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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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OMB Nos. 1210-0110

1210-0089

2011

This Form is Open to Public Inspection

	Complete all entries in accord	dance with	n the instructions to the Form 55	00-SF.			
Pä	art I Annual Report Identification Information						
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2011	1	and ending	12/31/20	011		
A	This return/report is for: X a single-employer plan	a multiple	employer plan (not multiemployer)		a one-particip	ant plan	
В	This return/report is: the first return/report	the final re	eturn/report				
	an amended return/report	a short pla	ın year return/report (less than 12 r	nonths)			
С	Check box if filing under: Form 5558	automatic	extension	DFVC program			
	special extension (enter descriptio	n)		_	_		
Pa	Int II Basic Plan Information—enter all requested information						
	Name of plan	2001		1b	Three-digit		
	MAN MINARS, MD, PA PROFIT SHARING 401(K) PLAN				plan number		
					(PN) ▶	001	
				1c	Effective date of 09/01/	•	
2a	Plan sponsor's name and address; include room or suite number (er	mplover, if	for a single-employer plan)	2h	Employer Identif		
	MAN MINARS, MD, PA		To a single simple yet planty		(EIN) 59-169		
				2c 3	Sponsor's telept	none number	
4020	SHERIDAN STREET				954-987		
HOLI	LYWOOD, FL 33021			2d 1	Business code (3)
^				01	62111		
	Plan administrator's name and address (if same as plan sponsor, er MAN MINARS, MD, PA 4020 SHERID	AN STRE	ET	3D /	Administrator's E 59-16		
	HOLLYWOOD	D, FL 3302	21	3c /	Administrator's t		er
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/i	report filed for this plan, enter the	4b	954-987 FINI	-7512	
•	name, EIN, and the plan number from the last return/report.	aot rotain,	report med for this plan, enter the	70	LIIN		
а	Sponsor's name			4c	PN		
5a	Total number of participants at the beginning of the plan year			· 5а			1
b	b Total number of participants at the end of the plan year			- 5b			1
С	Number of participants with account balances as of the end of the p complete this item)			. 5c			1
6a	Were all of the plan's assets during the plan year invested in eligibl	e assets?	(See instructions.)			X Yes	No
b	Are you claiming a waiver of the annual examination and report of a						NI.
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a		•			X Yes	No
Da	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information)rm 5500-	SF and must instead use Form 5	500.			
7	Plan Assets and Liabilities		(a) Beginning of Veer		(b) End	of Voor	
-	Total plan assets	72	(a) Beginning of Year 7409311		(b) Elia	7671922	
a b	Total plan liabilities	7a 7b	0			0	
C	Net plan assets (subtract line 7b from line 7a)	75 7c	7409311			7671922	
8	Income, Expenses, and Transfers for this Plan Year	,,,	(a) Amount		(b) T	otal	
а	Contributions received or receivable from:		(a) Amount		(5) 1	otai	
-	(1) Employers	8a(1)	95403				
	(2) Participants	8a(2)	89676				
	(3) Others (including rollovers)	8a(3)	0				
b	Other income (loss)	8b	82765				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				267844	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2589				
е	Certain deemed and/or corrective distributions (see instructions)	8e	0				
f	Administrative service providers (salaries, fees, commissions)	8f	2626				
g	Other expenses	8g	18				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				5233	
i	Net income (loss) (subtract line 8h from line 8c)	8i				262611	
j	Transfers to (from) the plan (see instructions)	8i					

Form	5500-	SF	201

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Part IV	Plan	Charac	teristics
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- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 3D 2J 2K
 - If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	Compliance Questions			,	T	
10	During the plan year:		Yes	No	Α	mount
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	X			48270
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			1000000
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, 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		Х		
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 com 5500))					Yes X No
12	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.)					
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru granting the waiver					
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_		Γ	
b	Enter the minimum required contribution for this plan year		L	12b		
С	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 (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 X N/A
Part	VII Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?				'es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?		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 t which assets or liabilities were transferred. (See instructions.)	he pla	n(s) to)		
1	3c(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 will be assessed unless reasonab	le cau	ıse is	establ	ished.	
Unde SB o	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret r Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return, f, it is true, correct, and complete.	urn/re	port, ir	ncludin	g, if applicab	

