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	ension Be	enefit Guaranty Corporation		▶ Complete all entries in accor	dance wit	h the instructions to the Form 550	0-SF.	mopeonon
Pa	art I	Annual Report	: Ide	entification Information				
For	calenda	ar plan year 2010 or f	iscal	plan year beginning 01/01/201	0	and ending 1	2/31/2	2010
Α -	This ret	urn/report is for:	X	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan
		urn/report is for:		first return/report	final retur	n/report		
_	11113 101	din/report is ior.		an amended return/report		year return/report (less than 12 mo	nthe)	
•				·	·		111113)	
C	Check I	box if filing under:		Form 5558		extension		DFVC program
				special extension (enter description				
Pa	rt II	Basic Plan Info	orm	ation—enter all requested inform	ation			
		of plan					1b	Three-digit
ROBI	ERT V.	CARIDA II M.D., P.A	. 40′	(K) RETIREMENT PLAN				plan number 001
							4.	(PN) •
							10	Effective date of plan 01/01/2006
20	Discourse		.1 .1		1)		26	
		ponsor's name and ac CARIDA II M.D., P.A		ss (employer, if for single-employer	pian)		20	Employer Identification Number (EIN) 54-2063621
I CODI		O/ (((() / ()	•				2c	Plan sponsor's telephone number
		N BLVD., SUITE 220						561-499-2585
DELF	KAY BE	EACH, FL 33484-6543	3				2d	Business code (see instructions)
								621111
3a	Plan a	dministrator's name a CARIDA II M.D., P.A	ind a	ddress (if same as Plan sponsor, e 5150 LINTO	enter "Same	e") SUITE 220	3b	Administrator's EIN 54-2063621
KODI	LICI V.	Orticial (in M.B., 1 .7)		DELRAY BE			30	
							30	Administrator's telephone number 561-499-2585
4 1	f the na	me and/or EIN of the	plar	sponsor has changed since the la	st return/re	port filed for this plan, enter the	4b	EIN
				from the last return/report. Sponso		•		
							4c	
5a	Total r	number of participants	s at t	he beginning of the plan year			5a	3
b	Total r	number of participants	s at t	he end of the plan year			5b	3
С				n account balances as of the end o		` .	E o	3
		•				(0 1	5с	
ъа b						(See instructions.)		^ Yes No
D						ndent qualified public accountant (IQ ions.)		Yes ☐ No
			,	• ,		SF and must instead use Form 55		
Pa	rt III	Financial Infor	ma	tion				
7	Plan A	Assets and Liabilities				(a) Beginning of Year		(b) End of Year
а	Total r	olan assets			. 7a	197833	3	269404
b								
С	Net pl	an assets (subtract lir	ne 7b	from line 7a)	. 7с	197833	3	269404
8		e, Expenses, and Tra				(a) Amount		(b) Total
a		butions received or re				, ,		(5) 10101
-					. 8a(1)	36872	2	
	(2) Pa	articipants			. 8a(2)	18996	6	
	(3) O1	thers (including rollove	ers).		. 8a(3)			
b	Other	income (loss)				20199	9	
С	Total i	ncome (add lines 8a(1). 8	a(2), 8a(3), and 8b)	8c			76067
d				ellovers and insurance premiums				
					. 8d	4496	o .	
е	Certai	n deemed and/or corr	rectiv	ve distributions (see instructions)	. 8e			
f	Admin	nistrative service provi	iders	(salaries, fees, commissions)	8f			
g	Other	expenses			. 8g			
h		·		e, 8f, and 8g)				4496
i				8h from line 8c)				71571
j				e instructions)				
-			-	· · · · · · · · · · · · · · · · · · ·	, 0,	1		

