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

	art I Annual Report Identification Information						
For	calendar plan year 2009 or fiscal plan year beginning 01/01/200	9	and ending	2/31/2	2009		
Α	This return/report is for: Single-employer plan	sis return/report is for: X single-employer plan					
В	This return/report is for:	final retur	n/report		_		
	an amended return/report	year return/report (less than 12 mo	nths)				
C	Check box if filing under:	automatic	extension	,	DFVC program		
	special extension (enter description						
D:	art II Basic Plan Information—enter all requested informa-	,					
	Name of plan	alion		1b	Three-digit		
	BERT V. CARIDA II M.D., P.A. 401(K) RETIREMENT PLAN				plan number		
	. ,				(PN) • 001		
				1c	Effective date of plan 01/01/2006		
	Plan sponsor's name and address (employer, if for single-employer	plan)		2b	Employer Identification Number		
ROB	BERT V. CARIDA II M.D., P.A.		20	(EIN) 54-2063621			
5150	LINTON BLVD., SUITE 220			2C	Plan sponsor's telephone number 561-499-2585		
	RAY BEACH, FL 33484-6543			2d	Business code (see instructions)		
_				-	621111		
	Plan administrator's name and address (if same as Plan sponsor, e BERT V. CARIDA II M.D., P.A. 5150 LINTON			30	Administrator's EIN 54-2063621		
	DELRAY BE	ACH, FL 3	3484-6543	3с	Administrator's telephone number		
4 1	If the name and/or EIN of the plan sponsor has changed since the las	et return/re	nort filed for this plan, enter the	4h	561-499-2585 EIN		
	name, EIN, and the plan number from the last return/report. Sponso		port med for this plan, enter the	75	LIIN		
				4c	PN		
5a	Total number of participants at the beginning of the plan year		5a	3			
b	Total number of participants at the end of the plan year			5b	3		
С	Total number of participants with account balances as of the end of complete this item)			5c	3		
62	Were all of the plan's assets during the plan year invested in eligib				X Yes ☐ No		
b			,				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility		<i>'</i>		X Yes No		
Do	If you answered "No" to either 6a or 6b, the plan cannot use Format III Financial Information	orm 5500-	SF and must instead use Form 55	00.			
			()5		0.5.1.634		
7	Plan Assets and Liabilities		(a) Beginning of Year	1	(b) End of Year 197833		
a h	Total plan assets Total plan liabilities	. 7a . 7b	11724	,	197033		
C			11724		197833		
8	Income, Expenses, and Transfers for this Plan Year	. 70	(a) Amount	,			
а			(a) Amount		(b) Total		
_	(1) Employers	. 8a(1)	3613	4			
	(2) Participants	. 8a(2)	19092	2			
	(3) Others (including rollovers)	. 8a(3)		_			
b	Other income (loss)	. 8b	2536	7			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c			80593		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d					
е	Certain deemed and/or corrective distributions (see instructions)	. 8e					
•							
T	Administrative service providers (salaries, fees, commissions)	. 8f					
T g	Administrative service providers (salaries, fees, commissions) Other expenses	8f 8g					
	Other expenses	. 8g					
g	Other expenses	8g 8h			80593		

