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

	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance witl	h the instructions to the Form 550	0-SF.				
		lentification Information							
For	calendar plan year 2010 or fisc	al plan year beginning 01/01/201	0	and ending 1	2/31/2	2010			
Α .	This return/report is for:	single-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 plan	year return/report (less than 12 mor	nths)				
C	Check box if filing under:	Form 5558	automatio	extension		DFVC progra	am		
		special extension (enter description	on)						
Pa	rt II Basic Plan Infori	nation—enter all requested inform	ation						
1a	Name of plan				1b	Three-digit			
NOR	MAN MINARS, MD, PA PROFI	T SHARING 401(K) PLAN				plan number	001		
					10	(PN)	f l		
					10	Effective date of 09/01/2			
2a	Plan sponsor's name and addr	ess (employer, if for single-employer	plan)		2b	Employer Ident			
	MAN MINARS, MD, PA	3 : 1 : 3 :	, ,			(EIN) 59-169	6770		
4020	SHERIDAN STREET				2c	Plan sponsor's	telephone number 7-7512		
	YWOOD, FL 33021				2d		(see instructions)		
						621112	2		
3a	Plan administrator's name and MAN MINARS, MD, PA	address (if same as Plan sponsor, e	enter "Same	9")	3b Administrator's EIN 59-1696770				
NOR	VIAN IVIINARS, IVID, PA	HOLLYWOO			30				
					30	954-98	telephone number 7-7512		
		an sponsor has changed since the la		port filed for this plan, enter the	4b EIN				
ı	name, EIN, and the plan number	er from the last return/report. Sponso	or's name		4c PN				
5a	Total number of participants a	t the heginning of the plan year			5a				
	5a Total number of participants at the beginning of the plan yearb Total number of participants at the end of the plan year						12		
		ith account balances as of the end o			5b		•		
		iti account balances as of the end o			5c		14		
6a	Were all of the plan's assets of	during the plan year invested in eligib	le assets?	(See instructions.)			X Yes No		
b		ne annual examination and report of					X Yes No		
		See instructions on waiver eligibility er 6a or 6b, the plan cannot use F					↑ Yes ∐ No		
Pa	rt III Financial Inform		01111 3300-	or and must mstead use rorm 55	00.				
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year			
a	Total plan assets		. 7a	5954194	1	(5) =	7409311		
b	Total plan liabilities			()		0		
		7b from line 7a)		5954194	1		7409311		
8	Income, Expenses, and Trans	fers for this Plan Year		(a) Amount	(b) Tota		Total		
а	Contributions received or rece	ivable from:		84463	2	•			
	, , , ,	Oa(1)							
	• •			89593	0				
	` ` ` ` ` `)	, ,						
b	, ,			1281872					
C		8a(2), 8a(3), and 8b)	. 8c				1455928		
d		rollovers and insurance premiums	. 8d	()				
е	Certain deemed and/or correc	tive distributions (see instructions)	. 8e	()				
f	Administrative service provide	rs (salaries, fees, commissions)	. 8f	(0				
g	Other expenses		. 8g	811					
h	Total expenses (add lines 8d,	8e, 8f, and 8g)	. 8h				811		
i	Net income (loss) (subtract line	e 8h from line 8c)	. 8i				1455117		
j	Transfers to (from) the plan (se	ee instructions)	. 8i						

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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: 2E 3D 2J 2K

b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	acteris	tic Coc	les in t	he instr	uctions	S :	
art	V Compliance Questions				-			
0	During the plan year:		Yes	No		Am	ount	
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		Χ				
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				1	000000
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		X				
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		Χ				
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.)	10q		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 com 5500))						Yes	X No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						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 instru granting the waiver. Mor	nth						
	rou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			12b				
	Enter the minimum required contribution for this plan year		⊢	12c				
	Enter the amount contributed by the employer to the plan for this plan year	of a	···	12d				
е	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?						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 brought of the PBGC?			ntrol			Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	he pla	n(s) to					
1	c(1) Name of plan(s): 13c(2) EIN(s)						13c(3)	PN(s)
aut	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	establ	ished.			
Во	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return, it is true, correct, and complete.							
	Filed with authorized/valid electronic signature. 10/05/2011 KATHLEEN LAR	SON						

SIGN HERE Signature of plan administrator Enter name of individual signing as plan administrator Date SIGN HERE Enter name of individual signing as employer or plan sponsor Signature of employer/plan sponsor Date

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

EN 59-1696770 /PN 001 /M NAR RF0 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.

