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

2010

This Form is Open to Public Inspection

| Pa | art I 📗 Annual Report le | dentification Information | | | | |
|---|---|---|---------------|---------------------------------------|-----------|---|
| For | calendar plan year 2010 or fisc | | 10 | and ending | 12/31/2 | 2010 |
| A 7 | This return/report is for: | single-employer plan | multiple-e | employer plan (not multiemployer) | | one-participant plan |
| B This return/report is for: | | | | n/report | | _ |
| | | an amended return/report | short plar | year return/report (less than 12 mo | nths) | |
| C (| Check box if filing under: | ☐ Form 5558 | - · | extension | , | DFVC program |
| • | Sheck box if filling drider. | special extension (enter descripti | 4 | , exteriorer | | _ 5. vo program |
| Do | rt II Doois Dien Infor | | , | | | |
| | rt II Basic Plan Infor | mation—enter all requested inform | nation | | 1h | Three-digit |
| | | NK A VIGLIOTTI, DMD, PC 401K P | ROFIT SHA | ARING PLAN | | plan number (PN) ▶ 001 |
| · | | | | | 1c | Effective date of plan 01/01/2001 |
| | Plan sponsor's name and additional C VIGLIOTTI, DMD FRA | ress (employer, if for single-employe NK A VIGLIOTTI, DMD, PC | r plan) | | | Employer Identification Number (EIN) 14-1550879 |
| | OX STREET GHKEEPSIE, NY 12601 | | | | | Plan sponsor's telephone number 845-471-5215 |
| | , | | | | | Business code (see instructions) 621210 |
| ANTH DMD | HONY C VIGLIOTTI, DMD FRA | l address (if same as Plan sponsor, 6 NK A VIGLIOTTI, 29 FOX STF POUGHKEE | REET | • | | Administrator's EIN 14-1550879 |
| 1 16 | the name and/or FIN of the ni | an sponsor has changed since the la | oct roturn/ro | port filed for this plan, onter the | ļ <u></u> | Administrator's telephone number 845-471-5215 |
| | | er from the last return/report. Spons | | port filed for this plan, efficience | | EIN |
| | | | | | 4c | |
| 5a Total number of participants at the beginning of the plan year | | | | | 5a | 10 |
| b Total number of participants at the end of the plan year | | | | | 5b | 11 |
| С | · | vith account balances as of the end c | | • | 5c | 11 |
| | • | during the plan year invested in eligil | | ' | | Yes No |
| b | | he annual examination and report of (See instructions on waiver eligibility | | | | X Yes ☐ No |
| | | ner 6a or 6b, the plan cannot use F | | · · · · · · · · · · · · · · · · · · · | | |
| Pa | rt III Financial Inform | | | | | |
| 7 | Plan Assets and Liabilities | | | (a) Beginning of Year | | (b) End of Year |
| а | Total plan assets | | 7a | 65110 | 2 | 804867 |
| b | Total plan liabilities | | 7b | | 0 | 0 |
| С | Net plan assets (subtract line | 7b from line 7a) | 7с | 65110 | 2 | 804867 |
| 8 | Income, Expenses, and Trans | fers for this Plan Year | | (a) Amount | | (b) Total |
| а | Contributions received or received | | 2 (1) | 1983 | 0 | |
| | | | 1 | 3244 | | |
| | | | 1 | | 0 | |
| L | (3) Others (including rollovers) | | | 101495 | | |
| | ` , | | | 10145. | 5 | 153765 |
| G C | | 8a(2), 8a(3), and 8b) | 8c | | | 133763 |
| d | to provide benefits) | rollovers and insurance premiums | | | 0 | |
| | | tive distributions (see instructions) | | | 0 | |
| f | · . | ers (salaries, fees, commissions) | | | | |
| g | • | | | | 0 | 0 |
| h | Total expenses (add lines 8d, | 8e, 8f, and 8g) | | | | |
| į | ` , ` | e 8h from line 8c) | | | | 153765 |
| | Transfers to (from) the plan (s | ee instructions) | ··· 8j | | 0 | |

