	Form 5500-SF		Report of Small Emplo	OMB Nos. 1210-0110 1210-0089							
	Department of the Treasury Internal Revenue Service		Benefit Plan			2009					
En	Department of Labor This form is required to be filed under sections 104 and 4065 of the Employee Benefits Security Administration Employee Benefits Security Administration Internal Revenue Code (the Code).					This Form is Open to Public					
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 550						00-SF.					
	Part I Annual Report Identification Information										
	calendar plan year 2009 or fisca		1	g	12/31/2	one-participant plan					
	This return/report is for:	single-employer plan	-		ployer plan (not multiemployer)						
Β.	This return/report is for:	first return/report		al return/report							
-		an amended return/report	year return/report (less than 12 mo	onths)							
C	Check box if filing under:	extension		DFVC program							
D -		special extension (enter description	-								
	IT II Basic Plan Inform	nation—enter all requested inform	ation		1h	Three-digit					
	NKIE & GENTILE BASIC PROFI	T SHARING				plan number					
						(PN) ▶ 001					
					1c	Effective date of plan 01/01/2000					
	Plan sponsor's name and addre	ess (employer, if for single-employer	plan)		2b	Employer Identification Number (EIN) 11-3374789					
1565	FRANKLIN AVENUE				2c	Plan sponsor's telephone number 516-742-6590					
	OLA, NY 11501				2d	Business code (see instructions) 541110					
	Plan administrator's name and a	address (if same as Plan sponsor, e 1565 FRANK			3b	Administrator's EIN 11-3374789					
MINEOLA, N					3c	Administrator's telephone number 516-742-6590					
4 If the name and/or EIN of the plan sponsor has changed since the las				port filed for this plan, enter the	EIN						
I	name, EIN, and the plan number	r from the last return/report. Sponso	or's name		4c	PN					
5a Total number of participants at the beginning of the plan year					_	3					
b Total number of participants at the end of the plan year					5b	3					
С		th account balances as of the end of		· ·	5c	3					
6a		uring the plan year invested in eligib				X Yes No					
	Are you claiming a waiver of th	e annual examination and report of	an indeper	dent qualified public accountant (IC							
		See instructions on waiver eligibility a er 6a or 6b, the plan cannot use Fo				X Yes No					
Pa	rt III Financial Informa		01111 3300-	or and must instead use i offin 5.							
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year					
а	Total plan assets		. 7a	3592	6	39817					
b	Total plan liabilities		. 7b		0	0					
C	Net plan assets (subtract line 7	b from line 7a)	. 7c	3592	6	39817					
8	Income, Expenses, and Transf			(a) Amount		(b) Total					
а	Contributions received or received (1) Employers	vable from:	. 8a(1)		0						
			. 8a(2)		0						
					0						
b	., ,			389	1						
С	Total income (add lines 8a(1),	3a(2), 8a(3), and 8b)	. 8c			3891					
d		ollovers and insurance premiums	. 8d		0						
to provide benefits) Certain deemed and/or corrective distributions (see instructions)					0						
f		s (salaries, fees, commissions)			0						
g	•				0						
h						0					
i		8h from line 8c)				3891					
j	Transfers to (from) the plan (se	e instructions)	. 8j		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: 2E
- **b** 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	Α	mount	
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.)						
С	Was the plan covered by a fidelity bond?	10c		Х			
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		Х			
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		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	/I Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))	•			•	Yes	× No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc granting 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			
С	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 o negative amount)			12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
Part	/II Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?					Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?						
 C 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.) 							
1	13c(1) Name of plan(s):			:(2) EII	N(s)	13c(3)	PN(s)
						,	
Caut	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonabl	e cau	se is (establi	shed.		

