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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

2011

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	art I Annual Report Identif						
For	calendar plan year 2011 or fiscal plan	year beginning 01/01/20	11	and ending 1	2/31/2	2011	
Α	This return/report is for:	ingle-employer plan	a multiple	-employer plan (not multiemployer)		a one-participa	nt plan
В	This return/report is:	first return/report	the final re	eturn/report			
	an a	amended return/report	a short pla	n year return/report (less than 12 mo	nths)		
С	Check box if filing under:	m 5558	automatic	extension		DFVC program	
	ř	ــ ecial extension (enter descripti					
P	<u></u>	n—enter all requested inform	,				
	Name of plan	m—enter all requested inform	nation		1b	Three-digit	
	ERT V. CARIDA II M.D., P.A. 401(K) F	RETIREMENT PLAN				plan number	
						(PN) •	001
					1c	Effective date of p	
20	Diagram and address in			for a single condense plant	2 L	01/01/2	
	Plan sponsor's name and address; in SERT V. CARIDA II M.D., P.A.	iciuae room or suite number (employer, ir	for a single-employer plan)	ZD	Employer Identific (EIN) 54-2063	
					20	Sponsor's telepho	
E1E0	LINTON BLVD., SUITE 220				20	561-499-	
	RAY BEACH, FL 33484-6543				2d	Business code (se	e instructions)
						621111	
	Plan administrator's name and addre				3b	Administrator's El	
KOB	ERT V. CARIDA II M.D., P.A.	5150 LINTO DELRAY BE			30	54-2063 Administrator's tel	
					30	561-499-2	
4	If the name and/or EIN of the plan sp		last return/i	report filed for this plan, enter the	4b	EIN	
_	name, EIN, and the plan number from	m the last return/report.			4 -		
	Sponsor's name	and a dam of the order comm			4c	PN T	
	Total number of participants at the be			-	5a		3
b	Total number of participants at the en	• •		 	5b		
С	Number of participants with account complete this item)				5c		Ę
6a	Were all of the plan's assets during						X Yes No
b	Are you claiming a waiver of the ann						
	under 29 CFR 2520.104-46? (See in	nstructions on waiver eligibility	and conditi	ons.)			X Yes No
Da	If you answered "No" to either 6a		Form 5500-	SF and must instead use Form 550	00.		
	rt III Financial Information			()5		4.5	• • • • • • • • • • • • • • • • • • • •
7	Plan Assets and Liabilities		_	(a) Beginning of Year 269404		(b) End o	319065
a	Total plan assets			200404			010000
b	Total plan liabilities			269404			319065
_ <u>c</u>	Net plan assets (subtract line 7b from	,	7с			(L) T-	
8 a	Income, Expenses, and Transfers for Contributions received or receivable			(a) Amount		(b) To	tai
ű	(1) Employers		8a(1)	40067			
	(2) Participants		8a(2)	18996			
	(3) Others (including rollovers)		8a(3)				
b	Other income (loss)		8b	-9402			
С	Total income (add lines 8a(1), 8a(2),	8a(3), and 8b)	8c				49661
d	Benefits paid (including direct rollove						
_	to provide benefits)						
e	Certain deemed and/or corrective dis						
f	Administrative service providers (sala	,					
g	Other expenses						
h	Total expenses (add lines 8d, 8e, 8f,	. and 8g)	8h				
-							40004
į	Net income (loss) (subtract line 8h from Transfers to (from) the plan (see inst	rom line 8c)					49661

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Form	5500	-SF	2011

Page 2 -	1
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Part IV	Plan	Characteristics

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

Part	V Compliance Questions						
10	During the plan year:		Yes	No	1	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		X			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X			
С	Was the plan covered by a fidelity bond?	10c	X				12000
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		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 2520.101-3.)	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					
Part	VI Pension Funding Compliance						
11	ls this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					Yes	X No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of I	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 instrugranting the waiver						
lf y	ou 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			
	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)			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						
13a	Has a resolution to terminate the plan been adopted in any plan year?			Y	res X No	,	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought					П Уос	X No
С	of the PBGC?					Птез	NO NO
	which assets or liabilities were transferred. (See instructions.)						
1	Bc(1) Name of plan(s):		130	c(2) EI	N(s)	13c(3) PN(s)
Cauti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le car	ISA İS	estahl	ished		
	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retr					ole, a Sch	edule
	Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return,						

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	07/16/2012	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

