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

P	Complete all entries in accor	rdance wit	h the instructions to the Form 5500	0-SF.	1
	art I Annual Report Identification Information				
For	calendar plan year 2010 or fiscal plan year beginning 01/01/201	10	and ending 1	2/31/2	2010
Α.	This return/report is for: Single-employer plan	multiple-	employer plan (not multiemployer)		one-participant plan
В	This return/report is for:	final retur	n/report		_
_	an amended return/report	short plan	n year return/report (less than 12 mor	nths)	
•		1	, , ,	11110)	□ DEVC program
C	Check box if filing under: Form 5558	1	extension		DFVC program
	special extension (enter description)				
	Int II Basic Plan Information—enter all requested inform	nation			
	Name of plan			1b	Three-digit
JOAI	NM FLACH LENZE DDS PA PROFIT SHARING PLAN 2230 OLD F	HWY 441 N	IOUNT DORA FLORIDA 32757		plan number (PN) • 001
				10	\ /
				16	Effective date of plan 01/01/1981
2a	Plan sponsor's name and address (employer, if for single-employer	r nlan)		2h	Employer Identification Number
	NM FLACH LENZE DDS PA	i piari)		20	(EIN) 59-2038550
				2c	Plan sponsor's telephone number
	OLD US HWY 441 NT DORA, FL 32757				352-383-2959
WICO	W 2017, 12 02707			2d	Business code (see instructions) 621210
20	Dian administrator's name and address (if ages as Dian an areas		- "\	2 h	Administrator's EIN
	Plan administrator's name and address (if same as Plan sponsor, 6 NM FLACH LENZE DDS PA 2230 OLD U			SD	59-2038550
	MOUNT DO	RA, FL 327	757	3c	Administrator's telephone number
					352-383-2959
	f the name and/or EIN of the plan sponsor has changed since the la		port filed for this plan, enter the	4b	EIN
I	name, EIN, and the plan number from the last return/report. Sponso	or's name		4c	DNI
	Total acceptance for auticina acts of the bearing in a of the plant con-				
	Total number of participants at the beginning of the plan year			5a	6
b	Total number of participants at the end of the plan year		•	5b	0
С	Total number of participants with account balances as of the end of		•	5c	0
	complete this item)				∑ Yes ☐ No
	Were all of the plan's assets during the plan year invested in eligib		,		^ Yes No
D	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condit	ident qualified public accountant (IQI	-A)	X Yes No
	If you answered "No" to either 6a or 6b, the plan cannot use F				
Pa	rt III Financial Information				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
а	Total plan assets	7a	1105765	5	0
b	Total plan liabilities				
С	Net plan assets (subtract line 7b from line 7a)		1105765	5	
8	Income, Expenses, and Transfers for this Plan Year	70	(a) Amount		(b) Total
а	Contributions received or receivable from:		(a) Allibulit		(B) Total
ű	(1) Employers	8a(1)			
	(2) Participants	8a(2)			
	(3) Others (including rollovers)				
b	Other income (loss)		65157	,	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				65157
d	Benefits paid (including direct rollovers and insurance premiums				
_	to provide benefits)	8d	1170922		
е	Certain deemed and/or corrective distributions (see instructions)	8e			
f	Administrative service providers (salaries, fees, commissions)	8f			
g	Other expenses				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)				1170922
i	Net income (loss) (subtract line 8h from line 8c)				-1105765
i	Transfers to (from) the plan (see instructions)				
,		n XI	1		

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SIGN HERE Signature of plan administrator

