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

	art I Annual Report Identification Information									
For	calendar plan year 2010 or fiscal plan year beginning 01/01/2010)	and ending	12/31/2	2010					
Α.	This return/report is for: single-employer plan	multiple-e	employer plan (not multiemployer)	tiemployer) one-participant plan						
В .	This return/report is for: first return/report	final return/report								
		short plar	year return/report (less than 12 mo	onths)						
C	Check box if filing under: Form 5558	DFVC program								
Do	Part II Basic Plan Information—enter all requested information									
	IT I Basic Plan Information—enter all requested information—of plan	ition		1h	Three-digit					
	NKIE & GENTILE BASIC PROFIT SHARING			15	nlan number					
					(PN) • 001					
				1c	Effective date of plan					
					01/01/2000					
	Plan sponsor's name and address (employer, if for single-employer parties & GENTILE PC	plan)		2b	Employer Identification Number (EIN) 11-3374789					
I IXAI	WILL & GENTILE I G			20	Plan sponsor's telephone number					
	FRANKLIN AVENUE				516-742-6590					
IVIIINE	OLA, NY 11501			2d	Business code (see instructions)					
		. "0	"	26	541110					
FRAN	Plan administrator's name and address (if same as Plan sponsor, en NKIE & GENTILE PC 1527 FRANKI	LIN AVEN	e") IUE	Ju	Administrator's EIN 11-3374789					
	MINEOLA, NY	Y 11501		3c	Administrator's telephone number					
					516-742-6590					
	the name and/or EIN of the plan sponsor has changed since the las		port filed for this plan, enter the	4b	EIN					
	name, EIN, and the plan number from the last return/report. Sponsor	rs 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	0					
C	Total number of participants with account balances as of the end of			30						
	complete this item)			. 5c	0					
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)		Yes No					
b	Are you claiming a waiver of the annual examination and report of a									
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a		•		Yes No					
Pa	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information	orm 5500-	SF and must instead use Form 5	500.						
7	Plan Assets and Liabilities		(a) Paginning of Year		(b) End of Year					
-	Total plan assets	70	(a) Beginning of Year	7	(b) End of Year					
	Total plan liabilities	<u>7a</u> 7b		0	0					
C	Net plan assets (subtract line 7b from line 7a)	7c	3981	7	0					
8	Income, Expenses, and Transfers for this Plan Year	70	(a) Amount		(b) Total					
а	Contributions received or receivable from:		(a) Amount		(b) Total					
_	(1) Employers	8a(1)		0						
	(2) Participants	8a(2)		0						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b	45	8						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			458					
d	Benefits paid (including direct rollovers and insurance premiums		4012	5						
_	to provide benefits)	8d	4012	0						
e	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f	Ar							
g	Other expenses	8g	15	U	40075					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			40275 -39817					
į	Net income (loss) (subtract line 8h from line 8c)	8i			-39817					
- 1	Transfers to (from) the plan (see instructions)	Qί								

Form 5500-SF 2010	Page 2-
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Part IV	Plan	Characteristics	c
railiv	ГІАП	CHALACLEH SUC:	

