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).

1210-0089

OMB Nos. 1210-0110

2009

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation	▶ Complete all entries in accord	dance 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	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-participant plan
В	This return/report is for:	first return/report	final retur	n/report		_
	·····	an amended return/report	short plar	n year return/report (less than 12 mor	nths)	
C	Check box if filing under:	▼ Form 5558	•	extension	,	DFVC program
•	Sheck box if filling under.	special extension (enter description		CATCHSION		_ bi vo piogram
-	"(II Desi's Disselution					
		mation—enter all requested inform	ation		46	- v · ·
	Name of plan TAS MEDICAL SERVICES, PO	2 404 (K) PLAN			ID	Three-digit plan number
CAR	TAS MEDICAL SERVICES, FO	5 401(K) FLAN				(PN) • 001
					1c	Effective date of plan
						01/01/2008
	•	ress (employer, if for single-employer	plan)		2b	Employer Identification Number
CARI	TAS MEDICAL SERVICES, PO				_	(EIN) 20-5861143
274.0	STOCKHOLM CTREET, CTE 4	0781			2C	Plan sponsor's telephone number 718-830-2890
	STOCKHOLM STREET, STE 1 [.] OKLYN, NY 11237	-37N			2d	Business code (see instructions)
						621111
		address (if same as Plan sponsor, e			3b	Administrator's EIN
CARI	TAS MEDICAL SERVICES, PO	C 374 STOCKI BROOKLYN		REET, STE 1-37N	0 -	20-5861143
		BROOKETH	, 111 11201		3C	Administrator's telephone number 718-830-2890
4 1	f the name and/or FIN of the pl	an sponsor has changed since the la	st return/re	port filed for this plan, enter the	4h	EIN
		er from the last return/report. Sponso		F		
					4c	PN
5a	Total number of participants a	t the beginning of the plan year			5a	5
b	Total number of participants a	t the end of the plan year			5b	0
С	Total number of participants w	rith account balances as of the end of	f the plan y	vear (defined benefit plans do not	_	
	· · · · · · · · · · · · · · · · · · ·				5c	0
		during the plan year invested in eligib				X Yes No
р		he annual examination and report of a (See instructions on waiver eligibility)				X Yes ☐ No
		ner 6a or 6b, the plan cannot use F				
Pa	rt III Financial Inform					
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year
а	Total plan assets		. 7a	20174	Ļ	0
b	Total plan liabilities					
С	Net plan assets (subtract line	7b from line 7a)	. 7c	20174	Ļ	0
8	Income, Expenses, and Trans			(a) Amount		(b) Total
а	Contributions received or rece			(-), <u>-</u>		/-/ - 3.00
	(1) Employers		. 8a(1)		_	
	(2) Participants		. 8a(2)	2865	5	
	(3) Others (including rollovers	5)	. 8a(3)			
b	Other income (loss)		. 8b	828	3	
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	. 8c			3693
d	Benefits paid (including direct	rollovers and insurance premiums		_		
			. 8d	23072		
e		tive distributions (see instructions)			4	
f	Administrative service provide	rs (salaries, fees, commissions)			4	
g	Other expenses		. 8g	795	5	
h	Total expenses (add lines 8d,	8e, 8f, and 8g)	. 8h			23867
į		e 8h from line 8c)				-20174
j	Transfers to (from) the plan (s	ee instructions)	. 8i			

D (IV/	DI	O L	
Part IV	Plan	Charact	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 3D

	11 1110	r plant provides wellate benefits, etiter the applicable wellate realtire codes from the cist of Flant Chara-			200 111		Ollono	,.	
art	٧	Compliance Questions							
0	Dur	ing the plan year:		Yes	No		Am	ount	
а		s 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		re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ine 10a.)	10b		X				
С	Wa	s the plan covered by a fidelity bond?	10c	X					10000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud ishonesty?	10d		X				
е	insu	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, irance service or other organization that provides some or all of the benefits under the plan? (See ructions.)	10e	X					1
f	Has	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 year end.)	10g		X				
h		is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		X				
İ		Oh 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
12	ls th	nis a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of	ERISA?.	. [Yes	X No
	(If "\	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
	gran	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver	th						
		completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_		I			
b	Ente	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				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount)			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	a resolution to terminate the plan been adopted during the plan year or any prior year?					X	Yes	No
	If "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a				0
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought ne PBGC?			ntrol	•	X	Yes	No
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)	ne pla	n(s) to				_	
1	3c(1)	Name of plan(s):		13	c(2) EI	N(s)		13c(3) PN(s)
								-	
							+		
Cauti	ion-	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le car	ıse is	estahl	ished			
Jnde SB or	r pen	nalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return the MB completed and signed by an enrolled actuary, as well as the electronic version of this return true, correct, and complete.	urn/re	port, in	cludin	g, if appli			

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

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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).

