## 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.

2009

2009

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Pa	art I Annu	al Report Id	entification Inform								
For			al plan year beginning	01/01/200	09	and ending	12/31/2	2009			
A	This return/repor	t is for:	single-employer plan		multiple-e	mployer plan (not multiemployer)		one-participa	ant plan		
	This return/repor	Г	first return/report	_	final retur						
	riio rotarii, ropor	Γ	an amended return/reg	oort	╡	year return/report (less than 12 m	onths)				
<b>C</b> (	Check box if filing		Form 5558		<del>-</del>	extension	0.11.10)	DFVC progra	am		
•	Sheck box ii iiini	g under: <u>r</u>	⊒ ¬	ا	_	- exterision		☐ Di ve piogra	וווג		
-	U D	DI I (	special extension (ente	•							
		Plan Inforn	nation—enter all reque	sted inform	nation		16	There is all all	T		
	Name of plan	DS PC EMPLO	OYEES' PROFIT SHARII	NG PLAN.	AND TRUS	т	ID	Three-digit plan number			
ALLL	NOT INTOTT, E	DO, I O LIVII LO	STEED TROTTI SHARII	VOT LAIV	AND INOU	•		(PN) ▶	002		
							1c	Effective date of	of plan		
								10/13/1	1979		
			ess (employer, if for singl	e-employe	r plan)		2b	Employer Identi			
ALLE	N J PINTOFF, D	DDS, PC					20	(EIN) 11-251	telephone number		
268 E	EAST MAIN STR	EET					20	631-58	•		
	ISLIP, NY 1173						2d	Business code	(see instructions)		
0 -							01	621210			
	Plan administrat		address (if same as Plan		enter "Same //AIN STRE		30	Administrator's 11-251			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, 2	720,10			, NY 11730		3c		telephone number		
									31-2288		
						port filed for this plan, enter the	4b	EIN			
r	name, EIN, and t	the plan number	r from the last return/repo	ort. Spons	or's name		4c	PN			
5a	Total number of	f participants at	the beginning of the plan	vear			-		8		
				•			. 5b		8		
						ear (defined benefit plans do not	30				
							. 5c		8		
6a	Were all of the	plan's assets de	uring the plan year inves	ted in eligil	ble assets?	(See instructions.)			X Yes No		
b						dent qualified public accountant (I			V vaa □ Na		
		,		0 ,		ons.)SF and must instead use Form 5			X Yes   No		
Pa		cial Informa		mot use r	-01111 3300-	or and must mistead use Form S	300.				
7	Plan Assets and					(a) Beginning of Year		(b) End	l of Year		
					7a	(a) Beginning of Year	40	(B) Elle	2171148		
	•				7b		0		0		
			b from line 7a)			15990	40		2171148		
8	·	,	ers for this Plan Year		70	(a) Amount		(b) :	Total		
	Contributions re					(a) Amount		(6)	Total		
-					8a(1)	441	56				
	(2) Participants	3			8a(2)	394	00				
	(3) Others (incl	luding rollovers)			8a(3)		0				
b	Other income (I	oss)			8b	4885	52				
С	Total income (a	dd lines 8a(1), 8	8a(2), 8a(3), and 8b)		8c				572108		
d	. ,	•	ollovers and insurance p				0				
_	•	,			8d		0				
e			ive distributions (see inst	,			0				
t		•	s (salaries, fees, commis	,			0				
g	•						0				
h	•		Be, 8f, and 8g)						0		
! :	•	, ,	8h from line 8c)		8i				572108		
	Transfers to (fro	om) the plan (se	e instructions)				^				