Part IV	Plan	Characteristic	٠.
rall IV	- FIAII	CHALACIELISII	

SIGN HERE

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: 2E 2F 2G 2J 2K 3D

b	If th	e plan provides welfare benefits, enter the applicable welfare featur	re codes from the l	ist of Plan Charac	terist	ic Cod	des in	the instruct	ions:		
Part	٧	Compliance Questions								_	
10	Du	ing the plan year:		_		Yes	No		Amount		
а		s there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary			10a		X				
b		re there any nonexempt transactions with any party-in-interest? (Doine 10a.)			10b		X				
С	Wa	as the plan covered by a fidelity bond?			10c	Χ			1200	00	
d		the plan have a loss, whether or not reimbursed by the plan's fideli			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.)										
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				
h		is is an individual account plan, was there a blackout period? (See 20.101-3.)) 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 '		Pension Funding Compliance									
		nis a defined benefit plan subject to minimum funding requirements?							☐ Yes 🗓 N	lo	
12		his a defined contribution plan subject to the minimum funding requ							Yes X N		
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.									
а		waiver of the minimum funding standard for a prior year is being am		year, see instruct	ions,	and e	nter th	ne date of tl	ne letter ruling		
	-	nting the waiver.			n		Day		Year		
-		completed line 12a, complete lines 3, 9, and 10 of Schedule MB er the minimum required contribution for this plan year	•	•		Γ	12b			—	
		er the amount contributed by the employer to the plan for this plan y				⊢	12c			—	
	Sub	tract the amount in line 12c from the amount in line 12b. Enter the rative amount)	result (enter a minu	us sign to the left o	fa		12d				
е	·	the minimum funding amount reported on line 12d be met by the fu						Yes	No N/A	١	
Part '		Plan Terminations and Transfers of Assets								_	
13a	Has	a resolution to terminate the plan been adopted during the plan year	ar or any prior yea	r?					Yes X N	О	
		'es," enter the amount of any plan assets that reverted to the emplo				Г	13a				
-	We	re all the plan assets distributed to participants or beneficiaries, tran				•	ntrol		Yes X N	lo	
С		uring this plan year, any assets or liabilities were transferred from th ch assets or liabilities were transferred. (See instructions.)	nis plan to another	plan(s), identify the	e plar	n(s) to			1		
1:	3c(1) Name of plan(s):				130	c(2) El	N(s)	13c(3) PN(s))	
Cauti	on:	A penalty for the late or incomplete filing of this return/report v	will be assessed u	ınless reasonable	e cau	se is	establ	ished.		_	
SB or	Sch	nalties of perjury and other penalties set forth in the instructions, I dedule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.									
SIGN	, F	iled with authorized/valid electronic signature.	09/26/2010	ROBERT V. CARII	DA II	M.D.					
LIEDE						ıal sig	al signing as plan administrator				

Date

Enter name of individual signing as employer or plan sponsor

Form 5500-SF

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Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2009

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Pe	ension Benefit Guaranty Corporation	→ Complete all entries in acco	ordance with t	he instructions to the Form 5500-	SF.				
Pa	rt I Annual Report Id	entification Information							
For	calendar plan year 2009 or fisca	al plan year beginning		and ending					
Δ 7	his return/report is for:	single-employer plan	multiple-em	ployer plan (not multiemployer)		one-participant	plan		
	his return/report is for:	first return/report	final return/	report					
	This return report is for.	an amended return/report	Short plan v	ear return/report (less than 12 mont	ths)				
_	L	Form 5558	automatic e		Γ	DFVC program			
C	Check box if filing under:			Atonoion	<u>L</u>	j , g			
		special extension (enter descrip					·		
Pa	rt II Basic Plan Inforr	nation—enter all requested infor	rmation		1h 7	Throo digit	······································		
	Name of plan					Three-digit blan number			
ROB	ERT V. CARIDA II M.D., P.A. 4	01(K) RETIREMENT PLAN				PN)	001		
				·		Effective date of p	lan		
						01/01/200	06		
2a	Plan sponsor's name and addre	ess (employer, if for single-employ	/er plan)		2b E	mployer Identific	ation Numbe	er	
	ROBERT V. CARIDA II M.D., P.A.					EIN) 54-20636			
					2C F	Plan sponsor's tel	•	ber	
5150	LINTON BLVD., SUITE 220			-	2d 5	561-499- Business code (se			
DELF	RAY BEACH FL 334846543				Zu L	621111	e instruction	13)	
3a	Plan administrator's name and	address (if same as Plan sponsor	. enter "Same")	3b /	Administrator's El	N		
SAM		(•	´		54-20636			
					3c /	Administrator's tel		nber	
					46	561-499-	2585		
4 1	the name and/or EIN of the plan	an sponsor has changed since the er from the last return/report. Spor	i last return/rep nsor's name	ort filed for this plan, enter the	4b	EIN		-	
ī	lattie, Eliv, and the plan humbe	in from the last return report. Open	1301 3 1141110		4c	4c PN			
5a	Total number of participants at	the beginning of the plan year			5a	5a 3			
					5b			3	
		ith account balances as of the end		l	00				
С	complete this item)	iti account balances as of the end	ye	ar (domina portone plane de mer	5c			3	
6a				See instructions.)			X Yes	No	
b	Are you claiming a waiver of the	ne annual examination and report	of an independ	lent qualified public accountant (IQI	PA)			7	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibil	ity and condition	ns.)	• • • • • • • • • • • • • • • • • • • •		X Yes	No	
			e Form 5500-S	F and must instead use Form 55	00.				
Pa	rt III Financial Inform	ation							
7	Plan Assets and Liabilities			(a) Beginning of Year	_	(b) End o		7000	
а	Total plan assets		1 . 1	117240	<u>'</u>		197	7833	
b	Total plan liabilities		7b		-				
<u>C</u>	Net plan assets (subtract line	7b from line 7a)	7с	117240			19	7833	
8	Income, Expenses, and Trans	fers for this Plan Year		(a) Amount		(b) To	otal		
а	Contributions received or rece		0-40	36134		• • •			
	• •		1		_				
	• •		1 1	19092	-				
	• •	3)	1 1		_				
b	Other income (loss)		8b	25367	-				
С	• • • • • • • • • • • • • • • • • • • •	8a(2), 8a(3), and 8b)			-		. 80	0593	
d		rollovers and insurance premiums	1 - 1						
	•	At distablishing (and instructions			\dashv				
e		tive distributions (see instructions			\dashv				
f	Administrative service provide	ers (salaries, fees, commissions)			\dashv				
g	, i								
h	•	8e, 8f, and 8g)			_			0000	
i	, , ,	e 8h from line 8c)					8	0593	
	Transfers to (from) the plan (s	ee instructions)	gi						