	Fo	orm 5500-SF 2010 Page 2-								
Par	t IV	Plan Characteristics								
Эа		plan provides pension benefits, enter the applicable pension feature codes from the List of Plan CI $F=2G=2J=2K=3D$	aracteri	stic Co	des in	the instr	uctio	ns:		
b		plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Ch	aracteris	stic Cod	des in	the instru	uctior	ıs:		
art	t V	Compliance Questions		1	1	1				
0		g the plan year:		Yes	No		Ar	nount		
а		there a failure to transmit to the plan any participant contributions within the time period described FR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	in 10a		X					
b		there any nonexempt transactions with any party-in-interest? (Do not include transactions reporte e 10a.)	d 10b		X					
С	Was	the plan covered by a fidelity bond?	10c	X					12	2000
d		ne plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by frau	d 10d		Χ					
е	insura	any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, ance service or other organization that provides some or all of the benefits under the plan? (See ctions.)	10e		X					
f	Has t	he plan failed to provide any benefit when due under the plan?	10f		X					
g	Did th	ne plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X					
h		is an individual account plan, was there a blackout period? (See instructions and 29 CFR 101-3.)	10h		X					
i	If 10h	was answered "Yes," check the box if you either provided the required notice or one of the otions to providing the notice applied under 29 CFR 2520.101-3	10i							
art	VI I	Pension Funding Compliance								
1		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c						Yes	s X	No
2	Is this	s a defined contribution plan subject to the minimum funding requirements of section 412 of the Co	de or se	ection 3	302 of	ERISA?		Yes	s X	No
	,	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)								
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ng the waiver							-	
lf	-	mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line			,					
b	Enter	the minimum required contribution for this plan year			12b					
С	Enter	the amount contributed by the employer to the plan for this plan year		[12c					
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the live amount)		[12d					
е	Will th	ne minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	١	N/A
art	VII	Plan Terminations and Transfers of Assets			_		_		_	_
32	⊔ac a	recolution to terminate the plan been adepted during the plan year or any prior year?						Ye	, X	Nο

If "Yes," enter the amount of any plan assets that reverted to the employer this year.....

Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control

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

Yes X No

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	Filed with authorized/valid electronic signature.	07/28/2011	ROBERT V. CARIDA II M.D.
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
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

