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).

2000

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation Con	nplete all entries in acco	rdance wit	h the instructions to the Form 550	0-SF.				
	art I Annual Report Identifica								
For	calendar plan year 2009 or fiscal plan year	ar beginning 01/01/20	09	and ending 1	2/31/2	2009			
Α .	This return/report is for:	employer plan	multiple-e	employer plan (not multiemployer)		one-participa	ant plan		
В	This return/report is for:	turn/report	final retur	n/report		_			
	an ame	ended return/report	short plar	n year return/report (less than 12 mo	nths)				
С	Check box if filing under:	5558	automatio	extension		DFVC progra	am		
_		Lextension (enter descript	ion)						
Do									
	art II Basic Plan Information	enter all requested inforr	nation		1h	Three-digit	1		
	Name of plan RY ROSENTHAL, D.D.S., P.C. PROFIT S	SHADING DI ANI			וט	plan number			
L/ ((((T NOOENTIME, D.D.O., T.O. T NOTTE	7 / / / / / / / / / / / / / / / / / / /				(PN) •	001		
					1c	Effective date of	of plan		
						01/01/1			
	Plan sponsor's name and address (empl	oyer, if for single-employe	er plan)		2b	Employer Identi	fication Number		
LAR	RY ROSENTHAL, D.D.S., P.C.				_	(EIN) 13-297			
00.5	A OT ZOTU OTDEET OURTE ED				2c Plan sponsor's telephone numl 212-794-9600				
	AST 76TH STREET - SUITE 5B / YORK, NY 10021				2d		(see instructions)		
						621210			
	Plan administrator's name and address (if same as Plan sponsor,	enter "Same	e")	3b	Administrator's	EIN		
LAR	RY ROSENTHAL, D.D.S., P.C.	30 EAST 76 NEW YORK		T - SUITE 5B		13-297			
		NEW TORK	K, IVI 10021		3c	3c Administrator's telephone numb 212-794-9600			
4 1	f the name and/or EIN of the plan sponso	ur has changed since the l	act roturn/re	aport filed for this plan, enter the	4h		4-9000		
	name, EIN, and the plan number from the	<u> </u>		port med for this plan, effect the	4b EIN				
						PN			
5a	5a Total number of participants at the beginning of the plan year				5a	11			
b	b Total number of participants at the end of the plan year			5b		12			
С	C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not								
	complete this item)				5c		12		
6a	Were all of the plan's assets during the	plan year invested in eligi	ble assets?	(See instructions.)			X Yes No		
b	Are you claiming a waiver of the annual						X Yes No		
	under 29 CFR 2520.104-46? (See instru If you answered "No" to either 6a or 6			•			Yes No		
Pa	irt III Financial Information	b, the plan cannot use i	-01111 5500-	SF and must instead use Form 55	υυ.				
7	Plan Assets and Liabilities			(a) Basinning of Year		(b) End	l of Year		
-	Total plan assets		7-	(a) Beginning of Year	1	(b) End	1173915		
	. 6.6. p.6 4666.6		7a)		0		
b	Total plan liabilities						1173915		
<u>C</u>	Net plan assets (subtract line 7b from lin		7с	91881	<u> </u>				
8	Income, Expenses, and Transfers for thi			(a) Amount		(b)	Total		
а	Contributions received or receivable from (1) Employers		8a(1)	75295	5				
	(2) Participants			81314	1				
	(3) Others (including rollovers)								
b	Other income (loss)		, ,	98495					
C	Total income (add lines 8a(1), 8a(2), 8a(30430	,	255104			
d	Benefits paid (including direct rollovers a	, ,	60				200104		
u	to provide benefits)	•	8d	()				
е	Certain deemed and/or corrective distrib	outions (see instructions)	8e)				
f	Administrative service providers (salarie)				
g	Other expenses	•		()				
h	Total expenses (add lines 8d, 8e, 8f, and						0		
i	Net income (loss) (subtract line 8h from						255104		
j	Transfers to (from) the plan (see instruct)				
			ı Ol						

