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).

1210-0089

OMB Nos. 1210-0110

2010

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation	▶ Complete all entries in accord	dance witl	n the instructions to the Form 550	0-SF.	•	
Pa	art I Annual Report Ide	entification Information					,
For	calendar plan year 2010 or fiscal	plan year beginning 01/01/2010	0	and ending 1	2/31/2	2010	
A	This return/report is for:	single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participan	t plan
В	This return/report is for:	first return/report	final retur	n/report		_	
	·	an amended return/report	short plan	year return/report (less than 12 mor	nths)		
C	Check box if filing under:	Form 5558	automatic	extension		DFVC program	n
		special extension (enter description				☐ - · · · · · · · · · · · · · · · · ·	
Do	rt II Pacia Blan Inform	nation—enter all requested information	,				-
		ation—enter all requested informa	ation		1h	Three-digit	
	Name of plan EPH A. FIORETTI, D.D.S. PROF	IT SHARING PLAN			10	plan number	000
						(PN) •	003
					1c	Effective date of	
						01/01/20	02
	•	ss (employer, if for single-employer	plan)		2b	Employer Identific	
103	EPH A. FIORETTI, D.D.S.				20	(EIN) 11-22378 Plan sponsor's te	
	APPANTOWN LANE				20	516-671-	-7854
BRO	OKVILLE, NY 11545				2d	Business code (s	ee instructions)
					-	621210	
JOSE	Plan administrator's name and a EPH A. FIORETTI, D.D.S.	address (if same as Plan sponsor, er 25 TAPPANT			30	Administrator's E	
		BROOKVILLI	E, NY 115	45	3c	Administrator's te	elephone number
						516-671-	
	•	sponsor has changed since the las		port filed for this plan, enter the	4b	EIN	
I	name, EIN, and the plan number	from the last return/report. Sponso	r's name		4 c	PN	
5a	Total number of participants at t	the beginning of the plan year			5a	<u> </u>	6
_		the end of the plan year					5
	·	h account balances as of the end of			5b		
С				` .	5с		5
6a	Were all of the plan's assets du	uring the plan year invested in eligible	le assets?	(See instructions.)			X Yes No
b				ndent qualified public accountant (IQI			
	•	· ,		ons.)			^ Yes No
Do			orm 5500-	SF and must instead use Form 55	00.		
		tion					
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End o	of Year 289306
	Total plan assets		. 7a	243070			0
b	•		. 7b	245676	_		289306
<u> </u>		o from line 7a)	7c		_		
8	Income, Expenses, and Transfe			(a) Amount		(b) To	otal
а	Contributions received or receiv	able from:	8a(1)	20000)		
			8a(2)	C)		
	• • •			C)		
b	, , ,		8b	24635	5		
C	` ,	a(2), 8a(3), and 8b)	8c				44635
d		ollovers and insurance premiums					
	to provide benefits)		. 8d	747	_		
е	Certain deemed and/or corrective	ve distributions (see instructions)	. 8e	C	_		
f	Administrative service providers	s (salaries, fees, commissions)	8f	C)		
g	Other expenses		. 8g	258	3		
h	Total expenses (add lines 8d, 8	e, 8f, and 8g)	8h				1005
i	Net income (loss) (subtract line	8h from line 8c)	. 8i				43630
i		e instructions)		C)		

Fo	orm 5500-SF 2010	Page 2-	
Part IV	Plan Characteristics		
9a If the 2A 2	plan provides pension benefits, enter the applicable pension fearer 3 B 3 D	ature codes from the List of Plan Characteristic Codes in	the instructions:

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

art	V Compliance Questions							
0	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.)	10b		X				
С	Was the plan covered by a fidelity bond?	10c	X				25	000
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 comp 5500))					Yes	X	No
2	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 instruction granting the waiver							_
lf y	you 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				
	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 conegative amount)			12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N	l/A
art	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?		<u></u>			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 u of the PBGC?	ınder	the co	ntrol 		Yes	X	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	e plar	n(s) to					
1	3c(1) Name of plan(s):		130	(2) EII	N(s)	13c(3) PN((s)
aut	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e cau	se is	establi	ished.	l		
Inde B o	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/r	rn/rep	ort, in	cluding	g, if applicab			
elief	, it is true, correct, and complete.							
	Filed with authorized/valid electronic signature. 05/26/2011 JOSEPH A. FIOR	∟ITI,	D.D.S	ó.				

