## 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

Р	ension Benefit Guaranty Corporation	▶ Complete all entries in accord	dance witl	h the instructions to the Form 5500	0-SF.				
		lentification Information							
For	calendar plan year 2010 or fisca	al plan year beginning 01/01/2010	0	and ending 1	2/31/2	2010			
Α.	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	ant plan		
В	This return/report is for: first return/report final return/report					_			
	an amended return/report short plan year return/report (less than 12 m								
C	Check box if filing under:	Form 5558	automatic	extension		DFVC progr	am		
		special extension (enter description	n)						
Pa	rt II Basic Plan Inforr	nation—enter all requested information	ation						
1a	Name of plan	·			1b	Three-digit			
JOSE	EPH DEMARTINO MD LTD PRO	OFIT SHARING PLAN AND TRUST				plan number	002		
					4 -	(PN) •	<u> </u>		
					10	Effective date of 01/01/			
2a	Plan sponsor's name and addre	ess (employer, if for single-employer	plan)		2b		ification Number		
	EPH DEMARTINO MD LTD		,			(EIN) 05-038	85493		
C/O I	PROFESSIONAL PRACTICE M	IGMT INC			2c	Plan sponsor's	telephone number 37-3928		
35 CI	EDAR BAY DRIVE				2d		(see instructions)		
WAR	WICK, RI 02888					62111			
3a	Plan administrator's name and EPH DEMARTINO MD LTD	address (if same as Plan sponsor, et	nter "Same	e") PRACTICE MGMT INC	<b>3b</b> Administrator's EIN 05-0385493				
0001	THE END WELL	35 CEDAR B	AY DRIVE		30	<b>3c</b> Administrator's telephone number			
		WARWICK, F	XI UZ000			37-3928			
	•	an sponsor has changed since the las		port filed for this plan, enter the	4b EIN				
	name, EIN, and the plan numbe	r from the last return/report. Sponso	r's name		4c	PN			
5a	5a Total number of participants at the beginning of the plan year						5		
_	• •	the end of the plan year		;	5a 5b		4		
		ith account balances as of the end of		:	00				
	• • •			•	5c		4		
	•	luring the plan year invested in eligib		` '			X Yes No		
b		ne annual examination and report of a See instructions on waiver eligibility a					X Yes ☐ No		
	,	er 6a or 6b, the plan cannot use Fo		•					
Pa	rt III Financial Informa								
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	d of Year		
а	Total plan assets		. 7a	1358001	01 143				
b	Total plan liabilities		. 7b						
С	Net plan assets (subtract line 7	7b from line 7a)	7c	1358001			1435566		
8	Income, Expenses, and Transf	ers for this Plan Year		(a) Amount		(b)	Total		
а	Contributions received or received		90(4)						
	, , , ,		8a(1) 8a(2)						
		)							
b	, ,			123230	)				
C	` ,	8a(2), 8a(3), and 8b)	8c				123230		
d	Benefits paid (including direct rollovers and insurance premiums								
	to provide benefits)		. 8d	44827	4				
е	Certain deemed and/or correct	tive distributions (see instructions)	. 8e		_				
f	Administrative service provider	rs (salaries, fees, commissions)	. 8f		4				
g	•		. 8g	838	5		45005		
h		8e, 8f, and 8g)					45665		
ĺ		e 8h from line 8c)					77565		
J	ransters to (from) the plan (se	ee instructions)	8i						

Form 5500-SF 2010	Page <b>2-</b>
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		•	
Part IV	Dian	(`haraci	arietice
I all IV	ı ıaıı	Ollaraci	เธาเอเเษอ