Part IV	Plan (	Characteristics

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 2G 2J 2R 3D

D	ii the	e pian provides weirare benefits, enter the applicable weirare featur	re codes from the L	list of Pian Charac	cterisi	iic Coo	ies in	tne instruct	ions:	
Part	٧	Compliance Questions								
10	Dui	ing the plan year:		_		Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contributions within the time period described i 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)						X			
b	<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)									
С	Wa	as the plan covered by a fidelity bond?			10c	X				240000
d	<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?									
	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.)						X			
f	Has	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.)		10g		X			
		is is an individual account plan, was there a blackout period? (See 20.101-3.)		) CFR	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?							Пуе	s X No
12		0))his a defined contribution plan subject to the minimum funding requ							Ye	
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.		1412 Of the Code	01 36	Clion	JUZ UI	LINIOA:	□	о 🗆 🗥
		waiver of the minimum funding standard for a prior year is being am		n year, see instruct	tions,	and e	enter th	ne date of the	he letter r	uling
	-	nting the waiver.			h		Day		Year	
		completed line 12a, complete lines 3, 9, and 10 of Schedule MB		•		Γ	12b			
		er the minimum required contribution for this plan year					12c			
d	Sub	er the amount contributed by the employer to the plan for this plan y stract the amount in line 12c from the amount in line 12b. Enter the r ative amount)	result (enter a minu	us sign to the left o	of a		12d			
	•	the minimum funding amount reported on line 12d be met by the fu				-		Yes	No	N/A
Part \		Plan Terminations and Transfers of Assets	<u> </u>							
13a	Has	a resolution to terminate the plan been adopted during the plan year	ear or any prior yea	r?					Ye	s X No
		'es," enter the amount of any plan assets that reverted to the emplo					13a			
b	We	re all the plan assets distributed to participants or beneficiaries, tran					ntrol		Ye	s X No
		uring this plan year, any assets or liabilities were transferred from th ch assets or liabilities were transferred. (See instructions.)	nis plan to another	plan(s), identify the	e plai	n(s) to				
13	3c(1	) Name of plan(s):			<b>13c(2)</b> EIN(s)			13c(	<b>3)</b> PN(s)	
Cautio	on:	A penalty for the late or incomplete filing of this return/report v	will be assessed u	ınless reasonable	e cau	se is	establ	ished.		
SB or	Sch	nalties of perjury and other penalties set forth in the instructions, I dedule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.								
SIGN	F	iled with authorized/valid electronic signature.	08/18/2010	ALLEN J. PINTOF	F, PF	RESID	ENT			
HERE	- T	Signature of plan administrator	Date	Enter name of inc	dividu	ıal sig	ning as	s plan adm	inistrator	

Date

Enter name of individual signing as employer or plan sponsor

## Form 5500-SF

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Department of the Treasury Internal Revenue Service

Department of Lebor 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).

2009

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection Complete all entries in accordance with the instructions to the

	art I	Annual Report	t identification information	TOURIST TO	til tile ii isti	actions to the Form 55	JU-5F	- [	***		
Fo	calenda	r plan year 2009 or t		01/01/	2009	and ending	·	12/31/20	79		
Α	This retu	rn/report is for:	X single-employer plan	multiple	-employer p	lan (not multiemployer)	One-participant plan				
В	This retu	rn/report is for:	first return/report	=	ırn/report	an (not matternproyer)	C Aue_barrerbaut biau				
		,	an amended return/report	=	·	r⊓/report (less than 12 mc	unah a s				
С	Check b	ox if filing under:	X Form 5558	7			mus)	П			
_		ox ir imig wider.	special extension (enter descript	_	i <b>c</b> extension			DFVC progra	am		
P	art II	Basic Blan Infe		,							
-	Name o	Dasic Plan Into	ormation—enter all requested inform	nation		TV-00000		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		J Pintoff,	DDS, PC				1b	Three-digit			
			Sharing Plan and Trust	_			1	(PN) ▶	002		
	<b>E</b>	3000 110110	Didiing Fian and 1105	L-			1c	Effective date o	<u> </u>		
_			1-2-7-0-2					10/13/197			
2 <b>a</b>	Afren and	onsor's name and ac	dress (employer, if for single-employe DDS, PC	r plan)			2b	Employer Identi	fication Number		
		,	,				<u> </u>	(EIN) 11-251			
	268 E	ast Main Str					2C	Plan sponsor's t (631)581-2	elephone number		
	-00 D	asc Main Str					2d Business code (see instruction				
	East				N	Y 11730		621210	TO MISTINGTIONS		
3 <b>a</b>	Plan adı same	ministrator's name a	nd address (if same as Plan sponsor, e	enter "Sam	<b>ė</b> ")		3b	Administrator's I	EIN		
							30	A desiminate state of			
							36	3c Administrator's telephone numb			
4	f the nam	e and/or EIN of the	plan sponsor has changed since the la	st return/n	port filed fo	r this plan, enter the	4b	EIN			
	name, El	N, and the plan num	ber from the last return/report. Sponso	or's name					0.000		
58	Total nu	mber of participants	at the beginning of the plan year		THE WILL		4c	PN			
							5a				
			at the end of the plan year				5b		8		
•	complet	e this item)	with account balances as of the end o	t the plan	year (define	d benefit plans do not	5c		8		
ба			s during the plan year invested in eligib						X Yes No		
þ	Are you	claiming a waiver o	f the annual examination and report of	as indepe	ndent qualit	ied public accountant (IÓ	PΔ\				
	under 2	9 CFR 2520.104-461	7 (See instructions on waiver eligibility	and condit	ions.)				X Yes No		
Pa	n you a	Financial Inform	ther 6a or 6b, the plan cannot use F	orm 5500	SF and mu	st instead use Form 550	00.				
<del>;                                    </del>		sets and Liabilities	HAUOII								
_					(a)	Beginning of Year	_	(b) End			
b						1,599,04	_		2,171,148		
			⇒ 7b from line 7a)	76			0		0		
8		•	sfers for this Plan Year	7c	<u> </u>	1,599,04	<u> </u>		2,171,148		
		tions received or rec			·	(a) Amount	+	(b) T	otal		
				8a(1)		44,15	6				
	(2) Part	icipants		8a(2)		39,40	<b>⊣</b>				
	(3) Othe	ers (including rollove	rs)	8a(3)			ō				
b	Other inc	come (loss)		8b		488,55	2				
			), 8a(2), 8a(3), and 8b)	8c				, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	572,108		
d	Benefits	paid (including direc	t rollovers and insurance premiums			13-MINITE	1	- H - HI - HI - H	2,2,140		
				8d			2				
			ctive distributions (see instructions)	80			0				
			ers (salaries, fees, commissions),	8f			의				
				8g			9				
			, 8e, 8f, and 8g)	8h				~~~	0		
			ne 8h from line 8c)	81					572,108		
		THURSDAY OF THE PARTY OF THE PA	see instructions)	8j		(	기				

