## 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

2010

This Form is Open to Public Inspection

P	Complete all entries in according to the complete are considered in according to the	dance wit	h the instructions to the Form 5500	O-SF.	
	art I Annual Report Identification Information				
For	calendar plan year 2010 or fiscal plan year beginning 01/01/201	0	and ending 1	2/31/2	2010
Α -	This return/report is for: Single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan
	This return/report is for:	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	automatic	extension		DFVC program
	special extension (enter description	on)			
Pa	Irt II Basic Plan Information—enter all requested inform	ation			
1a	Name of plan			1b	Three-digit
MICH	IAEL J. DARDA PROFIT SHARING PLAN				plan number 001
					(PN) •
				1C	Effective date of plan 01/01/1996
2a	Plan sponsor's name and address (employer, if for single-employer	nlan)		2h	Employer Identification Number
	DARDA, P.A.	piani			(EIN) 65-1030414
E902	SW 1ST AVENUE			2c	Plan sponsor's telephone number 239-542-8611
	E CORAL, FL 33914			2d	Business code (see instructions)
				Zu	531210
3a	Plan administrator's name and address (if same as Plan sponsor, e	nter "Same	e")	3b	Administrator's EIN
MIKE	DARDA, P.A. S803 SW 1S CAPE CORA			2-	65-1030414
				30	Administrator's telephone number 239-542-8611
	f the name and/or EIN of the plan sponsor has changed since the la		port filed for this plan, enter the	4b	EIN
	name, EIN, and the plan number from the last return/report. Sponso	or's name		4c	PN
5a	Total number of participants at the beginning of the plan year			<del>-тс</del>	4
b	Total number of participants at the end of the plan year			5b	5
C	Total number of participants with account balances as of the end of		:	JD	
	complete this item)		•	5c	3
	Were all of the plan's assets during the plan year invested in eligib		,		Yes   No
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility				X Yes ☐ No
	If you answered "No" to either 6a or 6b, the plan cannot use Fe		,		
Pa	rt III Financial Information				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
а	Total plan assets	. 7a	126506	;	125111
b	Total plan liabilities		C	)	0
С	Net plan assets (subtract line 7b from line 7a)		126506	5	125111
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or receivable from:		C		
	(1) Employers	. 8a(1)		_	
	(2) Participants	, ,		_	
	(3) Others (including rollovers)	` '	8605	_	
b	Other income (loss)		8003	_	8605
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c			8003
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	10000		
е	Certain deemed and/or corrective distributions (see instructions)	. 8e	C		
f	Administrative service providers (salaries, fees, commissions)	. 8f	C		
g	Other expenses	. 8g	C		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h			10000
i	Net income (loss) (subtract line 8h from line 8c)	. 8i			-1395
i	Transfers to (from) the plan (see instructions)	. 8i	C		

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9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

art	V Compliance Questions							
0	During the plan year:		Yes	No		An	nount	
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	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		X					
С	Was the plan covered by a fidelity bond?	10c	X					50000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	10h		X				
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							
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))					. [	Yes	No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of E	ERISA?.	. [	Yes	X No
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 instruct granting the waiver							
lf '	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			Day _		16	al	
	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				
	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)	of a		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?						Yes	X No
	If "Yes," 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 u of the PBGC?					[	Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	e plar	n(s) to					
1	3c(1) Name of plan(s):		130	(2) EII	V(s)		13c(3)	PN(s)
aut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e cau	se is	establi	shed.	ı		
Jnde SB o	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/re, it is true, correct, and complete.	rn/rep	ort, in	cluding	, if appli			

SIGN	Filed with authorized/valid electronic signature.	07/20/2011	MICHAEL J. DARDA
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	07/20/2011	MICHAEL J. DARDA
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.