Short Form Annual Return/Report of Small Employee

Benefit Plan

▶ 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

P	art I Annual Report I	dentification Information								
_For	calendar plan year 2009 or fis		01/01/2	009 and end	ng	12/31/200	9			
Α	This return/report is for:	X single-employer plan	multiple-e	employer plan (not multiemp	oyer)	one-participa	int plan			
В	This return/report is for:	first return/report	X final retur	n/report		_				
		an amended return/report	short plar	year return/report (less tha	n 12 months	s)				
Ç	Check box if filing under:	🔲 Form 5558	automatic	extension		DFVC progra	am			
	•	special extension (enter desc	cription)							
Pa	rt II Basic Plan Infor	mation—enter all requested in	formation							
	Name of plan				1	b Three-digit				
	Caritas Medical Se	rvices, PC 401(k) P	lan			plan number				
						(PN) ▶	001			
					10	© Effective date o 01/01/200				
2a	Plan sponsor's name and add	ress (employer, if for single-emp	loyer plan)		2	b Employer Identi	fication Number			
	Caritas Medical Se	ervices, PC				(EIN) 20-586	1143			
					20	C Plan sponsor's 1	telephone number			
	374 Stockholm Stre	et, Ste 1-37N			20	(718) 830-2890 2d Business code (see instruction				
*****	Brooklyn			NY 11237		621111				
3a	Plan administrator's name and same	d address (if same as Plan spons	or, enter "Same	9")	31	b Administrator's	EIN			
					30	C Administrator's	telephone number			
4	f the name and/or FIN of the n	lan sponsor has changed since the	ne last return/re	nort filed for this plan, enter	the 4	b EIN				
		er from the last return/report. Sp		port mod for this plant, officer						
						C PN				
_		at the beginning of the plan year.				a	5			
b		at the end of the plan year				b	0			
C	Total number of participants v complete this item)	with account balances as of the e	nd of the plan y	rear (defined benefit plans d	o not 5	c	0			
6a	Were all of the plan's assets	during the plan year invested in	eligible assets?	(See instructions.)		•••••	X Yes No			
b	Are you claiming a waiver of	the annual examination and repo	ort of an indepe	ndent qualified public accou	ntant (IQPA))				
		(See instructions on waiver eligit her 6a or 6b, the plan cannot u				••••••	X Yes No			
Pa	rt III Financial Inform		se ronn 5500-	or and must instead use i	omi savu.					
7	Plan Assets and Liabilities			(a) Beginning of Y	ear	(b) End	of Year			
а	Total plan assets	·····	7a	(4, 2 3,	20,174	(5) 2.10	0			
b	Total plan liabilities		7b	***************************************						
С	Net plan assets (subtract line	7b from line 7a)	7c		20,174		0			
8	Income, Expenses, and Trans	sfers for this Plan Year		(a) Amount		(b) ⁻	Γotal			
а	Contributions received or received				i)					
	• • •									
	• •		1 1		2,865					
		s)								
b			1		828	ududi desirence d				
C	Total income (add lines 8a(1)		0				3,693			
đ	Donofito poid (instrution at con-	, 8a(2), 8a(3), and 8b)	-		Till		J , 093			
		, 8a(2), 8a(3), and 8b) rollovers and insurance premiur	ns		23,072	rale (barasa) (* 1923) Hidesaja kalenda sees				
е	to provide benefits)	rollovers and insurance premiur	ns 8d		23,072	Handreson ergen Handresonskeringer Handresonskeringer				
e f	to provide benefits) Certain deemed and/or correct	rollovers and insurance premiur	ns 8d s) 8e							
e f g	to provide benefits) Certain deemed and/or correct Administrative service provide Other expenses	t rollovers and insurance premiur ctive distributions (see instruction ers (salaries, fees, commissions)	8d 8d 8e 8f 8g		23,072 795					
f	to provide benefits)	t rollovers and insurance premiur ctive distributions (see instruction ers (salaries, fees, commissions) 8e, 8f, and 8g)	8d 8d 8e 8f 8g 8h				23,867			
f g	to provide benefits)	t rollovers and insurance premiur ctive distributions (see instruction ers (salaries, fees, commissions)	8d 8d 8e 8f 8g 8h 8i		795		23,867 (20,174)			

Form 5	たりし ぐ	E 20	nn

Page 2-I	Page	2-	
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raii i	V	Plan (Characte	eristics						
a If	the pla	an provid	des pensio	n benefits,	enter the appli	cable pension	feature codes f	rom the List of	Plan Characteris	stic Codes in the instructions:
		2E	2F	2G 2	2J 3D				i idii Olididoloji	sac Oddes in the instructions.
b If	the pla	an provid	des welfare	benefits,	enter the applic	able welfare	feature codes fr	om the List of F	Plan Characteris	tic Codes in the instructions:

Par	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		10b		Х				
C	Was the plan covered by a fidelity bond?	10c	Х				10,0	00
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				•	1
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.)	10a		Х				-
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х		a etale et augustus		
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						
art'	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500))	plete	Sched	ule SE	(Form	Yes	X 1	٧o
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	e or se	ction 3	302 of	ERISA?	Yes	Χı	10
а	(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 instrugranting the waiver. Mor	ctions,	and e	nter th	e date of th	ie letter ru Year	ıling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			,				
b	Enter the minimum required contribution for this plan year		[12b				
C	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		12d				

	granting the waiver		_ Day _		Year		
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
þ	Enter the minimum required contribution for this plan year.		12b				
C	Enter the amount contributed by the employer to the plan for this plan year		12c				
đ	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)	a	12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A	_
2002336							-

Part VII Plan Terminations and Transfers of Assets

X Yes 13a Has a resolution to terminate the plan been adopted during the plan year or any prior year? Νo If "Yes," enter the amount of any plan assets that reverted to the employer this year..... 0 b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control

of the PBGC?..... C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s)

***********	X Yes] No
to		

which assets or liabilities were transferred. (See instructions.) 40-40) FINI(-) 13c(1) Name of plan(s):

13c(2) EIN(s)	13c(3) PN(s)

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Same		1/10	Jerry Castoria
HERE	Signature of plan administrator	Date .		Enter name of individual signing as plan administrator
SIGN	det	8/31	1,0	Jerry Castoria
HERE	Signature of employer/plan sponsor	Date	1,	Enter name of individual signing as employer or plan sponsor