SIGN	Filed with authorized/valid electronic signature.	07/11/2012	KATHLEEN 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

Form 5500-SF

Department of the Treasury

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee

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

2011

OMB Nos. 1210-0110, 1210-0089

This Form is Open to Public inspection

Annual Report Identification Information 12/31/201 and ending For calendar plan year 2011 or fiscal plan year beginning a one-participant plan a multiple-employer plan (not multiemployer) a single-employer plan A This return/report is for: the final return/report the first return/report B This return/report is: a short plan year return/report (less than 12 months) an amended return/report DFVC program automatic extension Form 5558 C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1b Three-digit 1a Name of plan plan number NORMAN MINARS, MD, PA 001 (PN) PROFIT SHARING 401(k) PLAN 1c Effective date of plan 09/01/1976 2b Employer Identification Number 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) (EIN) 59-1696770 NORMAN MINARS, MD, PA Sponsor's telephone number (954) 987-7512 4020 SHERIDAN STREET 2d Business code (see instructions) 621112 33021 HOLLYWOOD 3b Administrator's EIN 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3c Administrator's telephone number 4b EIN If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4c PN 5a Total number of participants at the beginning of the plan year 14 5a b Total number of participants at the end of the plan year...... 5b 13 C Number of participants with account balances as of the end of the plan year (defined benefit plans do not 13 5c complete this item). 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes No under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 7,671,922 7,409,311 a Total plan assets 7a b Total plan tiabilities..... 7b 7,409,311 C Net plan assets (subtract line 7b from line 7a). 7c 7,671,922 Income. Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 95,403 (1) Employers 8a(1) (2) Participants 89,676 8a(2) (3) Others (including rollovers)..... 8a(3) 82,765 b Other income (loss)..... 8b Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 267,844 8c Benefits paid (including direct rollovers and insurance premiums 2,589 to provide benefits)..... 84 Certain deemed and/or corrective distributions (see instructions)... 8e Administrative service providers (salaries, fees, commissions)..... 2,626 8f Other expenses..... 89 5,233 h Total expenses (add lines 8d, 8e, 8f, and 8g)..... ař. Net income (loss) (subtract line 8h from line 8c) 81 262.611 Transfers to (from) the plan (see instructions)..........

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-3F

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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:

Part	V Compliance Questions			r	1		
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		X			48,27	
Ł.,	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a	<u> </u>				
D	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	106		Х	-		
¢	Was the plan covered by a fidelity bond?	10c	Х		and the same	1,000,000	
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraudor 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		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		Х			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	1	†		3		
	2520.101-3.)	10h	<u> </u>	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				er de la companya de La companya de la companya de	
Part	VI Pension Funding Compliance	***************************************					
11	is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c 5500))					Yes 🔯 No	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Co					Yes 🛛 No	
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
а	If a walver of the minimum funding standard for a prior year is being amortized in this plan year, see inst						
	granting the waiver.			Day	, ,	Year	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1		Г	***	1		
D	Enter the minimum required contribution for this plan year			125	<u> </u>		
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 (enter a minus sign to the lengative amount)			12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	i /		*****	Yes	□ No ☑ N/A	
Part	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?		******		Yes X	vo.	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	F	13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug of the PBGC?					∏ Yes ☒ No	
c	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.)						
1	3c(1) Name of plan(s):		13c(2) EIN(s) 13c			13c(3) PN(s)	
		milyania miradika kumumida ida jab jab j					
Caut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reason	ible ca	use is	estat	lished.	4	
SBo	or penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this in Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return, to it is true, correct, and complete.	eturn/re rn/repor	port, in t, and	ncludir to the	ng, if applic best of my	able, a Schedule knowledge and	
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HER	0/07			dual signing as plan administrator			
. سر د پس	1(13.4)						
SIG		د.ز. دالمحدا ۵					
	ERE Signature of employer/plan sponsor Date Enter name of indiv			dividual signing as employer or plan sponsor			