## 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.

0040

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

Pa	art I Ann	ual Report I	dentification Inform	ation								
For	calendar plan y	year 2010 or fisc	cal plan year beginning	01/01/201	10	and ending	12/31/2	2010				
A	This return/repo	ort is for:	x single-employer plan		multiple-e	employer plan (not multiemployer)	one-participant plan					
	This return/repo		first return/report	Ī	final retur	n/report						
_			an amended return/rep	oort	short plar	n year return/report (less than 12 n	nonths)					
_	Ob a al. b a :£ £:1:		Form 5558		<u> </u>			DFVC program				
C								_ bi ve program				
			special extension (ente									
		ic Plan Infor	mation—enter all reque	sted inform	nation		4 6					
	Name of plan LUCCI AND GI	ARDINA, LLP 4	101(K) PROFIT SHARING	PLAN			10	Three-digit plan number (PN) ▶ 001				
							1c	Effective date of plan 01/01/2002				
	Plan sponsor's LUCCI AND GI		lress (employer, if for single	e-employeı	r plan)			Employer Identification Number (EIN) 13-4133057				
	AST 44TH STR E 901	REET						Plan sponsor's telephone number 646-865-1590				
	YORK, NY 10				. "0	D.		Business code (see instructions) 541110				
CAR	Plan administr LUCCI AND GI	ator's name and ARDINA, LLP	SI	1 ÉAST 44 UITE 901	TH STREE	T		Administrator's EIN 13-4133057				
4 1	f the name and	Vor EIN of the n			NY 10017	port filed for this plan, enter the		Administrator's telephone number 646-865-1590				
			er from the last return/repo			port med for time plant, efficientie	70	LIIV				
		-	•				4c	PN				
5a	Total number of participants at the beginning of the plan year						5a	8				
b	<b>b</b> Total number of participants at the end of the plan year						5b	7				
С						vear (defined benefit plans do not	5c	5				
6a	Were all of th	e plan's assets	during the plan year invest	ted in eligik	ole assets?	(See instructions.)		Yes U No				
b						ndent qualified public accountant (lions.)		X Yes ☐ No				
						SF and must instead use Form !						
Pa		ncial Inform										
7	Plan Assets a	nd Liabilities				(a) Beginning of Year		(b) End of Year				
а	Total plan ass	ets			7a	2400	98	269436				
b	Total plan liab	ilities			7b		0	0				
С	Net plan asse	ts (subtract line	7b from line 7a)		7с	2400	98	269436				
8			sfers for this Plan Year			(a) Amount		(b) Total				
а	Contributions	received or rece	eivable from:				0	•				
	(1) Employer	s			8a(1)							
	(2) Participar	nts			8a(2)		0					
_	(3) Others (in	cluding rollover	s)		8a(3)	000	0					
b	Other income	Other income (loss)					38	20000				
C			, 8a(2), 8a(3), and 8b)		8c			29338				
d	to provide ber	nefits)	t rollovers and insurance p				0					
е	Certain deem	ed and/or corre	ctive distributions (see insti	ructions)			0					
f	Administrative	e service provide	ers (salaries, fees, commis	sions)	8f		0					
g	•						0					
h	Total expense	es (add lines 8d	, 8e, 8f, and 8g)		8h			0				
i	•	, ,	ne 8h from line 8c)					29338				
i	Transfers to (f	(from) the plan (see instructions)				0						

	F	orm 5500-SF 2010 Page <b>2-</b>		_					
ar	t IV	Plan Characteristics							
а		plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chai BB 2A 3D	acteri	stic Co	des in	the instr	uction	s:	
b		plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Char-	acteris	tic Cod	des in	the instru	ıctions	<b>;</b> :	
art	V	Compliance Questions							
0	Durir	ng the plan year:		Yes	No		Am	ount	
а		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		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	10b		X				
С	Was	the plan covered by a fidelity bond?	10c		X				
d		he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	10d		X				
е	insur	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, ance service or other organization that provides some or all of the benefits under the plan? (See uctions.)	10e		X				
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did t	he plan have any participant loans? (If "Yes," enter amount as of year end.)	10q	X					3123
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR .101-3.)	10h		X				
i		n was answered "Yes," check the box if you either provided the required notice or one of the ptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI	Pension Funding Compliance							
1		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor ))					[	Yes	s X No
2	Is th	s a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod	e or se	ection 3	802 of	ERISA?	[	Yes	s 🛚 No
	•	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
а		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru ing the waiver							
lf		ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			Day			<b>*</b> '	
b	Ente	the minimum required contribution for this plan year			12b				
С	Enter the amount contributed by the employer to the plan for this plan year								
d	Subti	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left tive amount)	of a		12d				
е	Will t	ne minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	N/A
art	VII	Plan Terminations and Transfers of Assets							
22	11	a recolution to terminate the plan been adented during the plan year or any prior year?						Vac	s X N

