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).

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	rdance wit	h the instructions to the Form 550	0-SF.			
		lentification Information						
For	calendar plan year 2010 or fisca	al plan year beginning 01/01/201	10	and ending 1	2/31/2	2010		
Α -	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan		
В	Γhis return/report is for:							
		year return/report (less than 12 mor	nths)					
C	Check box if filing under:	extension		DFVC program				
Do	rt II Pacia Plan Inform	special extension (enter descripti						
		nation—enter all requested inform	nation		1h	Throo digit		
	Name of plan	/, L.L.P. EMPLOYEES' PROFIT SH	ADING DI	ANI AND TRUST	ID	Three-digit plan number		
VVLD	STER FEDIATRIC DENTISTRI	, L.L.F. LWFLOTELS FROM SH	AKING FLA	AN AND TROST		(PN) • 001		
					1c	Effective date of plan		
						01/01/1986		
		ess (employer, if for single-employer	r plan)		2b	Employer Identification Number		
WEB	STER PEDIATRIC DENTISTRY	∕, L.L.P.				(EIN) 16-1463486		
30 ///	. MAIN ST.				2c	Plan sponsor's telephone number 585-872-0150		
	STER, NY 14580-2901				24	Business code (see instructions)		
					Zu	621210		
3a	Plan administrator's name and	address (if same as Plan sponsor, e	enter "Same	e")	3b	Administrator's EIN		
WEB	STER PEDIATRIC DENTISTRY	/, L.L.P. \ 39 W. MAÍN WEBSTER,	ST.			16-1463486		
		WEDSTER,	141 14300-	2301	3с	Administrator's telephone number		
4 1	the consequence of the content of th	and Clark for the and a control to	41.	585-872-0150				
		an sponsor has changed since the la r from the last return/report. Sponso		eport filed for this plan, enter the	4b EIN			
	iame, Em, and the plan numbe	Thom the last retain, report. Opens.	or o marrie		4c PN			
5a	Total number of participants at	the beginning of the plan year			5a	15		
b		the end of the plan year			5b	15		
C	·	ith account balances as of the end of			30			
	•			•	5с	15		
6a	Were all of the plan's assets d	luring the plan year invested in eligit	ole assets?	(See instructions.)		Yes No		
b	Are you claiming a waiver of th	ne annual examination and report of	an indeper	ndent qualified public accountant (IQI	PA)			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							
			orm 5500-	SF and must instead use Form 55	00.			
Pa	rt III Financial Informa	ation		T				
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year		
а	Total plan assets		<u>7a</u>	2584429		2897867		
b	Total plan liabilities		7b	C		0		
С	Net plan assets (subtract line 7	b from line 7a)	7с	2584429)	2897867		
8	Income, Expenses, and Transf	ers for this Plan Year		(a) Amount		(b) Total		
а	Contributions received or recei			113150)			
	• •							
	(3) Others (including rollovers))	8a(3)	005116				
b	Other income (loss)		8b	225140)			
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	8c			338290		
d		rollovers and insurance premiums	8d					
е		ive distributions (see instructions)						
f		rs (salaries, fees, commissions)		24852	2			
g								
9 h	·	Be, 8f, and 8g)				24852		
;						313438		
;		e 8h from line 8c)				2.0.00		
J	manarera to (morn) the plan (Se	ee instructions)	8i					

	Form 5500-SF 2010 Page 2-				
ar	IV Plan Characteristics				
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chara 2A 2E 3B 3D	acteris	tic Co	des in	the instructions:
	2A 2E 3B 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Charac	cterist	ic Coc	les in t	he instructions:
	in the plant provided from the bottome, offer the applicable would be leaded from the block of high children	0.0110.		.00	no mondonono.
art	V Compliance Questions				
)	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		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		260000
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.)	10g		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))	•			`
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	02 of E	ERISA? Yes 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 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.		_		
	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 of	of a		12d	

Part VII Plan Terminations and Transfers of Assets

13a 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 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.)

e Will the minimum funding amount reported on line 12d be met by the funding deadline?.....

13c(1) Name of plan(s): 13c(2) EIN(s) **13c(3)** PN(s)

N/A

Yes X No

No

Yes

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.	06/20/2011	WILLIAM F. SALMINEN, D.D.S.				
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				

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Short Form Annual Return/Report of Small Employee Benefit Plan