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OMB Nos. 1210-0110

1210-0089

2011

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Pa					010410		
For c	alendar plan year 2011 or fiscal plan		2011	and ending 1	2/31/2	2011	
АТ	his return/report is for: 🛛 🗓 a si	ingle-employer plan	a multiple-	employer plan (not multiemployer)		a one-participant plan	
Вт	nis return/report is:	first return/report	the final ref	urn/report			
-	· — —	amended return/report	a short plan	year return/report (less than 12 me	onths)	<u>-</u>	
C (heck box if filing under:	m 5558	automatic	extension		DFVC program	
		ecial extension (enter descrip	ntion)		,	—	
Pa		71-enter an requested mile	iiiialioii		1b	Three-digit	-
	Name of plan RT V. CARIDA II M.D., P.A. 401(K)	DETIDEMENT DI ANI	•			plan number	
KOBE	RT V. CARIDA II M.D., F.A. 40 I(N)	INCHINCINI I DAM				(PN) • 001	
					1c	Effective date of plan 01/01/2006	
22	Plan sponsor's name and address; in	clude room or suite number	r (employer, if f	or a single-employer plan)	2b	Employer Identification Number	-
ROBE	RT V. CARIDA II M.D., P.A.		((EIN) 54-2063621	
					2c	Sponsor's telephone number	_
5150	LINTON BLVD., SUITE 220.					561-499-2585	
	AY BEACH FL 33484-6543				2d	Business code (see instructions)	
					01	621111	
	Plan administrator's name and addre	ss (if same as plan sponsor	r, enter "Same")	30	Administrator's EIN 54-2063621	
SAME					3c	Administrator's telephone number 561-499-2585	
	f the name and/or EIN of the plan sp	one or has changed since the	ne last return/re	anort filed for this plan, enter the	4b		
4	name, EIN, and the plan number fro	m the last return/report.	ie iast returnin	sport med for this plan, effect the	70	LIN	
	Sponsor's name				4c	PN	
5a	Total number of participants at the b	eginning of the plan year			5a	3	
b	Total number of participants at the e	nd of the plan year			5b	5	
C	Number of participants with account complete this item)	balances as of the end of the	ne plan year (d	efined benefit plans do not	5с	5	
60	Were all of the plan's assets during					Yes No	
	Are you claiming a waiver of the ann						
~	under 29 CFR 2520.104-46? (See ir	nstructions on waiver eligibil	lity and condition	ons.)		X Yes No	ı
,	If you answered "No" to either 6a		e Form 5500-S	F and must instead use Form 55	00.		_
Pa	t III Financial Information	İ					
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year	
	Total plan assets			269404		319065	
	Total plan liabilities						
	Net plan assets (subtract line 7b from		7с	269404	1	319065	
	Income, Expenses, and Transfers fo			(a) Amount		(b) Total	
а	Contributions received or receivable		8a(1)	4006	7		
	(1) Employers		1 1	18990	5		
	(2) Participants		1 1		\dashv		
	(3) Others (including rollovers)			-9402	,		
	Other income (loss)			0-101	_	49661	
	Total income (add lines 8a(1), 8a(2), Benefits paid (including direct rollove				_	49001	_
đ	to provide benefits)				_]-		
е	Certain deemed and/or corrective di						
f	Administrative service providers (sal	•					
g	Other expenses	······································	8g				
_	Total expenses (add lines 8d, 8e, 8f		1				_
i	Net income (loss) (subtract line 8h fi					49661	_
:	Transfers to (from) the plan (see ins	· ·					-

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age	2 -	1	11. Mar. 100.

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	t IV					eristics		
					pensioi 2K		, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:	
b	If the	e pla	n prov	rides v	welfare	benefits,	enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:	

Part	V Compliance Questions							
10	During the plan year:	,	Yes	No		Amo	unt	
	Was there a failure to transmit to the plan any participant contributions within the time period dec 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 on line 10a.)	reported 10b		×				
С	Was the plan covered by a fidelity bond?	10c	×					12000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused or dishonesty?	by fraud		·X	,			
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance car insurance service or other organization that provides some or all of the benefits under the plan? instructions.)	(See 10e		Х				
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		Х				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х				
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							
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instruction 5500))						Yes	X No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 o						Yes	X No
	(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, granting the waiver. Tou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to the standard of	Month	, and e	nter th Day	e date of	the lett Year	er ruli	ng
•	Enter the minimum required contribution for this plan year		Γ	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 negative amount)	to the left of a		12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	0	N/A
Part								
	Has a resolution to terminate the plan been adopted in any plan year?				res X	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	-						
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, of the PBGC?	or brought under	the co	ntrol			res	
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s) which assets or liabilities were transferred. (See instructions.)), identify the pla	n(s) to					
1	3c(1) Name of plan(s):		13	c(2) El	N(1	3c(3)	PN(s)
	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless							
SB o	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examin Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of , it is true, confect, and complete.	ed this return/re this return/report	port, in t, and t	cludin to the l	g, الم best of my	cable, a knowl	Sche edge a	dule and
SIGI	1 Robert (and 15/14/12 ROB	ERT'V. CARIDA	II M.E).		-		
HER		name of individu	ual sig	ning a	s plan adr	ninistra	tor	
SIGI	N							
HER	E Signature of employer/plan sponsor Date Enter	name of individu	ual sig	ning a	s employe	er or pla	n spoi	nsor