Part IV	Plan	Charac	teristics

SIGN HERE

Signature of employer/plan sponsor

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2G 2J 2R 2T 3D

D	ii tn	e plan provides welfare benefits, enter the applicable welfare featur	ire codes from the L	List of Plan Chara	cteris	iic Co	des in	tne instruct	ons:	
Part	٧	Compliance Questions								
10	Du	ring the plan year:				Yes	No		Amount	
а		s there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary			10a		X			
b		re there any nonexempt transactions with any party-in-interest? (Doline 10a.)		•	10b		X			
С	C Was the plan covered by a fidelity bond?									250000
d		the plan have a loss, whether or not reimbursed by the plan's fideli			10d		X			
	ins	re any fees or commissions paid to any brokers, agents, or other per urance service or other organization that provides some or all of the pructions.)	e benefits under the	plan? (See	10e		X			
f	Ha	s 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 y	year end.)		10q	Χ				8689
		nis is an individual account plan, was there a blackout period? (See 20.101-3.)			10h		X			
i		Oh was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3			10i					
Part \	VI	Pension Funding Compliance								
		nis a defined benefit plan subject to minimum funding requirements:							Yes	X No
12	ls t	his a defined contribution plan subject to the minimum funding requ	uirements of section	n 412 of the Code	or se	ction 3	302 of	ERISA?	Yes	X No
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.								
	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver									
If y	ou	completed line 12a, complete lines 3, 9, and 10 of Schedule MB	3 (Form 5500), and	I skip to line 13.				T		
	b Enter the minimum required contribution 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 of a negative amount)						7			
	Will the minimum funding amount reported on line 12d be met by the funding deadline?									
Part \		Plan Terminations and Transfers of Assets								V
13a	Has	s a resolution to terminate the plan been adopted during the plan ye	ear or any prior yea	r?		 Г		T	Yes	X No
		es," enter the amount of any plan assets that reverted to the emplo					13a			
		re all the plan assets distributed to participants or beneficiaries, tran	nsterred to another	pian, or brought u	ınaer 	tne co	ntroi		Yes	X No
		uring this plan year, any assets or liabilities were transferred from th ch assets or liabilities were transferred. (See instructions.)	his plan to another	plan(s), identify th	e pla	n(s) to	ı			_
13	13c(1) Name of plan(s):				13	c(2) El	N(s)	13c(3) PN(s)	
Cautio	on:	A penalty for the late or incomplete filing of this return/report v	will be assessed u	ınless reasonabl	e cau	se is	establ	ished.		
Under SB or	pe Sch	nalties of perjury and other penalties set forth in the instructions, I do nedule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.	leclare that I have e	examined this retu	rn/rep	ort, ir	cludin	g, if applica		
SIGN	F	iled with authorized/valid electronic signature.	07/20/2010	LARRY ROSENT	HAL					
HERE										

Date

Enter name of individual signing as employer or plan sponsor

Form 5500-SF

epartment of the Treasury

Department of Labor Employee Benefits Security Administration

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).