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	ployee Dentifits Secontly Administration	-				tusbection					
	nsion Benefit Guaranty Corporation	Complete all entries in accorda	ance with	the instructions to the Form 550	D-8F.						
Part Annual Report Identification Information											
Forc	alendar plan year 2010 or fis	cal plan year beginning 0	1/01/2								
АТ	his return/report is for:	X single-employer plan	multiple-er	nployer plan (not multiemployer)	er)						
Вт	This return/report is for: first return/report final return/report										
	an amended return/report short plan year return/report (less than 12 months)										
C (Check box If filing under:	Form 5558	automatic	extension	DFVC program						
•	special extension (enter description)										
	Part III Basic Plan Information—enter all requested Information										
	B-17/8/8	rmation—enter all requested informa	0011		1b	Three-digit					
1a	Name of plan WEBSTER PEDIATRIC		plan number								
	WEBSTER PEDIATRIC	((PN) ▶ 001								
	111001					Effective date of plan					
	•				01/01/1986						
2a	Plan sponsor's name and add	dress (employer, if for single-employer p DENTISTRY, L.L.P.	plan)		2b Employer Identification Number						
	WEBSTER PEDIATRIC	DENTISTRY, L.L.P.				(EIN) 16-1463486 Plan sponsor's telephone number					
	39 W. MAIN ST.					585-872-0150					
	JJ VI. PHILLI DI				rm m	Business code (see instructions)					
	WEBSTER	NY 14580-2901				621210					
3a	Plan administrator's name an	nd address (if same as Plan sponsor, er DENTISTRY, L.L.P.	iter "Same	1")		Administrator's EIN					
		DENTISTRY, L.L.P.				16-1463486					
	39 W. MAIN ST.	NY 14580-290	1		3c Administrator's telephone number 585-872-0150						
WEBSTER NY 14580-2901 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the						EIN					
1	name, EIN, and the plan num	ber from the last return/report. Sponsor	r's name	, .	4						
						PN					
		at the beginning of the plan year			5a	15					
b		at the end of the plan year			5b	1.5					
¢	Total number of participants	with account belences as of the end of	the plan y	ear (defined benefit plans do not	5c	1 5					
						X Yes No					
_	were all of the plan's assets during the plan year invested in eligible assets (does instituted by blic accountant (IOPA)										
р	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)										
	If you answered "No" to e	ither 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 5	500.						
Ηa	rt II Financial Infor	mation									
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year					
а	Total plan assets	,,,	7a	25844	29	2897867					
b			7b		0						
С	•	e 7b from line 7a)	7c	25844:	29	2897867					
8	Income, Expenses, and Train		AND THE STATE OF T	(a) Amount		(b) Total					
a	Contributions received or re-				3						
	(1) Employers		8a(1)	1131.	50						
	(2) Participants		8a(2)		-inillini- Sannsa	AND STATE OF THE S					
	(3) Others (including rollove	ors)	8a(3)		9068/y						
b	Other income (loss)		8b	2251	40						
С	Total Income (add lines 8a(1	1), 8e(2), 8a(3), and 8b)	8c	THE STREET SHOWS AND ADDRESS OF THE PARTY OF	add0	338290					
d	Benefits paid (including dire	ct rollovers and insurance premiums	1.0		Anina (s. Stillet						
_			1								
e		ective distributions (see instructions)	8e	248	52						
f		ders (salaries, fees, commissiona)	8f	240	90	September 19 miles and 19 miles					
3	•				i jali	2485:					
<u> </u>		d, 8e, 8f, and 8g)			and the	31343					
į		line 8h from line 8c)		The second secon	-Illia-	The second second					
J	Transfers to (from) the plan	(see instructions)	· 8j		UI SO	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					

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	Plan Characteristics the plan provides pension benefits, enter the applicable pension feature 2A 2E 3B 3D the plan provides welfare benefits, enter the applicable welfare feature							
PILITING 2 10"	Compliance Questions							
40	During the plan year	AUGUSTIT T		Yes	No	An	ount	
а	Was there a failure to transmit to the plan any participant contributions v	Concolon Frogram,	1 0 0		х			
b	Were there any nonexempt transactions with any party-in-interest? (Do on line 10a.)	not include transactions repone	10b	ļ	Х			
С	Was the plan covered by a fidelity bond?	,,	10c	x	<u> </u>		26	50000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity	y bond, that was caused by frau	10d		Х			
e	Were any fees or commissions paid to any brokers, agents, or other per insurance service or other organization that provides some or all of the instructions.)	rsons by an insurance carrier, benefits under the plan? (See	10e		х			
f	Has the plan failed to provide any benefit when due under the plan?		10f		X	ļ.,,		
g	Did the plan have any participant loans? (If "Yes," enter amount as of ye	ear end.)	10g		Х			
'n	If this is an Individual account plan, was there a blackout period? (See i	nstructions and 29 CFR	10h		x			
i	If 10h was answered "Yes," check the box if you either provided the req exceptions to providing the notice applied under 29 CFR 2520.101-3	juired notice or one of the	10					
lf y	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable. If a walver of the minimum funding standard for a prior year is being am granting the walver. Ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB	ortized in this plan year, see ins (Form 5500), and skip to line	13.		_ Day	he date of the	letter rul ear	ling ——
b	Enter the minimum required contribution for this plan year,		.,,		12b			
c d	Enter the amount contributed by the employer to the plan for this plan y Subtract the amount in line 12c from the emount in line 12b. Enter the r	esult (enter a minus sign to the	eft of a		12c			
	negative amount)	ındıng deadline?				Yes	Ν¢	N/A
Part								
	Has a resolution to terminate the plan been adopted during the plan ye	ar or any prior year?				***	Yes	X No
	If "Yes." enter the amount of any plan assets that reverted to the emplo	yer this year			13a			
b c	Were all the plan assets distributed to participants or beneficiarles, transfer the PBGC?		*********				Yes	X No
	3c(1) Name of plan(s):			1	3c(2) E	EIN(s)	13c(3) PN(s)
Cau	ion: A penalty for the late or incomplete filing of this return/report	will be assessed unless reasc	nable c	ause	s esta	blished.		
Unde SB c	er penalties of perjury and other penalties set forth in the instructions, I d r Schedule MB completed and signed by an enrolled actuary, as well as	lactora that I have examined this	returo/i	report.	includ	ing, if applicat	ile, a Sch nowledge	nedulo e and
		/-)5-// WILLIAM	F. 5	ALMI	NEN,	D.D.S.		
910 #1		Date Enter name	of Indiv	idual s	ilgning	as plan admir	istrator	
sic	* 4"					-		
MA		Date Enter name	of Indiv	<u>ridual s</u>	igning	as employer o	or plan si	oonsor