SIGN HERE

Signature of employer/plan sponsor

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

b	If the	e plan provides welfare benefits, enter the applicable welfare featur	re codes from the l	_ist of Plan Charact	terist	ic Cod	des in	the instruc	tions:	
Part	٧	Compliance Questions								
10	Dui	ing the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contributions within the time period described i 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)						X			
b		re there any nonexempt transactions with any party-in-interest? (Doine 10a.)			10b		X			
С	Was the plan covered by a fidelity bond?				10c	X				150000
d		the plan have a loss, whether or not reimbursed by the plan's fideliishonesty?			10d		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 y	year end.)		10q		X			
h		is is an individual account plan, was there a blackout period? (See 0.101-3.)		) CFR	10h		X			
i		Oh was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3			10i					
Part '	VI	Pension Funding Compliance								
		iis a defined benefit plan subject to minimum funding requirements?							☐ Yes	□No
12		his a defined contribution plan subject to the minimum funding requ							Yes	
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							ш		
	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 Month Day Year										
-	If 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.									
		er the minimum required contribution for this plan year				⊢	12c			
		er the amount contributed by the employer to the plan for this plan y tract the amount in line 12c from the amount in line 12b. Enter the r								
		ative amount)	,	-			12d		_	
е	e Will the minimum funding amount reported on line 12d be met by the funding deadline?						N/A			
Part '	VII	Plan Terminations and Transfers of Assets								
13a	Has	a resolution to terminate the plan been adopted during the plan year	ar or any prior yea	r?					Yes	X No
	lf "Y	es," enter the amount of any plan assets that reverted to the emplo	oyer this year				13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?									
C 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):					<b>13c(2)</b> EIN(s) <b>13c(3</b>				) PN(s)	
Cauti	on:	A penalty for the late or incomplete filing of this return/report v	will be assessed u	ınless reasonable	cau	se is	establ	ished.		
SB or	Sch	nalties of perjury and other penalties set forth in the instructions, I de edule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.								
SIGN	ıF	iled with authorized/valid electronic signature.	7/14/2011	JOSEPH DEMART	TINO	MD				
HERE	- T	Signature of plan administrator	Date	Enter name of ind	lividu	al sig	ning as	s plan adm	inistrator	

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

## Short Form Annual Return/Report of Small Employee **Benefit Plan**

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2010

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pensi	on Benefit Gueranty Corporation	accordance with th	e instructions to the Form 5500-5	F.			
Part	The same of the sa	on			701 70010		
For cal	endar plan year 2010 or fiscal plan year beginning	01/01/20	10 and ending		/31/2010		
	s return/report is for:	<b>□</b>	loyer plan (not multiemployer)		on <del>e particip</del> ar	nt plan	
B Thi	s return/report is for:	final return/n		۵۱			
	an amended return/report	ا اسا	ear return/report (less than 12 month		DC:40	***	
A 01-	eck box if filing under:	automatic ex	tension	IJ	DFVC progra	M.	
C CI	special extension (enter d	escription)					
Part			1		ree-digit	l	
18 N	ame of plan oseph DeMartino MD Ltd Profit Shar	ing Plan and	Trust	•	n number N) ▶	002	
J	oseph Demartino AD ned 12011	_	<del> -</del>		fective date of		
			1		1/01/198		
						ication Number	
2a P	an sponsor's name and address (employer, if for single-e	mployer plan)	f	(E	N) 05-038	5493	
J	oseph DeMartino MD Ltd			2c Pl	an sponsor's t	elephone number	
	/o Professional Practice Mgmt Inc		<u></u>		01-487-3		
3	5 Cedar Bay Drive		} :			see instructions)	
144	Parwick RI 02888				21111 Iministrator's	EIN	
30 D	les administrator's name and address (if same as Plan sp	onsor, enter "Same")	· ·	3100 MU 0	5-038549	3	
Jar	lan administrator's name and address (if same as Plan sp oseph DeMartino MD Ltd					telephone number	
c	4 professional practice Mont Inc 3	5 Cedar Bay	prive	401-487-3928			
W	Narwick RI U.	ne the lest return/ren	ort filed for this plan, enter the	4b E			
4 Ift	Name and/or EIN of the plan sponsor has changed sin time, EIN, and the plan number from the last return/report.	Sponsor's name		40 0			
US	me, EIN, and the plan number from the last total income			4c P	N		
- Fa 1	Total number of participants at the beginning of the plan y	ear		5a			
	of the plan vear	************		5b			
	A talaman na nf t	ha and of the DMHD YC	R (GRissey Desert Serie of the				
C 1	Total number of participants with account balances as or complete this item)			5c		X Yes N	
!	complete this item)  Were all of the plan's assets during the plan year invested  Were all of the plan's assets during the plan year invested and	in eligible assets? (S	See instructions.)	••••••	************	,	
<b>5</b> 8	Were all of the plan's assets during the plan year invester Are you claiming a walver of the annual examination and	report of an independ	ent qualified public accountant (IQP	<b>^}</b>		X Yes N	
D (	Are you claiming a waiver of the annual examination and under 29 CFR 2520.104-46? (See instructions on waiver	eligibility and condition	ns.) E and must instead use Form 550	0.			
	If you enswered "No" to either 6a or 6b, the plan com-	Of the LOUIS SOUR	T and these states				
Par	t III Financial Information		(a) Beginning of Yeer		(b) End	of Year	
7	Plan Assets and Liabilities		135800	L		143556	
	Total plan assets			1			
h	Total nian liabilities		135800	†		143556	
c	Net plan assets (subtract line 7b from line 7s)	7c		1	(h)	Total	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount	+			
	(1) Employers	8a(1)		7			
	(a) Dedicinants						
	(2) Others (including rollovers)		12323	n			
	Other Income (Intel)		16367	1		1232	
D	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		+			
C	- w	J., 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	4482	7			
				1			
•	Cartain deemed and/or corrective distributions (see insu	uctional		7			
•	Administrative service providers (salaries, fees, commiss	ions) 81	83	8			
! 	Other expenses	8g		+		456	
9	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				775	
þ	Net income (loss) (subtract line 8h from line 8c)						
1	Net income (1065) (Subtract time of front line of	Q1		1			