| | Form 5500-SF 2010 Page 2- | | | | | | | |
|-----|---|---------------|---------|----------|------------|--------|------|-------|
| ar | t IV Plan Characteristics | | | | | | | |
| а | If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan C 2E 2F 2G 2J 2R 2T 3D | naracteris | stic Co | des in | the instru | uction | s: | |
| b | If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Ch | aracteris | tic Co | des in t | he instru | ctions | i: | |
| art | V Compliance Questions | | | | | | | |
|) | 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 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) | in 10a | | X | | | | |
| b | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) | ed 10b | | X | | | | |
| С | Was the plan covered by a fidelity bond? | 10c | X | | | | | 70000 |
| d | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by frau 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.) | 10g | | X | | | | |
| 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 (5500)) | | | | • | | Yes | No |
| 2 | Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the C | | | | | | Yes | X No |
| а | (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 ins granting the waiver. | | | | | | | ing |
| | you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line | | _ | | | | | |
| b | Enter the minimum required contribution for this plan year | | | 12b | | | | |
| _ | | | | 12c | | | | |
| d | Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount) | | L | 12d | | | | |
| е | Will the minimum funding amount reported on line 12d be met by the funding deadline? | | | | Yes | _Ц_ | No | N/A |
| art | VII Plan Terminations and Transfers of Assets | | | | | | | |
| a | 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.....

Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control

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.) 13c(1) Name of plan(s): 13c(2) EIN(s)

13c(3) PN(s)

Yes No

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. | 03/18/2011 | ANTHONY C. VIGLIOTTI | | | | | |
|------|---|------------|--|--|--|--|--|--|
| 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

