## Form 5500-SF

Department of the Treasury

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

2009

Inspection

This Form is Open to Public

OMB Nos. 1210-0110

1210-0089

Internal Revenue Code (the Code). Complete all entries in accordance with the instructions to the Form 5500-SF.

**Annual Report Identification Information** For calendar plan year 2009 or fiscal plan year beginning and ending 12/31/2009 single-employer plan multiple-employer plan (not multiemployer) one-participant plan A This return/report is for: first return/report final return/report **B** This return/report is for: an amended return/report short plan year return/report (less than 12 months) DFVC program Form 5558 automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Three-digit 1a Name of plan plan number JOSEPH A. FIORETTI, D.D.S. PROFIT SHARING PLAN 003 (PN) ▶ 1c Effective date of plan 01/01/2002 2a Plan sponsor's name and address (employer, if for single-employer plan) 2b Employer Identification Number JOSEPH A. FIORETTI, D.D.S. 11-2237882 (EIN) 2c Plan sponsor's telephone number 516-671-7854 25 TAPPANTOWN LANE **BROOKVILLE, NY 11545** 2d Business code (see instructions) 621210 3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") **3b** Administrator's EIN 25 TAPPANTOWN LANE BROOKVILLE, NY 11545 JOSEPH A. FIORETTI, D.D.S. 11-2237882 3c Administrator's telephone number 516-671-7854 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year..... 5a **b** Total number of participants at the end of the plan year..... 5b C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)..... **6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III | Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 188559 245676 a Total plan assets..... 7a **b** Total plan liabilities..... 7b  $\cap$ 188559 245676 Net plan assets (subtract line 7b from line 7a)..... 7с 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 25000 (1) Employers ..... 8a(1) (2) Participants ..... 8a(2) 0 0 (3) Others (including rollovers)..... 8a(3) 34488 Other income (loss)..... 8b Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) ..... 8с 59488 Benefits paid (including direct rollovers and insurance premiums 2371 to provide benefits)..... 8d Λ Certain deemed and/or corrective distributions (see instructions) ... 8e Administrative service providers (salaries, fees, commissions)...... 8f 0 0 Other expenses..... 8g 2371 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h 57117 Net income (loss) (subtract line 8h from line 8c)..... 8i Transfers to (from) the plan (see instructions) ..... 0

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Part IV	Plan	Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 3B

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

		The state of the s							
art	V	Compliance Questions							
0	Dur	ring the plan year:		Yes	No		Amou	ınt	
а		s there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b		re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported line 10a.)	10b		X				
С	Wa	as the plan covered by a fidelity bond?	10c	X				250	00
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud dishonesty?	10d		X				
е	insı	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, urance service or other organization that provides some or all of the benefits under the plan? (See tructions.)	10e		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 year end.)	10q		X				
h		nis is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10h		X				
i		Oh was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI	Pension Funding Compliance							
1		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 0))						Yes X	No
2	ls t	his a defined contribution plan subject to the minimum funding requirements of section 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.)							
	grai	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver.	th						
-		completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			12b				
		er the minimum required contribution for this plan year			12c	1			
		er the amount contributed by the employer to the plan for this plan year			120				
u		etract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left pative amount)			12d				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?		<u></u>		Yes	No	) N/.	A
art		Plan Terminations and Transfers of Assets							
3a	Has	s a resolution to terminate the plan been adopted during the plan year or any prior year?						Yes X 1	No
		es," enter the amount of any plan assets that reverted to the employer this year			13a		L J	<u> </u>	
b	Wei	re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought he PBGC?	under		ntrol	1	П	Yes X 1	No
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the chassets or liabilities were transferred. (See instructions.)	he pla	n(s) to	1		_	_	
1	3c(1	) Name of plan(s):		13	c(2) E	IN(s)	13	3c(3) PN(s	3)
aut	ion:	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	estab	lished.			
Inde B o	r per Sch	nalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/ nedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/ strue, correct, and complete.	urn/rep	port, ir	cludin	ng, if appl			

SIGN HERE	HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
	SIGN	Filed with authorized/valid electronic signature.	09/08/2010	JOSEPH A. FIORETTI
	HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
	SIGN	Filed with authorized/valid electronic signature.	09/08/2010	JOSEPH A. FIORETTI

## 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

2009

This Form is Open to Public Inspection.