Form 5500-SF 2009

Page	2-	

Pa	rt l'	/ Plan Characteristics									
9a	lf t	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:							ctione:		
L		ZA ZE ZG ZU ZR 3D									
b		ne plan provides welfare benefits, enter the applicable welfare if	eature codes from the	e List of Plan Chan	cteris	tic Co	des in	the instruc	ctions:		
Par		Compliance Questions	111111111111111111111111111111111111111	******		****		*****			
10		iring the plan year:	1784	· · · · · · · · · · · · · · · · · · ·		Yes	No	]	Amount		
а	W 2	as there a failure to transmit to the plan any participant contribut 9 CFR 2510,3-102? (See instructions and DOL's Voluntary Fidu	tions within the time	period described in	10a		Х	·///	Amount		
b	W	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					X				
C		as the plan covered by a fidelity bond?			10b 10c	x		***************************************	340.000		
d	Di	the plan have a loss, whether or not reimbursed by the plan's t	fidelity bond, that wa	e coursed by fraud	10d		х		240,000		
Θ	ins	or dishonesty?  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.)		urance carrier,	10e		x		<b>1</b> 00000		
f	Ha	s the plan failed to provide any benefit when due under the plan	17		10f		х				
g	Di	I the plan have any participant loans? (If "Yes," enter amount as	of year end.)		10g		x				
h	If ( 25	his is an individual account plan, was there a blackout period? (\$20.101-3.)	See instructions and	29 CFR	10h		x		,		
i	lf '	Oh was answered "Yes," check the box if you either provided the eptions to providing the notice applied under 29 CFR 2520.101	e required notice or o	one of the	10i				, 12-m-1-A		
Part		Pension Funding Compliance									
11	is t	nis a defined benefit plan subject to minimum funding requireme (0))	ents? (If "Yes," see in	structions and com	piete S	Schedu	ıle SB	(Form	∏ Yes X No		
lf y	ou/	waiver of the minimum funding standard for a prior year is being niting the waiver.  completed line 12a, complete lines 3, 9, and 10 of Schedule er the minimum required contribution for this plan year	MB (Form 5500), a	nd skip to line 13.	h		Day _	e date of the	he letter ruling Year		
C	Ent	er the amount contributed by the employer to the plan for this pla	an vear			[	12c				
đ	Sul	tract the amount in line 12c from the amount in line 12b. Enter t ative amount)	he result (enter a mi	ous sign to the left o	ıf sı		12d		0 + 1111 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
e	Wil	the minimum funding amount reported on line 12d be met by th	e funding deadline?.				T	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 ye	ar?					Yes X No		
	If "\	es," enter the amount of any plan assets that reverted to the em	ployer this year				13a				
b	₩e	e all the plan assets distributed to participants or beneficiaries, the PBGC?	transferred to anothe	r plan, or brought u	nder t	he cor	itrol	***************************************	Yes X No		
С	lf a	ring this plan year, any assets or liabilities were transferred from th assets or liabilities were transferred. (See instructions.)	n this plan to anothe	r plan(s), identify the	e plan	(s) to			<b>ч</b>		
1:	3c(1	Name of plan(s):		,		130	2) EIN	l(s)	13c(3) PN(s)		
		***									
				*****							
auti	on:	A penalty for the late or incomplete filing of this return/repo	rt Will be seeseend			_ :			· · · · · · · · · · · · · · · · · · ·		
Inder B or	per Sch	atties of perjury and other penalties set forth in the instructions, edule MB completed and signed by an enrolled actuary, as well true, correct, and complete.	I doctors that I have						ble, a Schedule nowledge and		
SIGN		(au 1 au)		Allen T E	n+o4	· •	Dree	1.da=+			
ERE							ntoff, President dividual signing as plan administrator				
SIGN		MALANA	37. ///						norensu		
ERE		Signature of employer/plan sponsor	Date 8/17/10	Allen J. Pi							
		Pinn apolico	Date Q \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	Enter name of ind	ividua	ı signi	<u>19</u> as 6	employer o	or plan sponsor		