#### 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).

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OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

	rension Benefit Guaranty Corporation	▶ Complete all entries in accord	dance wit	h the instructions to the Form 550	O-SF.	1			
		Identification Information							
For	calendar plan year 2010 or fi	scal plan year beginning 01/01/2010	0	and ending 1	2/31/2	2010			
Α	This return/report is for:	xingle-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan			
	This return/report is for:	first return/report	final retur	n/report					
_	This retain/report is for.	an amended return/report		n year return/report (less than 12 mor	nthe)				
_			•	, , ,	11113)	□ pr/c			
C	Check box if filing under:	^ Form 5558		extension		DFVC program			
		special extension (enter description	,						
Pa	art II Basic Plan Info	ermation—enter all requested information	ation						
	Name of plan				1b	Three-digit			
STE	VE SLOBODSKI, D.D.S., P.C	. PROFIT SHARING PLAN				plan number 001			
					4.	(PN) •			
					10	Effective date of plan 01/01/2001			
22	Plan enoncor's name and ad	dress (employer, if for single-employer	nlan)		2h	Employer Identification Number			
	VE SLOBODSKI, D.D.S., P.C		piari)		20	(EIN) 11-3139543			
					2c	Plan sponsor's telephone number			
	BAY RIDGE PARKWAY OKLYN, NY 11204-5945					718-259-3828			
DICO	ORETH, NT 11204-3943				2d	Business code (see instructions)			
	DI 1		. "0	"	26	621210			
STE	Plan administrator's name ar √E SLOBODSKI, D.D.S., P.C	nd address (if same as Plan sponsor, ei 2102 BAY RI	DGE PAR	KWAY	30	Administrator's EIN 11-3139543			
		BROOKLYN,	NY 11204	1-5945	3c	Administrator's telephone number			
						718-259-3828			
	f the name and/or EIN of the	4b EIN							
	name, EIN, and the plan num	ber from the last return/report. Sponso	r's name		4c PN				
	Tatal acceptance for a distance to	at the headersteen of the other const							
	<b>5a</b> Total number of participants at the beginning of the plan year			5a	25				
b	Total number of participants	at the end of the plan year			5b	0			
С		with account balances as of the end of		•	<b>5</b> 0	0			
	,				5c	□ □ □			
	•	s during the plan year invested in eligible		,		Yes No			
D		f the annual examination and report of a ? (See instructions on waiver eligibility a				X Yes No			
		ither 6a or 6b, the plan cannot use Fo		•					
Pa	rt III Financial Infor								
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year			
а	Total plan assets		. 7a	275132		0			
b	Total plan liabilities		7b	C	)	0			
С		e 7b from line 7a)	7c	275132		0			
8	Income, Expenses, and Trai		10	(a) Amount		(b) Total			
а	Contributions received or re-			(a) Amount		(b) Total			
ű			8a(1)	C					
	(2) Participants		8a(2)	C					
		ers)		266663					
b	, ,	,		-3755	5				
С	,	l), 8a(2), 8a(3), and 8b)				262908			
d		ct rollovers and insurance premiums							
_			. 8d	538040					
е		ective distributions (see instructions)	. 8e	C					
f		ders (salaries, fees, commissions)	. 8f	C					
g			. 8g	C					
h	•	d, 8e, 8f, and 8g)				538040			
j		ine 8h from line 8c)				-275132			
i		(see instructions)		C					
	, ,	,	. 01						

Form 5500-SF 2010	Page <b>2-</b> <sup>1</sup>
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Part IV	Dian	(`haract	Orietics
гант	ган	CHALAGE	.ci isiics