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

	art I Annual Report Identification Information					
Fo	r calendar plan year 2010 or fiscal plan year beginning	)1/01/20	10 and ending		12/31/2010	)
Α	This return/report is for:	multiple-en	nployer plan (not multiemployer)		one-participan	t plan
В	This return/report is for: first return/report	final return	report report			
	an amended return/report	short plan	year return/report (less than 12 mo	nths)		
С	Check box if filing under: Form 5558	automatic	extension		DFVC program	n
_	special extension (enter description	İ				
D	art II Basic Plan Information—enter all requested inform					
	Name of plan	auvii		1h	Three-digit	
	Michael J. Darda Profit Sharing Plan				plan number	
					(PN) <b>•</b>	001
				1c	Effective date of	plan
				0.1-	01/01/1996	
Za	Plan sponsor's name and address (employer, if for single-employer Mike Darda, P.A.	plan)		2b	Employer Identification (EIN) 65-1030	
				2c	Plan sponsor's te	
	5803 SW 1st Avenue				(239)542-8	611
				2d	Business code (s	ee instructions)
32	Cape Coral Plan administrator's name and address (if same as Plan sponsor, e	ntor "Como"	FL 33914	36	531210 Administrator's E	INI
Ja	Same	inter Same	)	35	Administrators	IIV
				3с	Administrator's te	lephone number
4	If the name and/or EIN of the plan sponsor has changed since the la name, EIN, and the plan number from the last return/report. Sponsor		ort filed for this plan, enter the	4b	EIN	
	name, Em, and the plan number from the last return/report. Oponse	n 3 name		4c	PN	
5a	Total number of participants at the beginning of the plan year			5a		4
b	Total number of participants at the end of the plan year		,	5b		5
				5b		5
	Total number of participants at the end of the plan year  Total number of participants with account balances as of the end o complete this item)	f the plan ye	ar (defined benefit plans do not	5b 5c		3
	Total number of participants with account balances as of the end o complete this item)	f the plan ye	ar (defined benefit plans do not See instructions.)	5c		
b c	Total number of participants with account balances as of the end o complete this item)	f the plan ye	ar (defined benefit plans do not See instructions.) dent qualified public accountant (IG	<b>5c</b>		3 Yes No
b c 6a	Total number of participants with account balances as of the end o complete this item).  Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	f the plan ye le assets? ( an independ and conditio	ar (defined benefit plans do not See instructions.)  dent qualified public accountant (ICns.)	<b>5c</b>		3
b c 6a b	Total number of participants with account balances as of the end o complete this item).  Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of 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	f the plan ye le assets? ( an independ and conditio	ar (defined benefit plans do not See instructions.)  dent qualified public accountant (ICns.)	<b>5c</b>		3 Yes No
b c 6a b	Total number of participants with account balances as of the end of complete this item).  Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of 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	f the plan ye le assets? ( an independ and conditio	ar (defined benefit plans do not See instructions.)  dent qualified public accountant (IC ns.)	<b>5c</b>		3  X Yes No  X Yes No
6a b	Total number of participants with account balances as of the end o complete this item).  Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility. If you answered "No" to either 6a or 6b, the plan cannot use Fart III. Financial Information  Plan Assets and Liabilities	f the plan ye ble assets? (if an independ and condition orm 5500-S	ar (defined benefit plans do not  See instructions.)  dent qualified public accountant (IC ns.)  F and must instead use Form 55	5c QPA)		3  Yes No  Yes No
6a b	Total number of participants with account balances as of the end o complete this item).  Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility. If you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information  Plan Assets and Liabilities  Total plan assets.	f the plan ye  ple assets? (if an independent condition orm 5500-S	ar (defined benefit plans do not See instructions.)  dent qualified public accountant (IC ns.)	5c QPA)		3  X Yes No  X Yes No
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6a b Pa 7 a b	Total number of participants with account balances as of the end o complete this item).  Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities.  Net plan assets (subtract line 7b from line 7a)	f the plan ye  le assets? (i  an independent condition  orm 5500-S  . 7a . 7b	ar (defined benefit plans do not  See instructions.)  dent qualified public accountant (IC ns.)  F and must instead use Form 55  (a) Beginning of Year  126, 50	5c QPA) 00.		3  X Yes No  Yes No  Of Year  125,111  0 125,111
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6a b 7 a b c 8 a	Total number of participants with account balances as of the end of complete this item).  Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility. If you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a).  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers  (2) Participants  (3) Others (including rollovers).  Other income (loss).  Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	f the plan ye  le assets? (if an independent condition orm 5500-S	ar (defined benefit plans do not  See instructions.)  dent qualified public accountant (IGns.)  F and must instead use Form 55  (a) Beginning of Year  126, 50  (a) Amount	5c 2PA) 000.	(b) End c	3  X Yes No  Yes No  Of Year  125,111  0 125,111
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6a b Pa a b c d	Total number of participants with account balances as of the end of complete this item).  Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility. If you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information  Plan Assets and Liabilities  Total plan liabilities.  Net plan assets (subtract line 7b from line 7a).  Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:  (1) Employers	f the plan yes  le assets? (is an independent condition orm 5500-S  7a 7b 7c  8a(1) 8a(2) 8a(3) 8b 8c 8d	ar (defined benefit plans do not  See instructions.)  dent qualified public accountant (IC ns.)  F and must instead use Form 55  (a) Beginning of Year  126, 50  (a) Amount	5c (PA) (00.	(b) End c	3   Yes   No   Yes   No   Yes   No   125,111   0   125,111
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6a b P; 7 a b c c d e f	Total number of participants with account balances as of the end of complete this item).  Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility. If you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information  Plan Assets and Liabilities  Total plan liabilities.  Net plan assets (subtract line 7b from line 7a).  Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:  (1) Employers.  (2) Participants.  (3) Others (including rollovers).  Other income (add lines 8a(1), 8a(2), 8a(3), and 8b).  Benefits paid (including direct rollovers and insurance premiums to provide benefits).  Certain deemed and/or corrective distributions (see instructions)  Administrative service providers (salaries, fees, commissions)  Other expenses.	f the plan yes  ple assets? (if an independent condition orm 5500-S  Tallow Tal	ar (defined benefit plans do not  See instructions.)  dent qualified public accountant (IC ns.)  F and must instead use Form 55  (a) Beginning of Year  126, 50  (a) Amount	Sc (RPA) (000.	(b) End c	3   Yes   No   Yes   No   Yes   No   125,111   0   125,111
6a b Para a b c c d e f g	Total number of participants with account balances as of the end of complete this item).  Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility. If you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information  Plan Assets and Liabilities  Total plan assets.  Total plan liabilities.  Net plan assets (subtract line 7b from line 7a).  Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:  (1) Employers.  (2) Participants.  (3) Others (including rollovers).  Other income (loss).  Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).  Benefits paid (including direct rollovers and insurance premiums to provide benefits).  Certain deemed and/or corrective distributions (see instructions)  Administrative service providers (salaries, fees, commissions)  Other expenses.	f the plan yes  le assets? (is an independent condition orm 5500-S  7a 7b 7c  8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h	ar (defined benefit plans do not  See instructions.)  dent qualified public accountant (IC ns.)  F and must instead use Form 55  (a) Beginning of Year  126, 50  (a) Amount	Sc (RPA) (000.	(b) End c	3   Yes   No     Yes   No     Yes   No     125,111     0     125,111     otal