_	^	1
Page	Z -	١'

Form 5500-SF 2009

Part IV	Plan	Characte	eristics

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

	V Olinno Ouestiene								
Part					Yes	No	A	mount	
10 a	During the plan year: Was there a failure to transmit to the plan any participant contributions w 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary C	rithin the time perio	d described in	10a		х			
b	Were there any nonexempt transactions with any party-in-interest? (Do r on line 10a.)	not include transact	tions reported	10b		×			
С	Was the plan covered by a fidelity bond?			10c	Х				12000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity or dishonesty?		х						
e	Were any fees or commissions paid to any brokers, agents, or other per insurance service or other organization that provides some or all of the binstructions.)		x	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		· ·			
f	Has the plan failed to provide any benefit when due under the plan?			10f		X			
q	Did the plan have any participant loans? (If "Yes," enter amount as of ye	ear end.)		10g		X			
h	If this is an individual account plan, was there a blackout period? (See ir 2520.101-3.)	nstructions and 29	CFR	10h		х			
· i	If 10h was answered "Yes," check the box if you either provided the requexceptions to providing the notice applied under 29 CFR 2520.101-3	uired notice or one	of the	10i					
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements? 5500))			•••••			*************	Yes	
12	Is this a defined contribution plan subject to the minimum funding require	rements of section	412 of the Code	e or s	ection	302 of E	ERISA?	Yes	⊠ No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)			-4:	and	antar th	o data of the	lottor ru	ling
а	If a waiver of the minimum funding standard for a prior year is being am granting the waiver.	ortized in this plan	year, see instru Mor	cuons nth	s, and	Day	e date of the	ear	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB	(Form 5500), and	skip to line 13.		. г				
b	Enter the minimum required contribution for this plan year					12b 12c			
С	Enter the amount contributed by the employer to the plan for this plan year								
	Subtract the amount in line 12c from the amount in line 12b. Enter the renegative amount)	••••••		• • • • • • • • • • • • • • • • • • • •		12d	□ v ₌₌	1	□ N/A
е	Will the minimum funding amount reported on line 12d be met by the fu	nding deadline?					Yes	No	N/A
Part									П
13a	Has a resolution to terminate the plan been adopted during the plan year	ar or any prior year	?				г	Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the emplo	yer this year				13a			
	Were all the plan assets distributed to participants or beneficiaries, tran of the PBGC?							Yes	No No
С	If during this plan year, any assets or liabilities were transferred from the which assets or liabilities were transferred. (See instructions.)	is plan to another p	pian(s), identity	uic pi	aii(3)				
	13c(1) Name of plan(s):				1	13c(2) EIN(s) 13c(3) PN(s)_
	(I) runne si printe.								
				+-					
	tion: A penalty for the late or incomplete filing of this return/report v	will be assessed u	ınless reasona	ble c	ause i	s estab	lished.		
Und SB (er penalties of perjury and other penalties set forth in the instructions, I do so schedule MB completed and signed by an enrolled actuary, as well as f, it is true, correct, and complete.	eclare that I have e	examined this re	turn/r	eport,	includir	ng, if applica	ble, a Sc nowledg	hedule e and
[1 /9 lat Can de	9/18/10	ROBERT V. C	CARIE	AIIN	1.D.			
SIG		Date	Enter name of	indiv	idual s	igning a	s plan admi	nistrator	
	Olginator of pair assets								
SIG	_	Date	Enter name of	indiv	idual s	ignina a	as emplover	or plan s	ponsor
"	Signature of employer/plan sponsor Date Enter name of								