P	Part I Annual Report Identification Information									
For	the calendar plan year 2009 or fiscal plan year beginning	2009-	01-01	and ending	200	09-12-31				
Α	This return/report is for: x single-employer plan	multiple-er	nployer plan (no	ot multiemployer)		one-participant plan				
В	This return/report is for: first return/report	final return	/report	•						
	an amended return/report	short plan	year return/repo	ort (less than 12 month	s)					
С	Check box if filling under:	automatic	extension		Γ	DFVC program				
_	special extension (enter description	)			<b></b>					
ъ	int II Basic Plan Information enter all requested infor									
	Name of plan	mation.			1b 1	Three-digit				
					p	olan number				
	Joseph A. Fioretti, D.D.S. Profit Sharing Plan				(PN) ► 003  1c Effective date of plan					
					2002-01-01					
2a	Plan sponsor's name and address (employer, if for single-employer pl	an)				Employer Identification Number				
	Joseph A. Fioretti, D.D.S.				~	EIN) 11-2237882				
	25 Tappantown Lane				2C Plan sponsor's telephone number (516) 671–7854					
***	D 1 3.1. 3.15.45				2d Business code (see instructions)					
	Brookville NY 11545  Plan administrator's name and address (If same as plan employer, er	ter "Same"	······			521210 Administrator's EIN				
Vu	SAME	iter Gaine	•		00 /	CHIRISTIATOR S LIN				
				-	3c Administrator's telephone number					
					Administrator's telephone number					
4	lifether and a street first of the street and a street from the tree	4 water was from 5	and file of face blairs	alaa antau tha	4b EIN					
7	If the name and/or EIN of the plan sponsor has changed since the las name, EIN and the plan number from the last return. Sponsor's Name	t retainnep	ort med for this	pian, enter me						
F-	<u> </u>				4c F					
b b	Total number of participants at the beginning of the plan year Total number of participants at the end of the plan year				5a 5b	7 6				
C	Total number of participants with account balances as of the end of the									
	complete this item)			<u> </u>	5c	6				
	Were all of the plan's assets during the plan year invested in eligible a		•			X Yes No				
b	Are you claiming a waiver of the annual examination and report of an under 29 CFR 2520.104-46? (See instructions on waiver eligibility and			ic accountant (IQPA)		XYes No				
	If you answered "No" to either 6a or 6b, the plan cannot use Forn		•							
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Be	ginning of Year		(b) End of Year				
а	Total plan assets ,	. 7a		188,559		245,676				
b	Total plan liabilities	. 7b		0						
C	Net plan assets (subtract line 7b from line 7a)	. 7c		188,559		245,676				
8	Income, Expenses, and Transfers for this Plan Year		(á	) Amount		(b) Total				
а	Contributions received or receivable from:	. 8a(1)		25,000						
	(1) Employers	. 8a(1)	····	23,000						
	(3) Others (including rollovers)	. 8a(3)		0	_					
b	Other income (loss)	. 8b		34,488						
С	Total income(add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c				59,488				
d	Benefits paid (including direct rollovers and insurance premiums	*****								
	to provide benefits)	- 8d		2,371	4					
e	Certain deemed and/or corrective distributions (see instructions) .	. 8e		0	-					
f	Administrative service providers (salaries, fees, commissions) Other exercises	. 8f		0	-					
g	Other expenses	· 8g		0		2,371				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)					57,117				
E .	Net income (loss) (subject line 8h from line 8c)					31,111				
•	Transfers to (from) the plan (see instructions)	. 8j	i	0						

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Part	IV Plan Characteristics		•					
9a	f the plan provides pension benefits, enter the applicable pension feature codes from the	List of Plan Character	ristic (	Codes	in the	instructions:		
b i	2A 2E 3B 3D f the plan provides welfare benefits, enter the applicable welfare feature codes from the l	List of Plan Characteris	stic Co	odes i	n the ir	nstructions:		
Parl	V Compliance Questions							
10	During the plan year:			Yes	No	А	mount	
a b	Was there a failure to transmit to the plan any participant contribution within the time pt 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Progr Were there any nonexempt transactions with any party-in-interest? (Do not include transactions)	ram)	10a		х			
Ŋ	on line 10a.)		10b		х			
C	Was the plan covered by a fidelity bond?		10c	x		***************************************		25,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was or dishonesty?	•	10d		х	The state of the s		
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurinsurance services or other organization that provides some or all of the benefits under instructions.)	the plan? (See	10e		x			
f	Has the plan failed to provide any benefit when due under the plan?		10f		x			
g 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 2520.101-3.)	29 CFR	10g		х			
Ī	If 10h was answered "Yes," check the box if you either provided the required notice or exceptions to providing the notice applied under 29 CFR 2520.101-3		10i					
Part	VI Pension Funding Compliance				·d	<u> </u>	-political III.	
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see in 5500))						Yes	x No
12	Is this a defined contribution plan subject to the minimum funding requirements of section (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	on 412 of the Code or	section	on 302	of ER	ISA?	Yes	<u>x</u> No
	If a waiver of the minimum funding standard for a prior year is being amortized in this p granting the waiver	nd skip to line 13.	ith	· [				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a magative amount)	inus sign to the left of	а		12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	?				Yes	No	□N/A
Part	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior ye			نم ٠		· · · · · · · · · · · · · · · · · · ·	Yes	x No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		•		13a			
c	Were all the plan assets distributed to participants or beneficiaries, transferred to another the PBGC?						Yes	X No
1	3c(1) Name of plan(s):			13	c(2) E	IN(s)	13c(3)	PN(s)
******		<del></del>					-	
Cautio	on: A penalty for the late or incomplete filing of this return/report will be assessed	unless reasonable ca	use i	s esta	hlishe	rd.	1	
Under SB or	penalties of perjury and other penalties set forth in the instructions, I declare that I have Schedule MB completed and signed by an enrolled actuary, as well as the electronic verit is true, porrect; and complete.	examined this return/r	eport,	includ	ding, if	applicable, a		
SIG		Joseph A. Fi	ore	tti,	D.D.	S.		
	Signature of plan administrator Date 9/3/10	Enter name of inc	lividua	al sign	ing as	plan adminis	strator	
SIG		Joseph A. Fi	ore	tti,	D.D.	s.		
HEF		Enter name of inc	dividua	al sign	ing as	employer or	plan spons	sor