Signature of plan administrator

Signature of employer/plan sponsor

SIGN HERE

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

D .		s plant provides wellare benefits, effect the applicable wellare heatt	ure codes from the t	list of Flatt Chara	Clens	110 000	163 III I	ine manu	cuons.		
Part	٧	Compliance Questions									
10	Dui	ing the plan year:				Yes	No		Amo	unt	
а							X				
b											
С	C Was the plan covered by a fidelity bond?						X				
d	. · · · · · · · · · · · · · · · · · · ·										
							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				
_	If th	is is an individual account plan, was there a blackout period? (See	e instructions and 29) CFR	10h		X				
i		Oh was answered "Yes," check the box if you either provided the reptions to providing the notice applied under 29 CFR 2520.101-3.			10i						
Part '	VI	Pension Funding Compliance									
11											
12											
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)										
	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver										
	-	completed line 12a, complete lines 3, 9, and 10 of Schedule MI			uı		Day		Teal		
	1.26										
		er the amount contributed by the employer to the plan for this plan				1	12c				
d	the the amount contributed by the employer to the plan for this plan year.										
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?					<u> </u>		Yes	N	lo	N/A
Part \	VII	Plan Terminations and Transfers of Assets	-								
13a	Has	a resolution to terminate the plan been adopted during the plan ye	ear or any prior yea	r?					X	Yes	No
						Г	13a				0
	If "Yes," enter the amount of any plan assets that reverted to the employer this year										
		uring this plan year, any assets or liabilities were transferred from the chassets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify th	ne pla	n(s) to					
13	13c(1) Name of plan(s):						c(2) El	N(s)	1	13c(3)	PN(s)
Cauti	on:	A penalty for the late or incomplete filing of this return/report	will be assessed u	ınless reasonab	le cau	se is	establ	ished.			
Under SB or	pei Sch	nalties of perjury and other penalties set forth in the instructions, I cedule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.	declare that I have e	examined this retu	ırn/rep	ort, in	cludin	g, if applic			
SIGN		iled with authorized/valid electronic signature.	03/28/2011	JOSEPH GENTIL	.E						
HERE	_	Signature of plan administrator	Date	Enter name of in	ndividi	ıal sin	ning as	s plan adr	ministra	ator	

Date

Date

Enter name of individual signing as plan administrator

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).

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	Complete all entries in acco	rdance w	th the instructions to the Form 550	0-SF.	inspection				
Part I Annual Report Identification Information									
		01/01/	2010 and ending		12/31/2010				
Α	This return/report is for: Single-employer plan	multiple	-employer plan (not multiemployer)		one-participant plan				
В	This return/report is for: first return/report	final return/report							
	an amended return/report	short pla	an year return/report (less than 12 mor	nths)					
С	Check box if filing under: Form 5558	=	ic extension	,	DFVC program				
	special extension (enter descripti	_	o and holds		☐ Dr vC program				
P	art II Basic Plan Information—enter all requested inform	-							
	Name of plan	nation		4.					
	Frankie & Gentile Basic Profit Sharing			1b	Three-digit plan number				
					(PN) 001				
			İ	1c	Effective date of plan				
					01/01/2000				
2a	Plan sponsor's name and address (employer, if for single-employer Frankie & Gentile PC	r plan)		2b	Employer Identification Number				
					(EIN) 11-3374789				
	1527Franklin Avenue			2c	Plan sponsor's telephone number (516) 742-6590				
	132/FIdhkiin Avenue		ŀ	2d	Business code (see instructions)				
	Mineola		NY 11501		541110				
3a	Plan administrator's name and address (if same as Plan sponsor, $\varepsilon_{\text{SAME}}$	enter "Sam	e")	3b	Administrator's EIN				
			-	0 -					
				3C	Administrator's telephone number				
4	If the name and/or EIN of the plan sponsor has changed since the la	st return/re	eport filed for this plan, enter the	4b	FIN				
	name, EIN, and the plan number from the last return/report. Sponso	or's name	· · · · · · · · · · · · · · · · · · ·						
5a	Total number of participants at the beginning of the plan year	····			PN				
b			<u>5a</u> 5b	3					
	Total number of participants at the end of the plan year Total number of participants with account balances as of the end of	0							
	complete this item)	i tile plan	year (defined benefit plans do not	5c	0				
6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)		X Yes				
b	Are you claiming a waiver of the annual examination and report of	an indepe	endent qualified public accountant (IOE	۸۱.					
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condit	ions.)		X Yes No				
Pa	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information	orm 5500-	SF and must instead use Form 550	0.					
7	Plan Assets and Liabilities	1	I						
· a	Total plan assets		(a) Beginning of Year		(b) End of Year				
-	Total plan liabilities	7a	39,817	1	0				
C	Net plan assets (subtract line 7b from line 7a)		20.015	┧	0				
8	Income, Expenses, and Transfers for this Plan Year	1-76	39,817	'	0				
-	Contributions received or receivable from:		(a) Amount	 	(b) Total				
	(1) Employers	8a(1)	[c						
	(2) Participants	8a(2)	C	5					
	(3) Others (including rollovers)	8a(3)	C						
b	Other income (loss)	8b	458						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			458				
d	Benefits paid (including direct rollovers and insurance premiums								
•	to provide benefits)	8d	40,125	1					
e	Certain deemed and/or corrective distributions (see instructions)	8e	0	4					
	Administrative service providers (salaries, fees, commissions)	8f	0	4	•				
g	Other expenses (add lines 2d, 2g, 05, and 2g)	8g	150	 					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)		:	 	40,275				
i	Net income (loss) (subtract line 8h from line 8c)			<u> </u>	(39,817)				
,		Qί	l n	ı					