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

_	art I Annual Report Identification Information							
For	calendar plan year 2010 or fiscal plan year beginning)1/01/20	and ending		12/31/2010			
Α	This return/report is for:	multiple-e	mployer plan (not multiemployer)	one-participant plan				
В	This return/report is for: first return/report	final return	n/report					
	an amended return/report	short plan	year return/report (less than 12 mg	onths)				
С	Check box if filing under:	automatic	extension		DFVC program			
	special extension (enter description	on)						
Pa	art II Basic Plan Information—enter all requested inform	53.30.T., A.						
	Name of plan	ation		1b	Three-digit			
	NORMAN MINARS, MD, PA			1	plan number			
	PROFIT SHARING 401(k) PLAN				(PN) ▶ 001			
				1c	Effective date of plan 09/01/1976			
2a	Plan sponsor's name and address (employer if for single employer	nlan)		2h	Employer Identification Number			
	Plan sponsor's name and address (employer, if for single-employer NORMAN MINARS, MD, PA	piaii)		20	(EIN) 59-1696770			
				2c	Plan sponsor's telephone number			
	4020 SHERIDAN STREET				(954) 987-7512			
	HOLLYWOOD		FL 33021	2d	Business code (see instructions) 621112			
3a	Plan administrator's name and address (if same as Plan sponsor, e	nter "Same		3b	Administrator's EIN			
	SAME			-				
				3C	Administrator's telephone number			
	f the name and/or EIN of the plan sponsor has changed since the last		port filed for this plan, enter the	4b	EIN			
	name, EIN, and the plan number from the last return/report. Sponso	or's name		4c	PN			
5a	Total number of participants at the beginning of the plan year			5a	12			
	Total number of participants at the end of the plan year				14			
	Total number of participants with account balances as of the end of	f the plan ye	ear (defined benefit plans do not					
C-	complete this item)			5c	14			
	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of				X Yes No			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condition	ons.)	JPA)	X Yes ☐ No			
	If you answered "No" to either 6a or 6b, the plan cannot use Fe	orm 5500-S	F and must instead use Form 5	500.				
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year	\perp	(b) End of Year			
a	Total plan assets	. 7a	5,954,1	94	7,409,311			
	Total plan liabilities	7b		0	0			
1-2-4	Net plan assets (subtract line 7b from line 7a)	7c	5,954,1	94	7,409,311			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	\perp	(b) Total			
а	Contributions received or receivable from: (1) Employers	8a(1)	84,4	63				
	(2) Participants	8a(2)	89,5					
	(3) Others (including rollovers)	8a(3)	03,0	0				
b	Other income (loss)	8b	1,281,8	72				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	1,201,0		1,455,928			
	Benefits paid (including direct rollovers and insurance premiums			+	1,100,020			
	to provide benefits)	. 8d		0				
	Certain deemed and/or corrective distributions (see instructions)	. 8e		0				
f	Administrative service providers (salaries, fees, commissions)	8f		0				
g	Other expenses	8g	81	11				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)			+	811			
	Net income (loss) (subtract line 8h from line 8c)	8i			1,455,117			

	8	$\overline{}$
Dage	2	
rage	Z -	

9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Cha	racteri	stic Co	odes ir	the instru	ctions:	
	2E $3D$ $2J$ $2K$ if the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Char						
Part							
10	During the plan year:				1	A-1	
а	Was there a failure to transmit to the plan any participant contributions within the time posted described in		Yes	No		Amount	
	29 OF R 25 10.5-102? (See Instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X			
D	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х			
С	Was the plan covered by a fidelity bond?	10c	х			1 00	00.00
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	_ ^	X		1,00	00,00
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.)			X			
f	Has the plan failed to provide any benefit when due under the plan?	10e		5050			
g		10f		Х			
_	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Χ			
"	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)						
i	f 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	10h		Х			
Part '		101					
11	s this a defined benefit plan subject to minimum funding requirements? (If "Yes " see instructions and com	plete	Schedu	ule SB	(Form	Пу	
12	ls this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					-	X No
If y	f a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and the waiver. Moniture completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	th		Day _		Year	
	equipo de control una plan year.						
d	- The state of the complete to the plan for this plan year			12c 12d			
	Vill the minimum funding amount reported on line 12d be met by the funding deadline?				7 Yes	No E	N/A
Part \					165	110 2	IN/A
13a	las a resolution to terminate the plan been adopted during the plan year or any prior year?					□ Yes	X No
	"Yes," enter the amount of any plan assets that reverted to the employer this year			13a			21 140
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	under t	the cor	11.150.0000		☐ Yes	X No
С	during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the vhich assets or liabilities were transferred. (See instructions.)	ne plan	(s) to				
13	c(1) Name of plan(s):		13c(2) EIN(s)			13c(3)	PN(s)
	n: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable						
SB or	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this returned the chedule MB completed and signed by an enrolled actuary, as well as the electronic version of this returned to the contract of the con	rn/reprepart,	ort, inc	luding the b	, if applicat est of my k	ole, a Sche nowledge	edule and
SIGN	9/17 M Kathleen La	arso	n				
HERE	Signature of plan administrator Date Enter name of in	dividua	al signi	ing as	plan admir	nistrator	
SIGN	9/23/11 TOOL		new		m		
HERE	X /	individual signing as employer or plan sponsor					nsor
	Date Line halle of the	uiviuu	ui siyiil	ing as	employer (n piati Spo	115