## 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

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110

1210-0089

2011

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation  Complete all entries in ac	cordance wit	h the instructions to the Form 550	0-SF.	Inspection
Pa	art I Annual Report Identification Information				
For	calendar plan year 2011 or fiscal plan year beginning 01/01		and ending	2/31/20	011
Α	This return/report is for:	a multiple	e-employer plan (not multiemployer)	Γ	a one-participant plan
В	This return/report is: the first return/report	the final	return/report	_	_
	an amended return/report	a short pl	an year return/report (less than 12 m	onths)	
C	Check box if filing under: X Form 5558		c extension	ÍΓ	DFVC program
C	special extension (enter desc		o extension	L	_ Di vo program
D	<u> </u>	' '			
	Art II Basic Plan Information—enter all requested in Name of plan	Tormation		1h -	Three-digit
	EPH A. FIORETTI, D.D.S. PROFIT SHARING PLAN				olan number
					(PN) ▶ 003
				1c	Effective date of plan
					01/01/2002
	Plan sponsor's name and address; include room or suite numb EPH A. FIORETTI, D.D.S.	er (employer, i	f for a single-employer plan)		Employer Identification Number
303	EFITA. FIORETTI, D.D.S.				EIN) 11-2237882
				2c S	Sponsor's telephone number 516-671-7854
	ELLOG STREET TER BAY, NY 11771			24 5	Business code (see instructions)
013	TER DAT, NT TITT			Zu	621210
3a	Plan administrator's name and address (if same as plan spons	or, enter "Sam	e")	3b /	Administrator's EIN
	PH A. FIORETTI, D.D.S. 95 KELL	OG STREET	,		11-2237882
	OYSIER	R BAY, NY 117	71	3c /	Administrator's telephone number
1	If the group and/or FIN of the plan appropriate about and since	4h a la at natuus	(non-set file of four their subsets of the set	46	516-671-7854
4	If the name and/or EIN of the plan sponsor has changed since name, EIN, and the plan number from the last return/report.	the last return	report filed for this plan, enter the	4b	EIN
а	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	
С	Number of participants with account balances as of the end of	the plan year (	defined benefit plans do not	_	
	complete this item)			5c	
-	Were all of the plan's assets during the plan year invested in e	•	,		X Yes   No
b	Are you claiming a waiver of the annual examination and repounder 29 CFR 2520.104-46? (See instructions on waiver eligible)				X Yes No
	If you answered "No" to either 6a or 6b, the plan cannot us	•	•		
Pa	rt III Financial Information				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
а	Total plan assets	7a	289306		309172
b	Total plan liabilities	7b	0		0
С	Net plan assets (subtract line 7b from line 7a)	7c	289306		309172
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or receivable from:		24382		
	(1) Employers			_	
	(2) Participants	8a(2)	0	_	
	(3) Others (including rollovers)		0		
b	Other income (loss)	8b	1168		
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				25550
d	Benefits paid (including direct rollovers and insurance premiun to provide benefits)		5684		
е	Certain deemed and/or corrective distributions (see instruction	s) <b>8e</b>	0		
f	Administrative service providers (salaries, fees, commissions)	8f	0		
g	Other expenses	8g	0		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)				5684
i	Net income (loss) (subtract line 8h from line 8c)				19866
j	Transfers to (from) the plan (see instructions)	······ 8j	0		

Form	5500.	SF.	201

Page 2 -	1	
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Part IV	Plan	Characteri	ietice
railiv	riaii	Character	เอเเตอ

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

	/ Compliance Questions		., 1	T				
а	During the plan year:		Yes	No		Amo	ount	
	` , , , , , , , , , , , , , , , , , , ,	10a		X				
	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	X					2500
	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Χ				
	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 amount as of year end.)	10g		X				
-	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	10h		X				
	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						
art \	/I Pension Funding Compliance	<u> </u>						
1	s this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))						Yes	X No
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code of						Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	0. 00	0	.02 0. 2		ш		Ш
а	f a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver							
If y	ou 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			12b				
С	Enter the amount contributed by the employer to the plan for this plan year			12c				
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left o negative amount)			12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	١	10	N/A
art \	/II Plan Terminations and Transfers of Assets							
3a	Has a resolution to terminate the plan been adopted in any plan year?			Y	es X	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a					
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought up of the PBGC?			ntrol		П	Yes	X No
	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.)	e plar	n(s) to					_
С			124	(2) EII	V(s)		13c(3)	PN(s)
С	c(1) Name of plan(s):		130	/( <i>~)</i>				
С	c(1) Name of plan(s):		130	<u> (2)                                   </u>	. ,			
C 13	c(1) Name of plan(s):  on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e cau						

