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).

2000

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance witl	h the instructions to the Form 5500	0-SF.				
		dentification Information							
For	calendar plan year 2009 or fisc	al plan year beginning 01/01/200	9	and ending 1	2/31/2	2009			
Α -	This return/report is for:	X single-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	ant plan		
В -	This return/report is for: first return/report final return/report					_			
		an amended return/report	short plan	n year return/report (less than 12 mor	nths)				
C	C Check box if filing under: Form 5558 automatic extension					DFVC progr	am		
		special extension (enter description	on)						
Pa	rt II Basic Plan Infori	mation—enter all requested inform	ation						
	Name of plan				1b	Three-digit			
SCO	TT L. ROTH, M.D., L.L.C. 401(F	K) PLAN				plan number	001		
				•	10	(PN)			
					10	Effective date of 01/01/2			
2a	Plan sponsor's name and addr	ess (employer, if for single-employer	plan)		2b	Employer Ident	ification Number		
	TT L. ROTH, M.D., L.L.C.		. ,			(EIN) 16-157			
4040	FLMCROVE DOAD				2c		telephone number 26-4203	r	
	ELMGROVE ROAD HESTER, NY 14624				2d		(see instructions)	_	
						62111			
		address (if same as Plan sponsor, e			3b	Administrator's			
SCO	TT L. ROTH, M.D., L.L.C.	1012 ELMGF ROCHESTE			30	16-157	telephone number		
					30		26-4203		
		an sponsor has changed since the la		port filed for this plan, enter the	4b EIN				
1	name, EIN, and the plan numbe	er from the last return/report. Sponso	or's name		4 c	PN			
5a	Total number of participants a	t the beginning of the plan year			5a			5	
_		t the end of the plan year		ł	5b			5	
C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not								_	
					5c			5	
		during the plan year invested in eligib					X Yes N	VО	
b		he annual examination and report of					X Yes □ N	۷o	
		See instructions on waiver eligibility ner 6a or 6b, the plan cannot use F					<u> </u>	•0	
Pa	rt III Financial Inform							_	
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	l of Year		
а	Total plan assets		. 7a	247059)	```	37145	4	
b	Total plan liabilities		. 7b						
С	Net plan assets (subtract line	7b from line 7a)	. 7c	247059)		37145	4	
8	Income, Expenses, and Trans	fers for this Plan Year		(a) Amount		(b)	Total		
а	Contributions received or rece		0-(4)	21070					
	, , , ,		. 8a(1)	40577	-				
	• •	.)		40377					
b	` ` ` ` ` `)	· · ·	62748					
C	` ,	8a(2), 8a(3), and 8b)		02140			12439	5	
d		rollovers and insurance premiums	. 60				12 100	Ĭ	
-			. 8d						
е	Certain deemed and/or correc	tive distributions (see instructions)	. 8e		_				
f	Administrative service provide	rs (salaries, fees, commissions)	. 8f		_				
g	·		. 8g						
h	Total expenses (add lines 8d,	8e, 8f, and 8g)	. 8h					0	
į		e 8h from line 8c)					12439	5	
j	Transfers to (from) the plan (se	ee instructions)	. 8i						

D (IV/	DI	O L	
Part IV	Plan	Characi	reristics

SIGN HERE

Signature of employer/plan sponsor

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 3B 3D

D	II th	e plan provides welfare benefits, enter the applicable welfare featur	re codes from the L	List of Pian Charac	cterisi	ic Co	ies in	tne instruct	tions:	
Part	٧	Compliance Questions								
10	Du	ring the plan year:		_		Yes	No		Amoun	it
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			
b		re there any nonexempt transactions with any party-in-interest? (Do		· ·	10b		X			
С	Wa	as the plan covered by a fidelity bond?			10c	X				25000
d		the plan have a loss, whether or not reimbursed by the plan's fidelities the plan's fidelities the plan's fidelities the plan's fidelities the plan have a loss, whether or not reimbursed by the plan's fidelities the plan have a loss, whether or not reimbursed by the plan's fidelities the plan have a loss, whether or not reimbursed by the plan's fidelities the plan have a loss, whether or not reimbursed by the plan's fidelities fidelitie			10d		X			
	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	Ha	s 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 y	year end.)		10g		X			
		nis is an individual account plan, was there a blackout period? (See 20.101-3.)		9 CFR	10h		X			
i		Oh was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3			10i					
Part \	VI	Pension Funding Compliance								
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form									
12		(b): a defined contribution plan subject to the minimum funding requ								es X No
	! Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? \[\] Yes \[\] No (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									
	-	nting the waiver.			h		Day		Year _	
		completed line 12a, complete lines 3, 9, and 10 of Schedule MB		•		Г	12b			
	b Enter the minimum required contribution for this plan year						12c			
d	Sub	er the amount contributed by the employer to the plan for this plan y otract the amount in line 12c from the amount in line 12b. Enter the r pative amount)	result (enter a minu	us sign to the left o	of a		12d			
	Will the minimum funding amount reported on line 12d be met by the funding deadline?							Yes	No	N/A
Part \	This tre minimum randing amount reperted on the 124 so morely the familiary accounts.									
13a	Has	s a resolution to terminate the plan been adopted during the plan yea	ear or any prior yea	r?					Υ	es X No
		es," enter the amount of any plan assets that reverted to the emplo					13a			
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?							es X No		
		uring this plan year, any assets or liabilities were transferred from th ch assets or liabilities were transferred. (See instructions.)	his plan to another	plan(s), identify the	e plai	n(s) to	1		•	
13c(1) Name of plan(s):						13c(2) EIN(s)			130	(3) PN(s)
Cautio	on:	A penalty for the late or incomplete filing of this return/report w	will be assessed ι	ınless reasonable	e cau	se is	establ	ished.	l l	
Under SB or	pe Scł	nalties of perjury and other penalties set forth in the instructions, I denedule MB completed and signed by an enrolled actuary, as well as a true, correct, and complete.	leclare that I have e	examined this retu	rn/rep	ort, in	cludin	g, if applica		
SIGN	, F	Filed with authorized/valid electronic signature.	07/13/2010	SCOTT L. ROTH,	M.D.					
HERE					dividu	ıal sig	ning as	s plan adm	inistrato	r