SIGN	Filed with authorized/valid electronic signature.	05/26/2011	JOSEPH A. FIORETTI, D.D.S.
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	05/26/2011	JOSEPH A. FIORETTI, D.D.S.
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

OMB Nos. 1210-0110

1210-0089

Form 5\$00-SF

Department of the Treasury Internal Revenue Service

Short Form Annual Return/Report of Small Employee Benefit Plan

	Department	Retirement Income Security	Ace of 1074	ctions 104 and 4065 o	the Employee	•	<u>2010</u>
Εn	nployee Benefits Sec	may Administration Internal	Revenue Co	xie (the Code).	buss(a) or me		This Form is Open to Public
	Pension Benefit Gua	months Companies					inspection
. 2	ant I Ann	▶ Complete all entries in accordant language ■ Complete all entries in accordant language ■ Complete all entries in accordant language	Calice Will	I THE INSTRUCTIONS TO IT	10 rom 5500-	8F.	
	the calendar p	an year 2010 or fiscal plan year beginning	01/0	/2010 and e	ndina	T +	2/31/2010
	This return/repo		·	***************************************		3.4	731/2010
_	•		muspie-ei	nployer plan (not multie	nployer)	Ĺ	one-participant plan
ø	This return/repo	it is for: first return/report	final return	/report	2		
		an amended return/report	short plan	year return/report (less :	han 12 months)	
C	Check box if filing	g under: Form 5558	automatic	extension		Ĺ	DFVC program
		special extension (enter description	ļ			Ł	1 Dr. vo program
12	artill Bas	Example 1	,	· · · · · · · · · · · · · · · · · · ·			
AND WARDS	Name of plan	c Plan Information — enter all requested info	mation.		1		
14	•						Three-digit plan number
	Joseph A.	Fioretti, D.D.S. Profit Sharing Plan	ı.				(PN) ► 003
							Effective date of plan
							01/01/2002
Za		name and address (employer, if for single-employer p	ian)			2b i	Employer Identification Number
	Joseph A.	Fioretti, D.D.S.			L.		(EIN) 11-2237882
	25 Tappani	own Lane					Plan sponsor's telephone number
					<u> </u>		(516) 671-7854 Business code (see instructions)
	Brookville						621210
3 a	Plan administr	ator's name and address (If same as plan employer, er	nter "Same"			3b /	Administrator's EIN
	Same						
						3c /	Administrator's telephone number
4	IF the serve on	How Tilbs of the plan operated has about 1				40.	
~	name, EIN an	over EIN of the plan sponsor has changed since the last the plan number from the last return/report. Sponsor's	a regunvrep s Name	on wed for this plan, ent	ļ	4b i	
					1	4c 1	PN
	Total number	f participants at the beginning of the plan year				5a	6
þ	Total number	f participants at the end of the plan year				<u>5</u> b	5
C	Complete this	of participants with account balances as of the end of the	te plan year	(defined benefit plans of	o not	E	
62	Were all of the	iem)	- 1 1 1 	·		5c	5
ь		ng a waiver of the annual examination and report of an				• •	Yes No
	under 29 CFR	2520.104-46? (See instructions on waiver eligibility are	d conditions	.)	naeu (IQFA)		· · · · · · · · · · · · · · · · · · ·
	if you answer	ed "No" to either 6a or 6b, the plan cannot use Form	n 5500-SF a	ınd must instead use F	om 5500.		Farm 1 con (more) 140
P		ncial Information					
7	Plan Assets at	d Liabilities	1970/1670	(a) Beginning	of Year		(b) End of Year
a	Total plan ass		66-35-5-5		***************************************		200 006
b	Total plan liabi		. 78		245,676	7474Z40VD4-	289,306
	·		· 7b		0		O
<u>_</u>		s (subtract line 7b from line 7a)	. 7c		245,676		289,306
8	-	ses, and Transfers for this Plan Year		(a) Amoui	nt		(b) Total
a		scsived or receivable from:			20 000	4.2	
	(1) Employers		• <u>8a(1)</u>	American Control of the Control of t	20,000	Ŋ,	
	(2) Participan		. 8a(2)	· · · · · · · · · · · · · · · · · · ·	0	12 200 10 200	
		studing rollovers)	. 8a(3)		C		
b	Other income		- 8b		24,635	<i>\$</i>	
\$	Total income(s	dd lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c				44,635
đ	to provide ben	nctuding direct rollovers and insurance premiums					
.	·		· <u>8d</u>		747		
e		d and/or corrective distributions (see instructions) .	- 8e		0	7.0	
I		service providers (salaries, fees, commissions)	- 8 1		. 0	£+5	
9	Other expense	5	. 8g	A. A. S. J. J. J. L.	258		
h	Total expense	(add lines 8d, 8e, 8f, and 8g)	. 8h				1,005
ï	Net income (Io	ss) (subject line 8h from line 8c)	. 8i				43,630
Í		om) the plan (see instructions)	. 8j	And the second s	0	3.0	
	· V-3	,	, -,		· · · · · · · · · · · · · · · · · · ·		TO ANNOUS AND ASSESS OF A SECURITARY AND A SECURITARY OF THE PROPERTY OF A SECURITARY ASSESSMENT OF A