HERE

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	ne plan provides welfare benefits, enter the applicable welfare feature codes from the List o	of Plan Charact	erist	ic Cod	des in t	the instru	uctions	•		
art	٧	Compliance Questions									
0	Du	rring the plan year:			Yes	No		Am	ount		
а		as there a failure to transmit to the plan any participant contributions within the time period of 9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		0a		Χ					0
b		ere there any nonexempt transactions with any party-in-interest? (Do not include transaction line 10a.)		0b		X					0
С	W	as the plan covered by a fidelity bond?	1	0с		X					0
d		d the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was cause dishonesty?	-	0d		X					0
е	ins	ere any fees or commissions paid to any brokers, agents, or other persons by an insurance surance service or other organization that provides some or all of the benefits under the plar structions.)	in? (See	0e		X					0
f	На	s the plan failed to provide any benefit when due under the plan?	1	Of		X					0
g	Dic	d the plan have any participant loans? (If "Yes," enter amount as of year end.)	1	0g		X					0
h		his is an individual account plan, was there a blackout period? (See instructions and 29 CFI 20.101-3.)		0h		X					
i		10h was answered "Yes," check the box if you either provided the required notice or one of t ceptions to providing the notice applied under 29 CFR 2520.101-3		l0i							
art	VI	Pension Funding Compliance	•								_
11	ls t	this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instruction (00))					•	[	Yes	X	No
2		this a defined contribution plan subject to the minimum funding requirements of section 412							Yes	X	No
_		"Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	2 01 1110 0000 0	1 30	otion c	02 01	LICION		1	ш.	
а	lf a	a waiver of the minimum funding standard for a prior year is being amortized in this plan yea anting the waiver.									
lf y	-	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip				- ,		-			
b	Ent	ter the minimum required contribution for this plan year				12b					
С	Ent	ter the amount contributed by the employer to the plan for this plan year				12c					
d		btract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sig gative amount)	-			12d					
е	Wil	Il the minimum funding amount reported on line 12d be met by the funding deadline?					Yes		No	N/	A
art	VII	Plan Terminations and Transfers of Assets									
3a	Has	s a resolution to terminate the plan been adopted during the plan year or any prior year?			<u></u>			X	Yes	١	No
	If "\	Yes," enter the amount of any plan assets that reverted to the employer this year				13a					0
b		ere all the plan assets distributed to participants or beneficiaries, transferred to another plan the PBGC?	n, or brought un	der	the co	ntrol 		X	Yes		۷o
С		during this plan year, any assets or liabilities were transferred from this plan to another plan( nich assets or liabilities were transferred. (See instructions.)	n(s), identify the	plar	n(s) to						
1	3c(1	1) Name of plan(s):			130	<b>(2)</b> El	N(s)		13c(3)	PN(s	3)
Caut	ion:	A penalty for the late or incomplete filing of this return/report will be assessed unles	ss reasonable	cau	se is	establ	ished.				—
Jnde	r pe	enalties of perjury and other penalties set forth in the instructions, I declare that I have examined the headle MB completed and signed by an enrolled actuary, as well as the electronic version of	nined this returr	n/rep	ort, in	cluding	g, if appl				
	f, it is	s true, correct, and complete.						-			
SIG	N	Filed with authorized/valid electronic signature. 10/14/2011 AND	DY SIEGEL								

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 Decurity Administration

## 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

Pension Benefit Guaranty Corporation	Complete all entries in ac-	cordance	with the instructions to the Form 55		in	spection					
Part I   Annual Report Ic	<b>Sentification Information</b>	001441100	and the matricuous to the rorm 55	00-51.	<u> </u>						
For calendar plan year 2010 or fisc	al plan year beginning	1/1/2010	and ending	1	2/31/2010						
A This return/report is for:	single-employer plan	☐ multip	e-employer plan (not multiemployer)			ol nice					
B This return/report is for:	first return/report		turn/report								
j	an amended return/report	=	tan year return/report (less than 12 mg								
C Check box if filing under:	Form 5558		atic extension	onuns)	D						
	special extension (enter descri	-	and extension		DFVC progra	m					
Part II Basic Plan Inform	nation—enter all requested info										
1a Name of plan	notion betreated an requested mro	meuon	·	Т							
•	D.S., P.C. PROFIT SHAR	NO OLA	<b>.</b> .	70	Three-digit plan number						
0.414 01100000,1,, D.	D.O., I.C. PROFIT SHAR	ING PLA	N	1	(PN) ▶	001					
				1c	Effective date of	plan					
29 Dien spengere serve and adde		<del></del>			1/1/	2001					
2a Plan sponsor's name and addre STEVE SLOBODSKI, D.I	iss (employer, if for single-employ	er plan)		2b	Employer Identif (EIN) 11	cation Number					
CILVE GEOBODSKI, D.	D.S., F.C.			20	(EIN)	slephone number					
					7182	393828					
2102 BAY RIDGE PARK	MAV			2d	Business code (s 621	ee instructions)					
ZIVZ BAT KIDGE FAKKI	WAT			L	621	210					
BROOKLYN											
NY .											
•••											
112045945											
3a Plan administrator's name and a	ddress (if same as Plan sponsor,	enter "San	10")	3b /	Administrator's E	N					
					113139						
STEVE SLOBODSKI, D.D.S., F	P.C.			3c /	Administrator's te 718259	ephone number					
			1		7 10255	3020					
2102 BAY RIDGE PARKWA	~										
2102 BAT RIDGE PARKVA	**										
BROOKLYN											
NY											
112045945											
A MA											
4 If the name end/or EIN of the plan name, EIN, and the plan number for	sponsor has changed since the is	ast return/n	eport filed for this plan, enter the	4b E	IN						
manier and and are plant trainings to	ioni dio izot returnireport. Sporis	or s name		4c P	N						
			L	70 [							
5a Total number of participants at th	e beginning of the plan year	•••••		5a	2:	<u> </u>					
b Total number of participants at the	e end of the plan year			5b	0						
C Total number of participants with	account balances as of the end of	f the plan	to so sagin tilened henilehlasm	30							
complete this item)		**************	***************************************	5c	0						
<b>52</b> Were all of the plan's assets duri	ing the plan year invested in eligib	le assets?	(See instructions.)	**********	************	Yes No					
D Are you claiming a waiver of the a	ennual exemination and report of	en Indeper	dent qualified public accountant (IQP)	4)		a					
If you answered "No" to either	e manucuons on waiver engibility Sa or 6b, the plan cannot can E	era cendit	cns.)	· · · · · · · · · · · · · · · · · · ·	**-	Yes 🗍 No					
Rart III Financial Informati	ON	oun gaul.	er und must instead use Form 5500	,	<del></del>						
7 Plan Assets and Liabilities		438,30	(a) Pagingles of Year		44.5 ***						
a Total plan assets			(a) Boginning of Year	<u> </u>	(b) End of						
b Total plan liabilities			275132	<b></b> -		0					
C Net plan assets (subtract line 7b f		70	0			0					

