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

P	ension Benefit Guaranty Corporation	▶ Complete all entries in accord	rdance wit	h the instructions to the Form 550	0-SF.	•			
		dentification Information							
For	calendar plan year 2009 or fisc	al plan year beginning 01/01/200	09	and ending 1	2/31/2	2009			
Α -	This return/report is for:	X single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan			
	This return/report is for:								
		an amended return/report	n year return/report (less than 12 mo	nths)					
C	Check box if filing under:	Form 5558	automatic	extension		DFVC program			
	[special extension (enter descripti	on)						
Do	rt II Pacia Plan Inform								
	rt II Basic Plan Inforr Name of plan	mation—enter all requested inform	nation		1h	Three-digit			
		IALISTS 401(K) PROFIT SHARING	ΡΙ ΔΝ		וט	plan number			
OOK	TEET OOT AND ANNEE OF EO	WILLIOTO 401(II) I HOITI OI WILLIO	1 114			(PN) • 001			
					1c	Effective date of plan			
						01/01/1996			
	•	ess (employer, if for single-employe	r plan)		2b	Employer Identification Number			
COR	TEZ FOOT AND ANKLE SPEC	HALISTS				(EIN) 59-1575766			
1000	CODTEZ DOAD WEST				2C	Plan sponsor's telephone number 941-758-8818			
	CORTEZ ROAD WEST DENTON, FL 34207				2d	Business code (see instructions)			
						621391			
		address (if same as Plan sponsor, e		,	3b	Administrator's EIN			
COR	TEZ FOOT AND ANKLE SPEC	HALISTS 1800 CORT BRADENTO			_	59-1575766			
		BIOLETTO	714, 1 2 0420	,,	3c	Administrator's telephone number 941-758-8818			
4 H	the name and/or FIN of the pla	an sponsor has changed since the la	ast return/re	port filed for this plan, enter the	4b EIN				
		er from the last return/report. Spons		pertined for this plant, enter the	75	LIIV			
					4c	PN			
5a	Total number of participants at	t the beginning of the plan year			5a	42			
b	Total number of participants at	t the end of the plan year			5b	42			
С	Total number of participants w	ith account balances as of the end o	of the plan y	vear (defined benefit plans do not					
	complete this item)				5c	42			
				(See instructions.)		Yes No			
b				ndent qualified public accountant (IQ		X Yes ☐ No			
				ions.) SF and must instead use Form 55					
Pa	rt III Financial Informa		01111 0000	or and must misted use rorm so	 				
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year			
-	Total plan assets		7a	1366640)	1850902			
b	. otal plan according)	0			
C	•	7b from line 7a)		1366640		1850902			
8			/ C						
a	Income, Expenses, and Transf Contributions received or rece			(a) Amount		(b) Total			
u			8a(1)	10309 ⁻	1				
	(2) Participants		8a(2)	112726	5				
		s)							
b	• • • • • • • • • • • • • • • • • • • •	, 		426652	2				
С	` ,	8a(2), 8a(3), and 8b)				642469			
d		rollovers and insurance premiums							
	1 (8d	147666	5				
е	Certain deemed and/or correct	tive distributions (see instructions)	8e	903	3				
f	Administrative service provide	rs (salaries, fees, commissions)	8f	9638	3				
g	Other expenses		8g						
h	Total expenses (add lines 8d,	8e, 8f, and 8g)				158207			
i	Net income (loss) (subtract line	e 8h from line 8c)	8i			484262			
i		ee instructions)							