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

_	Complete all entries in accord							
	art I Annual Report Identification Information	1 /01 /0	009 and ending		12/31/2009			
For		1/01/2						
Α.			mployer plan (not multiemployer)	er) one-participant plan				
B ·		final retur	•					
	an amended return/report	•	year return/report (less than 12 mor	nths)				
C	Check box if filing under: X Form 5558	automatio	extension		DFVC program			
	special extension (enter description	n)						
Pa	art II Basic Plan Information—enter all requested information	ation						
1a	Name of plan	rina D	1 an	1b	Three-digit plan number			
	Larry Rosenthal, D.D.S., P.C. Profit Sha	ring P	Idii		(PN)	001		
				1c	Effective date of pla	ın		
					01/01/1997			
2a	Plan sponsor's name and address (employer, if for single-employer Larry Rosenthal, D.D.S., P.C.	plan)		2b	Employer Identificat (EIN) 13-29787			
	Hally Rosenthal, D.D.S., 1.0.			20	Plan sponsor's teler			
	20 Front 76th Street Suite 5P			20	(212) 794-960			
	30 East 76th Street - Suite 5B			2d	Business code (see	instructions)		
	New York		NY 10021	25	621210			
3a	Plan administrator's name and address (if same as Plan sponsor, elsame	nter "Same	e")	30	3b Administrator's EIN			
				3c	3c Administrator's telephone number			
4	f the name and/or EIN of the plan sponsor has changed since the las name, EIN, and the plan number from the last return/report. Sponso	st return/re	port filed for this plan, enter the	4b	EIN			
,	name, Em, and the plan humber from the last return/report. Sponso	i s name		4c	PN			
5a	Total number of participants at the beginning of the plan year			5a		11		
b Total number of participants at the end of the plan year				5b		12		
С	Total number of participants with account balances as of the end of		rear (defined benefit plans do not					
	complete this item)		rear (defined benefit plans do not	5c		12		
6a	complete this item)	le assets?	rear (defined benefit plans do not (See instructions.)	5c	[
6a	Complete this item)	le assets? an indepe	rear (defined benefit plans do not (See instructions.)	5c		12		
6a b	complete this item)	le assets? an indepe and condit	rear (defined benefit plans do not (See instructions.) ndent qualified public accountant (IC ions.)	5c		12 X Yes No		
6a b	Complete this item)	le assets? an indepe and condit	rear (defined benefit plans do not (See instructions.) ndent qualified public accountant (IC ions.)	5c		12 X Yes No		
6a b Pa	complete this item)	le assets? an indepe and condit	(See instructions.) Indent qualified public accountant (IC ions.) SF and must instead use Form 55 (a) Beginning of Year	5c		12 X Yes No X Yes No		
6a b Pa	complete this item)	le assets? an indepe and condit orm 5500-	(See instructions.) Indent qualified public accountant (IC ions.) SF and must instead use Form 55	5c (PA) 00.	[X Yes No		
6a b Pa 7 a b	complete this item)	le assets? an indepe and condit orm 5500- 7a 7b	(See instructions.) (See instructions.) (See instructions.) (IC ions.) (SF and must instead use Form 55 (a) Beginning of Year 918,81	5c (PA) (00.	[12 X Yes No X Yes No Year 1,173,915		
6a b Pa 7 a b	complete this item)	le assets? an indepe and condit orm 5500-	(See instructions.) (See instructions.) (See instructions.) (ICI (IC	5c (PA) (00.	(b) End of \	12 X Yes No X Yes No Year 1,173,915		
6a b 7 a b c	complete this item)	le assets? an indepe and condit orm 5500- 7a 7b	(See instructions.) (See instructions.) (See instructions.) (IC ions.) (SF and must instead use Form 55 (a) Beginning of Year 918,81	5c (PA) (00.	[12 X Yes No X Yes No Year 1,173,915		
6a b 7 a b c	complete this item)	de assets? an indepe and condit orm 5500- 7a 7b 7c	(See instructions.) (See instructions.) (See instructions.) (ICI (IC	5c 00.	(b) End of \	12 X Yes No X Yes No Year 1,173,915		
6a b 7 a b c	complete this item)	le assets? an indepe and condit orm 5500- 7a 7b 7c 8a(1)	(See instructions.) (See instructions.) Indent qualified public accountant (IC ions.) SF and must instead use Form 55 (a) Beginning of Year 918, 81 918, 81 (a) Amount	5c PPA) 00.	(b) End of \	12 X Yes No X Yes No Year 1,173,915		
6a b 7 a b c	complete this item)	le assets? an indepe and condit orm 5500- 7a 7b 7c 8a(1) 8a(2)	(See instructions.) (See instructions.) (See instructions.) (See instructions.) (See instructions.) (See instructions.) (ID ions.) (5c PPA) 00.	(b) End of \	12 X Yes No X Yes No Year 1,173,915		
6a b 7 a b c	complete this item)	le assets? an indepe and condit orm 5500- 7a 7b 7c 8a(1)	(See instructions.) (See instructions.) (See instructions.) (See instructions.) (See instructions.) (See instructions.) (ID ions.) (5c 00.	(b) End of \	12 X Yes No X Yes No Year 1,173,915		
Pa Pa 7 a b c	complete this item)	re assets? an indepe and condit brm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3)	(See instructions.) (See instructions.) Indent qualified public accountant (IC ions.) SF and must instead use Form 55 (a) Beginning of Year 918, 81 (a) Amount 75, 29 81, 31	5c 00.	(b) End of \	12 X Yes No X Yes No Year 1,173,915		
Pa b c 8 a b	complete this item)	7a 7b 7c 8a(1) 8a(2) 8b 8c	(See instructions.) (See instructions.) Indent qualified public accountant (IC ions.) SF and must instead use Form 55 (a) Beginning of Year 918, 81 (a) Amount 75, 29 81, 31	5c 00.	(b) End of \	12 X Yes No X Yes No X Yes No 1,173,915 0 1,173,915		
Pa b 7 a b c 8 a	Complete this item)	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d	(See instructions.) (See instructions.) Indent qualified public accountant (IC ions.) SF and must instead use Form 55 (a) Beginning of Year 918, 81 (a) Amount 75, 29 81, 31	5c 00.	(b) End of \	12 X Yes No X Yes No X Yes No 1,173,915 0 1,173,915		
Pa Pa Pa b c 8 a b c d	Complete this item)	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e	(See instructions.) (See instructions.) Indent qualified public accountant (IC ions.) SF and must instead use Form 55 (a) Beginning of Year 918, 81 (a) Amount 75, 29 81, 31	5c 00.	(b) End of \	12 X Yes No X Yes No X Yes No 1,173,915 0 1,173,915		
6a b 7 a b c 8 a b c d e f	complete this item)	re assets? an indepe and condit orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f	(See instructions.) (See instructions.) Indent qualified public accountant (IC ions.) SF and must instead use Form 55 (a) Beginning of Year 918, 81 (a) Amount 75, 29 81, 31	5c 00.	(b) End of \	12 X Yes No X Yes No X Yes No 1,173,915 0 1,173,915		
6a b Pa 7 a b c c d e f g	Complete this item)	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g	(See instructions.) (See instructions.) Indent qualified public accountant (IC ions.) SF and must instead use Form 55 (a) Beginning of Year 918, 81 (a) Amount 75, 29 81, 31	5c 00.	(b) End of \	12 X Yes No X Yes No X Yes No 1,173,915 0 1,173,915		
6a b 7 a b c 8 a b c d e f	Complete this item)	le assets? an indepe and condit orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h	(See instructions.) (See instructions.) (See instructions.) (ICI)	5c 00.	(b) End of \	12 X Yes No X Yes No Year 1,173,915 0 1,173,915 11		
6a b Pa 7 a b c c d e f g	Complete this item)	te assets? an indepe and condit orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h 8i	(See instructions.) (See instructions.) Indent qualified public accountant (IC ions.) SF and must instead use Form 55 (a) Beginning of Year 918, 81 (a) Amount 75, 29 81, 31	5c 00.	(b) End of Y	12 X Yes No X Yes No X Yes No 1,173,915 0 1,173,915		