Part IV Plan Characteristics 9a If the plan provides pension herefits, enter the confidence of the plan provides pension herefits.						
If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Charles	aracteri	stic Co	des in	the instr	uctione	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Cha	racteris	tic Cod	es in 1	the instru	ictions:	
art V Compliance Questions						
O During the plan year:		Yes	No		A	
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)	, [Amoui	11
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		\dashv	Х			
C Was the plan covered by a fidelity bond?	10b		Х			
Q Did the plan have a loss, whether or not reimburged by the plants find the plants.	10c		Х			
	100		x			
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						
f Has the plan failed to provide any benefit when due under the plan?	10e		X	~** **********************************		
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10f		Х		-	
If this is an individual account plan, was there a blackout period? (Continue of the continue	10g		Х			
	10h		x			
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				· · · · · · · · · · · · · · · · · · ·		
If VI Pension Funding Compliance	10i					
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com- 5500)) Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 132 or 475, 475, 475, 475, 475, 475, 475, 475,					Ye	
 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instructions of the waiver. 	or sect	ion 302	2 of E	RISA?	Ye	
 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instruction granting the waiver. Montribute 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to the 12a. 	or sectons, a	ion 302 and ente	2 of Eler the Day	RISA?	Ye	s X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instruction from the waiver. Montry our 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.	or sectons, a	ion 302	2 of Eler the Day	RISA?	Ye	s X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instruction granting the waiver. Montry our 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. C. Enter the amount contributed by the employer to the plan for this plan year.	or sectons, a	ion 302 and ente	2 of Eler the Day	RISA?	Ye	s X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instruction granting the waiver. Montry 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. C Enter the amount contributed by the employer to the plan for this plan year. d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left on negative amount)	or sections, a	ion 302	er the Day	RISA?	Ye	s X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instruction from the waiver. Montry 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. Center 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 of the minimum funding amount reported on line 12d by march the first line 12d by the minimum funding amount reported on line 12d by march the first line 12d by the minimum funding amount reported on line 12d by march the first line 12d by the minimum funding amount reported on line 12d by march the first line 12d by the minimum funding amount reported on line 12d by march the first line 12d by the minimum funding amount reported on line 12d by march the first line 12d by the minimum funding amount reported on line 12d by march the first line 12d by the minimum funding amount reported on line 12d by march the first line 12d by the minimum funding amount reported on line 12d by march the first line 12d by the	or sections, a	ion 302	er the Day	RISA?	he letter i	s X
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Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instruction from the waiver. Monotomic the minimum required contribution for this plan year. Center the minimum required contribution for this plan year. Center the amount contributed by the employer to the plan for this plan year. Contributed by the employer to the plan for this plan year. Contributed to the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of the plan the minimum funding amount reported on line 12d be met by the funding deadline? Contributed to the plan amount of any plan assets that reverted to the employer this year. Contributed to participate the plan been adopted to the employer this year.	or sectors, ath	12 12 12	er the Day	RISA?	he letter in Year	s X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instruction from the waiver. Monotomic the minimum required contribution for this plan year. Center the minimum required contribution for this plan year. Center the amount contributed by the employer to the plan for this plan year. Center the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? To 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 used fouring this plan year, any assets or liabilities were transferred from this line.	or sectors, ath	12 12 12 13 13 13	er the Day	RISA?	he letter in Year	s X
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	0 / 1	T	
SIGN HERE	Just Sente	1/14/11	Joseph Gentile
HERE	Signature of plan administrator		Enter name of individual signing as plan administrator
SIGN	Just tent	1114/11	as plan administrator
HERE	Signature of employer/plan sponsor	Date	Entergane of individual and
		1 54.6	Enter name of individual signing as employer or plan sponsor