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	08/01/2012	JOSEPH A. FIORETTI, D.D.S.
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	08/01/2012	JOSEPH A. FIORETTI, D.D.S.
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

## Form 5500-SF

Department of the Treasury Internal Revenue Service

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OMB Nos. 1210-0110 1210-0089

2011

This Form Is Open to Public Inspection

F	Pension Benefit Guaranty Corporation	Complete all entries in acc	ordance with t	he instructions to the Form 5	500-SF.		
	Annual Report	Identification Information					
or	the calendar plan year 2011 or		01/01/	2011 and ending	12	/31/2011	
900 OA	This return/report is for:	x a single-employer plan	a multiple-ei	mployer plan (not multiemployer)		a one-particip	ant plan
	This return/report is:	the first return/report	the final retu	m/report			
	THO (Ottom spanis	an amended return/report	a short plan	year return/report (less than 12 m	nonths)		
^	0	Form 5558	automatic e		Γ	DFVC progra	m
ایا	Check box if filing under:	special extension (enter descripti	Ц		_	,	
7119,1	W. C. 78						
		ormation enter all requested in	formation.		1h	Three-digit	
1a	Name of plan					plan number	
	Joseph A. Fioretti.	D.D.S. Profit Sharing Plant	an.			(PN) ▶	003
					100000000000000000000000000000000000000	Effective date of 01/01/2002	pian
22	Olan annual and ada	dress; include room or suite number (e	mployer if for s	iogle-employer plan)			fication Number
Z Ci	Joseph A. Fioretti,	D.D.S.	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	mg/o tky p.a/		(EIN) 11-22	
	•				2c	Plan sponsor's t	elephone number
	AF 75-13 51					(516) 671-	1.000.00 BCONSC - 191 - 191 - 1
	95 Kellog Street		8		2d		(see instructions)
	Oyster Bay	NY 11771				621210	
	Plan administrator's name an	d address (If same as plan sponsor, e	nter "Same")	The state of the s	3b	Administrator's	EIN
	SAME						
					3c	Administrator's	telephone number
					1		
4	If the name and/or EIN of the	plan sponsor has changed since the	ast return/repor	t filed for this plan, enter the	4b	EIN	
-	name, EIN, and the plan num	nber from the last return/report.		.ii	4c	PN	
	Sponsor's Name	at the beginning of the alon year			. 5a		5
ъа b		at the beginning of the plan year			. 5b		4
Ç	Number of participants with a	account balances as of the end of the	plan year (define	ed benefit plans do not			
	complete this item)				. 5c	1	4
		during the plan year invested in eligible					X Yes No
þ	Are you claiming a waiver of	the annual examination and report of (See instructions on waiver eligibility	an independent and conditions.)	qualified public accountant (IQPA			X Yes No
		ther 6a or 6b, the plan cannot use F				50 00 00-00 140 2001.	
					W 188		
7	Plan Assets and Liabilities	7		(a) Beginning of Year		(b) End	of Year
a	Total plan assets		, . 7a	289,30	16		309,172
b	Total plan liabilities .		7b		0		0
c	Net plan assets (subtract line	?7b from line <u>7a)</u>	7c	289,30	6		309,172
8	Income, Expenses, and Tran		5.2	(a) Amount		(b)	Total
a		ceivable from:	8a(1)	24,38	2		1. The state of th
	(1) Employers		8a(2)		0		
	(2) Participants (3) Others (including rollove	, , , , , , , , , , , , , , , , , , ,	8a(2)		0		
b			8b	1,16	200		
c	Total income (add lines 8a(1)	), 8a(2), 8a(3), and 8b)	8c			CA COMMITTERS	25,550
d		t rollovers and insurance premiums					
-	to provide benefits)		8d	5,68			
e		ective distributions (see instructions)	8e		0		
f	Administrative service provid	ters (salaries, fees, commissions) .	8f		0		
g	Other expenses		8g	Action and the second s	0	81 <u>- 100 - 5</u> 1.	
h	Total expenses (add lines 8d	d, 8e, 8f, and 8g)	8h		N. 14 <u>4</u>		5,684
i	Net income (loss) (subtract li	ine 8h from line 8c)	<u>8i</u>				19,866
i	Transfers to (from) the plan (	(see instructions)	8j		0		

