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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110

1210-0089

2012

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in ac	cordance with the instru	ctions to the Form 550	0-SF.					
Part I		Identification Information								
For calenda	ar plan year 2012 or fi	scal plan year beginning 01/01/	2012	and ending 1	2/31/2	2012				
	turn/report is for:	er) a one-participant plan								
B This ret	turn/report is:	the first return/report	the final return/report							
		an amended return/report	a short plan year retur	n/report (less than 12 mo	onths)	_				
C Check box if filing under: Form 5558 automatic extension					DFVC program					
Part II	Basic Plan Info	ermation—enter all requested infe	ormation							
1a Name		•			1b	Three-digit				
		ROFIT SHARING PLAN & TRUST				plan number				
						(PN) ▶ 001				
					1c	Effective date of plan				
0- 5		 			-	01/01/1991				
JOSEPH A.	ponsor's name and ad CANTERINO, DDS	ldress; include room or suite numbe	er (employer, if for a single	-employer plan)	26	Employer Identification Number (EIN) 13-3538224				
					2c	Sponsor's telephone number				
	ADWAY, SUITE 408					914-376-1308				
YONKERS,	NY 10701				2d	Business code (see instructions) 621210				
3a Plan a	dministrator's name ar	nd address XSame as Plan Spons	or Name Same as Pla	n Sponsor Address	3b	Administrator's EIN				
					3c	Administrator's telephone number				
4 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					
	·	mber from the last return/report.			4					
•	or's name					PN				
		at the beginning of the plan year			5a	7				
b Total r	number of participants	at the end of the plan year			5b	7				
		account balances as of the end of t	, , ,	•	. 5c					
6a Were	all of the plan's assets	s during the plan year invested in e	ligible assets? (See instru	ctions.)		X Yes No				
_		f the annual examination and repor								
		? (See instructions on waiver eligibi				-				
lf you	answered "No" to e	ither line 6a or line 6b, the plan c	annot use Form 5500-SF	and must instead use	Form	5500.				
Caution: A	penalty for the late	or incomplete filing of this return	/report will be assessed	unless reasonable cau	ıse is	established.				
		her penalties set forth in the instruc								
	true, correct, and com	nd signed by an enrolled actuary, a plete.	s well as the electronic ve	rsion of this return/report	i, and	to the best of my knowledge and				
	I			1						
SIGN	Filed with authorized	valid electronic signature.	05/15/2013	JOSEPH A. CANTERI	INO, E	DDS				
HERE	Signature of plan a	dministrator	Date	Enter name of individual signing as plan administrator						
SIGN										
HERE Signature of employer/plan sponsor Date Enter name of individe					vidual signing as employer or plan sponsor					
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)						parer's telephone number (optional)				
		, , ,		. , ,		,				

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Do	4 III Financial Information		-						
<u> Par</u>	t III Financial Information Plan Assets and Liabilities		(a) Beginning of Ver				(h) End of Voor		
		(a) Beginning of Yea				(b) End of Year			
	Total plan assets	7a 7b	49420	0			547560 0		
	Net plan assets (subtract line 7b from line 7a)	76 7c	40420		-		547560		
		76	(a) Amount	494205					
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:				(b) Total				
	(1) Employers	00							
	(2) Participants								
	(3) Others (including rollovers)	8a(3)		0					
b	Other income (loss)	8b	4856	80					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					58560		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	129)3					
е	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f	Administrative service providers (salaries, fees, commissions)	8f	391	2					
g	Other expenses	8g		0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					5205		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					53355		
j	Transfers to (from) the plan (see instructions)	8j		0					
Par	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 3B 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in t	he instructions:		
Part	V Compliance Questions								
10	During the plan year:				Yes	No	Amount		
а	a 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)					X			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	`	•	10b		X			
C	Was the plan covered by a fidelity bond?			10c	X		50000		
d		fidelity bo	nd, that was caused by fraud	10d		X	30000		
е	Were any fees or commissions paid to any brokers, agents, or oth			100					
J	insurance service or other organization that provides some or all cinstructions.)	of the bene	efits under the plan? (See	10e		X			
f	f Has the plan failed to provide any benefit when due under the plan?					X			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Χ			
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X			
i				10i					
Part	1 1 5 11								
11	Is this a defined benefit plan subject to minimum funding requirem								
11a	5500) and line 11a below)								
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X No								
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon	ıth	, and 6	enter th Day	ne date of the letter ruling Year		
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.		-		Т		
b	Enter the minimum required contribution for this plan year					12b			

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	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)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		_
1	3c(1) Name of plan(s):	3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

EIN 13-3538224 / PN 001

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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