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

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

Short Form Annual Return/Report of Small Employee

Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

| | art I Annual Report Identification Information | | | | |
|-------------------------------|---|--|--|-------|---|
| For | | 01/01/2 | 310 and ending | | 12/31/2010 |
| A | This return/report is for: X single-employer plan | multiple-e | mployer plan (not multiemployer) | | one-participant plan |
| В | This return/report is for: first return/report | n/report | | | |
| | an amended return/report | short plan | year return/report (less than 12 mo | nths) | |
| C . | Check box if filing under: Form 5558 | , 1 | extension | , | DFVC program |
| | special extension (enter description) | J | CALCINGION | | [] bi vo piogram |
| Da | | | | | |
| | Name of plan | ation | | 1h | Three-digit |
| | ANTHONY C VIGLIOTTI, DMD FRANK A VIGLIOT | TI, | | וט | plan number |
| | DMD, PC 401K PROFIT SHARING PLAN | , | | | (PN) ▶ 001 |
| | DMD, TO TOTAL TROTTE SHARING FLAN | | | 1c | Effective date of plan |
| | | | | | 01/01/2001 |
| 2a | Plan sponsor's name and address (employer, if for single-employer ANTHONY C VIGLIOTTI, DMD FRANK A | plan) | | 2b | Employer Identification Number (EIN) 14-1550879 |
| | VIGLIOTTI, DMD, PC | | | 2c | Plan sponsor's telephone number |
| | 29 FOX STREET | | | | (845)471-5215 |
| | | | | 2d | Business code (see instructions) |
| | POUGHKEEPSIE | | NY 12601 | 26 | 621210 Administrator's EIN |
| sa | $\underset{SAME}{\textbf{Plan}}$ administrator's name and address (if same as Plan sponsor, example $_{SAME}$ | enter Same |) | 30 | Administrator's Env |
| | | | | 3c | Administrator's telephone number |
| | | | | | |
| | f the name and/or EIN of the plan sponsor has changed since the la | | port filed for this plan, enter the | 4b | EIN |
| • | name, EIN, and the plan number from the last return/report. Sponso | n S name | | 4c | PN |
| 5a | Total number of participants at the beginning of the plan year | | | 5a | 10 |
| b | Total number of participants at the end of the plan year | | | 5b | 11 |
| С | Total number of participants with account balances as of the end o | f the plan y | ear (defined benefit plans do not | | |
| | complete this item) | | | 5c | |
| | | | | | |
| | Were all of the plan's assets during the plan year invested in eligib | | | | X Yes No |
| | Are you claiming a waiver of the annual examination and report of | an indeper | ident qualified public accountant (IC | | |
| | Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility | an indeper and conditi | dent qualified public accountant (ICons.) | | |
| b | Are you claiming a waiver of the annual examination and report of | an indeper and conditi | dent qualified public accountant (ICons.) | | |
| b | Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F | an indeper and conditi | dent qualified public accountant (ICons.) | | |
| b Pa 7 | Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Frt III Financial Information | an indeper and conditi orm 5500- | dent qualified public accountant (IC ons.). SF and must instead use Form 55 | 00. | X Yes No |
| b Pa 7 | Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Frt III Financial Information Plan Assets and Liabilities | an indeper and conditi orm 5500- | ident qualified public accountant (IC ons.). SF and must instead use Form 55 (a) Beginning of Year | 00. | (b) End of Year 804,867 |
| Pa 7 a | Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Firt III Financial Information Plan Assets and Liabilities Total plan assets | an indeper and conditi orm 5500- | ident qualified public accountant (IC ons.). SF and must instead use Form 55 (a) Beginning of Year | 00. | X Yes No |
| Pa 7 a b | Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Frt III Financial Information Plan Assets and Liabilities Total plan liabilities. | an indeper and conditi orm 5500- | dent qualified public accountant (ICons.). SF and must instead use Form 55 (a) Beginning of Year 651,10 | 00. | (b) End of Year 804,867 |
| Pa 7 a b c | Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Firt 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: | an indeper and condition 5500- | dent qualified public accountant (ICons.). SF and must instead use Form 55 (a) Beginning of Year 651,10 (a) Amount | 00. | (b) End of Year 804,867 |
| Pa 7 a b c 8 | Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Frt 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 | an indeper and conditi orm 5500- | dent qualified public accountant (ICons.) | 00. | (b) End of Year 804,867 |
| Pa 7 a b c 8 | Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Frt 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 | an indeper and conditi orm 5500-3 | dent qualified public accountant (ICons.). SF and must instead use Form 55 (a) Beginning of Year 651,10 (a) Amount | 00. | (b) End of Year 804,867 |
| Pa 7 a b c 8 | Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Frt 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) | 7a 7b 7c 8a(1) 8a(2) 8a(3) | dent qualified public accountant (ICons.) SF and must instead use Form 55 (a) Beginning of Year 651,10 (a) Amount 19,83 32,44 | 00. | (b) End of Year 804,867 |
| Pa 7 a b c 8 | Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Frt 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) | an indeper and conditi orm 5500-3 | dent qualified public accountant (ICons.) | 00. | (b) End of Year 804, 867 804, 867 (b) Total |
| Pa 7 a b c 8 a b c | Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Frt 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) | an indeper and conditi orm 5500-3 | dent qualified public accountant (ICons.) SF and must instead use Form 55 (a) Beginning of Year 651,10 (a) Amount 19,83 32,44 | 00. | (b) End of Year 804,867 |
| Pa 7 a b c 8 a | Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Frt 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 premiums | an indeper and conditi orm 5500-3 | dent qualified public accountant (ICons.) SF and must instead use Form 55 (a) Beginning of Year 651,10 (a) Amount 19,83 32,44 | 00. | (b) End of Year 804, 867 804, 867 (b) Total |
| Pa 7 a b c 8 a b c | Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Frt 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) | 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d | dent qualified public accountant (ICons.) SF and must instead use Form 55 (a) Beginning of Year 651,10 (a) Amount 19,83 32,44 | 00. | (b) End of Year 804, 867 804, 867 (b) Total |
| Pa 7 a b c 8 a b c d | Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Frt 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 premiums to provide benefits) | an indeper and conditi orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e | dent qualified public accountant (ICons.) SF and must instead use Form 55 (a) Beginning of Year 651,10 (a) Amount 19,83 32,44 | 00. | (b) End of Year 804, 867 804, 867 (b) Total |
| Pa 7 a b c 8 a b c d e c | Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Frt 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 premiums to provide benefits). Certain deemed and/or corrective distributions (see instructions) | an indeper and conditi orm 5500-3 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f | dent qualified public accountant (ICons.) SF and must instead use Form 55 (a) Beginning of Year 651,10 (a) Amount 19,83 32,44 | 00. | (b) End of Year 804, 867 804, 867 (b) Total |
| Pa 7 a b c 8 a b c d e f | Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Frt 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 premiums to provide benefits). Certain deemed and/or corrective distributions (see instructions). Administrative service providers (salaries, fees, commissions). | an indeper and conditi orm 5500- | dent qualified public accountant (ICons.) SF and must instead use Form 55 (a) Beginning of Year 651,10 (a) Amount 19,83 32,44 | 00. | (b) End of Year 804,867 (b) Total |
| Pa 7 a b c 8 a b c c d e f g. | Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Frt 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 premiums to provide benefits). Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions) | an indeper and conditi orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h | dent qualified public accountant (ICons.) SF and must instead use Form 55 (a) Beginning of Year 651,10 (a) Amount 19,83 32,44 | 00. | (b) End of Year 804, 867 804, 867 (b) Total |

