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.

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OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

Р	art I	Annual Report	Identification Inform	ation					
For	calend	ar plan year 2009 or fis	cal plan year beginning	01/01/200)9	and ending	12/31/2	2009	
Α	This ret	turn/report is for:	X single-employer plan		multiple-e	employer plan (not multiemployer)		one-participant plan	
В	This ret	turn/report is for:	first return/report	X	final retur	n/report		_	
			an amended return/rep	ort	short plar	year return/report (less than 12 m	onths)		
C	Chack I	box if filing under:	Form 5558	F	<u> </u>	extension	,	DFVC program	
O	CHECK	box ii iiiiiig under.	special extension (ente	L or descripti	1	o exteriorer			
D	ort II	Pacia Plan Info	□ ' '		,				_
	art II Name		rmation—enter all reques	stea inform	nation		1h	Three-digit	_
		NESTHESIA SERVICE	S. PC 401(K) PLAN				'5	plan number	
								(PN) • 001	
							1c	Effective date of plan	
							-	09/01/2006	
		ponsor's name and add NESTHESIA SERVICE	dress (employer, if for single	e-employe	r plan)		2 D	Employer Identification Number (EIN) 20-5494765	
CAIN	11707	INESTITESIA SERVICE	.0,10				2c	Plan sponsor's telephone number	
		HOLM STREET, STE	1-37N					718-830-2890	
BRC	OKLYN	N, NY 11237					2d	Business code (see instructions)	
32	Dlan a	udministrator's name an	d address (if same as Plan	cpopeor (ontor "Same	2")	3h	621111 Administrator's EIN	_
		NESTHESIA SERVICE	S, PC 37	74 STOCK	HOLM STF	RÉET, STE 1-37N	35	20-5494765	
			BI	ROOKLYN	I, NY 11237	7	3с	Administrator's telephone number	,
_							ļ.,.	718-830-2890	
			olan sponsor has changed s oer from the last return/repo			port filed for this plan, enter the	4b	EIN	
	namo, i	Ent, and the plan name	or from the last return repe	ii. Opono	or o manne		4c	PN	
5a	Totalı	number of participants	at the beginning of the plan	year			- 5a	45	5
b	b Total number of participants at the end of the plan year					. 5b	(0	
С	Total	number of participants	with account balances as o	f the end o	of the plan y	vear (defined benefit plans do not			
	complete this item)						. 5c		0
		•	. ,	Ū		(See instructions.)		X Yes N	0
b						ndent qualified public accountant (Idions.)		X Yes N	0
			•			SF and must instead use Form 5			
Pa	art III	Financial Inforn	nation		_				
7	Plan A	Assets and Liabilities				(a) Beginning of Year		(b) End of Year	
а	Total	plan assets			7a	4166	52	(0
b	Total	plan liabilities			7b				
С	Net pl	lan assets (subtract line	7b from line 7a)		7с	4166	52	(0
8	Incom	ne, Expenses, and Tran	sfers for this Plan Year			(a) Amount		(b) Total	
а		ibutions received or rec			90(4)				
	1.1				8a(1)	590			
	` '	·	····			580	00		
h		, •	rs)		` '	F36	70		
b		, ,) 00(2) 00(2) and 0b)			536	0	111730	_
c d		, , ,), 8a(2), 8a(3), and 8b)		8c			111730	_
u	Dellel		t rallavare and incurance a	CIIIUIIIO	1	E470	2		
	to pro	vide benefits)	t rollovers and insurance pi		8d	51720	13		
е	•	,				1:			
e f	Certai	in deemed and/or corre		ructions)	8e				
	Certai Admir	in deemed and/or corre	ctive distributions (see instr	ructions)	8e 8f		27		
f	Certai Admir Other	in deemed and/or corre histrative service provid expenses	ctive distributions (see instr ers (salaries, fees, commis	ructions)	8e 8f 8g	1:	27	528388	3
f g	Certai Admir Other Total	in deemed and/or corre nistrative service provid expenses expenses (add lines 8d	ctive distributions (see instrements) ers (salaries, fees, commis	ructions)	8e 8f 8g 8h	1:	27	528386 -416652	

Dart IV	Dlan	Characte	.::
Part IV	Pian	Characte	ISTICS

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

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	Duri	ng the plan year:		Yes	No		Amo	unt	
а		there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	10b		X				
С	Was	s the plan covered by a fidelity bond?	10c	X					50000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	10d		Х				
е	insu	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See uctions.)	10e	X					64
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did 1	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10q		X				
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		Х				
i		h was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI	Pension Funding Compliance							
1		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com						Yes	X No
2	Is th	is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ection 3	302 of	ERISA?		Yes	X No
	(If "Y	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
	gran	vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver	th						
		ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Γ	405	1			
b	Ente	r the minimum required contribution for this plan year			12b	1			
		r the amount contributed by the employer to the plan for this plan year			12c				
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left stive amount)		L	12d				
е	Will 1	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	lo	N/A
art	VII	Plan Terminations and Transfers of Assets							
3a	Has	a resolution to terminate the plan been adopted during the plan year or any prior year?					X	Yes	No
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year			13a				0
b	Were	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought e PBGC?	under	the co		•	X	Yes	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the hassets or liabilities were transferred. (See instructions.)	ne pla	n(s) to)				
1	3c(1)	Name of plan(s):		13	c(2) E	IN(s)	1	3c(3) l	PN(s)
2114	ion: /	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	lo ca:	ico ic	octah	liched			
		alties of perjury and other penalties set forth in the instructions. I declare that I have examined this retr					icable 1	a Sche	dule
Во	r Śche	edule MB completed and signed by an enrolled actuary, as well as the electronic version of this return true, correct, and complete.							

