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).

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in ac	cordance with the instr	uctions to the Form 550	0-SF.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Part I	Annual Report	Identification Information					
For calenda	ar plan year 2012 or fi	scal plan year beginning 01/01/	2012	and ending 1	2/31/2	2012	
	turn/report is for:	a single-employer plan		plan (not multiemployer)		a one-particip	oant plan
B This ret	turn/report is:	the first return/report	the final return/repor	t			
		an amended return/report	a short plan year retu	ırn/report (less than 12 m	onths)	_	
C Check I	box if filing under:	Form 5558	automatic extension			DFVC progra	ım
		special extension (enter descr	iption)				
Part II	Basic Plan Info	ermation—enter all requested info	ormation				
1a Name					1b	Three-digit	
		FIT SHARING 401(K) PLAN				plan number	
						(PN) ▶	001
					1c	Effective date o	•
						09/01/	
	ponsor's name and ad IINARS, MD, PA	ldress; include room or suite numbe	er (employer, if for a singl	e-employer plan)	2b	Employer Identification (EIN) 59-16	fication Number 96770
					2c	Sponsor's telep	hone number
4020 SHERI	IDAN STREET					954-98	
	DD, FL 33021				2d	Business code (see instructions)
						62111	2
3a Plan a	dministrator's name a	nd address XSame as Plan Spons	or Name Same as Pl	an Sponsor Address	3b	Administrator's	EIN
					3c	Administrator's	telephone number
						Administrator 5	leiephone number
4 If the r	name and/or EIN of the	e plan sponsor has changed since t	he last return/report filed	for this plan, enter the	4b	EIN	
	•	mber from the last return/report.					
	or's name				4c	PN	
5a Total i	number of participants	at the beginning of the plan year			5a		15
b Total i	number of participants	at the end of the plan year			5b		15
		account balances as of the end of t	. , ,	•	5c		15
_		s during the plan year invested in e					X Yes No
_		f the annual examination and repor	•	•			
		? (See instructions on waiver eligibi					X Yes No
lf you	ı answered "No" to e	ither line 6a or line 6b, the plan c	annot use Form 5500-S	F and must instead use	Form	5500.	
Caution: A	A penalty for the late	or incomplete filing of this return	/report will be assesse	d unless reasonable cau	ıse is	established.	
		her penalties set forth in the instruc					
	edule MB completed a true, correct, and com	nd signed by an enrolled actuary, a	s well as the electronic v	ersion of this return/report	i, and	to the best of my	knowledge and
bellet, it is	irue, correct, and com	piete.					
SIGN	Filed with authorized	valid electronic signature.	04/10/2013	KATHLEEN LARSON			
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual sig	ning as plan adr	ninistrator
SIGN							
HERE	Ciamatuma at amula		Data	Fatanasas at individ			
Prenarer's	Signature of emplo	name, if applicable) and address; in	Date	Enter name of individ			number (optional)
1 Toparci 3	marrie (including inini	iame, ii applicable) and address, iii	clude room or suite name	oci (optional)	Пор	arci 3 telepriorie	number (optional)

