Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089 2010			
Department of the Treasury Internal Revenue Service Department of Labor	This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).				
Employee Benefits Security Administration	Complete all entries in accordance with the instructions to the Form 5500.				
Pension Benefit Guaranty Corporation		This Form is Open to Public Inspection			
	tification Information				
For calendar plan year 2010 or fiscal	plan year beginning 04/01/2008 and ending 03/31/2	2009			
A This return/report is for:	a multiemployer plan; a multiple-employer plan; or				
	a single-employer plan;				
B This return/report is:	the first return/report; the final return/report;				
	an amended return/report; a short plan year return/report (less t	han 12 months).			
C If the plan is a collectively-bargain	ed plan, check here				
D Check box if filing under:	Form 5558; automatic extension;	\times the DFVC program;			
	special extension (enter description)				
Part II Basic Plan Inform	nation—enter all requested information				
1a Name of plan A. DONALD GILDEN, DDS,PC PROF		1b Three-digit plan number (PN) ►			
, -,		1c Effective date of plan 04/01/1975			
2a Plan sponsor's name and addres (Address should include room or s A. DONALD GILDEN, DDS, PC	s (employer, if for a single-employer plan) suite no.)	2b Employer Identification Number (EIN) 16-1041689			
		2c Sponsor's telephone number 716-689-6640			
765 ROBIN ROAD BUFFALO, NY 14228	765 ROBIN ROAD BUFFALO, NY 14228	2d Business code (see instructions) 621210			

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 accompanying schedules, statements and attachments, 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 HERE	Filed with authorized/valid electronic signature.	10/11/2011	DAVID FLEISCHMANN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

A. 76	Plan administrator's name and address (if same as plan sponsor, enter "Same") DONALD GILDEN, DDS,PC 5 ROBIN ROAD FFALO, NY 14228	16- 3c Ad nu	Iministrator's EIN 1041689 Iministrator's telephone Imber 6-689-6640
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 the plan number from the last return/report:	and	4b EIN
а	Sponsor's name		4c PN
5	Total number of participants at the beginning of the plan year	5	3
6	Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d).		
а	Active participants	6a	3
b	Retired or separated participants receiving benefits	6b	
С	Other retired or separated participants entitled to future benefits	. 6c	
d	Subtotal. Add lines 6a, 6b, and 6c	. 6d	3
е	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	. 6e	_
f	Total. Add lines 6d and 6e	. 6f	3
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	. 6g	3
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	. 6h	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

Page **2**

Form 5500 (2010)

8a 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 plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a	9a Plan funding arrangement (check all that apply)				Plan bene	efit a	arrangement (check all that apply)	
	(1)		Insurance		(1)		Insurance	
	(2)	Π	Code section 412(e)(3) insurance contracts		(2)	Π	Code section 412(e)(3) insurance contracts	
	(3)	Х	Trust		(3)	X	Trust	
	(4)		General assets of the sponsor		(4)		General assets of the sponsor	
10	10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)							
а	Pensio	n <u>S</u> cl	hedules	b	General	<u>Sc</u> h	nedules	
а	Pensio (1)	n Scl	hedules R (Retirement Plan Information)	b	General (1)	Sch	nedules H (Financial Information)	
а		n Sci		b		Sch X		
а	(1)	n Scl	 R (Retirement Plan Information) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan 	b	(1)	Sch X	H (Financial Information)	
a	(1)	n Scl	R (Retirement Plan Information)MB (Multiemployer Defined Benefit Plan and Certain Money	b	(1) (2)	Sch ×	H (Financial Information)I (Financial Information – Small Plan)	
а	(1)	n Scl	 R (Retirement Plan Information) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan 	b	(1) (2) (3)	Sch ×	 H (Financial Information) I (Financial Information – Small Plan) A (Insurance Information) 	