1 01111 0000 01 2000	
Form 5500-SF 2009	Page

Signature of employer/plan sponsor

Par	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension fee 2A 2E 2F 2G 2J 2R 2T	3D							
b 	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes from the	List of Plan Charac	teristic	Cod	es in t	he instruction	ons:	
Par	V Compliance Questions								
10	During the plan year:		_		res	No		Amount	
а	Was 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			
b	Were there any nonexempt transactions with any party-in-interest? (on line 10a.)			10b		Х			
C	C Was the plan covered by a fidelity bond?							25	50,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fid or dishonesty?			10d		Х			
е	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of t instructions.)	he benefits under the	e plan? (See	10e		Х		,5114	- juli
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	of year end.)		10g	Х				8,689
h	If this is an individual account plan, was there a blackout period? (Se 2520.101-3.)		9 CFR	10h		Х			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3		ACCO DESCRIPTION OF THE PROPERTY OF	10i					
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requiremen 5500))							Yes	X No
12	Is this a defined contribution plan subject to the minimum funding re		1000 10		10 11-0			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 granting the waiver.	amortized in this pla	Month						
-	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. h. Enter the minimum required contribution for this plan year.								
	b Enter the minimum required contribution for this plan year c Enter the amount contributed by the employer to the plan for this plan year					12c			
d		e result (enter a min	us sign to the left of	fa		12d			
е	Will the minimum funding amount reported on line 12d be met by the						Yes	No	N/A
Part	No. decides								
THE BOARD STATE	Has a resolution to terminate the plan been adopted during the plan	vear or any prior vea	r?					☐ Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the emp					13a			
b	Were all the plan assets distributed to participants or beneficiaries, tr of the PBGC?	ansferred to another	plan, or brought ur			ntrol		Yes	X No
С	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify the	plan(s) to			_	
•	3c(1) Name of plan(s):				130	(2) EII	V(s)	13c(3)) PN(s)
	ion: A penalty for the late or incomplete filing of this return/repor								
SBo	er penalties of perjury and other penalties set forth in the instructions, I or Schedule MB completed and signed by an enrolled actuary, as well a f, it is true, correct, and complete.	declare that I have as the electronic vers	examined this return sion of this return/re	n/repo eport, a	rt, in and t	cluding o the b	g, if applicat est of my k	ole, a Sch nowledge	edule and
SIG	1/m March	2/15/10	Larry Rosen	thal	3				
HEF		Date	Enter name of ind			ning as	plan admir	istrator	
SIG					31	9 00			- NICOLOGICA
HER		Date	Enter name of ind	lividua	l siar	ning as	employer o	or plan sp	onsor

Date

Enter name of individual signing as employer or plan sponsor