Form 5500-SF 2012 Page **2**

	t III Financial Information				1		
	Plan Assets and Liabilities		(a) Beginning of Yea	ır	_		(b) End of Year
-	Total plan assets	7a	767192	2	_		8932599
	Total plan liabilities	7b		0	_		0
С	Net plan assets (subtract line 7b from line 7a)	7c	767192	2			8932599
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	8867	5			
	(2) Participants	8a(2)	9013				
	(3) Others (including rollovers)	8a(2) 8a(3)		0			
		`					
	Other income (loss)	8b	108187	U			4000077
_	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					1260677
	to provide benefits)	8d		0			
	Certain deemed and/or corrective distributions (see instructions)	8e		0			
	Administrative service providers (salaries, fees, commissions)	8f		0			
	Other expenses	8g		0			
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					0
-	Net income (loss) (subtract line 8h from line 8c)	8i					1260677
	Transfers to (from) the plan (see instructions)	8j		0			1200011
	t IV Plan Characteristics	oj		0			
	If the plan provides pension benefits, enter the applicable pension	feature cod	es from the List of Plan Chara	acteris	stic Co	des in	the instructions:
b	2E 3D 2J 2K If the plan provides welfare benefits, enter the applicable welfare fe	eature code	s from the List of Plan Charac	cterist	ic Coc	les in t	he 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 contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a	X		9459
b	Were there any nonexempt transactions with any party-in-interest 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 or dishonesty?			10d		X	100000
e	Were any fees or commissions paid to any brokers, agents, or oth						
•	insurance service or other organization that provides some or all of	of the benef					
	instructions.)		. `			~	
	•			10e		X	
f	· · · · · · · · · · · · · · · · · · ·			10e 10f		X	
f g	Has the plan failed to provide any benefit when due under the pla	n?			X		15543
	Has the plan failed to provide any benefit when due under the pla Did the plan have any participant loans? (If "Yes," enter amount a	n?s of year er	nd.)	10f	X		15543
g	Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the plan benefit when due under the plan benefit when the plan	s of year er (See instructions)	nd.)	10f 10g 10h	X	X	15543
g h i	Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	s of year er (See instructions)	nd.)	10f 10g	X	X	15543
g	Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem	s of year er (See instruc- ne required 1-3	notice or one of the	10f 10g 10h 10i	Sched	X X	3 (Form
g h i Part	Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below).	n?s of year er (See instruction of the required 1-3ents? (If "Y	notice or one of the	10f 10g 10h 10i	Sched	X X dule SE	3 (Form
g h i Part 11	Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the amount from Schedule SB line 39.	n?s of year er (See instruction required 1-3er required 1-3	nd.)	10f 10g 10h 10i	Scheo	X X dule SE	3 (Form Yes X No
g h i Part	Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10. VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the amount from Schedule SB line 39. Is this a defined contribution plan subject to the minimum funding	s of year er (See instruc- ne required 1-3 ents? (If "Y	notice or one of the es," see instructions and com	10f 10g 10h 10i	Scheo	X X dule SE	3 (Form Yes X No
9 h i Part 11 11a 12	Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lif this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the amount from Schedule SB line 39. Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is being the standard for a prior year.	s of year er (See instruc- ne required 1-3 ents? (If "Y requirement as applicating amortize	notice or one of the es," see instructions and com notice of section 412 of the Code ble.) d in this plan year, see instructions	10f 10g 10h 10i aplete	Scheo	X X dule SE 11a 302 of	B (Form Yes X No ERISA? Yes X No ne date of the letter ruling
9 h i Part 11 11a 12	Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the amount from Schedule SB line 39	s of year er (See instruc- ne required 1-3 ents? (If "Y requirement as applica ng amortize	es," see instructions and communits of section 412 of the Code ble.) d in this plan year, see instructions Mon	10f 10g 10h 10i aplete	Scheo	X X dule SE 11a 302 of	3 (Form Yes X No ERISA? Yes X No
9 h i Part 11 11a 12 a	Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lif this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the amount from Schedule SB line 39. Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is being the standard for a prior year.	s of year er (See instruc- ne required 1-3 ents? (If "Y requirement as applica ng amortize	nd.)	10f 10g 10h 10i plete e or see	Scheo	X X dule SE 11a 302 of	B (Form Yes X No ERISA? Yes X No ne date of the letter ruling

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	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 of a 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?		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 under the of the PBGC?	control		Yes X 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):	l3c(2) ⊟	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			1
	Name of trust	14b ⊺	rust's EIN	

Form 5500-SF

Department of the Treasury Internal Revenue Service

EN 59-1696770 /PN 001 /M NAR RF12 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