Dart IV	Dian	Characte	riction
Part IV	Plan	Characte	ristics

HERE

SIGN HERE Signature of plan administrator

Signature of employer/plan sponsor

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2G 2J 2T 3D

b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:									
art	٧	Compliance Questions								
0	Dui	ring the plan year:			Yes	No		Am	ount	
а		is there a failure to transmit to the plan any participant contributions within the time period CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program).		10a		X				
b		ere there any nonexempt transactions with any party-in-interest? (Do not include transaction line 10a.)		10b		X				
С	Wa	as the plan covered by a fidelity bond?		10c	X					200000
d		I the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caus dishonesty?		10d		X				
е	insı	ere any fees or commissions paid to any brokers, agents, or other persons by an insurance urance service or other organization that provides some or all of the benefits under the pla tructions.)	an? (See	10e	X					4795
f	Has	s the plan failed to provide any benefit when due under the plan?		10f		X				
g	Did	I the plan have any participant loans? (If "Yes," enter amount as of year end.)		10g	X					1743
h		nis is an individual account plan, was there a blackout period? (See instructions and 29 CF 20.101-3.)		10h		X				
i		Oh was answered "Yes," check the box if you either provided the required notice or one of ceptions to providing the notice applied under 29 CFR 2520.101-3		10i						
art	VI	Pension Funding Compliance	·							
1		his a defined benefit plan subject to minimum funding requirements? (If "Yes," see instruct						Г	Yes	X No
2		this a defined contribution plan subject to the minimum funding requirements of section 41:							Yes	X No
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							1	
а	lf a	waiver of the minimum funding standard for a prior year is being amortized in this plan year								
lf v	-	nting the waivercomplete lines 3, 9, and 10 of Schedule MB (Form 5500), and ski		·		Day		_ Yea	ır	
		er the minimum required contribution for this plan year	•		[12b				
		er the amount contributed by the employer to the plan for this plan year				12c				
	Sub	otract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus si	ign to the left of	fa		12d				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?					Yes		No	N/A
art	VII	Plan Terminations and Transfers of Assets								
3a	Has	s a resolution to terminate the plan been adopted during the plan year or any prior year?			<u>.</u>				Yes	X No
	If "Y	res," 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 control of the PBGC?								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) to which assets or liabilities were transferred. (See instructions.)									
13c(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 unle	ess reasonable	cau	se is	establ	ished.			
Jnde SB o	r per r Sch	nalties of perjury and other penalties set forth in the instructions, I declare that I have examedule MB completed and signed by an enrolled actuary, as well as the electronic version	mined this retur	n/rep	ort, in	cludin	g, if appl			
elie		s true, correct, and complete.								
SIGN Filed with authorized/valid electronic signature. 07/23/2010 ROBERT KAT										

Date

Date

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

EIN 59-1575766 / PN 001

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).

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

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

	y complete an entities in access					· · · · · · · · · · · · · · · · · · ·						
	art I Annual Report Identification Information	- /01 /0		and ending		10/21/000						
			009	12/31/2009								
Α.	This return/report is for:	multiple-employer plan (not multiemployer)				one-participant plan						
В	This return/report is for:	final retur	n/report									
	an amended return/report	short plan	year return/	report (less than 12 i	nonths)							
С	Check box if filing under: Form 5558	automatic	extension			DFVC program						
	special extension (enter description											
Pa	rt II Basic Plan Information—enter all requested informa	ation										
	Name of plan				1b	Three-digit						
	Cortez Foot and Ankle Specialists 401(k)	Profit				plan number						
	Sharing Plan	4-	(PN) 001									
	-				10	Effective date of plan 01/01/1996						
2a	Plan sponsor's name and address (employer, if for single-employer Cortez Foot and Ankle Specialists	plan)			2b	Employer Identification Number						
	Cortez Foot and Ankle Specialists	. ,				(EIN) 59-1575766						
					2c	Plan sponsor's telephone number (941) 758-8818						
	1800 Cortez Road West				2d	Business code (see instructions)						
	Bradenton			34207		621391 ,						
3a	Plan administrator's name and address (if same as Plan sponsor, el	nter "Same	e")		3b	Administrator's EIN						
	•				3с	Administrator's telephone number						
4	f 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						
	name, EIN, and the plan number from the last return/report. Sponso	i s name			4c	PN						
5a	Total number of participants at the beginning of the plan year				5a	42						
	Total number of participants at the end of the plan year				_	42						
С	Total number of participants with account balances as of the end of					42						
	complete this item)											
6a	Q VIOLO All Of the plants accord as mig the plants are a control of the plants according to the plants according to the plants are plants as a control of the plants according to the plants according											
ນ	O 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.)											
	If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.											
Pa	rt III Financial Information	1										
7	Plan Assets and Liabilities		(a) I	Beginning of Year		(b) End of Year						
а	Total plan assets	7a	<u> </u>	1,366,		1,850,902						
b	Total plan liabilities	7b			0	C						
С	Net plan assets (subtract line 7b from line 7a)	7c		1,366,	640	1,850,902						
8	Income, Expenses, and Transfers for this Plan Year			(a) Amount		(b) Total						
а	Contributions received or receivable from:	8a(1)		103,	091							
	(1) Employers			112,								
	(2) Participants	8a(2)			120							
	(3) Others (including rollovers)	8a(3)		426,	652							
b	Other income (loss)	8b		4207	032	642,469						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c										
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		147,								
е	Certain deemed and/or corrective distributions (see instructions)	8e			903							
f	Administrative service providers (salaries, fees, commissions)	8f		9,	638							
g	Other expenses	8g										
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				158,207						
i	Net income (loss) (subtract line 8h from line 8c)	. 8i				484,262						
i	Transfers to (from) the plan (see instructions)	8i										