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 of the PBGC?.....

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.)

<b>13c(1)</b> Name of plan(s):	<b>13c(2)</b> EIN(s)	<b>13c(3)</b> PN(s)
		_

Yes X 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.	05/31/2011	DON DAVID CARLUCCI					
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN	Filed with authorized/valid electronic signature.	05/31/2011	DON DAVID CARLUCCI					
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).

2010

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	Complete all entries in accord	iance With	the instructio	ns to the Form 550	0-SF.	Mark Control of the C
	art   Annual Report Identification Information		in the state of th			
For	the calendar plan year 2010 or fiscal plan year beginning	01/01	/2010	and ending	12,	/31/2010
A	This return/report is for.	multiple-er	nployer plan (no	t multiemployer)		one-participant plan
В	This return/report is for:	final retum	/report			
	an amended return/report	short plan	year retum/repo	rt (less than 12 mont	hs)	
C	Check box if filing under: Form 5558	automatic	extension		Γ	DFVC program
	special extension (enter description)					
Ď	art II Basic Plan Information — enter all requested inform			<del></del>		
70000	Name of plan	nation.			1b 1	Three-digit
		propri value - management			F	olan number
	Carlucci and Giardina, LLP 401(k) Profit Sharin	ng Plan				PN) ▶ 001
						Effective date of plan
2a	Plan sponsor's name and address (employer, if for single-employer pla	an)				Employer Identification Number
	Carlucci and Giardina, LLP					EIN) 13-4133057
	TT b					Plan sponsor's telephone number
	11 Bast 44th Street Suite 901					(646) 865-1590
US	New York NY 10017					Business code (see instructions)
3a	Plan administrator's name and address (if same as plan employer, en	ter "Same"				Administrator's EIN
	Same					
					3c /	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor has changed since the last	return/ren	ort filed for this I	olan enter the	4b (	=IN
	name, EIN and the plan number from the last return/report. Sponsor's	Name	ore mod 101 uno 1	out, error the	4c i	
<u>=</u> -	<del></del>					1
5a b					5a 5b	8 7
C	Total number of participants at the end of the plan year Total number of participants with account balances as of the end of the				30	<del> </del>
	complete this item)				5c	5
6a	Were all of the plan's assets during the plan year invested in eligible a					XYes No
þ	Are you claiming a waiver of the annual examination and report of an i under 29 CFR 2520.104-46? (See instructions on waiver eligibility and		7-Y			
	If you answered "No" to either 6a or 6b, the plan cannot use Form		15			Yes No
P.	at III Financial Information					
7	Plan Assets and Liabilities		(a) Be	ginning of Year	T	(b) End of Year
а	Total plan assets	7a	(4) 23	240.098	+	269,436
b	Total plan liabilities	7b		240,038		205,430
C	Net plan assets (subtract line 7b from line 7a)	7c		240,098	+	269,436
_	No. 100 March 10	1				SAMPLES AND ME
8	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(8	) Amount	Maria Salaha Janggara	(b) Total
а	(1) Employers	8a(1)				
	(2) Participants	8a(2)		0		
	(3) Others (including rollovers)	8a(3)	32 1344 135 105 105 105	0		
b		85	7.75% Size	29,338	i	
C	Total income(add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			2.0	29,338
đ	Benefits paid (including direct rollovers and insurance premiums				Y-2:->	
	to provide benefits)	8d		0		
e	Certain deemed and/or corrective distributions (see instructions)	8e		0		
f	Administrative service providers (salaries, fees, commissions)	8f		0		
g	Other expenses	8g	party and a second	0		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				0
i	Net income (loss) (subject line 8h from line 8c)	81				29,338
i	Transfers to (from) the plan (see instructions)	8)		0		British Lawren (Bay Mark Ch