	Annual Report Identification Infor									
For calend	ar plan year 2012 or fiscal plan year beginning	01/01/2012	and ending	12/31/20	12					
A This re	turn/report is for: X a single-employer p	lan a multiple-employer p	olan (not multiemployer)	a one-partic	ipant plan					
B This ref	turn/report is: the first return/repor	t the final return/report	the final return/report							
	an amended return/	report 📗 a short plan year retu	ırn/report (less than 12 r	nonths)						
C Check	box if filing under: Form 5558	automatic extension		☐ DFVC progr	ram					
	special extension (e	_								
Part II	Basic Plan Information—enter all requ	uested information								
1a Name	_			1b Three-digit						
JOSE	PH A. CANTERINO, DDS PROFIT	plan number	001							
	& TRUST			(PN))	001					
				1c Effective date o 01/01/199						
2a Plan s	ponsor's name and address; include room or su	ite number (employer, if for a single	-employer plan)	2b Employer Identification Number						
	PH A. CANTERINO, DDS			(EIN) 13-353						
				2c Sponsor's telep	phone number					
004	NI DDOADNAY CUITE 400			(914) 376						
984 .	N. BROADWAY, SUITE 408			2d Business code	(see instructions)					
YONK	ERS dministrator's name and address XSame as P		10701	621210 3b Administrator's	EINI					
Ja Fialla	diffinistrators frame and address Asame as F	ian Sponsor Name Same as Flai	Sponsor Address	3D Administrators						
				3c Administrator's	telephone number					
4 If the r	name and/or EIN of the plan sponsor has chang	ed since the last return/report filed f	or this plan, enter the	4b EIN						
name	, EIN, and the plan number from the last return/		_							
a Sponsor's name				4c PN						
5a Total number of participants at the beginning of the plan year										
				5a						
b Total i	number of participants at the end of the plan year	ar		5a 5b						
b Total i	number of participants at the end of the plan year er of participants with account balances as of the	are end of the plan year (defined beno	efit plans do not		7					
b Total i	number of participants at the end of the plan year of participants with account balances as of the ete this item)	e end of the plan year (defined bend	efit plans do not	5b 5c	7					
b Total ii c Numb compl	number of participants at the end of the plan year er of participants with account balances as of the	e end of the plan year (defined bendered) ested in eligible assets? (See instruc	efit plans do not	5b 5c	7 7 X Yes \[\bigcap No					
b Total r c Numb compi 6a Were b Are younder	er of participants at the end of the plan year er of participants with account balances as of the ete this item)	e end of the plan year (defined bendersted in eligible assets? (See instruction and report of an independent qualificities eligibility and conditions.)	efit plans do not ctions.)ed public accountant (IQ	5b 5c	7					
b Total r c Numb compl 6a Were b Are younder If you	er of participants at the end of the plan year of participants with account balances as of the tet this item)	ested in eligible assets? (See instructions of an independent qualifier eligibility and conditions.)	efit plans do not ctions.)ed public accountant (IQ	5b 5c PA) Form 5500.	7 7 X Yes \[\bigcap No					
b Total i C Numb compl 6a Were b Are younder If you Caution: A	er of participants at the end of the plan year of participants with account balances as of the ete this item)	ested in eligible assets? (See instruction of the plan year (defined benefitset) (See instruction of the plan cannot use Form 5500-SF whis return/report will be assessed	efit plans do not ctions.)ed public accountant (IQ and must instead use unless reasonable cau	5b 5c PA) Form 5500. see is established.	7 X Yes No X Yes No					
b Total r c Numb compl 6a Were b Are younder If you Caution: A	er of participants at the end of the plan year of participants with account balances as of the ete this item)	ested in eligible assets? (See instruction and report of an independent qualified religibility and conditions.)	efit plans do not ctions.)ed public accountant (IQ and must instead use unless reasonable cau examined this return/rep	5b 5c PA) Form 5500. use is established. port, including, if applic	7 X Yes No X Yes No					
b Total r c Numb compl 6a Were b Are younder If you Caution: A	er of participants at the end of the plan year of participants with account balances as of the ete this item)	ested in eligible assets? (See instruction and report of an independent qualified religibility and conditions.)	efit plans do not ctions.)ed public accountant (IQ and must instead use unless reasonable cau examined this return/rep	5b 5c PA) Form 5500. use is established. port, including, if applic	7 X Yes No X Yes No					
b Total in c Numb compl 6a Were b Are younder If you Caution: A Under pena SB or Sche belief, it is to	er of participants at the end of the plan year of participants with account balances as of the ete this item)	ested in eligible assets? (See instructions of the plan year (defined bendersted in eligible assets? (See instructions of an independent qualificative eligibility and conditions.)	efit plans do not ections.) ed public accountant (IQ and must instead use unless reasonable cau examined this return/report	5b 5c PA) Form 5500. Ise is established. Fort, including, if application, and to the best of my	7 X Yes No X Yes No					