SIGN	Filed with authorized/valid electronic signature.	10/12/2010	JERRY CASTORIA
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	10/12/2010	JERRY CASTORIA
HERE	Signature of employer/plan sponsor	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**

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.

2009

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	rt Annual Report Identification Information	1/01/0/			10/31/3000
For		1/01/20			12/31/2009
A 7	his return/report is for: Single-employer plan	multiple-er	nployer plan (not multiemployer)	L	one-participant plan
В	his return/report is for: first return/report	final return	/report		
	an amended return/report	short plan	year return/report (less than 12 mon	ths)	
C	Check box if filing under:	automatic	extension		DFVC program
	special extension (enter description	n)		_	_
D.	rt II Basic Plan Information—enter all requested information				
70000 (70 × 70	Name of plan	ation		1b	Three-digit
ıa	Caritas Anesthesia Services, PC 401(k) P	lan			plan number
			ļ		(PN) ▶ 001
					Effective date of plan 09/01/2006
		-1>			
2a	Plan sponsor's name and address (employer, if for single-employer Caritas Anesthesia Services, PC	pian)		20	Employer Identification Number (EIN) 20-5494765
				2c	Plan sponsor's telephone number
	374 Stockholm Street, Ste 1-37N				(718) 830-2890
	571 Bedomidia Belges, cer i i i i				Business code (see instructions) 621111
	Brooklyn	-4 *C	NY 11237		Administrator's EIN
Зa	Plan administrator's name and address (if same as Plan sponsor, e	mer Same	,	JD /	Administrator a Env
				3c .	Administrator's telephone number
4	f the name and/or EIN of the plan sponsor has changed since the la	st return/re	port filed for this plan, enter the	4b	EIN
	name, EIN, and the plan number from the last return/report. Sponso	n s name		4c	PN
5a	Total number of participants at the beginning of the plan year	5a	4.5		
	Total number of participants at the end of the plan year			5b	
C	Total number of participants with account balances as of the end o				
٠	complete this item)			5c	
6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)		X Yes No
b	Are you claiming a waiver of the annual examination and report of	an indeper	ident qualified public accountant (IQ	PA)	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F				A les [] No
D.	irt III Financial Information	OHII 5500-	or and must mateau use rollings		
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
'a	Total plan assets	. 7a	416,65	2	(0)
	Total plan liabilities	7b		1	
C			416,65	2	(
			(a) Amount	_	(b) Total
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount		
а	(1) Employers	8a(1)			anderska kompensioner at de kompensioner betre de kompensioner betre de kompensioner betre de kompensioner bet En transport format in de kompensioner betre de kompensioner betre de kompensioner betre de kompensioner betre
	(2) Participants	8a(2)	58,05	8	
	(3) Others (including rollovers)	8a(3)			
b	Other income (loss)	8b	53,67	8	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	g sandah unjulijan prijaseran kecama keramatan pelik Lingga pagan keratan jiang keratan bahan pagan pelik		111,73
d	Benefits paid (including direct rollovers and insurance premiums		E17 00		
	to provide benefits)		517,20	27.50	
е	Certain deemed and/or corrective distributions (see instructions)		1.2	:4	and the contract of the contra
f	Administrative service providers (salaries, fees, commissions)				EPAGESEESEESEESESEESEESEESEESEESEESEESEESEE
g	Other expenses		11,05	8	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			528,388
i	Net income (loss) (subtract line 8h from line 8c)	8i			(416,652
j	Transfers to (from) the plan (see instructions)	8j			

	Form 5500-SF 2009 Page 2-						
Pari	IV Plan Characteristics						
9a	if the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chara 2E 2F 2G 2J 3D	acteris	tic Co	des in t	he instruc	tions:	
b	if the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	cteris	tic Cod	tes in ti	he instruc	tions:	
Part	Compliance Questions						
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 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				50,000
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		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	Х				64
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х			
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 2520.101-3.)	10h		Х			disperies i Roga Roga
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	plete	Sched	dule SE	(Form	Ye	s 🛛 No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	e or se	ection	302 of	ERISA?	∐ Ye	s 🛛 No
a	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru	ctions	, and	enter th	e date of	the letter i	ruling
16	granting the waiverMor you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	<u>"" —</u>		Day		1 Cai	
	Enter the minimum required contribution for this plan year			12b			
	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)	of a		12d			
۵	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
Part							-
22/42/2006	Has a resolution to terminate the plan been adopted during the plan year or any prior year?					X Ye	s No
104	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a			C
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	unde	r the c	ontrol		⊠ Ye	es No
С	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.)						
	I3c(1) Name of plan(s):		1:	3c(2) E	IN(s)	13c	(3) PN(s)
	tion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonal	LLble ca	use is	estah	lished.		
Und SB (er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this re or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return	turn/re	eport,	includir	ig, if appli	cable, a S y knowled	chedule ge and
belie	f, it is true, correct, and complete.						

Sign | Same | 8/31/10 | Jerry Castoria |
Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |
Enter name of individual signing as employer or plan sponsor |
Enter name of individual signing as employer or plan sponsor |

Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |

Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |

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Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |

Signature of employer/plan sponsor | Date | Da