	Form 5500-SF		eturn/l Benefit	Report of Small Emplo	OMB Nos. 1210-0110 1210-0089				
Department of the Treasury Internal Revenue Service This form is required to be filed				-	2010				
En	Department of Labor nployee Benefits Security Administration	Retirement Income Security A	Act of 1974	74 (ERISA), and section 6058(a) of the e Code (the Code). This Form is Open to Public					
P	ension Benefit Guaranty Corporation	n the instructions to the Form 550	0-SF.	Inspection					
Part I Annual Report Identification Information For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010									
	, , ,	single-employer plan		g	2/31/2				
	This return/report is for:	first return/report	mployer plan (not multiemployer)		one-participant plan				
в	This return/report is for:	an amended return/report	final retur	n/report i year return/report (less than 12 mo	nthe)				
c	Obeels here if filing under	Form 5558		extension	11015)	DFVC program			
	Check box if filing under:	special extension (enter descriptio							
Pa	Int II Basic Plan Inform	nation—enter all requested information	-						
	Name of plan		allon		1b	Three-digit			
	ERT A. LARSON, O.D., P.C. PR	OFIT SHARING PLAN				plan number 001			
					10	(PN)			
						1C Effective date of plan 05/01/1993			
	Plan sponsor's name and addre ERT A. LARSON, O.D., P.C.	ess (employer, if for single-employer	plan)		2b	Employer Identification Number (EIN) 36-3882270			
	0 S. ROUTE 59				2c	Plan sponsor's telephone number 815-436-8955			
PLAII	NFIELD, IL 60544				2d	Business code (see instructions) 621320			
3a ROB	Plan administrator's name and ERT A. LARSON, O.D., P.C.	address (if same as Plan sponsor, ei 15420 S. RO	UTE 59	2")	3b	b Administrator's EIN 36-3882270			
		PLAINFIELD	, IL 60544		C Administrator's telephone number 815-436-8955				
		n sponsor has changed since the las		port filed for this plan, enter the	4b	b EIN			
name, EIN, and the plan number from the last return/report. Sponso			r's name		4c	PN			
5a Total number of participants at the beginning of the plan year					5a	3			
b Total number of participants at the end of the plan year					5b	3			
C Total number of participants with account balances as of the end of complete this item)				· ·	5c	3			
6a		uring the plan year invested in eligibl				Yes 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.)								
Pa	rt III Financial Informa								
7	Plan Assets and Liabilities			(a) Beginning of Year	(b) End of Year				
a			7a	38698	2	454337			
b				38698	2	454337			
<u> </u>	· · · ·	b from line 7a)	7c		_				
8 a	Income, Expenses, and Transf Contributions received or recei			(a) Amount		(b) Total			
ŭ			8a(1)	2160	C				
	(2) Participants		8a(2)						
	., ,			5004	7				
b				5064	, 	72247			
 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 			8c						
		8d							
e Certain deemed and/or corrective distributions (see instructions)			8e						
f Administrative service providers (salaries, fees, commissions)				4892	2				
g	•				4892				
h i	Total expenses (add lines 8d, 8e, 8f, and 8g) Net income (loss) (subtract line 8h from line 8c)				_	67355			
i i		e instructions)				0.000			
			8j						

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

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: 2E 3D
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	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 time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х					
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)			Х					
С	Was the plan covered by a fidelity bond?	10c	Х		45000				
d	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					
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, nsurance service or other organization that provides some or all of the benefits under the plan? (See nstructions.)								
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					
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							
Part	VI Pension Funding Compliance								
11									
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code								
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)								
 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. 									
lf y	ou 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					
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left 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 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								
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?								
C 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.)									
13c(1) Name of plan(s):				c(2) El	N(s) 13c(3) PN(s)				
Caut	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab			astahl	ished				
Jaul	on A penalty for the face of moonplete ming of this return report will be assessed diffess reasonab	iu val	130 13	Jarani	1011041				

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.

SIGN	Filed with authorized/valid electronic signature.	07/29/2011	MARY LOU LARSON
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