Caution	: A penalty for the late or incomplete filing of this re	turn/report will be assesse	d unless reasonable cause is established
Under po 38 or Sc	BRAILIES Of Derfury and other penalties set forth in the inc	tructions I declare that I have	e examined this return/report, including, if applicable, a Schedule ersion of this return/report, and to the best of my knowledge and
SIGN	Man	10/14/2011	Speake Staboolski DDS
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SION IERE	Some	10/14/2011	Stere Stobotsky DD
MERE!	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

-									
8	income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) 1	Total	
9	Contributions received or receivable from: (1) Employers	8a(1)			^				
	(2) Participants				8			44344	
	(3) Others (including rollovers)	8a(2) 8a(3)			<del>-</del>	1	V-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Alexander	y a street
ь		8b	2	6666					
c		8c	Friend Control	<u>-375</u>			1756,00		
d	Benefits paid (including direct rollovers and insurance premiums	.06	100000000000000000000000000000000000000	* 79 1, 27 14		Q-19kg	900.000.000.000	2629	108
	to provide benefits)	8d	5	3804	0				
0	(etional means food manacions)	Ве			o ·				
f	Administrative service providers (salaries, fees, commissions)	8f			0	•••			
9	Other expenses	8g			5			1.34 X	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	1.7		7.			53804	
į	Net income (lose) (subtract line 8h from (ine 8c)	81						-27513	
j	Transfers to (from) the plan (see instructions)	18		0				2.010	
Pa	rt IV Plan Characteristics	-,	·		<u>'</u>				
9a									
-	if the plan provides pension benefits, enter the applicable pension fe	PERLUTO COC	tes from the List of Plan Cha	racter	istic Co	odes i	n the instruct	lions:	
	2E 3D								
ь	If the plan provides welfare benefits, enter the applicable welfare fee	atura cad	as form the filet of Div Div						
_	The state of the s	amia cod	be from the List of Plan Char	acteris	lic Co	des in	the instruction	ons:	
Par	t V Compliance Questions						<del></del>		
10	During the plan year:		·····				<del></del>		
			AL		Yes	No	<u> </u>	Amount	
_	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci	ins Wilnin	the time period described in	1			1		
b	Were there any nonexempt transactions with any party-in-interest? (on line 10s.)	(Do not in	chide transactions consists	10a		X			0
c				10b		×	<del> </del>		0
đ		iality bone	that was equead by froud				<del></del>		0
9		*******	h	10d		X	<del> </del>	····	0
-	Insurance service or other organization that provides some or all of trinstructions.)	te terefi	le under the place? (Cae	10e		×			0
f	Has the plan failed to provide any benefit when due under the plan?								0
9	Did the plan have any participant loans? (if "Yes," enter amount as o			101		X	<del> </del>		0
_	If this is an individual account plan, was there a blackout period? (Se	n year en	J.}	10g		<u> </u>			0
	2520.101-3.}			10h		×			
Tractical	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3	required n	otice or one of the	101					4384.4
	Vi Pension Funding Compliance							<del></del>	
11	is this a defined benefit plan subject to minimum funding requirement	s? (H "Ye	e," see instructions and comp	olete S	chedu	le SB	(Form		
40	9999]]	***********	*********************************					Yes	No
12	is this a defined contribution plan subject to the minimum funding req	tnomonius	s of section 412 of the Code	or sec	tion 30	)2 of E	ERIŞA?	Yes 🗵	No
а	(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 a granting the waiver.	unortized	in this plan year, see instruct	lians, i	and en	ter the	e date of the	latter rulina	<u> </u>
	granting the waiver								-
					<b></b>	<u> 1</u>			
c	Enter the minimum required contribution for this plan year	*************	***************************************	••••••	·   -	2b			
a	Enter the amount contributed by the employer to the plan for this plan Subtract the amount in line 12c from the amount in line 12b. Enter the	result fer	nter a minus sign to the laft o	1.		2c 2d			
	negative amount)		************************		· <u>L'</u>	- 1	Yes	No 🗆	N/A
Part	Plan Terminations and Transfers of Assets			*******	••••••		1 .00 LJ	110	- IVA
	Has a resolution to terminate the plan been adopted during the plan ye	sar or any	prior year?				1	Yes 🕅	No
	if "Yes," enter the amount of any plan assets that reverted to the emple	over this	vear		1	3a		1.32.1	
D	Were all the plan assets distributed to participants or beneficiaries, tra	nsferred t	o spother plan, or brought up	dae Ih					
	of the PBGC?				•••••••	••	l	Yes 🛚	No