| Form | 5500- | -SF | 201 | (|
|------|-------|-----|-----|---|
| | | | | |

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|-------|----|--|
| Page | Z- | |
| 1 490 | _ | |

| Par | t IV | Plan Characteristics | | | | | | | | |
|--------|----------------|---|---|--|------------------|--------------------|-------------------|----------------------------|-------------------------|---------|
| | | e plan provides pension benefits, enter the applicable pension feature 2E 2F 2G 2J 2R 2T 3D | | | | | | | | |
| b | If the | e plan provides welfare benefits, enter the applicable welfare feature | codes from the l | List of Plan Chara | cterist | tic Cod | des in t | he instruct | ions: | |
| Part | V | Compliance Questions | | | | | | | | |
| 10 | Dur | ring the plan year: | | | | Yes | No | | Amount | |
| а | | s there a failure to transmit to the plan any participant contributions w CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary (| | | 10a | | Χ | | | |
| b | | re there any nonexempt transactions with any party-in-interest? (Do line 10a.) | | | 10b | | Х | | | |
| С | Wa | as the plan covered by a fidelity bond? | | | 10c | Χ | | | - | 70,000 |
| d | | the plan have a loss, whether or not reimbursed by the plan's fidelity tishonesty? | | • | 10d | | Χ | | | |
| е | inst | 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 b tructions.) | penefits under the | plan? (See | 10e | | Х | | | |
| f | Has | s 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 ye | ar end.) | ******* | 10g | | Х | | , | |
| h | | nis is an individual account plan, was there a blackout period? (See in 20.101-3.) | | | 10h | | Х | | | |
| i | | Oh was answered "Yes," check the box if you either provided the requestrons to providing the notice applied under 29 CFR 2520.101-3 | | | 10i | | | | | |
| art | | Pension Funding Compliance | | | | | | | | · |
| 11 | Is th 550 | 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 | ls t | his a defined contribution plan subject to the minimum funding requir | ements of section | n 412 of the Code | or se | ction 3 | 302 of I | ERISA? | Yes | X No |
| lf : | grai you o | waiver of the minimum funding standard for a prior year is being amonting the waiver. completed line 12a, complete lines 3, 9, and 10 of Schedule MB (| (Form 5500), and | Mon I skip to line 13. | th | | Day | e date of the | ne letter ru Year | ling |
| D | | er the minimum required contribution for this plan year | | | | | 12c | | | |
| c d | Sub | er the amount contributed by the employer to the plan for this plan ye otract the amount in line 12c from the amount in line 12b. Enter the re pative amount) | sult (enter a min | us sign to the left | of a | - | 12d | | | |
| e | - | the minimum funding amount reported on line 12d be met by the fur | | | | | | Yes | No | N/A |
| art | | Plan Terminations and Transfers of Assets | | | | | | | | |
| | | s a resolution to terminate the plan been adopted during the plan yea | r or any prior yea | r? | | | | | Yes | X No |
| ısa | | Yes," enter the amount of any plan assets that reverted to the employ | | | | | 13a | | | |
| b | We | re all the plan assets distributed to participants or beneficiaries, trans the PBGC? | sferred to another | plan, or brought | under | the co | ontrol | | Yes | X No |
| С | lf d wh | uring this plan year, any assets or liabilities were transferred from thi ich assets or liabilities were transferred. (See instructions.) | s plan to another | plan(s), identify the | he pla | n(s) to | | | | |
| | 1 3 c(1 | I) Name of plan(s): | | | ļ | 13 | c(2) El | N(s) | 13c(3 |) PN(s) |
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| Cau | tion: | A penalty for the late or incomplete filing of this return/report w | ill be assessed | unless reasonab | le cau | use is | estab | lished. | | |
| SB | or Scl | nalties of perjury and other penalties set forth in the instructions, I de hedule MB completed and signed by an enrolled actuary, as well as to strue, correct, and complete. | clare that I have the electronic ver | examined this ret sion of this return | urn/re /repor | port, ir t, and | ncludin to the | g, if applic best of my | able, a Sci knowledg | e and |
| | , 16 1 | | 7/2/11 | ANTHONY C. | \T\T | GIJ O | . ተ. ሲ. ሲ. ተ | | | |
| SIG | | Signature of plan administrator | 2/ 8 / \ (| Enter name of i | | | | s plan adn | ninistrator | |
| SIG | . I | | | | | | | | | |
| | | | ate | 1 | | | | s employe | | |