Transfers to (from) the plan (see instructions) ......

	Fe	orm 5500-SF 2010 Page <b>2</b>					<del>,</del>	
Part	IV	Plan Characteristics plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chara	acteris	tic Co	des in t	he instruc	tions:	
9a †	2E f the	plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	cteris	ic Co	des in th	e instruci	ions:	
Part '	v I	Compliance Questions		Yes	No		Amour	nt .
			اــــا	165	- RO	<del></del>	Amou	11
a	Was	there a failure to transmit to the plan any participant contributions within the time period described in	10a		X			
b	Wen	e there any nonexempt transactions with any party-in-interest? (DO Not include advantage)	10b		Х			1500
•	Mah	the plan covered by a fidelity bond?	10c	X	L			1500
d	Did 1	the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by maud	10d		x			
•	Wer	e any fees or commissions paid to any brokers, agents, or other persons by an instraction carrier,	10e		x			
			10f		х			
f	Has	the plan failed to provide any benefit when due under the plan?	10a	<b> </b>	X			
g		the plan have any participant loans? (if "Yes," enter amount as of year end.) is is an individual account plan, was there a blackout period? (See instructions and 29 CFR			Х			
n			10h	┼─	<del> </del>			
i		0.101-3.)	101	<u></u>				
Part			nniete	Sche	dule SE	(Form		
11	Is th	Pension Funding Compliance his a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and core  0)		········	മറാ പ്	EDISA?		Yes X
12	ls t	his a defined contribution plan subject to the minimum funding requirements or section 412 or the cou		<b></b>				
_	(If "	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruments in the minimum funding standard for a prior year is being amortized in this plan year, see instruments	uctions	s, and	enter th	e date of	the lette	er ruling
а	if a	waiver of the minimum funding standard for a prior year is being amontage in this plant in Monting the waiver	mth L		_ Day		1 Gas	
lf		completed line 12s, complete lines 3, 9, and 10 of Schedule and (Form 5500), and only		1	12b			
b	Ent	er the minimum required contribution for this plan year			12c			
c d		er the amount contributed by the employer to the plan for this plan year otract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the lef			12d			
		otract the amount in line 12c from the amount in line 12c. Enter the second control of t				Yes	No	o
Pari								
Pan	VIII	s a resolution to terminate the plan been adopted during the plan year or any prior year?					_Ц	Yes X
					4	<u>」</u>	<del></del>	
b	We	re all the plan assets distributed to participants of penencianes, usus series to an asset	.,		control			Yes 🔀
C	16.4	the PBGC?	tile b			:INI/e)		3c(3) PN
		1) Name of plan(s):			3c(2) E	.114(3)	<del>- -</del>	\ <del>-</del> \-
	<del></del>							
		3	 abla a	<b>*</b> 1100	ie aetai	dished.		
		A negative for the late or incomplete filing of this return/report will be assessed unless reason:	-010 0		34	M	inable	a Schedu

Caution: A penalty for the late or incomplete tiling of this return/report, will be assessed united this return/report, including, if applicable, a Schedule 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.

belief, it is true, correct, and complete.	7/2/2011	Joseph DeMartino MD
SIGNA LAS MONTON	1// 4/ 6/	Enter name of individual signing as plan administrator
HERE Signature of plan administrator		Joseph DeMartino MD
HERE Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan spon
nene   Signature of employe//plan sponsor		