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 3D

b	If th	e plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chai	acteris	tic Co	des in t	the instru	ctions		
art	V	Compliance Questions							
0	Du	ring the plan year:		Yes	No		Amo	ount	
а		as there a failure to transmit to the plan any participant contributions within the time period described in 0 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b		ere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported line 10a.)	10b		X				
С	Wa	as the plan covered by a fidelity bond?	10c	X					30000
d		I the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud dishonesty?	10d		X				
е	ins	ere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, urance service or other organization that provides some or all of the benefits under the plan? (See tructions.)	10e		X				
f	Ha	s 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		nis is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10h		X				
i		Oh was answered "Yes," check the box if you either provided the required notice or one of the ceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art		Pension Funding Compliance		ı)			
11	ls ti	his a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co						Yes	No
12		this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc						Yes	X No
_		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	0 01 00	.0110111	02 01	LIKIO/K.			ш
а	lf a	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver.							
lf y	-	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13			24,		. • •		
b	Ent	er the minimum required contribution for this plan year			12b				
С	Ent	er the amount contributed by the employer to the plan for this plan year			12c				
d		otract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the lef gative amount)			12d			_	
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	1	Мо	N/A
art	VII	Plan Terminations and Transfers of Assets							
3а	Has	s a resolution to terminate the plan been adopted during the plan year or any prior year?		···· <u>-</u>			X	Yes	No
	lf "۱	Yes," enter the amount of any plan assets that reverted to the employer this year			13a				0
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough he PBGC?	under	the co	ntrol		X	Yes	No
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify ich assets or liabilities were transferred. (See instructions.)	the pla	n(s) to	1				
1	3c(1) Name of plan(s):		13	c(2) El	N(s)		13c(3)	PN(s)
lau+	ion:	A penalty for the late or incomplete filing of this return/report will be assessed unless reasona	hle car	ISA İS	establ	ished			
		nalties of perjury and other penalties set forth in the instructions, I declare that I have examined this re					cable.	a Sche	dule
SB o	r Ścł	nedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return s true, correct, and complete.							
SIGI	N	Filed with authorized/valid electronic signature. 07/18/2011 JOAN LENZE							

Date

Date

Enter name of individual signing as plan administrator

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

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OMB Nos. 1210 - 0110 1210 - 0089

2010

This Form is Open to Public Inspection

	► Complete all entries in accordance with the instruction	s to the	Form 5500-SF.		Inspection
Par	Annual Report Identification Information				
For	calendar plan year 2010 or fiscal plan year beginning and endi	ng			
	This return/report is for: X single-employer plan This return/report is for: This return/report is for: I first return/report I an amended return/report Short plan year return/report		_	one-pa	articipant plan
С	Check box if filing under: Form 5558 automatic extension special extension (enter description)	t (less th		DFVC	program
Par	t II Basic Plan Information—enter all requested information				
1a	Name of plan			1b	Three-digit plan
	Joan M. Flach Lenze, DDS, PA Profit Sharing Plan			_	number (PN) ▶ 001
	2230 Old Hwy 441		ed .	1c	Effective date of plan
-20	Mount Dora, Florida 32757	-		26	01/01/1981
	Plan sponsor's name and address (employer, if for single-employer plan) Joan M Flach Lenze DDS PA	A BOOK	圓	2b	Employer Identification No. (EIN) 59-2038550
	Joan W Flach Benze DDS FA	A BY		2c	Plan sponsor's telephone no.
	2230 Old US Hwy 441			20	352-383-2959
	Mount Dora FL 32757			2d	Business code (see instr.)
					basiness seed (see mean)
					621210
3a	Plan administrator's name and address (if same as Plan sponsor, enter "Same")			3b	Administrator's EIN
	Joan M Flach Lenze DDS PA				
					59-2038550
	2230 Old US Hwy 441			3c	Administrator's
	Mount Dora FL 32757				telephone number
			-	41.	352-383-2959
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter	the name,	EIN,	4b	EIN
5a	and the plan number from the last return/report. Sponsor's name			4c 5a	PN 6
b	Total number of participants at the beginning of the plan year Total number of participants at the end of the plan year			5b	0
C	Total number of participants with account balances as of the end of the plan year (defined benefit plans do			5c	0
6a	Were all the plan's assets during the plan year invested in eligible assets? (See instructions.		no tino nom ₁	1 001	X Yes No
b	Are you claiming a waiver of the annual examination and report of an independent qualified p		countant (IQPA)		🖂
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)		AND THE CONTROL OF TH		X Yes No
	If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must ins	stead use	Form 5500.		
Par	t III Financial Information	1000000000			
7	Plan Assets and Liabilities		(a) Beginning of		(b) End of Year
a	Total plan assets	. 7a	110	5765	0
b	Total plan liabilities		440		
C	Net plan assets (subtract line 7b from line 7a)	. 7c	50 Section 1	5765	/L) T-4-1
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	[(b) Total
a ,	Contributions received or receivable from:	8a(1)		o	
	1) Employers 2) Participants	8a(2)			
	3) Others (including rollovers)	8a(3)			
b d	Other income (loss)	8b	6.	5157	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			65157
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1170	922	
е	Certain deemed and/or corrective distributions (see instructions)	. 8e			
f	Administrative service providers (salaries, fees, commissions)				
g	Other expenses	. 8g			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h			1170922
!	Net income (loss) (subtract line 8h from line 8c)	8i 8j			-1105765
	Transfers to (from) the plan (see instructions)	. I oj		- 8	

