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

For	art I Annual Report Identification Informatior	1			
	calendar plan year 2009 or fiscal plan year beginning 01/01	1/2009	and ending 1	2/31/2	2009
Α .	This return/report is for:	multiple-ei	nployer plan (not multiemployer)		one-participant plan
В.	This return/report is for: first return/report	final return	/report		_
	an amended return/report	short plan	year return/report (less than 12 mo	nths)	
С	Check box if filing under:	automatic	extension		DFVC program
	special extension (enter desc	cription)			
Pa	art II Basic Plan Information—enter all requested in	. ,			
	Name of plan	- Ionnation		1b	Three-digit
	H. SCHUTTE, DDS, PC 401K PROFIT SHARING PLAN AND	TRUST			plan number
					(PN) F
				1C	Effective date of plan 01/01/2002
2a	Plan sponsor's name and address (employer, if for single-emp	lover plan)		2b	Employer Identification Number
	H. SCHUTTE, DDS, PC	ioyo: piaiiy			(EIN) 20-3921484
				2c	Plan sponsor's telephone number
30 E/ NEW	AST 40TH STREET, SUITE 306 / YORK, NY 10016			24	212-779-2046 Business code (see instructions)
				Zu	621210
	Plan administrator's name and address (if same as Plan spons		,	3b	Administrator's EIN
UDO		T 40TH STREET ORK, NY 10016	, SUITE 306	2-	20-3921484
		•		30	Administrator's telephone number 212-779-2046
	f the name and/or EIN of the plan sponsor has changed since t		ort filed for this plan, enter the	4b	EIN
1	name, EIN, and the plan number from the last return/report. Sp	onsor's name		40	PN
52	Total number of participants at the beginning of the plan year.				
	Total number of participants at the end of the plan year			5a	2
	Total number of participants at the end of the plan year			5b	3
С	complete this item)		•	5с	3
6a	Were all of the plan's assets during the plan year invested in	oligible opposed	0 : (()		V v. D N
b		eligible assets? (See instructions.)		X Yes No
	Are you claiming a waiver of the annual examination and repo	ort of an indepen	dent qualified public accountant (IQ	PA)	
	under 29 CFR 2520.104-46? (See instructions on waiver eligil	ort of an independ bility and condition	dent qualified public accountant (IQ	PA) 	
Pa	under 29 CFR 2520.104-46? (See instructions on waiver eligil If you answered "No" to either 6a or 6b, the plan cannot u	ort of an independ bility and condition	dent qualified public accountant (IQ	PA) 	
Pa 7	under 29 CFR 2520.104-46? (See instructions on waiver eligit If you answered "No" to either 6a or 6b, the plan cannot unt III Financial Information	ort of an independ bility and condition	dent qualified public accountant (IQ nns.)F and must instead use Form 55	PA) 	Yes No
7	under 29 CFR 2520.104-46? (See instructions on waiver eligil If you answered "No" to either 6a or 6b, the plan cannot u	ort of an independ bility and condition use Form 5500-5	dent qualified public accountant (IQ	PA) 00.	
7 a	under 29 CFR 2520.104-46? (See instructions on waiver eligit If you answered "No" to either 6a or 6b, the plan cannot unt III Financial Information Plan Assets and Liabilities	ort of an independ bility and condition use Form 5500-5	dent qualified public accountant (IQ ons.)	PA) 00.	(b) End of Year
7 a b	under 29 CFR 2520.104-46? (See instructions on waiver eligit If you answered "No" to either 6a or 6b, the plan cannot unt III Financial Information Plan Assets and Liabilities Total plan assets	ort of an independent of an independent of an independent of a see Form 5500-S	dent qualified public accountant (IQ ons.)	PA) 00.	(b) End of Year 318294
7 a b	under 29 CFR 2520.104-46? (See instructions on waiver eligit If you answered "No" to either 6a or 6b, the plan cannot unt III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities	ort of an independent of an independent of an independent of a see Form 5500-S	dent qualified public accountant (IQuestions.)	PA) 00.	(b) End of Year 318294
7 a b c	under 29 CFR 2520.104-46? (See instructions on waiver eligit If you answered "No" to either 6a or 6b, the plan cannot unter III Financial Information Plan Assets and Liabilities Total plan assets	ort of an independent of an independent of an independent of an independent of a see Form 5500-S	dent qualified public accountant (IQ ons.)	PA) 00.	(b) End of Year 318294 0 318294
7 a b c	under 29 CFR 2520.104-46? (See instructions on waiver eligit If you answered "No" to either 6a or 6b, the plan cannot until Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	ort of an independent of an independent of an independent of a size Form 5500-S 7a 7b 7c 8a(1)	dent qualified public accountant (IQues)	PA) 00.	(b) End of Year 318294 0 318294
7 a b c	under 29 CFR 2520.104-46? (See instructions on waiver eligit If you answered "No" to either 6a or 6b, the plan cannot until Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants	7a 7b 7c 8a(1) 8a(2)	dent qualified public accountant (IQuins.)	PA)	(b) End of Year 318294 0 318294
7 a b c 8 a	under 29 CFR 2520.104-46? (See instructions on waiver eligit If you answered "No" to either 6a or 6b, the plan cannot unter III Financial Information Plan Assets and Liabilities Total plan assets	7a 7b 7c 8a(1) 8a(2) 8a(3)	dent qualified public accountant (IQ ons.)	PA)	(b) End of Year 318294 0 318294
7 a b c 8 a	under 29 CFR 2520.104-46? (See instructions on waiver eligit If you answered "No" to either 6a or 6b, the plan cannot unter III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants Others (including rollovers)	7a 7b 7c 8a(1) 8a(2) 8b	dent qualified public accountant (IQuins.)	PA)	(b) End of Year 318294 0 318294 (b) Total
7 a b c 8 a	under 29 CFR 2520.104-46? (See instructions on waiver eligit If you answered "No" to either 6a or 6b, the plan cannot unt III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	ort of an independent of an independent of an independent of an independent of a see Form 5500-S 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	dent qualified public accountant (IQ ons.)	PA)	(b) End of Year 318294 0 318294
7 a b c 8 a	under 29 CFR 2520.104-46? (See instructions on waiver eligit If you answered "No" to either 6a or 6b, the plan cannot unter III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants Others (including rollovers)	ort of an independent of an in	dent qualified public accountant (IQ ons.)	PA)	(b) End of Year 318294 0 318294 (b) Total
7 a b c 8 a b c	under 29 CFR 2520.104-46? (See instructions on waiver eligit If you answered "No" to either 6a or 6b, the plan cannot unt III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiur	7a	dent qualified public accountant (IQues)	PA) 000.	(b) End of Year 318294 0 318294 (b) Total
7 a b c 8 a b c	under 29 CFR 2520.104-46? (See instructions on waiver eligit If you answered "No" to either 6a or 6b, the plan cannot until Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiur to provide benefits)	7a 7b 7c 8a(1) 8a(2) 8b 8c ms 8d ns) 8e	dent qualified public accountant (IQuins.)	PA)	(b) End of Year 318294 0 318294 (b) Total
7 a b c 8 a b c d	under 29 CFR 2520.104-46? (See instructions on waiver eligit If you answered "No" to either 6a or 6b, the plan cannot until Financial Information Plan Assets and Liabilities Total plan assets	ort of an independent of an in	dent qualified public accountant (IQ ons.)	PA)	(b) End of Year 318294 0 318294 (b) Total
7 a b c 8 a b c d	under 29 CFR 2520.104-46? (See instructions on waiver eligit If you answered "No" to either 6a or 6b, the plan cannot unter III Financial Information Plan Assets and Liabilities Total plan assets	ort of an independent of an in	dent qualified public accountant (IQ ons.)	PA) 000.	(b) End of Year 318294 0 318294 (b) Total
7 a b c 8 a b c d	under 29 CFR 2520.104-46? (See instructions on waiver eligit If you answered "No" to either 6a or 6b, the plan cannot unt III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiur to provide benefits). Certain deemed and/or corrective distributions (see instruction Administrative service providers (salaries, fees, commissions) Other expenses	7a	dent qualified public accountant (IQ ons.)	PA) 000.	(b) End of Year 318294 (b) Total