Part	Annual Report Identification Information		and ending			
For cal	lendar plan year 2010 or fiscal plan year beginning X single-employer plan	multiple-employ	er plan (not multiemployer)	П	one-participant	plan
A Thi	is return/report is for:	final return/repo				
B Thi	is return/report is for:		return/report (less than 12 mont	hs)		
	all allichaes reserves				DFVC program	n ·
C Ch	eck box if filing under:	automatic exter	151011	L	, -	
	special extension (enter description					
Part	II Basic Plan Information—enter all requested information	ation		1b Th	ree-digit	
1a N	ame of plan		·		an number	004
ROBEF	RT V. CARIDA II M.D., P.A. 401(K) RETIREMENT PLAN				N) •	001
					fective date of 01/01/20	006
	lan sponsor's name and address (employer, if for single-employer	plan)				cation Number
2a P	rian sponsor's name and address (employer, in for single simple) and RT V. CARIDA II M.D., P.A.	, ,			.114)	elephone number
				20 F	561-499	
5150 L DELRA	INTON BLVD., SUITE 220 AY BEACH FL 33484-6543			2d Bu	usiness code (s 621111	see instructions)
	Plan administrator's name and address (if same as Plan sponsor, e	enter "Same")		3b A	dministrator's E 54-2063	E IN 3621
SAME				3 c A	dministrator's t 561-49	elephone number 9-2585
	the name and/or EIN of the plan sponsor has changed since the la	ast return/report	filed for this plan, enter the	4b E	IN	
4 If t	the name and/or EIN of the plan sponsor has changed since the la ame, EIN, and the plan number from the last return/report. Spons	or's name		4c P	DNI	
				-		3
	Total number of participants at the beginning of the plan year			5a		3
5a ⁻	Total number of participants at the segundary			F L		.1
. -	Taket number of participants at the end of the plan year			5b		3
b ·	Total number of participants at the end of the plan year	of the plan year	(defined benefit plans do not	5b 5c		3
ь ⁻	Total number of participants at the end of the plan year Total number of participants with account balances as of the end	of the plan year	(defined benefit plans do not	5c		
b - c -	Total number of participants at the end of the plan year Total number of participants with account balances as of the end complete this item) Were all of the plan's assets during the plan year invested in eligi	of the plan year	(defined benefit plans do not	5c		3 Yes No
b c 	Total number of participants at the end of the plan year Total number of participants with account balances as of the end complete this item) Were all of the plan's assets during the plan year invested in eligi	of the plan year ible assets? (Se f an independer	(defined benefit plans do not e instructions.) nt qualified public accountant (IC	5c		3
b c 	Total number of participants at the end of the plan year Total number of participants with account balances as of the end complete this item) Were all of the plan's assets during the plan year invested in eligi	of the plan year ible assets? (Se f an independer	(defined benefit plans do not e instructions.) nt qualified public accountant (IC	5c		3 Yes No
b c 6a b	Total number of participants at the end of the plan year	of the plan year ible assets? (Se f an independer	(defined benefit plans do not per instructions.) In qualified public accountant (IC) In and must instead use Form 5	5c		3 Yes No
b c 6a b	Total number of participants at the end of the plan year Total number of participants with account balances as of the end complete this item) Were all of the plan's assets during the plan year invested in eligical 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 rt III Financial Information Plan Assets and Liabilities	of the plan year ble assets? (Se f an independer y and conditions Form 5500-SF	(defined benefit plans do not be instructions.) In qualified public accountant (ICs.) and must instead use Form 5	5c (PA)		3 Yes No
6a b	Total number of participants at the end of the plan year Total number of participants with account balances as of the end complete this item). Were all of the plan's assets during the plan year invested in eligi Are you claiming a waiver of the annual examination and report o under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use rt III Financial Information Plan Assets and Liabilities Total plan assets	of the plan year lible assets? (Se f an independer y and conditions Form 5500-SF	(defined benefit plans do not per instructions.) In qualified public accountant (IC) In and must instead use Form 5	5c (PA)		3 Yes No
6a b	Total number of participants at the end of the plan year Total number of participants with account balances as of the end complete this item). Were all of the plan's assets during the plan year invested in eligi Are you claiming a waiver of the annual examination and report o under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use rt III Financial Information Plan Assets and Liabilities Total plan assets	of the plan year lible assets? (Se f an independer y and conditions Form 5500-SF	(defined benefit plans do not me instructions.) In qualified public accountant (ICs.) and must instead use Form 5 (a) Beginning of Year	5c		3 Yes No
6a b Par 7 a b	Total number of participants at the end of the plan year Total number of participants with account balances as of the end complete this item). Were all of the plan's assets during the plan year invested in eliginary 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 the plan Assets and Liabilities Total plan assets	of the plan year sible assets? (Se f an independer y and conditions Form 5500-SF 7a 7b	(defined benefit plans do not be instructions.) In qualified public accountant (ICs.)	5c	(b) End	3 Yes No
6a b Par 7 a b c	Total number of participants at the end of the plan year Total number of participants with account balances as of the end complete this item) Were all of the plan's assets during the plan year invested in eliginary of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of you answered "No" to either 6a or 6b, the plan cannot use the plan Assets and Liabilities Total plan assets	of the plan year sible assets? (Se f an independer y and conditions Form 5500-SF 7a 7b	(defined benefit plans do not me instructions.) In qualified public accountant (ICs.) and must instead use Form 5 (a) Beginning of Year	5c	(b) End	3 Yes No Yes No dof Year
6a b Par 7 a b c 8	Total number of participants at the end of the plan year Total number of participants with account balances as of the end complete this item) Were all of the plan's assets during the plan year invested in eligical 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 rt III Financial Information Plan Assets and Liabilities Total plan assets	of the plan year ible assets? (Se f an independer y and conditions Form 5500-SF 7a 7b 7c	(defined benefit plans do not be instructions.) In qualified public accountant (ICs.)	5c (PA) (S00.	(b) End	3 Yes No