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VI tec	
100000 100 10 10 100	Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 3D

b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	ctensu	Code	es in th	e instru	CHOIIS.	
Pari	V Compliance Questions						
10	During the plan year:		Yes	No		Amoun	t
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	х				30000
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 the 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		х			
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					
Part							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com-	nplete S	chedu	ile SB	(Form_	1	
	5500))					Yes	No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of	ERISA?			<u>L</u>	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 instruc						
		nth	_ Da	ау	_ Yea	·	_
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		ſ	1			
b	Enter the minimum required contribution for this plan year			12b			
C	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 a					
	negative amount)		ا	12d	/00	No	N//A
<u>e</u> Parl	Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets				res	No	N/A
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?				v	Yes	
Iou	If "Yes," enter the amount of any plan assets that reverted to the employer this year						l No
b				13a	A	103	No 0
		under th		13a	A	103	0 0
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought						0
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?		ne con				
С	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the		ne con				0
С	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC? 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.)	ne plan(ne con	trol	X	Yes	0 No
С	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the	ne plan(ne con	trol	X		0 No
С	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC? 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.)	ne plan(ne con	trol	X	Yes	0 No
С	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC? 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.)	ne plan(ne con	trol	X	Yes	0 No
С	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC? 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.)	ne plan(ne con	trol	X	Yes	0 No
C 1	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC? 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.) 3c(1) Name of plan(s):	13c	s) to	IN(s)	X	Yes	0 No
C 1	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC? 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.) 3c(1) Name of plan(s):	13c	s) to	IN(s)	X	Yes	0 No
C 1	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC? 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.) 3c(1) Name of plan(s):	13o	s) to	IN(s)	1 1 deed.	Yes	0 No
C 1 Caut Under	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC? 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.) 3c(1) Name of plan(s): ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best tiles tale, correct, and complete.	13c cause ig, if appli	s) to	IN(s)	1 1 deed.	Yes	0 No
C 1 Caut Under	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC? 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.) 3c(1) Name of plan(s): ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best to the complete correct, and complete. Joan Lenze	13c cause ig, if appli	s) to	IN(s)	1 1 deed.	Yes	0 No
Caut Under SB or belief,	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC? 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.) 3c(1) Name of plan(s): ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of the correct, and complete. Signature of plan administrator Date 7 / / / Enter name of incomplete.	cause in grant of more plant.	s) to	ablishe a Schee ledge a	X and a section of the section of th	Yes 3c(3)	O No
Caut Under SB or belief,	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC? 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.) 3c(1) Name of plan(s): ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best to the complete correct, and complete. Joan Lenze	cause g, if applications of metallic dividual	s) to	ablishe a Scheoledge a	ed. dule	Yes	O No PN(s)