		Form 5500-SF 2009 Page 2-							
Pai	rt IV	Plan Characteristics							
9a		plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char	acteris	tic Co	des in	the instruc	ctions:		
		2F 2G 2J 2R 2T 3D							
b	If the	plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Char	acteris	ic Co	des in t	he instruc	tions:		
ar	t V	Compliance Questions							
0	Duri	ing the plan year:		Yes	No		Amount		
а	Was	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 ine 10a.)	10b		X				
С	Wa	s the plan covered by a fidelity bond?	10c	X				25	000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud ishonesty?	10d		X				
е	insu	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, irance service or other organization that provides some or all of the benefits under the plan? (See ructions.)	10e	_	X				
f		the plan failed to provide any benefit when due under the plan?	10f		X				
g	l Did	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
_	l If th	is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10g		X				
i	If 10	th 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	t VI	Pension Funding Compliance							_
11	Is th	is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor	nplete	Sched	lule SB	(Form	Ye	s 📗	No
12	ls th	nis a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod	e or se	ction 3	302 of I	ERISA?	Ye	s X	No
		es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru iting the waiver							
lf		completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			,				
b	Ente	er the minimum required contribution for this plan year			12b				
С	Ente	er the amount contributed by the employer to the plan for this plan year			12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount)			12d				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	١	I/A
art	t VII	Plan Terminations and Transfers of Assets							
3а	Has	a resolution to terminate the plan been adopted during the plan year or any prior year?				,	X Ye	s	No
		es," enter the amount of any plan assets that reverted to the employer this year			13a				(
b	of th	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the PBGC?					Ye	s X	No
С		rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t ch assets or liabilities were transferred. (See instructions.)	he pla	n(s) to			i		
	13c(1)	Name of plan(s):		13	c(2) EI	N(s)	13c(3) PN	(s)

