Form 5500-SF

Department of the Treasury

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.

2010

2010

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Annual Report Identification Information For calendar plan year 2010 or fiscal plan year beginning and ending 12/31/2010 single-employer plan multiple-employer plan (not multiemployer) one-participant plan A This return/report is for: first return/report final return/report **B** This return/report is for: an amended return/report short plan year return/report (less than 12 months) DFVC program Form 5558 automatic extension C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information Three-digit 1a Name of plan plan number PLATTSBURGH DENTAL GROUP, PC 401(K) RETIREMENT PLAN 001 (PN) ▶ 1c Effective date of plan 01/01/1998 2a Plan sponsor's name and address (employer, if for single-employer plan) 2b Employer Identification Number PLATTSBURGH DENTAL GROUP, PC 14-1624702 (EIN) 2c Plan sponsor's telephone number 91 HAMMOND LANE PLATTSBURGH, NY 12901 2d Business code (see instructions) 3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") **3b** Administrator's EIN PLATTSBURGH DENTAL GROUP, PC 91 HAMMOND LANE 14-1624702 PLATTSBURGH, NY 12901 3c Administrator's telephone number 518-563-7620 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year..... 5a **b** Total number of participants at the end of the plan year..... 5b C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)..... 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III | Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 542201 63074 a Total plan assets..... 7a **b** Total plan liabilities..... 7b 542201 63074 Net plan assets (subtract line 7b from line 7a)..... 7с 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 0 8a(1) (1) Employers 2050 8a(2) (2) Participants (3) Others (including rollovers)..... 8a(3) 100152 Other income (loss)..... 8b 102202 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8с Benefits paid (including direct rollovers and insurance premiums 7046 to provide benefits)..... 8d 0 Certain deemed and/or corrective distributions (see instructions) ... 8e 6616 Administrative service providers (salaries, fees, commissions)...... 8f Other expenses..... 8g 13662 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h 88540 Net income (loss) (subtract line 8h from line 8c)..... 8i Transfers to (from) the plan (see instructions).....

	F	orm 5500-SF 2010 Page 2-							
Par	t IV	Plan Characteristics							
а	If the 2E 2	plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characa. 2G 2J 3H 2F 3D 2T plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characa							
art	V	Compliance Questions							
0		ng the plan year:		Yes	No		Amo	unt	
-	Was	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	.00	X		AIIIC	, diff	
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					100000
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 actions.)	10e	X					3026
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.)	10g		X				
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 com				•	🔲	Yes	X No
2	Is th	s a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ection 3	302 of	ERISA?.	. [Yes	X No
а	Ìfaw	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) raiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver		,					0
lf y	•	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			Day				
b	Enter	the minimum required contribution for this plan year			12b				
С	Enter	the amount contributed by the employer to the plan for this plan year			12c				
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left tive amount)		[12d				
е	Will t	ne minimum funding amount reported on line 12d be met by the funding deadline?				Yes	١	lo	N/A
art	VII	Plan Terminations and Transfers of Assets							
3а	Has a	a resolution to terminate the plan been adopted during the plan year or any prior year?				Г		Yes	X No

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.)

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

Yes 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.	07/20/2011	CARL T. GERNER
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	07/20/2011	CARL T. GERNER
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form 5500-SF Short Form Annual Return/Report of Small Employee OMB Nos. 1210-0110 1210-0009 Benefit Plan Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee 2010 Retirement income Security Act of 1974 (ERISA), and section 6058(a) of the Department of Labor Employee Benefits Security Administration This Form is Open to Public Internal Revenue Code (the Code). Fension Densill Guaranty Corporation Inspection Complete all entries in accordance with the instructions to the Form 5500-SF. Annual Report Identification Information For the calendar plan year 2010 or fiscal plan year beginning 01/01/2010 12/31/2010 and ending A This return/report is for: single-employor plan multiple-employer plan (not multiemployer) one-participant plan B 'fhic roturn/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 5568 DFVC program automatic extension special extension (enter description) Part II Basic Plan Information --- enter nil requigated information. 18 Name of plan 1b Three-digit plan number Plattsburgh Dental Group, 9C 401(k) Rotirement Plan (PN) -001 1C Effective date of plan 01/01/1998 28 Plan eponsor's name and address (employer, if for single-employer plan) Employer Identification Number Plattsburgh Dental Group, PC (EIN) 14-1624702 2c Plan spansor's telaphone number 91 Hammond Lane (518) 563-7620 Business code (see Instructions) US Plattsburgh NY 12901 621210 Plan administrator's name and address (if same as plan employer, enter "Same") 3b Administrators EIN Samo 3C Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN and the plan number from the last return/report. Spensor's Name 4c PN Sa 9 b 5b Total number of perticipants with account balances as of the end of the plan year (defined benefit plans do not complete this item) . 5c 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) K Yos No Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IOPA) under 29 CFR 2520.104-467 (See Instructions on waiver dilgibility and conditions.) X Yes No If you answered "No" to either 6a or 6b, the plan cannot use Form 6500-SF and must instead use Form 6500. Part III Financial Information Plan Assets and Liabilities (a) Boginning of Year (b) End of Year Total plan assets . . 70 542,201 630,741 Total plan liabilities C Nat plan assets (subtract line 7b from tine 7a) 7c 542,201 630,741 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total Contributions received or receivable from: 88(1) 0 Pn(2) 2,050 (3) Others (including rollovers). 80(3) Other Income (loss) 86 100,152 Total income(add lines 6s(1), 8s(2), 8s(3), and 8b) 8c 102,202 Benefits paid (including direct rollovers and incurance premiums 7,046 Certain deemed and/or corrective distributions (see instructions) . 80 0 Administrative service providers (salaries, fees, commissions) . . Bf 6,616 8g 0

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For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Net income (loss) (subject line 6h from line 6a),

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

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Plan Characteristics In provides pension benefits, enter the applicable panalon feature 2A 2C 2J 3H 2F 3D 2T In provides welfare benefits, onter the applicable welfare feature provides welfare benefits, onter the applicable welfare feature of the plan sequence of plan pears. In plan pear: In provides welfare benefits, onter the applicable welfare feature of plan pears. In plan pear: In plan pear: In plan covered by a fidelity bond? In plan bave a loss, whether or not reimbursed by the plan's fidelity plan bave a loss, whether or not reimbursed by the plan's fidelity plan bave are commissions paid to any brokers, agants, or other pears are reivices or other arganization that provides some or all of the plan failed to provide any benefit when due under the plan? In plan failed to provide any benefit when due under the plan? In plan have any participant loans? (If "Yes," onter amount use of year in individual account plan, was there a blackout period? (See in the to providing the notice applied under 29 CFR 2620.101-3. In annewers "Yes," check the box if you alther provided the requirements? In some funding Compliance Instant Punding Compliance Instant Punding Compliance Inflined contribution plan subject to minimum funding requirements? In the minimum funding standard for a prior year is being and the welver.	within the time per Correction Progras o not include transitive benefits under the benefits under the corrections and 2 instructions and 2 instruc	riod described in am) sactions reporte causad by frauctions are carrier, the plan? (See the plan	10a 10b 10c 10d 10d 10d 10d 10d 10d	Yes X	No X X X X X X X X X X X X X X X X X X X	Amount 100
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