6a b Par 7 a b c 8	Total number of participants at the end of the plan year Total number of participants with account balances as of the end complete this item). Were all of the plan's assets during the plan year invested in eligi Are you claiming a waiver of the annual examination and report o under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use rt III Financial Information Plan Assets and Liabilities Total plan assets	of the plan year lible assets? (Se f an independer y and conditions Form 5500-SF 7a 7b 7c 8a(1)	(defined benefit plans do not see instructions.) Int qualified public accountant (IC) and must instead use Form 5 (a) Beginning of Year 19783 (a) Amount	5c (PA) 500.	(b) End	3 Yes No
6a b Par 7 a b c 8	Total number of participants at the end of the plan year Total number of participants with account balances as of the end complete this item). Were all of the plan's assets during the plan year invested in eligi 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 rt III Financial Information Plan Assets and Liabilities Total plan assets	of the plan year lible assets? (Se f an independer y and conditions Form 5500-SF 7a 7b 7c 8a(1) 8a(2)	(defined benefit plans do not be instructions.) Int qualified public accountant (ICs.) and must instead use Form 5 (a) Beginning of Year 19783 (a) Amount	5c (PA) 500.	(b) End	3 Yes No
6a b Par 7 a b c 8 a	Total number of participants at the end of the plan year Total number of participants with account balances as of the end complete this item) Were all of the plan's assets during the plan year invested in eliginary 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 in the plan assets and Liabilities Total plan assets	of the plan year sible assets? (Se f an independer y and conditions Form 5500-SF 7a 7b 7c 8a(1) 8a(2) 8a(3)	(defined benefit plans do not be instructions.) Int qualified public accountant (ICs.) and must instead use Form 5 (a) Beginning of Year 19783 (a) Amount	5c (PA) (S00.	(b) End	3 Yes No
b c 6a b Par 7 a b c 8 a b	Total number of participants at the end of the plan year	of the plan year ble assets? (Se f an independer y and conditions Form 5500-SF 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b	(defined benefit plans do not be instructions.) Int qualified public accountant (IC) and must instead use Form 5 (a) Beginning of Year 19783 (a) Amount 368	5c (PA) (S00.	(b) End	3 Yes No
b c 6a b Par 7 a b c 8 a b	Total number of participants at the end of the plan year Total number of participants with account balances as of the end complete this item) Were all of the plan's assets during the plan year invested in eligical 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 rt III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	the plan year ble assets? (Se f an independer y and conditions Form 5500-SF 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	(defined benefit plans do not be instructions.) Int qualified public accountant (IC) and must instead use Form 5 (a) Beginning of Year 19783 (a) Amount 368 189	5c (PA) 500.	(b) End	3 Yes No
6a b Par 7 a b c a b c d	Total number of participants at the end of the plan year Total number of participants with account balances as of the end complete this item) Were all of the plan's assets during the plan year invested in eligical Are you claiming a waiver of the annual examination and report or under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use rt III Financial Information Plan Assets and Liabilities Total plan assets	of the plan year lible assets? (Se f an independer y and conditions Form 5500-SF 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d	(defined benefit plans do not be instructions.) Int qualified public accountant (IC) and must instead use Form 5 (a) Beginning of Year 19783 (a) Amount 368 189	5c (PA) (S00.	(b) End	3 Yes No
6a b Par 7 a b c 8 a b c d	Total number of participants at the end of the plan year Total number of participants with account balances as of the end complete this item). Were all of the plan's assets during the plan year invested in eligical 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 rt III Financial Information Plan Assets and Liabilities Total plan liabilities Total plan liabilities Net plan assets (subtract line 7b from line 7a)	of the plan year lible assets? (Se f an independer y and conditions Form 5500-SF 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d	(defined benefit plans do not be instructions.) Int qualified public accountant (IC) and must instead use Form 5 (a) Beginning of Year 19783 (a) Amount 368 189	5c (PA) 500.	(b) End	3 Yes No
6a b Par 7 a b c 8 a b c d	Total number of participants at the end of the plan year Total number of participants with account balances as of the end complete this item). Were all of the plan's assets during the plan year invested in eligical 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 rt 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)	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8d	(defined benefit plans do not be instructions.) Int qualified public accountant (IC) and must instead use Form 5 (a) Beginning of Year 19783 (a) Amount 368 189	5c (PA) 500.	(b) End	3 Yes No
6a b Par 7 a b c 8 a b c d e f	Total number of participants at the end of the plan year Total number of participants with account balances as of the end complete this item). Were all of the plan's assets during the plan year invested in eligi 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 rt III Financial Information Plan Assets and Liabilities Total plan assets	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8g 8g	(defined benefit plans do not be instructions.) Int qualified public accountant (IC) and must instead use Form 5 (a) Beginning of Year 19783 (a) Amount 368 189	5c (PA) 500.	(b) End	3 Yes No
6a b Par 7 a b c 8 a b c d e f	Total number of participants at the end of the plan year	the plan year ble assets? (Se f an independer y and conditions Form 5500-SF 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 9 8e 8f 8g 8h	(defined benefit plans do not be instructions.) Int qualified public accountant (IC) and must instead use Form 5 (a) Beginning of Year 19783 (a) Amount 368 189	5c (PA) 500.	(b) End	3 Yes No.
6a b Par 7 a b c 8 a b c d e f	Total number of participants at the end of the plan year Total number of participants with account balances as of the end complete this item). Were all of the plan's assets during the plan year invested in eligi 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 rt III Financial Information Plan Assets and Liabilities Total plan assets	the plan year ble assets? (Se f an independer y and conditions Form 5500-SF 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8c 8d 8e 8f 8g 8h 8i	(defined benefit plans do not be instructions.) Int qualified public accountant (IC) and must instead use Form 5 (a) Beginning of Year 19783 (a) Amount 368 189	5c (PA) 500.	(b) End	3 Yes No