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

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.	10/04/2010	UDO H. SCHUTTE
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

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).

2009

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

F	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance wit	h the instructions to the Form 550	0-SF.		- p
	art I Annual Report Id	dentification Information					
For	calendar plan year 2009 or fisc	cal plan year beginning	1/01/2	009 and ending		12/31/20	09
Α	This return/report is for:	X single-employer plan	multiple-	employer plan (not multiemployer)		one-participa	ant plan
В	This return/report is for:	first return/report	final retu	n/report		_	
	·	an amended return/report	short pla	n year return/report (less than 12 mor	nths)		
С	C Check box if filing under: X Form 5558 automatic extension						am
•	ondok box ii iiiiig diidai.	special extension (enter description					
D.	rt II Basic Plan Infor	mation—enter all requested inform					
	Name of plan	ination enter an requested month	ation		1b	Three-digit	
	UDO H. SCHUTTE, DD	S, PC 401K PROFIT				plan number	
	SHARING PLAN AND T	RUST				(PN) >	003
					1c	Effective date of 01/01/200	
22	Dian anongor's name and addr	roce (ampleyor if for single ampleyor	nlon\		2h		ification Number
Za	UDO H. SCHUTTE, DD	ress (employer, if for single-employer S , PC	piair)		ZU	(EIN) 20-392	21484
					2c	Plan sponsor's	telephone number
	30 EAST 40TH STREET	T, SUITE 306				(212)779-	
	NEW YORK			NY 10016	2d	Business code 621210	(see instructions)
	NEW YORK Plan administrator's name and	address (if same as Plan sponsor, e	nter "Sam		3b	Administrator's	EIN
	SAME			,			
					3с	Administrator's	telephone number
A :	f the name and/or FIN of the pla	an anapar has shanged since the la	ot roturn/re	anort filed for this plan optor the	46	F181	***************************************
		an sponsor has changed since the last or from the last return/report. Sponso		sport filed for this plant, enter the	4b	EIN	3.13.13.13.14.14.14.14.14.14.14.14.14.14.14.14.14.
	•	·			4c	PN	
5a	Total number of participants at	t the beginning of the plan year			5a		2
b	Total number of participants at	t the end of the plan year	***********		5b		3
С		vith account balances as of the end of			5c		3
6a		during the plan year invested in eligib					X Yes No
	•	the annual examination and report of		,	PA)		
	under 29 CFR 2520.104-46? ((See instructions on waiver eligibility a	and condit	ions.)			X Yes No
		ner 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 550	00.		
	rt III Financial Inform	ation		T			
7	Plan Assets and Liabilities			(a) Beginning of Year	_	(b) End	of Year
a			ı	245,09	0		318,294
Q	•						210 20
_		7b from line 7a)	7c	245,09	8		318,294
8	Income, Expenses, and Trans			(a) Amount	-	(b)	<u> Fotal</u>
а	Contributions received or rece (1) Employers	ervapie from:	8a(1)	70	0		
			, ,		0		
		s)	8a(3)		0		
b		······	8b	72,69	6		
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	8c				73,396
d	Benefits paid (including direct	rollovers and insurance premiums					
	·		8d	140000000000000000000000000000000000000	븨		
е		tive distributions (see instructions)	8e		0		
f	Administrative service provide	rs (salaries, fees, commissions)	8f	20	0		
g	·				<u> </u>		
h	•	8e, 8f, and 8g)			4-		200
į	, ,,	e 8h from line 8c)					73,196
j	Transfers to (from) the plan (se	ee instructions)	8i		이		