	Form 5500-SF 2011			P	age 2-		_				
÷	Plan Characteristics		_					ART R. C.	·		
	if the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:										
b	If the plan provides welfare benefits, enter the applicable welfare feature co	des from	the L	ist (	of Plan Characteristic	c Cod	es in t	he inst	ructions:	-	
7	Compliance Questions							-			
10	During the plan year:						Yes	No		Amount	
a	Was there a failure to transmit to the plan any participant contributions wing 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduciary Co. Were there any nonexempt transactions with any party-in-interest? (Do not be a second to the plan and the party-in-interest).	orrection	Progr	am)		10a		х			
K	on line 10a.)			. ,	+ * * * * *	10b		X		_	
			. ,			10c	x				25,000
Č		bond, the	at was	\$ C9	used by fraud	10d		x			
6	insurance services or other organization that provides some or all of the	ons by ar	insui under	rand the	e carrier, plan? (See	10e		x			
•	instructions.)					10f		x			
•	The state of the s					10g		x			
-	If this is an individual account plan, was there a blackout period? (See in 2520.101-3.)					10h		х			
i	If 10h was answered "Yes," check the box if you either provided the requexceptions to providing the notice applied under 29 CFR 2520.101-3.	ulred noti	ce or	onė	of the	10ī					
<u>.</u>	Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirements? 5500))					• -		<u> </u>	• • • •		X No
12	Is this a defined contribution plan subject to the minimum funding require (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)		58							. LIYes	X No
	If a waiver of the minimum funding standard for a prior year is being amorgranting the waiver provided in a 12a, complete lines 3, 9, and 10 of Schedule MB (I				Mor	s, and ath	ente ———	r the da Day	ate of the le	ter ruling Year	
	Enter the minimum required contribution for this plan year						. [	12b			
-								12c			
(	Subtract the amount in line 12c from the amount in line 12b. Enter the re negative amount)	esult (ent	eran	ninu	s sign to the left of a			12d			<u> </u>
_	Will the minimum funding amount reported on line 12d be met by the fur	nding des	adline'	?	· · · · ·				Yes	No	□N/A
	Plan Terminations and Transfers of Assets			-							
13	Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employ	er this y	ear	•			· ·[	13a		. Yes	X No
	Were all the plan assets distributed to participants or beneficiaries, trans of the PBGC?			•		٠,		ol • • •			<b></b> No
_	If during this plan year, any assets or liabilities were transferred from the which assets or liabilities were transferred. (See instructions.)	s plan to	anoth	er p	olan(s), identify the p	lan(s)	to			,	
_	13c(1) Name of plan(s):					-	1	3c(2) E	EIN(s)	13c(3	) PN(s)
Cai	tion: A genalty for the late or incomplete filing of this return/report wil	i be ass	essec	d un	less reasonable ca	use l	s esta	blishe	d		
SB	er penalties of perjury and other penalties set forth in the instructions, I decorer schedule MB completed and signed by an enrolled actuary, as well as the	lare that e electro	l have niç ve	e ex ersic	amined this return/repo on of this return/repo	port, rt, and	includ to the	ing, if a best o	applicable, a of my knowl	Schedule edge and	
Dell	of, it is true confect, and complete.			,	Joseph A. F	iore	++4	ת מ	5.		
1. 9	Sometule of plan administrator	Date	นอ	T	Enter name of in				70.00 00	istrator	
	S S S S S S S S S S S S S S S S S S S	Date 1	1	+					No. of Concession, Name of Street, or other party of the last of t	INT OLUI	
			25	1	Joseph A. F	0.000 0.000			10	* nlos :-	
	Signature of employer/plan sponsor	Date	1	1	Enter name of in	dividu	al sigi	ning as	employer o	r plan spon	SOF