	SCHEDULE I	Financial In	form	ation—Sr	nall	Plan			OMB No. 1210-0110		
	(Form 5500)	Financial Information—Small Plan									
	Department of the Treasury	This schedule is required to be filed under section 104 of the Employee							2010		
	Internal Revenue Service	Retirement Income Security /	Act of 19 Revenue	974 (ERISA), and e Code (the Cod	d section e).	on 6058(a)	of the				
	Department of Labor Employee Benefits Security Administration			hment to Form			-	This	Form is Open to F	Public	
	Pension Benefit Guaranty Corporation								Inspection		
-	r calendar plan year 2010 or fiscal p	lan year beginning 04/01/20	08			and ending	03/3	31/2009			
A A. C	Name of plan DONALD GILDEN, DDS,PC PROFI	T SHARING PLAN				Three-digit plan numb		►	001		
A. C	Plan sponsor's name as shown on DONALD GILDEN, DDS, PC				16	mployer lo -1041689					
Coi sma	mplete Schedule I if the plan covered all plan under the 80-120 participant	I fewer than 100 participants as of rule (see instructions). Complete S	the beg Schedul	inning of the plar e H if reporting as	n year. s a larg	You may a e plan or D	lso compl IFE.	ete Scheo	dule I if you are filing	as a	
Pa	art I Small Plan Financial	Information									
ass ber	port below the current value of assests held in more than one trust. Do nefit at a future date. Include all incourrance carriers. Round off amount	not enter the value of the portion ome and expenses of the plan inc	of an ir	surance contrac	t that g	juarantees	during th	is plan ye	ar to pay a specific	dollar	
1	Plan Assets and Liabilities:			(a) Be	ginnin	g of Year			(b) End of Year		
а	Total plan assets		. 1a			:	263922			153278	
b	Total plan liabilities		. 1b								
С	Net plan assets (subtract line 1b f	rom line 1a)	_ 1c				263922	153278			
2	Income, Expenses, and Transfe	rs for this Plan Year:		(a) Amo	ount			(b) Total		
а	Contributions received or receivable	ble:									
	(1) Employers		. 2a(1)								
	(2) Participants		. 2a(2)								
	(3) Others (including rollovers)		. 2a(3)								
b	Noncash contributions		. 2b								
С	Other income		. 2c			-	110644				
d	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	. 2d							-110644	
е	Benefits paid (including direct rolle	overs)	. 2e								
f	Corrective distributions (see instru	uctions)	. 2f								
g	Certain deemed distributions of pa (see instructions)		. 2g								
h	Administrative service providers (salaries, fees, and commissions)	. 2h								
i	Other expenses		. 2i								
j	Total expenses (add lines 2e, 2f, 2	2g, 2h, and 2i)	. 2j				_				
k	Net income (loss) (subtract line 2j	from line 2d)	. 2k							-110644	
I	Transfers to (from) the plan (see i	nstructions)	. 2 I								
3	Specific Assets: If the plan held a remaining in the plan as of the end c by-line basis unless the trust meets	of the plan year. Allocate the value o	of the pla	n's interest in a co	0	,			,		
				г		Yes	No		Amount		
а	Partnership/joint venture interests			F	3a		X				
b	Employer real property				3b		X				
С	Real estate (other than employer	real property)			3c		X				
d	Employer securities				3d		X				
е	Participant loans				3e		Х				
Fo	r Paperwork Reduction Act Notice	e and OMB Control Numbers, s	ee the i	instructions for	Form	5500			Schedule I (Form	5500) 201	

edule	I	(Form	5500)	2010
			v.092	308.1

			Yes	No	Amount
3f	Loans (other than to participants)	3f		Х	
g	Tangible personal property	3g		Х	

Pa	art II Compliance Questions				
4	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? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		х	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance.	4b		X	
С	Were any leases to which the plan was a party in default or classified during the year as uncollectible?	4c		x	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)	4d		x	
е	Was the plan covered by a fidelity bond?	4e		Х	
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?	4i		X	
j	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4j		x	
k	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	4k	X		
Т	Has the plan failed to provide any benefit when due under the plan?	41		Х	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n			
5a	Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year	Ye	es 🛛 N	lo A	mount:

5b 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.)

5b(1) Name of plan(s)

Form 5500	OMB Nos. 1210-0110 1210-0089			
Department of the Treasury Internal Revenue Service	This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).			
Department of Labor Employee Benefits Security Administration	Complete all entries In accordance with the instructions to the Form 5500.	2010		
Pension Benefit Guaranty Corporation		This Form is Open to P	ublic	
	tification Information			
For calendar plan year 2010 or fiscal p		2009		
A This return/report is for:	a multiemployer plan;			
	X a single-employer plan; a DFE (specify)			
B This return/report is:	the first return/report; the final return/report;			
	an amended return/report;	non 10 months)		
C If the plan is a collectively-bargaine		···· <u>·</u> ··· › []		
D Check box if filing under:	Form 5558; automatic extension;	the DFVC program;		
	special extension (enter description)			
Part II Basic Plan Inform	nation—enter all requested information			
1a Name of plan A. DONALD GILDEN, DDS,PC PROFI	IT SHARING PLAN	1b Three-digit plan number (PN) ▶	001	
		1c Effective date of pl 04/01/1975	an	
2a Plan sponsor's name and address (Address should include room or si	(employer, if for a single-employer plan) uite no.)	2b Employer Identifica Number (EIN)	ition	
A. DONALD GILDEN, DDS, PC		16-1041689		
765 ROBIN ROAD	765 ROBIN ROAD	2c Sponsor's telephor number 716-689-6640	1e	
BUFFALO, NY 14228	BUFFALO, NY 14228	2d Business code (see instructions) 621210		