Page	2-	1
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Form 5500-SF 2010

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

		" Questions		Yes	No		Am	ount		
1	Con	npliance Questions	\Box		V					
1	Juring the	e plan year: a failure to transmit to the plan any participant contributions within the time period described in a failure to transmit to the plan any participant contributions within the time period described in a failure to transmit to the plan any participant contributions Victoria	10a		×					
					×					
	Mora the	re any nonexempt transactions with any participant of the same and the	10b	-					120	000
	on line 10)a.)	10c	X						
	Mas the	plan covered by a fidelity bond?	404		X					
_		the base a loss, whether or not reimbursed by the plant	10d	+-	+					
_	or dishor	nesty? by an illistrative carry brokers, agents, or other persons by an illistrative carry		1	×					
е			10e	4		+-				
	insuranc	y fees or commissions paid to any bottom ye service or other organization that provides some or all of the benefits under the plant ons.) plan failed to provide any benefit when due under the plan?	101	F.	X	-				
f	Has the	plan failed to provide any benefit when due under the plant () and)	109	g	X	<u> </u>				
•	Did tho	plan failed to provide any benefit when due direct and plan failed to provide any participant loans? (If "Yes," enter amount as of year end.)			X					
g		an individual account plan, was there a blocked p	10	h	<u> </u>	-				
n			1	\						
i	If 10h w	on-3.)	10	"						
				t- Cal	andula	SR (F	orm			1
ar	VI P	ension Funding Compliance a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and control of the Cont	comple	te Sci	nedule			<u> </u>	′es 🛚 🗵	
1	Is this a	defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and contribution plan subject to the minimum funding requirements of section 412 of the Contribution plan subject to the minimum funding requirements of section 412 of the Contribution plan subject to the minimum funding requirements of section 412 of the Contribution plan subject to the minimum funding requirements.	ada o	section	on 302	of ER	RISA?		res 🛚	No
	5500))	funding requirements of section 412 of the C								
2	Is this	a defined contribution plan subject to the manual and 12e below as applicable.)	atructio	nne a	nd ente	r the	date of t	he lette	er ruling	g
	(If "Yes	s," complete 12a or 12b, 12c, 12d, and 12e boton, and 12e boton, and 12e boton, see ins	Month	J113, G		ay _		Year .		
í	I If a wa	a defined contribution plan subject to the minimum funding requirements of the minimum funding standard for a prior year is being amortized in this plan year, see inside the minimum funding standard for a prior year is being amortized in this plan year, see inside the minimum funding standard for a prior year is being amortized in this plan year, see inside the minimum funding standard for a prior year is being amortized in this plan year, see inside the minimum funding standard for a prior year is being amortized in this plan year, see inside the minimum funding standard for a prior year is being amortized in this plan year, see inside the minimum funding standard for a prior year is being amortized in this plan year, see inside year.	13.							
	grantin	ig the waiver				. .				
		exploted line 12a, complete lines 3, 9, and 10 of contract		,,,	12	D				
	f you col	npleted line 12a, complete into 5, 5,	• • • • • • • • • • • • • • • • • • • •			_				
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