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Form	EENN	CE	2000

D	~	1 3
Page	Z=	1 1

Par	t IV	Plan Characteristics						_		
9a	If th	e plan provides pension benefits, enter the applicable pension featur	e codes from the	List of Plan Chara	acteris	tic Co	des in	the instructi	ons:	
b	If th	2E 2F 2G 2J 2R 2T 3D e plan provides welfare benefits, enter the applicable welfare feature	e codes from the	List of Plan Chara	cteris	tic Cod	des in 1	the instruction	ons:	
Part		Compliance Questions								
10		ring the plan year:				Yes	No		mount	
а	Wa	is there a failure to transmit to the plan any participant contributions to CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary			10a		Х	,	······································	
b	We	re there any nonexempt transactions with any party-in-interest? (Do line 10a.)	not include transa	actions reported	10b		Х			
С		as the plan covered by a fidelity bond?			10c	Х				25,000
d						11	х			.5,00
е	We	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 l tructions.)	rsons by an insura benefits under the	ance carrier, plan? (See	10d		X			
f		s the plan failed to provide any benefit when due under the plan?					X			
					10f					
g		the plan have any participant loans? (If "Yes," enter amount as of yens is an individual account plan, was there a blackout period? (See it	•		10g		<u> </u>			
h		ns is an individual account plan, was there a blackout period? (See if			10h		Х			
i		Oh was answered "Yes," check the box if you either provided the requeptions to providing the notice applied under 29 CFR 2520.101-3			10i					
Part	VI	Pension Funding Compliance	,							
11	ls t	nis a defined benefit plan subject to minimum funding requirements?	(If "Yes," see inst	ructions and com	plete	Sched	ule SB	(Form	Yes	No
12		his a defined contribution plan subject to the minimum funding requir							Yes	X No
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)		1412 of the code	01 30	CHOIT	02 01	_INO/A:	□	
а		waiver of the minimum funding standard for a prior year is being amo		n year, see instruc	ctions,	and e	nter th	e date of the	e letter rui	ling
	gra	nting the waiver	********	Mon						
-		completed line 12a, complete lines 3, 9, and 10 of Schedule MB (•		_				
b	Ent	er the minimum required contribution for this plan year		•••••••	********	⊢	12b			
C		er the amount contributed by the employer to the plan for this plan ye					12c			
d		tract the amount in line 12c from the amount in line 12b. Enter the re ative amount)					12d			
	-	the minimum funding amount reported on line 12d be met by the fun						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	r or any prior yea	r?	• , • • • • • • •				X Yes	No
	If "Y	es," enter the amount of any plan assets that reverted to the employ	er this year				13a			(
b		re all the plan assets distributed to participants or beneficiaries, trans ne PBGC?					ntrol 		Yes	X No
С		uring this plan year, any assets or liabilities were transferred from this ch assets or liabilities were transferred. (See instructions.)	s plan to another	plan(s), identify th	ne plar	n(s) to				
1	3c(1) Name of plan(s):				13c(2) EIN(s)			13c(3)	PN(s)
					-					
Cauti	on.	A penalty for the late or incomplete filing of this return/report wi	ill he assessed i	ınlass reasonahl	e can	ea ie 1	etahl	ished	1	
Unde SB or	r pei	nalties of perjury and other penalties set forth in the instructions, I de- ledule MB completed and signed by an enrolled actuary, as well as the true, correct/and complete.	clare that I have e	examined this retu	rn/rep	ort, in	cluding	g, if applicab		
6101	,	146	2/13/2010	UDO H. SCH	JTTE					
SIGN		Signature of plan administrator De	ate	Enter name of in			nina as	nlan admin	istrator	
		Sygnatore of place adjusting table 1		EIRO HAIRE OF III	-GIVIUL	ur ory!	y as	pran admitt	.o.; a.o.	
SIGN										
HER		Signature of employer/plan sponsor Da	ate	Enter name of in	dividu	al sigr	ning as	employer o	r plan spo	onsor