### Form **5558**(Bey. June 2011)

(Rev. June 2011) Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File Certain Employee Plan Returns

▶ For Privacy Act and Paperwork Reduction Act Notice, see instructions.

OMB No. 1545-0212

File With IRS Only

Part	I Identification											
A	Name of filer, plan administrator, or plan sponsor (see instructions) STEVE SLOBODSKI, D.D.S., P.C.	В	Employer identification number (EIN)									
1	Number, street, and room or suite no. (If a P.O. box, see instructions) 2102 BAY RIDGE PARKWAY			11 3139543  Social security number (SSN) (see instructions)								
ō	City or town, state, and ZIP code  BROOKLYN  NY  112045945			•		•	•					
С	Plan name	╫	Plar		Pla	n year end	ing-					
-	rianio	'	numb	er	ММ	DD	YYYY					
	STEVE SLOBODSKI, D.D.S., P.C. PROFIT SHARING PLAN	0	0	1	12	31	2010					
	2											
	3											
Part	Extension of Time To File Form 5500 Series, and/or Form 89	955-S	SA	.!		· · · · · · · · · · · · · · · · · · ·	<del></del>					
1	I request an extension of time until 10 / 17 / 2011 to file Form Note. A signature IS NOT required if you are requesting an extension to file Form I request an extension of time until / / to file Form Note. A signature IS required if you are requesting an extension to file Form 85	rm 550 8955-	00 ser ·SSA (	ies.	·							
	The application is automatically approved to the date shown on line 1 and/o the normal due date of Form 5500 series, and/or Form 8955-SSA for which and/or line 2 (above) is not later than the 15th day of the third month after the r	or line 2 this e	2 (abo extens	ion is i	a) the Form requested, a	5558 is file nd <b>(b)</b> the	d on or before date on line 1					
Part	· · · · · · · · · · · · · · · · · · ·											
3	I request an extension of time until/ to file Form You may be approved for up to a 6 month extension to file Form 5330, after the			e date	of Form 533	0.						
а	Enter the Code section(s) imposing the tax	. •	а	<u></u>								
b	Enter the payment amount attached				•	<b>b</b>						
c 4	For excise taxes under section 4980 or 4980F of the Code, enter the reversion. State in detail why you need the extension:	/amen	dmen	t date	▶	c						
			•••••	· <b></b>								
			·									
		•				•••••						
Under p	penalties of perjury, I declare that to the best of my knowledge and belief, the statements made o are this application.	n this fo	orm are	true, co	rrect, and com	plete, and tha	t I am authorized					
Signa												