resolution to terminate the plan been adopted during the plan year or any prior year?						X Yes	No
	If "Yes	s," 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 PBGC?			ntrol			X Yes	No No
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)	ne pla	n(s) to	1		<u>.</u>		
1	3c(1) N	Name of plan(s):		13	c(2) EI	N(s)		13c(3) PN(s)
<u>Cau</u> t	ion: A	penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	establ	ished.			
ВВ о	r Śched	Ities of perjury and other penalties set forth in the instructions, I declare that I have examined this retudule MB completed and signed by an enrolled actuary, as well as the electronic version of this returnate, correct, and complete.							
		ed with authorized/valid electronic signature. 07/26/2011 HOWARD BARR	ON						

SIGN	Filed with authorized/valid electronic signature.	07/26/2011	HOWARD BARRON
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

_Jul. 25. 2011_10:38AM__

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).

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

No. 3287 P. 2
OMB Nos. 1210-0110
1210-0089

2010

This Form is Open to Public Inspection

	art I		Identification Information				
For	r calenda	ir plan year 2010 or fis	cal plan year beginning		and ending		
Α	This retu	urn/report is for:	X single-employer plan	multiple-	employer plan (not multiemployer)		one-participant plan
В	This retu	urn/report is for:	first return/report	X final retu	rn/report		
			an amended return/report	short pla	n year return/report (less than 12 mor	nths)	
С	Check b	ox if filing under:	Form 5558	automati	c extension		DFVC program
_			special extension (enter descrip				
P	art II	Basic Plan Info	rmation—enter all requested infor				
	Name o		Time and to decored into	manon		1b	Three-digit
			ER, M.D. P.A. CASH BALANCE PEN	ISION PLAI	N		plan number
							(PN) ▶ 003
						16	Effective date of plan 01/01/2006
			fress (employer, if for single-employ	er plan)		2b	Employer Identification Number
BAR	RON, B	ARRON AND STEINE	R, M.D., P.A.			0.	(EIN) 36-6029266
		NGTON ST., #500				2C	Plan sponsor's telephone number 954-989-4700
HOL	LYWQQ	D FL 33021				2d	Business code (see instructions) 621111
3a SAM		ministrator's name an	d address (if same as Plan sponsor,	enter "Sam	e")	3b	Administrator's EIN 36-6029266
-27 110						3с	Administrator's telephone number 954-989-4700
4 1	 If the nar	me and/or FIN of the n	lan sponsor has changed since the	 last return/re	eport filed for this plan, enter the	4h	EIN
			er from the last return/report. Spons		port mad to time plant, since the		
						<u>4c</u>	PN
5a	Total n	umber of participants a	at the beginning of the plan year			<u>5a</u>	19
b	Total n	umber of participants a	at the end of the plan year			5b	0
С			with account balances as of the end			5c	
6a		•			(See instructions.)		X Yes No
b	Are you	claiming a waiver of	the annual examination and report of	f an indeper	ndent qualified public accountant (IQF	PA)	
				•	ions.)556 SF and must instead use Form 550		Xi Yes [No
Pa		Financial Inform		roim 3300	or and must mistead use roim 500	,v.	
7	'	sets and Liabilities			(a) Beginning of Year		(b) End of Year
a		_		7a	391373	+-	0
_					0		0
c	•		7b from line 7a)		391373		0
8			efers for this Plan Year		(a) Amount	1	(b) Total
a		utions received or rece			_		1-7
	(1) Em	ployers		8a(1)	0	4	
	(2) Par	ticipants		8a(2)	0	4	
	, .	· –	3)		202279	_	
b		. ,			-695	\perp	**
C	Total in	come (add lines 8a(1),	, 8a(2), 8a(3), and 8b)	8c			201584
d			rollovers and insurance premiums	8d	591947		
e	Certain	deemed and/or correc	tive distributions (see instructions)	8e	0		
f	Adminis	trative service provide	rs (salaries, fees, commissions)	8f	1010		
g	Other ea	xpenses		8g	0		
h	Total ex	penses (add lines 8d,	8e, 8f, and 8g)				592957
i	Net inco	ome (loss) (subtract lin	e 8h from line 8c)	8í			-391373
j	Transfer	rs to (from) the plan (s	ee instructions)	8j	0		

	Jul. 25. 2011 10:39AM		N	o. 3287	Ρ.	3	
	Form 5500-SF 2010 Page 2- 1		_				
Pa	t IV Plan Characteristics		"				
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Character 1A 1C 1I	cterist	tic Co	des in the	instructi	ions:	
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Charac	teristi	ic Cod	des in the	instruction	ons:	
Par		ı					
10	During the plan year:		Yes	No		Amount	
а	, F	10a		Х			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10ь		x			
c	F	10c	Х				391373
đ	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		х			
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.)	10e		×			
f	Has the plan failed to provide any benefit when due under the plan?	10f		×			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		×			
h	· · · · · · · · · · · · · · · · · · ·	IOh		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					
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comples 5500))					Yes	X No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code of					Yes	. X No
a	(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 instruction granting the waiver. Month		e bne	nter the d		e letter ru Year	ıling

11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch 5500))			Yes	X No					
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section			Yes	X No					
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)				_					
a	a 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									
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.									
b	Enter the minimum required contribution for this plan year	12b								
С	Enter the amount contributed by the employer to the plan for this plan year	12c								
þ	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?	<u>.,</u> .	Yes	No	N/A					
art	VII Plan Terminations and Transfers of Assets									
3a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?			X Yes	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?			X Yes	□ 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								
1	3c(1) Name of plan(s):	13 <u>c(2)</u> El	N(\$)	13¢(3)	PN(s)					
					· ·					
_										

Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Ý	SION	Helherd Ver	7.25.2011	HOWARD BARRON
l	SIKN HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
	SIGN			
	HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor