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).

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation Co	omplete all entries in acco	rdance wit	h the instructions to the Form 550	0-SF.		
	art I Annual Report Identifi						
For	calendar plan year 2010 or fiscal plan	year beginning 01/01/20	10	and ending 1	2/31/2	2010	
Α.	This return/report is for:	e-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan	
В .	This return/report is for:	return/report	final retur	n/report			
	an a	mended return/report	short plar	n year return/report (less than 12 mo	nths)		
C	Check box if filing under:	n 5558	automatio	extension		DFVC program	
	The second secon	ــ ial extension (enter descript	ion)				
Pa	rt II Basic Plan Information						
	Name of plan	ni—enter an requested inion	паноп		1h	Three-digit	
	ALD J. BERGAMO, DPM, PC 401K PF	ROFIT SHARING PLAN & TI	RUST			plan number 003	
						(PN) ▶	
					1C	Effective date of plan 01/01/1996	
2a	Plan sponsor's name and address (em	nnlover if for single-employe	ar nlan)		2h	Employer Identification Numb	ner
	ALD J. BERGAMO, DPM, PC	ipioyer, ir for sirigic-employe	η ριατή			(EIN) 06-1461366)C1
440.5	A OT MAIN OTDEET				2c	Plan sponsor's telephone nur	mber
	EAST MAIN STREET DLETOWN, NY 10940				24	845-343-6050	
					Za	Business code (see instruction 621111	ons)
3a	Plan administrator's name and addres	s (if same as Plan sponsor,	enter "Same	e")	3b	Administrator's EIN	
DON	ALD J. BERGAMO, DPM, PC	110 EAST MIDDLETO				06-1461366	
			•		3c	Administrator's telephone nur 845-343-6050	mber
4 1	the name and/or EIN of the plan spon	sor has changed since the la	ast return/re	eport filed for this plan, enter the	4b	EIN	
	name, EIN, and the plan number from t						
					4c	PN T	
	Total number of participants at the be				5a		5
b	Total number of participants at the en	• •			5b		5
С	Total number of participants with accomplete this item)			•	5c		5
6a	Were all of the plan's assets during the					Yes	No
b	Are you claiming a waiver of the annu					<u> </u>	_ ¬
	under 29 CFR 2520.104-46? (See ins	• •		•			No
Do	If you answered "No" to either 6a or rt III Financial Information	or 6b, the plan cannot use	Form 5500-	SF and must instead use Form 55	00.		
				I			
7	Plan Assets and Liabilities			(a) Beginning of Year	7	(b) End of Year	94282
	Total plan assets		<u>7a</u>)		0
b	Total plan liabilities			489107		50	94282
<u>c</u>	Net plan assets (subtract line 7b from		7с				14202
8	Income, Expenses, and Transfers for			(a) Amount		(b) Total	
а	Contributions received or receivable for (1) Employers		8a(1)	27988	3		
	(2) Participants		, ,	16500	5		
	(3) Others (including rollovers)		, ,	()		
b	Other income (loss)		, ,	65206	5		
С	Total income (add lines 8a(1), 8a(2), 8	Ba(3), and 8b)	8c			10	9694
d	Benefits paid (including direct rollover	s and insurance premiums		4519			
_	to provide benefits)						
e	Certain deemed and/or corrective dist)		
t ~	Administrative service providers (sala	•					
g	Other expenses						4519
h :	Total expenses (add lines 8d, 8e, 8f, a	= -				10	5175
 	Net income (loss) (subtract line 8h fro					10	,5175
J	Transfers to (from) the plan (see instr	uuuoiio <i>j</i>	8i	1			

Part **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2J 2K 3D

b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Char-	acteris	tic Cod	les in t	he instr	uctions	S:	
art	V Compliance Questions							
0	During the plan year:		Yes	No		Am	ount	
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.)	10b		X				
С	Was the plan covered by a fidelity bond?	10c	X					40000
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		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10q		X				
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						
art	VI Pension Funding Compliance							
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500))					Г	Yes	No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod						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 amortized in this plan year, see instrugranting the waiver	nth						
	Enter the minimum required contribution for this plan year			12b				
	Enter the amount contributed by the employer to the plan for this plan year		1	12c				
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)	of a		12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		<u> </u>		Yes		No	N/A
art				<u> </u>	-		<u>.</u>	
	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		Г	13a		L		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?			ntrol			Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify twhich assets or liabilities were transferred. (See instructions.)	he pla	n(s) to				_	
1	3c(1) Name of plan(s):		130	(2) EI	N(s)		13c(3)	PN(s)
aut	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonal	le cau	ıse is	establ	ished.			
Во	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return, it is true, correct, and complete.							
	Filed with authorized/valid electronic signature. 02/24/2011 ANN BERGAMO)						

SIGN HERE Signature of plan administrator Enter name of individual signing as plan administrator Date SIGN HERE Enter name of individual signing as employer or plan sponsor Signature of employer/plan sponsor Date

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).

Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

Pai			0 112 31.		12/31/2010
Forc		1701/00:	2 and ending		
A T	nis return/report is for:	multiple-emp	oloyer plan (not multiemployer)		one-participant plan
Вт	nis return/report is for: first return/report	final return/r	eport		
	an amended return/report	short plan ye	ear return/report (less than 12 m	onths)	
C 0	heck box if filing under: Form 5558	automatic e:	xtension		DFVC program
•	special extension (enter description	n)			
Par	t II Basic Plan Information—enter all requested informa	tion			
	Name of plan			1b	Three-digit
[OONALD J. BERGAMO, DPM, PC 401k PROFIT SE	HARING			plan number (PN) • 003
F	PLAN & TRUST			10	(PN) ▶ 003 Effective date of plan
				10	01/01/1996
22 [Plan sponsor's name and address (employer if for single-employer	plan)		2b	Employer Identification Number
Za [Plan sponsor's name and address (employer, if for single-employer of DPM, PC	,			(EIN) 06-1461366
				2c	Plan sponsor's telephone number (845) 343-6050
]	10 EAST MAIN STREET			2d	Business code (see instructions)
1	41DDLETOWN		NY 10940		821111
3a	Plan administrator's name and address (if same as Plan sponsor, er	nter "Same")		3b	Administrator's EIN
S	AML			30	Administrator's telephone number
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
4 If	the name and/or EIN of the plan sponsor has changed since the las	t return/repo	ort filed for this plan, enter the	4b	EIN
n	ame, EIN, and the plan number from the last return/report. Sponso	r's name		40	PN
	The story year			5a	5
	Total number of participants at the beginning of the plan year			5b	5
	Total number of participants at the end of the plan year			30	
С	Total number of participants with account balances as of the end of complete this item)	the plan yea	ar (defined benefit plans do not	5c	5
62	Were all of the plan's assets during the plan year invested in eligib	le assets? (S	See instructions.)		X Yes No
b	Assume alaiming a major of the annual examination and report of	an independ	ient qualified public accountant (IQFA)	
	under 20 CEP 2520 104-462 (See instructions on waiver eligibility)	and conditio	ns.)		
	If you answered "No" to either 6a or 6b, the plan cannot use F	orm 5500-51	r and must mistead use i one		
	rt III Financial Information		(a) Beginning of Year		(b) End of Year
7	Plan Assets and Liabilities	7a	489,	, 0.7	594,282
	Total plan assets	7b		G	C
	Total plan liabilities	7c	489,	197	594,282
	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
8 a	Contributions received or receivable from:		7. A. J.	4,50	
a	(1) Employers	8a(1)			
	(2) Participants	8a(2)	16,	<u> </u>	
	(3) Others (including rollovers)	8a(3)	Z.F.	0.07	
b	Other income (loss)	8b	65,	200	109,694
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			103,00
d	Benefits paid (including direct rollovers and insurance premiums	8d	. 4,	519	
	to provide benefits)	8e		0	
e	Certain deemed and/or corrective distributions (see instructions). Administrative service providers (salaries, fees, commissions)			O	
†		8g		0	
g	Other expenses (add lines 8d,				4,51
h					105,17
į,	Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)				
	Transfers to (troin) the plan (see that denoted)	0)			Form 5500-SF (2010)

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Form	5500-SF	2010

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							. Ul i iali Cilalac	teristic Co	odes in i	the instructions:
2E	2J	2 K	3D							
plan provid	es welfar	e benefit	s, enter the a	applicable wel	elfare feature cod	des from the List	of Plan Charact	eristic Co	des in tl	he instructions:
, ,			-,, -			200 110111 1110 2101	or rian onaract	013110 00	GC5 111 (1	ne mondenons.
		plan provides welfar	plan provides welfare benefit	22 20 21. 32	plan provides welfare benefits, enter the applicable we	plan provides welfare benefits, enter the applicable welfare feature co	plan provides welfare benefits, enter the applicable welfare feature codes from the List	plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Charact	plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Co	plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in t

0	V Compliance Questions						
J	During the plan year:		Yes	No		Amount	
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		Х			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х			
С	Was the plan covered by a fidelity bond?	10c	Х				40,00
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		Х			
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		Х			
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		Х			
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					
art	VI Pension Funding Compliance						
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))	npiete	Sched	lule SB	(Form	Yes	No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	e or se	ction (302 of E	ERISA?	Yes	s 🛛 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 instrugranting the waiver. Mon	nth	, and e	enter th Day	e date of t	he letter ri Year	uling
lf y	granting the waiverMon you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	ith		Day .	e date of t	he letter ri Year	uling
If y	granting the waiverMon rou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year	ith		Day	e date of t	he letter ri Year	uling
If y b c	granting the waiver	of a	 [Day .	e date of t	he letter ri Year	uling
lf y b c d	granting the waiver	of a	 [12b 12c	e date of t	he letter ri Year	uling
lf y b c d	granting the waiver	of a	 [12b 12c		Year	N/A
lfy b c d	granting the waiver. Mon You completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets	of a		12b 12c 12d		Year	N/A
lfy b c d	granting the waiver	of a		12b 12c 12d		Year	N/A
b c d e art	granting the waiver. Mon You completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets	of a		12b 12c 12d 12d 13a		No Yes	
b c d e art 3a	granting the waiver. Mon rou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted during the plan year or any prior year? If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought	of a	the co	12b 12c 12d 13a ontrol		No Yes	N/A
b c d e art 3a b c	granting the waiver	of a	the co	12b 12c 12d 13a ontrol	Yes	No Yes	N/A
b c d e art 3a b c	granting the waiver	of a	the co	12b 12c 12d 13a control	Yes	No Yes	N/A s X N
b c d e art 3a b c	granting the waiver	of a	the co	12b 12c 12d 13a control	Yes	No Yes	□ N/A
b c d e art 3a b c	granting the waiver	of a under	the counts) to	12b 12c 12d 12d 13a ontrol	Yes N(s)	No Yes	N/A

SIGN HERE	Signature of plan administrator	Date 2-/6-//	ANN BERGAMO 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