Form 5500-SF 2010	Page <b>2-</b> [	

Part IV	Plan	Charac	teristics
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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 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

D	the plan provides we have benefite, since the applicable we have read	are codes from the f	-lot of Flam offarat	0.01101	.,, 000		no moducone		
Part V	Compliance Questions								
1 <b>0</b> [	Ouring the plan year:		_		Yes	No	ı	mount	
	Vas there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia			10a		Х			
	Vere there any nonexempt transactions with any party-in-interest? (E on line 10a.)			10b		Х			
С	Was the plan covered by a fidelity bond?			10c	Х				50,000
	Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty?	10d		X					
į	Vere any fees or commissions paid to any brokers, agents, or other parameters or other organization that provides some or all of the instructions.)	ne benefits under the	e plan? (See	10e		Х			
f H	las the plan failed to provide any benefit when due under the plan? .			10f		Х			
g	oid the plan have any participant loans? (If "Yes," enter amount as of	f year end.)		10g		Х			
	this is an individual account plan, was there a blackout period? (Sec. 520.101-3.)		9 CFR	10h		Х			
	10h was answered "Yes," check the box if you either provided the rexceptions to providing the notice applied under 29 CFR 2520.101-3.	•		10i					
art V	Pension Funding Compliance								
	this a defined benefit plan subject to minimum funding requirement 500))							Yes	s No
12	s this a defined contribution plan subject to the minimum funding req	quirements of section	n 412 of the Code	or se	ction 3	302 of I	ERISA?	Yes	X No
,	f "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicabl								
	a waiver of the minimum funding standard for a prior year is being a ranting the waiver.								
	u completed line 12a, complete lines 3, 9, and 10 of Schedule M					Day.		Teal	
	nter the minimum required contribution for this plan year				Г	12b			
	nter the amount contributed by the employer to the plan for this plan					12c		id.	
d s	ubtract the amount in line 12c from the amount in line 12b. Enter the	e result (enter a min	us sign to the left o	of a		12d			8
e v	/ill the minimum funding amount reported on line 12d be met by the	funding deadline?					Yes	No	N/A
art V	II Plan Terminations and Transfers of Assets								
3a ⊦	as a resolution to terminate the plan been adopted during the plan y	ear or any prior yea	ır?					Yes	X No
If	"Yes," enter the amount of any plan assets that reverted to the emp	loyer this year				13a			
<b>b</b> V	Vere all the plan assets distributed to participants or beneficiaries, tra f the PBGC?	ansferred to another	plan, or brought ι	under	the co			Yes	s X No
	during this plan year, any assets or liabilities were transferred from thich assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify th	ne pla	n(s) to	)			
130	c(1) Name of plan(s):				13	c(2) El	N(s)	13c(3	B) PN(s)
Cautio	n: A penalty for the late or incomplete filing of this return/report	t will be assessed i	unless reasonabl	le cau	ıse is	establ	ished.	1	
Under p	penalties of perjury and other penalties set forth in the instructions, I inchedule MB completed and signed by an enrolled actuary, as well at its true, correct, and complete.	declare that I have	examined this retu	ırn/re <sub> </sub>	port, ir	ncludin	g, if applical		
SIGN	V — Q.	~ 7/14/11	Michael J.	Dan	rda				
HERE	Signature of plan administrator	Date	Enter name of in	divid	ual cia	ning of	nlan admir	vietrator	

1/14/4

Date

Michael J. Darda

Enter name of individual signing as employer or plan sponsor