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	Form 5500-SF			Report of Small Emplo	yee	C	0MB Nos. 1210-0110 1210-0089		
Internal Revenue Service This form is required to be file Department of Labor Retirement Income Security				it Plan	_	2	010		
				4 (ERISA), and section 6058(a) of the		-			
Employee Benefits Security Administration Internal Revenue Code (the Code). Pension Benefit Guaranty Corporation ► Complete all entries in accordance with the instructions to the Fo					This Form is Open to Publi Inspection				
P		tification Information	rdance wi	th the instructions to the Form 550	0-SF.		· · · · · · · · · · · · · · · · · · ·		
	calendar plan year 2010 or fiscal p		10	and ending	2/31/2	2010			
Α	This return/report is for:	ingle-employer plan	multiple	employer plan (not multiemployer)		one-participar	nt plan		
_	· _	irst return/report		irn/report			it plan		
_	·	in year return/report (less than 12 mo	nthe)						
С		in amended return/report	i i	ic extension	naisy	DFVC program	~		
•		pecial extension (enter descripti	1				12		
P		tion—enter all requested inform							
	Name of plan	tion-enter all requested inform	nation		16	Three-digit			
	ERT A. LARSON, O.D., P.C. PROF	TT SHARING PLAN				plan number	004		
						(PN) ▶	001		
					1c	Effective date of 05/01/19	plan 93		
2a ROB	Plan sponsor's name and address ERT A. LARSON, O.D., P.C.	(employer, if for single-employer	r plan)		2b	Employer Identifie (EIN) 36-3882	cation Number 270		
	0 S. ROUTE 59 NFIELD, IL 60544					Plan sponsor's te 815-436	-8955		
	, 					d Business code (see instructions) 621320			
ROB	Plan administrator's name and add ERT A. LARSON, O.D., P.C.	ress (if same as Plan sponsor, e 15420 S. RC PLAINFIELD	DUTE 59	,		3b Administrator's EIN 36-3882270			
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, entr				anot field for this stars a for the		 3c Administrator's telephone number 815-436-8955 4b EIN 			
• •	name, EIN, and the plan number fro	m the last return/report. Sponso	or's name	eport med for this plan, enter the	40	EIN			
					4c	PN			
5a Total number of participants at the beginning of the plan year					5a		3		
b	b Total number of participants at the end of the plan year				5b	5b 3			
С	Total number of participants with a complete this item)	year (defined benefit plans do not	5c		3				
6a	Were all of the plan's assets durin	g the plan year invested in eligib	le assets?	(See instructions.)			Yes No		
b	Are you claiming a waiver of the ar	nual examination and report of	an indepe	ndent qualified public accountant (IQF ions.)	PA)				
	If you answered "No" to either 6	a or 6b. the plan cannot use F	orm 5500-	SF and must instead use Form 550	 ນົ	••••••	A Yes No		
Pa	rt III Financial Informatio	'n				······································			
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End o	f Year		
а	Total plan assets		. 7a	386982			454337		
b	Total plan liabilities		7b						
C	Net plan assets (subtract line 7b fro	om line 7a)	7c	386982			454337		
8	Income, Expenses, and Transfers	for this Plan Year		(a) Amount		(b) To	tal		
а	Contributions received or receivabl			21600					
	(1) Employers		8a(1)	2 1000					
	(2) Participants		8a(2)		-				
h	(3) Others (including rollovers)		8a(3)	50647	-				
b	Other income (loss)		8b	50047	94042 11		70047		
c d	Total income (add lines 8a(1), 8a(2 Benefits paid (including direct rollow to provide benefits)	vers and insurance premiums	8c	n onder ein gehanden eine verschieden. Eine			72247		
е	Certain deemed and/or corrective of		8d 8e						
f	Administrative service providers (sa		8f	4892					
g	Other expenses								
9 h	Total expenses (add lines 8d, 8e, 8		8g 8h				4892		
i.,	Net income (loss) (subtract line 8h	•					67355		
i	Transfers to (from) the plan (see in:	-		<u>rente en la construcción de la cons</u> La construcción de la construcción d					
- For F	aperwork Reduction Act Notice and OME		8j ns for Form	5500-SF.			orm 5500-SF (2010)		

orm	5500-SF	(2010)
	v.(092308 1

Form 5500-SF 2010

	rt IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of F 2E 3D	Plan Charac	teristic	Codes i	in the instruc	tions:	
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Pl	lan Charact	eristic C	Codes ir	n the instruct	tions:	
Par	t V Compliance Questions						
10	During the plan year:		Va				
а		oribod in	Ye	s No		Amount	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		0a	X			
b		enorted	ор Ор	X			
С	Was the plan covered by a fidelity bond?		Dc X		-		45000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused b or dishonesty?	w fraud)d	X			
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance can insurance service or other organization that provides some or all of the benefits under the plan? (sinstructions.)	rier,)e	x			
f	Has the plan failed to provide any benefit when due under the plan?		Df	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	10)g				
	2520.101-3.)	10	h	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						
Part							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions 5500))	and comple	te Sche	dule SE	B (Form	☐ Yes	No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of t	he Code or	coction	202 of	EDICAO	Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)		300001	502 01	LNIGA! .,		
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year se	e instructio	ns and	enter tł	ne date of th	o lottor rul	ina
	granting the waiver.	Month		_ Day		Year	ng
ii y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to	line 13.					
	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			
a	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to negative amount)	the left of a		12d			
	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 during the plan year or any prior year?					Yes	X No
-			[
D	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or b of the PBGC?	prought unde	er the co		L	☐ Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), id which assets or liabilities were transferred. (See instructions.)	lentify the p	an(s) to)			
13	Sc(1) Name of plan(s):		13	ic(2) Ell	N(s)	13c(3)	DN(e)
				-(-)		100(0)	1 14(5)
Cautio	on: A penalty for the late or incomplete filing of this return/report will be assessed unless rea					Ĺ	
Under SB or :	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this	this roturn /				ie, a Sche iowledge a	dule and
Denel,	it is true, correct, and complete.				-		
SIGN	17 4. Thin a 1/27/41 ROBERS			I A. LARSON OD			
HERE			lividual signing as plan administrator				
SIGN		Beng			ARSON		, – – – –
HERE	10-1						
<u> </u>	Signature of employer/plan sponsor Date // J/// Enter nar	ne of individ	iual sigi	ning as	employer o	plan spor	nsor

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