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 accompanying schedules, statements and attachments, 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	G. Donald Dieda	10-11-11	A. DONALD GILDEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	a. Nonach Driden	10-11-11	A. DONALD GILDEN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
EAF Dan	anwark Poduction Act Nation and OMD Control Number	an analysis of the state of the	

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

Form 5500 (2010) v.092307.1

	Plan administrator's name and address (if same as plan sponsor, enter "Same") DONALD GILDEN, DDS,PC	3b Administrator's EIN 16-1041689				
	5 ROBIN ROAD IFFALO, NY 14228	3c Administrator's telephone number 716-689-6640				
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 the plan number from the last return/report:	and	4b EIN			
а	Sponsor's name		4c PN			
5	Total number of participants at the beginning of the plan year	5	3			
6	Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d).					
a	Active participants	_ 6a	3			
b	Retired or separated participants receiving benefits	6b				
c	Other retired or separated participants entitled to future benefits	_ 6c				
d	Subtotal. Add lines 6a, 6b, and 6c	6d	3			
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e				
f	Total. Add lines 6d and 6e	6f	3			
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	_6g	3			
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h				
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7				

Page **2**

Form 5500 (2010)

8a 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 plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a	9a Plan funding arrangement (check all that apply)				Plan b	enel	lit a	rrangement (check all that apply)
	(1)	1	insurance	ĺ	(1)	Г		Insurance
	(2)	- 11	Code section 412(e)(3) insurance contracts	Î.	(2)		٦	Code section 412(e)(3) insurance contracts
	(3)	X	Trust		(3)	Þ	4	Trust
	(4)		General assets of the sponsor		(4)		1	General assets of the sponsor
10	Check	all ap	plicable boxes in 10a and 10b to indicate which schedules are a	ttache	d, and,	, whe	əre	indicated, enter the number attached. (See instructions)
_								
а	Pensio	n Sc	hedules	b	Gene	ral S	ch	edules
	(1)		R (Retirement Plan Information)		(1)	Γ]	H (Financial Information)
	(2)		MB (Multiemployer Defined Benefit Plan and Certain Money		(2)	Þ	<	I (Financial Information - Small Plan)
			Purchase Plan Actuarial Information) - signed by the plan		(3)] ;	A (Insurance Information)
			actuary		(4)]	C (Service Provider Information)
	(3)		SB (Single-Employer Defined Benefit Plan Actuarial		(5)			D (DFE/Participating Plan Information)
			Information) - signed by the plan actuary		(6)	Γ	Ĭ	G (Financial Transaction Schedules)