	F	orm 5500-SF 2010	Pa	age <b>2-</b>		_				
Par	t IV	Plan Characteristics			3/6		-			
9a	if the p	lan provides pension benefits, enter the applicable pension feature  B 3B 2A 3D  lan provides welfare benefits, enter the applicable welfare feature								··
Pa	tV (	Compliance Questions	••						Part St.	
10		g the plan year:				Yes	No		Amount	
a		there a failure to transmit to the plan any participant contribution w	vithin the time period	d described in			x		-	
b	Were	FR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary ( there any nonexempt transactions with any party-in-interest? (Do te 10a.)	not include transac		, 10a	1	х			
c					10c	SV	x		.,,	
d	Did to	the plan covered by a fidelity bond?	y bond, that was ca		. 10d		x		95.00	
e	Were	any fees or commissions paid to any brokers, agents, or other per ance services or other organization that provides some or all of the actions.)	e benefits under the	plan? (See			x			
f		the plan failed to provide any benefit when due under the plan? .			· 10f		ж			,
g	Did II	ne plan have any participant loans? (If "Yes," enter amount as of y	earend.)			х	3	138 A 110		31,238
h	If this	is an individual account plan, was there a blackout period? (See .101-3.)	instructions and 29	CFR	. 10h		x		11	
i	exce	n was answered "Yes," check the box if you either provided the receitions to providing the notice applied under 29 CFR 2520.101-3。			. 10i			1		
	2500 3000	Pension Funding Compliance			25			3967.3588		
11	ls thi 5500	s a defined benefit plan subject to minimum funding requirements	TO THE ACCUMENTS SERVICE SERVI	uctions and con	nplete So	chedui	e SB (	Form	☐]Yes	x No
12	is thi	s a defined contribution plan subject to the minimum funding requi es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.	rements of section	112 of the Code	or secti	on 302	of ER	ISA? .		X No
	grani	raiver of the minimum funding standard for a prior year is being and ing the waiver			ctions, a Ionth	nd ent	er the Day	date of the	letter ruling Year	<u> </u>
b		the minimum required contribution for this plan year	•	•	2 2 2	. r	12b	I		* *
C		the amount contributed by the employer to the plan for this plan				.	12c			
d	Subtr	act the amount in line 12c from the amount in line 12b. Enter the tive amount)					12d			•
		he minimum funding amount reported on line 12d be met by the fo	ınding deadline? .			• •		Yes	□No	□N/A
Par	(VII)	Plan Terminations and Transfers of Assets					*			
13a		a resolution to terminate the plan been adopted during the plan ye						. , .	Yes	X No
	300	s," enter the amount of any plan assets that reverted to the emplo			• •		13a	L		
c	of the	e all the plan assets distributed to participants or beneficiaries, trans PBGC?					rol • •		. Yes	ХNо
		assets or liabilities were transferred. (See instructions.)	····							
	136(1)	Name of plan(s):			$\dashv$	13	c(2) E	IN(s)	13c(3	) PN(s)
				5,000			0 <b>5</b> 00			*
						- 10				
611		penalty for the late or incomplete filing of this return/report wi		30000				*		A775401
SB o	r Sched	ties of perjury and other penalties set forth in the instructions, I de- lule MB completed and signed by an enrolled actuary, as well as ti up, correct, and complete,	clare that I have exa he electronic version	mined this return/re	m/report eport, ar	, included to the	ding, if se best	applicable, of my kno	a Schedul wledge and	e I
Sic	2. 40	London Carlines	5/18/4	Don David	Carlıı	cci				
HE	4		Date	Enter name of			ing as	plan admir	nistrator	
SIC		(10 11)		Don David		100				
100000000000000000000000000000000000000	-	gnature of employer phalaponal leew	Date 5/18/11	Enter name of			ing as	employer o	or plan spor	nsor

Date 5/18/11 Enter name of individual signing as employer or plan sponsor