2012

OMB Nos. 1210-0110 1210-0089

Encloyee	Security Administration	the Internal F	Revenue Code (the C		This Form	is Open to Public
Pension B	enest Guaranty Corporation	Complete all entries in accorda	nce with the instru	ctions to the Form 550	o-sf.	spection
Part I		lentification information				-
	lar plan year 2012 or fisc	-	/01/2012	and ending	12/31/20	
A This re	turn/report is for:	_ <u>_</u>		lan (not multiemployer)	a one-partic	ipant plan
B This re	tum/report is:	the first return/report	he final return/report			
	[an amended rotum/report [] a	a short plan year retu	m/report (less than 12 i	nonths)	1
C Check	box if filing under:] Form 5558	utomatic extension		DFVC prog	r a n
		special extension (enter description))			į
Part II	Basic Plan Inform	nation—enter all requested informati	on			
1a Name	of plan				1b Three-digit	
NORM	AN MINARS, MD,	PA			plan number (PN)	001
PROF	IT SHARING 401	(k) PLAN			10 Effective date of	
		·	-		09/01/197	
	ponsor's name and address AN MINARS, MD,	ess; include room or suite number (emp PA	ployer, if for a single-	employer plan)	2b Employer Ident (EIN) 59-169	ification Number
					2c Sponsor's teler	ohone number
4020	SHERIDAN STREE	T			2d Business code	
	YWOOD	The state of the s	FL FL	33021	621112	
3a Plan a	idministrator's name and	address XSame es Plan Sponsor Nar	mo ∐Same as Plan	Sponsor Address	3b Administrator's	EIN
					3c Administrator's	telephone number
4 If the	name and/or FIN of the n	lan sponsor has changed since the las	Leaturn/report filed fo	e this plan, opior the	Ala zor	
	, EIN, and the plan numb	er from the last return/report.	ciérminiebuitilled ic	u ans bratif curet me	4b EIN	
777.200	or's name	Standardia and a standard and a stan			4c PN	-:
		the beginning of the plan year			5a	15
		the end of the plan year			5b	15
C Numb	er of participants with acclete this item)	count balances as of the end of the pla	n year (defined bene	fit plans do not	5c	15
6a Were	all of the plan's assets d	uring the plan year invested in eligible	assels? (See Instruc	tons.)	**********	Yes No
D Are y	ou claiming a waiver of th	e annual examination and report of an	independent qualifie	d public accountant (IQ	PA)	
lf vou	29 OFN 2020, 104-407 (3 answered "No" to eith:	See instructions on walver eligibility and er line 6a or line 6b, the plan cannot	a conditions,)	and must include use	Earm 8500	X Yes No
		incomplete filing of this return/repor				<u>:</u>
		penalties set forth in the Instructions, I				ahla e Cabadule
SB or Sche	edule MB completed and true, correct, and comple	signed by an enrolled actualy, as well:	as the electronic vers	sion of this return/report	, and to the best of my	knowledge and
SIGN			48/13	Kathleen Larso	on.	
HERE	Signature of plan adm	ignistrato)	Date	Enter name of individ	ual signing as plan adı	ministrator
SIGN			40/13		Minars	
HERE		-1-1	Date			
	Signature of employe	motan sponsor	1 Date	EUROLUBIUS OLUGINA		r pr plan spoosor
Preparer's		npian-sponsor 19, if applicable) and address; Include r	room or suite number	(optional)	Preparer's telephone	er or plan sponsor number (optional)
Preparer's			room or suite number	(optional)	Preparer's telephone	number (optional)
Preparer's			room or suite number	(optional)	Preparer's telephone	or or plan sponsor number (optional)
Preparer's			room or suite number	(optional)	Preparer's telephone	r or plan sponsor number (optional)

Page 2

Pa	rt III Financial Information							·	
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır	(b) End of Year				
a	Total plan assets	- 7a	7,67	71,922 8				8,93	32,599
þ	Total plan liabilities	. 7b			0	0			
С	Net plan assets (subtract line 7b from line 7a)	7c	7,67	.2		8,932,59			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal	
а	Contributions received or receivable from: (1) Employers	8a(1)	88	8 , 67	5 =				
-	(2) Participants	8a(2)	•	0,13	_				
	(3) Others (including rollovers)	8a(3)			0 ::::				
b	Other income (loss)	8b	1,08	1,87	0				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c			11		·	1,20	50,677
d	Benefits paid (including direct rollovers and insurance premiums								
	to provide benefits)	. 8d			U				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	. 8e			U :-:::				
f	Administrative service providers (salaries, fees, commissions)	8f			0 ===				
g	Other expenses	8g		veez vee ve	0 ===				
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)				12.				0
	Net income (loss) (subtract line 8h from line 8c)	. 8i						1,2	60,677
<u>, j</u>	Transfers to (from) the plan (see instructions)	8j			0				
	If the plan provides pension benefits, enter the applicable pension 2E 3D 2J 2K If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for								
	t V Compliance Questions		and the state of t						
10	During the plan year:				Yes	No		Amount	
ε	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide			10a	Х				9,459
t	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х			
(Was the plan covered by a fidelity bond?			10c	Х			1,0	00,000
	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х			
	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		Х			
f	Has the plan failed to provide any benefit when due under the pla	in?	*******************************	10f		Х			
	Did the plan have any participant loans? (If "Yes," enter amount a			10g	Х		n, Namma sana		15,543
	If this is an individual account plan, was there a blackout period? 2520.101-3.)	· ••••••	***********	10h		х			
i	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10			10i					
Par	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)							Yes	X No
11:	11a Enter the amount from Schedule SB line 39								
12	is this a defined contribution plan subject to the minimum funding	g requirem	ents of section 412 of the Code	orse	ection	302 of	ERISA?	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	, as applic	able.)						
	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructioning the waiver. Moreover, 1981, 1982, 19				, and	_			uling
`	granting the waiver.		Mor	<u>lth</u>		Day		Year	
	granting the waiver	***************************************		າຍຳ		рау		Year	

EN 59-1696770 /PN 001 /M NAR RF12

	Form 5500-SF 2012 Page 3 -				
	Enter the amount contributed by the employer to the plan for this plan year	12¢	!		
d	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			
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?		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 under the of the PBGC?			Yes	s 🛭 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	I3c(1) Name of plan(s):	13c(2) E	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)				
	Name of trust	14b T	rust's EIN		