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.	09/27/2010	JOSEPH GENTILE
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	Short Form Annual	Roturn	/Report of Small Emplo			OMB Nos. 1210-0110		
Department of the Treasury			Benef	it Plan	1210-0089				
Internal Revenue Service This form is required to be fil				iled under sections 104 and 4065 of the Employee			2009		
	Department of Labor Employee Benefits Security Administration	interna	y Act of 1974 (ERISA), and section 6058(a) of the Revenue Code (the Code).			This Form is Open to Public			
	Pension Benefit Guaranty Corporation	Complete all entries in acco	ordance w	ith the instructions to the Form 550	0-SF	l In:	spection		
	Part I Annual Report Id	entification Information				·			
	r calendar plan year 2009 or fisca		01/01/			12/31/20	09		
_	This return/report is for:			-employer plan (not multiemployer)		one-participa	int plan		
В	This return/report is for:	first return/report	final retu	urn/report					
_		an amended return/report	short pla	an year return/report (less than 12 mo	nths)				
С	Check box if filing under:	Form 5558	automat	ic extension	DFVC progra	im			
		special extension (enter descrip							
· · · · ·		nation—enter all requested inform	mation						
18	Name of plan Frankie & Centile P	asic Profit Sharing			1b	Three-digit			
	Frankie & Genetie B	asic Profit Sharing				plan number			
					10	(PN) Effective date o	001		
						01/01/200			
2a	Plan sponsor's name and addre Frankie & Gentile P	ss (employer, if for single-employe	er plan)		2b	Employer Identi	fication Number		
		•				(EIN) 11-337	4789		
	1565 Franklin Avenu	A			2c	Plan sponsor's t (516) 742-6	elephone number		
		e			2d	Business code (
-20	<u>Mineola</u>			NY 11501		541110			
Ja	SAME administrator's name and a	ddress (if same as Plan sponsor,	enter "Sam	ie")	3b	Administrator's	EIN		
					30	Administrator's t	olonhono averbar		
					3c Administrator's telephone numb				
4	It the name and/or EIN of the plan name EIN and the plan number	n sponsor has changed since the la from the last return/report. Spons	ast return/r	eport filed for this plan, enter the	4b	EIN			
	nume, Env, and the plan number	nom me last return/report. Spons	ors name		4c	PN			
5a	Total number of participants at t	he beginning of the plan year							
b Total number of participants at the end of the plan year					5a		3		
C	C Total number of participants with account balances as of the end o			vear (defined benefit plans do not	5b		3		
60	Vere ell of the plant's sector b				5c		3		
6a h	Are you claiming a waiver of the	ring the plan year invested in eligit	ble assets?	(See instructions.)			X Yes No		
~	under 29 CFR 2520.104-46? (S	ee instructions on waiver eligibility	and condif	endent qualified public accountant (IQ kions.)	PA)		X Yes 🗌 No		
	If you answered "No" to eithe	<u>r 6a or 6b, the plan cannot use F</u>	orm 5500-	SF and must instead use Form 550)0.				
	irt III Financial Informat	tion		•					
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year		
a				35,92	6		39,817		
b					0		0		
<u> </u>		from line 7a)	. 7c	35,92	б		39,817		
8	Income, Expenses, and Transfer			(a) Amount		(b) T	otal		
a	Contributions received or receiva	able from:	90(4)						
					긱				
b				2.00	1.				
с		a(2), 8a(3), and 8b)		3,893	L				
d	Benefits paid (including direct rol	lovers and insurance premiums					3,891		
to provide benefits) Certain deemed and/or corrective distributions (see instructions)				(4				
e f				(기 .				
		(salaries, fees, commissions)			2				
g h		9f and 0=)		(2	····	· · · · · · · · · · · · · · · · · · ·		
 h Total expenses (add lines 8d, 8e, 8f, and 8g) i Net income (loss) (subtract line 8h from line 8c) 						· · · · · · · · · · · · · · · · · · ·	0		
i		in from line 8c) instructions)		· · · · · · · · · · · · · · · · · · ·			3,891		
	Transiers to (from) the plan (see		8j)				

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<u> 187</u>		Plan Characteristics	
9a -	If the	plan provides pension benefits,	

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: 2 E

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

_												
Par	V Compliance Questions											
10	During the plan year:			Yes	No		Amount					
	Was there a failure to transmit to the plan any participant contributio 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci	ary Correction Progr	am)	0#	x							
b	Were there any nonexempt transactions with any party-in-interest? (on line 10a.)	(Do not include trans	actions reported	ОЬ	x							
0	Was the plan covered by a fidefity bond?			0c	x							
d	Did the plan have a loss, whether or not reimbursed by the plan's fid or dishonesty?	fellty bond, that was	caused by fraud	Od	x	 	•••	·				
•	Were any fees or commissions peid to any brokers, agents, or other insurance service or other organization that provides some or all of t instructions.)	persons by an insu- the benefits under th	rance carrier, e plan? (See	0.0	x		•					
f	Has the plan failed to provide any benefit when due under the plan?			OF	x							
9	Did the plan have any participant loans? (If "Yes," enter amount as a	of year end.)		00	x	<u> </u>						
ĥ	If this is an individual account plan, was there a blackout period? (Se 2520.101-3.)	e instructions and 2		0h	x	<u> </u>						
•	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	required notice or o	1e of the 1	01								
Part						·····						
11	Is this a defined benefit plan subject to minimum funding requiremen 5500))	ts? (if "Yes," see ins	tructions and comple	te Sche	dule SE	3 (Form	1 Yes 🕅	No				
12	Is this a defined contribution plan subject to the minimum funding re-						Yes X					
	(if "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicab							1				
a	If a waiver of the minimum funding standard for a prior year is being a granting the waiver.	amortized in this pla	n year, see instructio	ns, and	enter ti Day	e date of the	e letter ruling /ear	}				
lf y	ou completed line 12s, complete lines 3, 9, and 10 of Schedule N	18 (Form 6600), an	d skip to line 13.	-								
Þ	Enter the minimum required contribution for this plan year				12b							
	Enter the amount contributed by the employer to the plan for this plan	•			12c							
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)				12đ							
	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											
13 a	Has a resolution to terminate the plan been adopted during the plan y	year or any prior yea					[Yes 🕅	No				
	If "Yes," enter the amount of any plan assets that reverted to the emp	bloyer this year			13a							
	Were all the plan assets distributed to participants or beneficiaries, tr of the PBGC?	ansferred to anothe	plan, or brought une	ler the c	ontrol	•	🗌 Yes 🕅	No				
C	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)							
1	3c(1) Name of plan(s):			13	c(2) El	N(s)	13c(3) Pt					
								•(•)				
Caut	on: A penalty for the late or incomplete filing of this return/report	t will be assessed (uniess reasonable (ause is	establ	ished.						
SB oi	 pensities of perjury and other penalties set forth in the instructions, i Schedule MB completed and signed by an enrolled actuary, as well a it is true, correct, and complete. 	declare that I have as the electronic vers	examined this roturn. sion of this return/rep	report, in ort, and	to the t	g, if applicab best of my kn	le, a Schedi. Iowledge an	ste Id				
SIG	Jough Levels	9/23/10	Joseph Genti	ntile								
HER	a second s	Date	Enter name of indiv		ning as	pian admini	strator					
SIG							<u></u>					
HER												

Date

Enter name of individual signing as employer or plan sponsor