EIN 59-1575766 / PN 001

	Form 5500-SF 2009	P	rge 2-		_				
Pari	IV Plan Characteristics								_
9a	If the plan provides pension benefits, enter the applicable pension fea	ature codes from the	List of Plan Chara	acteris	ilio Co	des in	the instruct	lons:	_
þ	2A 2E 2F 2G 2J 2T 3D If the plan provides welfare benefits, enter the applicable welfare fea	ture codes from the	List of Plan Chara	cteris	tic Co	des in t	he instructi	ons:	
Part	V Compliance Questions								_
10	During the plan year,				Yes	No		Amount	_
a	Was there a failure to transmit to the plan any participant contribution	ns within the lime pe	riod described in					11 31111	_
	29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiducial Were there any nonexempt transactions with any party-in-interest? (iry Correction Progra	im)	10a		Х			_
D	on line 10a.)	DO NO! Meidde fraus		10ь		х			
ċ	Was the plan covered by a fidelity bond?			100	Х			200,00	<i>20</i>
d	Did the plan have a loss, whether or not reimbursed by the plan's fid								_
	or dishonesty?		***************************************	10d		Х) 		
6	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of tinstructions.)	he benefits under the	: plan7 (See	10e	х			4,7	95
f	Has the plan failed to provide any benefit when due under the plan?			10f		х			
	Did the plan have any participant loans? (If "Yes," enter amount as o			10g	×	····		1,7	42
g	If this is an individual account plan, was there a blackout period? (Se			IVg	^				12
13	2520,101-3.)	, , - , , , , , , , , , , , , , , ,	,	10h		x			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3	required notice or or	e of the	10i					
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requiremen 5500))	ls? (If "Yes," see ins	lructions and com	plete	Sched	lule SB	(Form	Yes X N	lo
lf) b c d	(if "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable a waiver of the minimum funding standard for a prior year is being granting the waiver. Ou completed line 12a, complete lines 3, 9, and 10 of Schedule New Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan Subtract the amount in line 12c from the amount in line 12b. Enter the regative amount. Will the minimum funding amount reported on line 12d be met by the	amortized in this pla 16 (Form 5500), and n year e result (enter a min	i skip to line 13.	in	 [12b 12c 12d	e date of ti	Year No N/	A
	VII Plan Terminations and Transfers of Assets				, ,, .,		,}		
	Has a resolution to terminate the plan been adopted during the plan	vear or any prior vea	r?				, page 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	∏ Yes ⊠ N	lo
132						13a		11.	<u> </u>
	b Were all the plan assets distributed to participants or beneficiarios, transferred to another plan, or brought under the control of the PBGC?								
	which assets or liabilities were transferred. (See instructions.)			13c(2) EIN(s) 13c(13c(3) PN(s	
13c(1) Name of plan(s):						<u> </u>	11(0)	144(4)	/
							·		
				10.000	en le	octobi	lahad		
Undo SB o	ion: A penalty for the late or incomplete filing of this return/report penalties of porjury and other penalties set forth in the instructions, a Schedule MB completed and signed by an enrolled actuary, as well i, it is true, correct, and complete.	aved I tedt erelaal I	examined this retu	arn/rea	nort, in	icludin	o, if applica	ible, a Schedule knowledge and	
		01/66/1-	ROBERT KAT	Z			***************************************		
SIG		Date	Enter name of in		ıai sio	ກໄກດ ລະ	pian adm	inistrator	_
 		7/28/10	ROBERT KAT			4 31			
SIG	1	Date	Enter name of in		ışi ein	กในก ระ	employer	or plan sponsor	
TEN	E Signature of employed plan sponsor	Main	WINDS STREET, OF IL	1414141	419		- Junior Marie	- bren akaitaa.	