Date

Enter name of individual signing as employer or plan sponsor

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**

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Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2009

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Pe	nsion Benefit Guaranty Corporation Complete all entries in accord	ance with	the instructions to the Form 5500	-SF.				
	rt I Annual Report Identification Information							
Ford		1/01/2	009 and ending		12/31/200	9		
A T	his return/report is for:	multiple-e	le-employer plan (not multiemployer)					
ВТ	his return/report is for: first return/report	final return/report						
	an amended return/report	short plan	year return/report (less than 12 mor	iths)				
C	Check box if filing under: Form 5558	automatic	extension		DFVC progra	m		
	special extension (enter description	n)						
Pa	rt II Basic Plan Information—enter all requested informa	ition						
	Name of plan			1b	Three-digit			
	SCOTT L. ROTH, M.D., L.L.C.				plan number	0.01		
	401(K) PLAN			4.	(PN)	001		
				10	Effective date of 01/01/2005			
2a	Plan sponsor's name and address (employer, if for single-employer	plan)		2b	Employer Identif			
	Plan sponsor's name and address (employer, if for single-employer SCOTT L. ROTH, M.D., L.L.C.	F ,			(EIN) 16-157	6679		
				2c	Plan sponsor's t (585) 426-4	elephone number		
	1012 ELMGROVE ROAD			2d	Business code (
	ROCHESTER		NY 14624		621111			
3a	Plan administrator's name and address (if same as Plan sponsor, er	nter "Same	2")	3b	Administrator's I	EIN		
				20	Administratorio			
				36	Administrators	elephone number		
4 1	the name and/or EIN of the plan sponsor has changed since the las	st return/re	port filed for this plan, enter the	4b	EIN			
ı	name, EIN, and the plan number from the last return/report. Sponsor	r's name		4c	DN			
52	Total number of participants at the beginning of the plan year			5a	PN	5		
	Total number of participants at the end of the plan year							
	Total number of participants at the end of the plan year			5b				
	complete this item)			5c		<u> </u>		
6a	Were all of the plan's assets during the plan year invested in eligible	le assets?	(See instructions.)			X Yes No		
b	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 a If you answered "No" to either 6a or 6b, the plan cannot use Fo				•••••••	X Yes No		
Pa	rt III Financial Information	31111 3300-	or and must mislead use rotti so	00.				
7	Plan Assets and Liabilities		(a) Beginning of Year	T	(b) End	of Year		
а	Total plan assets	7a	247,05	9		371,454		
b	Total plan liabilities			1				
С	Net plan assets (subtract line 7b from line 7a)	7c	247,05	9	371,454			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) -	Fotal		
а	Contributions received or receivable from:		21.05					
	(1) Employers	8a(1)	21,07	-		eng.		
	(2) Participants	8a(2)	40,57	7				
	(3) Others (including rollovers)					er de la companya de La companya de la co		
b	Other income (loss)		62,74	8		704 20		
C C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c				124,39		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)			100000 100000 100000 100000 100000 100000				
е	Certain deemed and/or corrective distributions (see instructions)	. 8e						
f	Administrative service providers (salaries, fees, commissions)	. 8f						
g	Other expenses	. 8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h						
i	Net income (loss) (subtract line 8h from line 8c)	. 8i				124,39		
j	Transfers to (from) the plan (see instructions)	· 8j						

	Form 5500-SF 2009 Page 2-						
Par			O-	J ! -	the instruction		
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char X 2E 2G 2J 3B 3D	acteris	itic Co	aes in	tne instructio	ıns:	
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	cteris	tic Coc	les in t	he instruction	ns:	
Part	A						
10	During the plan year:		Yes	No	A	mount	
	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.)	10b		Х			
C	Was the plan covered by a fidelity bond?	10c	х			2	25,000
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		X			
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х			
a	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10a		Х			
h		10g		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	10ii					
Dort	VI Pension Funding Compliance	101	L	L	A STATE OF STATE	Towns and State Sec.	
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con	nlete	Schen	lule SE	R (Form		
11	5500))					Yes	X No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod	e or se	ection :	302 of	ERISA?	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						
lf.	granting the waiverMoi you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13	un		Day		еаі	
	Enter the minimum required contribution for this plan year		Γ	12b	1		
				12c			,
	Enter the amount contributed by the employer to the plan for this plan year		···				
u	negative amount)		L	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?				2000.	Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		Г	13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	unde	r the c		1	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.)						
	13c(1) Name of plan(s):	-	13	c(2) E	IN(s)	13c(3	3) PN(s)
		-					
	0	hla			liahed		
Und	tion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasona er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this re	turn/re	port, i	ncludir	ng, if applicat	ble, a Scl	hedule
	or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return of, it is true, correct, and complete.	webo	it, and	ເບ ເກອ	nest of HIA K		c allu

SIGN	Sect L Rex MINS	Scott L. Roth, M.D.					
HERE	Signature of plan administrator	Date 6/24/0	Enter name of individual signing as plan administrator				
SIGN	hot Mittus		Scott L. Roth, M.D.				
HERE	Signature of employer/plan sponsor	Date 6/24/10	Enter name of individual signing as employer or plan sponsor				