		·						
	Form 55	00-SF 2010 Page 2-						
Par	tiv Plan	Characteristics				V		
9a	if the plan pro	rides pension benefits, enter the applicable pension feature codes from the List of Plan Characte	ristic (in tha	internation		
		rides welfare benefits, enter the applicable welfare feature codes from the List of Plan Character	istic C	odes i	n the i	nstructions	ri T	
Par	tV Comp	liance Questions	**************************************	~404754044440				· · · · · · · · · · · · · · · · · · ·
10	During the p	- Contraction -		Yes	No		A this rough	
а	Was there a	failure to transmit to the plan any participant contribution within the time period described in					Antount	
b	29 OF IX 20 I	D.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) any nonexempt transactions with any party-in-interest? (Do not include transactions reported	10a	├	X			T-4/4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
	on line 10a.]	* * * * * * * * * * * * * * * * * * *	105		ж	-		
C		covered by a fidelity bond?.	10c	x			***************************************	25,000
d	Did the plan or dishonest	have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud						20,000
		[10d		ж.			
•	insurance se	es or commissions paid to any brokers, agents, or other persons by an insurance camer, rvices or other organization that provides some or all of the benefits under the plan? (See						
_	metrucions.		100		X			
Ŧ		failed to provide any benefit when due under the plan?	101		x			-
9	Did the plan	have any participant loans? (If "Yes," enter amount as of year end.)	10g		x			·
ħ	If this is an ii 2520.101-3.	dividual account plan, was there a blackout period? (See instructions and 29 CFR			x	1.74	10 m	\$ F 10 P
Ī	If 10h was a	Dowered "Yes," check the box if you either provided the required notice or one of the			**		20 A S A	63.79-00.5
	exceptions to	providing the notice applied under 29 CFR 2520.101-3	10i			1054		6.65
Pan 11		on Funding Compliance						
11	is trus a deni 5500)) .	ed benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comple	ne Sc	hedule	SB (I	-orm	ΠYα	s x No
12	is this a defi	ed contribution plan subject to the minimum funding requirements of section 412 of the Code or	sectio	л 302	of ER	ISA?	. T	s X No
	(if "Yes," cor	pplete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					• •	
3	If a waiver of	the minimum funding standard for a prior year is being amortized in this plan year, see instruction	ns, ar	id ente	r the	date of the	letter rulin	g
	போனவரி மடி	regives Mon	ns, ar th	ıd ente	r the o	date of the	letter rulin Year	a
	ou complete	line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	th		Day	date of the	letter rulin Year	g
If y	ou complete ou complete Enter the mi Enter the an	I line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. imum required contribution for this plan year ount contributed by the employer to the plan for this plan year	th	 , [Day	date of the	letter rulin Year	Y
þ,	you complete Enter the mit Enter the am Subtract the	I line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Immum required contribution for this plan year ount contributed by the employer to the plan for this plan year amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of	th	+	Day 126 12c	date of the	letter rulin Year	g
b c	you complete Enter the min Enter the am Subtract the negative am	Mondaile 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Immum required contribution for this plan year ount contributed by the employer to the plan for this plan year amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of punt)		+	Day 126 12c 12d		Year	
b c d	course the mine Enter the mine Enter the am Subtract the negative am Will the minis	I line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Immum required contribution for this plan year ount contributed by the employer to the plan for this plan year amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of punt) num funding amount reported on line 12d be met by the funding deadline?		+	Day 126 12c 12d	date of the	letter rulin Year	eg