		Financial Information—Small Plan						OMB No. 1210-0110		
	(Form 5500) This schedule is required	to be fil	d under contion 104	4	he Emple			2010		
	Department of the Treasury This schedule is required to be filed under section 104 of the Employee Internal Revenue Service Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the						2010			
	Employee Benefits Security Administration	Internal Revenue Code (the Code).								
	Pension Benefit Guaranty Corporation	► File as an attachment to Form 5500.			This	Form is Open to Public Inspection				
Fo	r calendar plan year 2010 or fiscal plan year beginning 04/01/2	800		ar	nd ending	j 03/	31/2009			
	Name of plan DONALD GILDEN, DDS,PC PROFIT SHARING PLAN		В		hree-digi Ian numb		•	001		
. C	Plan sponsor's name as shown on line 2a of Form 5500 DONALD GILDEN, DDS, PC		D	16-1	1041689		on Number	. ,		
SO. Sm	mplete Schedule I if the plan covered fewer than 100 participants as c all plan under the 80-120 participant rule (see instructions). Complete	of the beg Schedul	inning of the plan ye H if reporting as a l	ear. Yi large	ou may a plan or D	liso compl)FE.	lete Schedu	ule I if you are filing as a		
	art I Small Plan Financial Information			<u> </u>						
ass ber	port below the current value of assets and liabilities, income, expensions sets held in more than one trust. Do not enter the value of the portion refit at a future date. Include all income and expenses of the plan in- urance carriers. Round off amounts to the nearest dollar.	n of an ir	surance contract the	at du	arantees	during th	is plan vea	r to nav a specific dollar		
1	Plan Assets and Liabilities:	1	(a) Begini	ning	of Year		(b) End of Year			
a	Total plan assets					263922	_	15327		
b	Total plan iabilities	<u>1b</u>		_		_	<u> </u>			
¢	Net plan assets (subtract line 1b from line 1a)	1c		263922		153278				
2	Income, Expenses, and Transfers for this Plan Year:		(a) A	(a) Amount		(b) Total				
a	Contributions received or receivable:									
	(1) Employers	2a(1)								
	(2) Participants	2a(2)								
	(3) Others (including rollovers)	. 2a(3)								
b	Noncash contributions	. 2b								
¢	Other income	2c				10644				
d	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	2d						-11064		
e	Benefits paid (including direct rollovers)	-								
f	Corrective distributions (see instructions)				1	<u> </u>				
g	Certain deemed distributions of participant loans									
h	(see instructions) Administrative service providers (salaries, fees, and commissions)									
	Other expenses Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)									
ı İr		-						44004		
n I	Net income (loss) (subtract line 2j from line 2d)							-11064		
• }	Transfers to (from) the plan (see instructions)		Etho fallanta d	- 64						
	Specific Assets: If the plan held assets at anytime during the plan year remaining in the plan as of the end of the plan year. Allocate the value of by-line basis unless the trust meets one of the specific exceptions described by-line basis unless the trust meets one of the specific exceptions described by-line basis unless the trust meets one of the specific exceptions described by-line basis unless the trust meets one of the specific exceptions described by-line basis unless the trust meets one of the specific exceptions described by-line basis unless the trust meets one of the specific exceptions described by-line basis unless the trust meets one of the specific exceptions described by-line basis unless the trust meets one of the specific exceptions described by-line basis unless the trust meets one of the specific exceptions described by-line basis unless the trust meets one of the specific exceptions described by-line basis unless the trust meets one of the specific exceptions described by-line basis unless the trust meets one of the specific exceptions described by-line basis unless the trust meets one of the specific exceptions described by-line basis unless the trust meets one of the specific exceptions described by-line basis unless the trust meets one of the specific exceptions described by-line basis unless the trust meets one of the specific exceptions described by-line basis unless the trust meets one of the specific exceptions described by-line basis unless the trust meets one of the specific exceptions described by-line basis unless the trust meets one of the specific exceptions described by-line basis unless the trust meets one of the specific exceptions described by-line basis unless the trust meets one of the specific exceptions described by-line basis des	of the plai	's interest in a commi	ones, iinglea	d trust cor	ntaining the	nter the curr e assets of i	more than one plan on a line		
a	Partnership/joint venture interests				Yes	No X		Amount		
b				-		- x +				
	Employer real property					- <u>x</u> +				
	Real estate (other than employer real property)						_			
						X				
c d	Employer securities					x				

aule	1 (FC	2 m	2000) 2010
			v.092308.1

Schedule I (Form 5500) 2010

Page	2-	
Page	2-	

			Yes	No	Amount
3f	Loans (other than to participants)	3f		X	
g	Tangible personal property	3g		х	

P	Part II Compliance Questions							
4	During the plan year:		Yes	No	Amount			
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		x				
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance.	4b		x				
С	Were any leases to which the plan was a party in default or classified during the year as uncollectible?	4c		x				
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)	4d		x				
е	Was the plan covered by a fidelity bond?	4e		x				
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		x	······································			
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		x				
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h	1	x				
i	Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?	4i		x				
j	Were all the plan assets either distributed to participants or beneficiarles, transferred to another plan, or brought under the control of the PBGC?	4		x				
k	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	4k	x					
I.	Has the plan failed to provide any benefit when due under the plan?	41		x				
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		x				
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520,101-3	4n			······································			
5a	Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year	Ye	s 🖾 N	o Amou	nt:			

5b 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.)

5b(1) Name of plan(s)

5b(2) EIN(s) 5b(3) PN(s)