ff; b c d e	course the minus of the complete of the minus of the complete	I line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. imum required contribution for this plan year ount contributed by the employer to the plan for this plan year amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of bunt) num funding amount reported on line 12d be met by the funding deadline? Terminations and Transfers of Assets		+	Day 126 12c 12d		Year	□N/A
ff; b c d e	Enter the mine Enter the am Subtract the negative am Will the mine Plan Has a resolu	I line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Immum required contribution for this plan year ount contributed by the employer to the plan for this plan year amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of punt) num funding amount reported on line 12d be met by the funding deadline?		* _	Day 126 12c 12d		Year	
b c d e e	Enter the mine Enter the am Subtract the negative am Will the mining Plan Has a resolutif "Yes," enter the subtract the the work all the the subtract the subt	I line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. imum required contribution for this plan year ount contributed by the employer to the plan for this plan year amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of bunt) num funding amount reported on line 12d be met by the funding deadline? Terminations and Transfers of Assets ion to terminate the plan been adopted during the plan year or any prior year? r the amount of any plan assets that reverted to the employer this year plan assets distributed to participants or beneficiaries, transferred to another plan, or brought unce	th		Day 12b 12c 12d		Year	□N/A
b c d e east	Enter the mine Enter the am Subtract the negative am Will the mini Plan Has a resolutif "Yes," enter the PBGC	I line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Imaum required contribution for this plan year ount contributed by the employer to the plan for this plan year amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of punt) num funding amount reported on line 12d be met by the funding deadline? Terminations and Transfers of Assets ion to terminate the plan been adopted during the plan year or any prior year? In the amount of any plan assets that reverted to the employer this year olan assets distributed to participants or beneficiaries, transferred to another plan, or brought unce	th	contro	Day 12b 12c 12d		Year	□N/A s ▼No
b c d e east	Enter the minimum subtract the negative am Will the minimum Plan Has a resolutif "Yes," enter the PBGC If during this	I line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. imum required contribution for this plan year ount contributed by the employer to the plan for this plan year amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of bunt) num funding amount reported on line 12d be met by the funding deadline? Terminations and Transfers of Assets ion to terminate the plan been adopted during the plan year or any prior year? r the amount of any plan assets that reverted to the employer this year plan assets distributed to participants or beneficiaries, transferred to another plan, or brought unce	th	contro	Day 12b 12c 12d		No Year	□N/A s ⊠No
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b c d e e asi	Enter the min Enter the am Subtract the negative am Will the mini Plan Has a resolu If "Yes," ente Of the PBGC If during this which assets	I line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. imum required contribution for this plan year punt contributed by the employer to the plan for this plan year amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of bunt) num funding amount reported on line 12d be met by the funding deadline? Terminations and Transfers of Assets ion to terminate the plan been adopted during the plan year or any prior year? In the amount of any plan assets that reverted to the employer this year Dan assets distributed to participants or beneficiaries, transferred to another plan, or brought unce the plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the por liabilities were transferred. (See instructions.)	th	contro	Day 12b 12c 12d	Yes	YearNoYearYearYear	□N/A s ⊠No
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