b Total r c Numb compl 6a Were b Are younder If you Caution: A	er of participants at the end of the plan year of participants with account balances as of the tee this item)	ested in eligible assets? (See instructions eligibility and conditions.)	efit plans do not ctions.) ed public accountant (IQ and must instead use unless reasonable cau examined this return/report JOSEPH A. CANT	5b 5c PA) Form 5500. use is established. bort, including, if applic, and to the best of my	7 X Yes No X Yes No able, a Schedule knowledge and					
b Total in C Numb complete Survival in C Numb complete Survival in C Number 2 Number	er of participants at the end of the plan year of participants with account balances as of the ete this item)	ested in eligible assets? (See instructions of the plan year (defined bendersted in eligible assets? (See instructions of an independent qualificative eligibility and conditions.)	efit plans do not ctions.) ed public accountant (IQ and must instead use unless reasonable cau examined this return/report JOSEPH A. CANT	5b 5c PA) Form 5500. Ise is established. Fort, including, if application, and to the best of my	7 X Yes No X Yes No able, a Schedule knowledge and					
b Total in c Numb compl 6a Were b Are younder If you Caution: A Under pena SB or Sche belief, it is f SIGN HERE	er of participants at the end of the plan year of participants with account balances as of the tee this item)	ested in eligible assets? (See instructions eligibility and conditions.)	efit plans do not ed public accountant (IQ and must instead use unless reasonable cau examined this return/report sion of this return/report JOSEPH A. CANT Enter name of individ	5b 5c Form 5500. Ise is established. Port, including, if application, and to the best of my CERINO, DDS ual signing as plan address.	7 7 X Yes No X Yes No x Yes Ano					
b Total i C Numb compl 6a Were b Are younder If you Caution: A Under pena SB or Sche belief, it is i SIGN HERE	er of participants at the end of the plan year of participants with account balances as of the ete this item)	ested in eligible assets? (See instruction of the plan year (defined beneficially and conditions.)	efit plans do not etions.)ed public accountant (IQ and must instead use unless reasonable cau examined this return/report JOSEPH A. CANT Enter name of individ	5b 5c PA) Form 5500. Ise is established. Dort, including, if applice, and to the best of my CERINO, DDS ual signing as plan adr	7 X Yes No X Yes No able, a Schedule knowledge and ministrator					
b Total i C Numb compl 6a Were b Are younder If you Caution: A Under pena SB or Sche belief, it is i SIGN HERE	er of participants at the end of the plan year of participants with account balances as of the tee this item)	ested in eligible assets? (See instruction of the plan year (defined beneficially and conditions.)	efit plans do not etions.)ed public accountant (IQ and must instead use unless reasonable cau examined this return/report JOSEPH A. CANT Enter name of individ	5b 5c Form 5500. Ise is established. Port, including, if application, and to the best of my CERINO, DDS ual signing as plan address.	7 X Yes No X Yes No able, a Schedule knowledge and ministrator					
b Total i C Numb compl 6a Were b Are younder If you Caution: A Under pena SB or Sche belief, it is i SIGN HERE	er of participants at the end of the plan year of participants with account balances as of the ete this item)	ested in eligible assets? (See instruction of the plan year (defined beneficially and conditions.)	efit plans do not etions.)ed public accountant (IQ and must instead use unless reasonable cau examined this return/report JOSEPH A. CANT Enter name of individ	5b 5c PA) Form 5500. Ise is established. Dort, including, if applice, and to the best of my CERINO, DDS ual signing as plan adr	7 X Yes No X Yes No able, a Schedule knowledge and ministrator					
b Total i C Numb compl 6a Were b Are younder If you Caution: A Under pena SB or Sche belief, it is i SIGN HERE	er of participants at the end of the plan year of participants with account balances as of the ete this item)	ested in eligible assets? (See instruction of the plan year (defined beneficially and conditions.)	efit plans do not etions.)ed public accountant (IQ and must instead use unless reasonable cau examined this return/report JOSEPH A. CANT Enter name of individ	5b 5c PA) Form 5500. Ise is established. Dort, including, if applice, and to the best of my CERINO, DDS ual signing as plan adr	7 X Yes No X Yes No able, a Schedule knowledge and ministrator					
b Total i C Numb compl 6a Were b Are younder If you Caution: A Under pena SB or Sche belief, it is i SIGN HERE	er of participants at the end of the plan year of participants with account balances as of the ete this item)	ested in eligible assets? (See instruction of the plan year (defined beneficially and conditions.)	efit plans do not etions.)ed public accountant (IQ and must instead use unless reasonable cau examined this return/report JOSEPH A. CANT Enter name of individ	5b 5c PA) Form 5500. Ise is established. Dort, including, if applice, and to the best of my CERINO, DDS ual signing as plan adr	7 X Yes No X Yes No able, a Schedule knowledge and ministrator					

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Par	t III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year
а	Total plan assets	7a	49	4,20)5		547,560
b	Total plan liabilities	7b			0		0
С	Net plan assets (subtract line 7b from line 7a)	7c	49	4,20)5		547,560
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from:						
	(1) Employers	8a(1)		0,00			
	(2) Participants	8a(2)		_	0		
	(3) Others (including rollovers)	8a(3)		0 50	-		
	Other income (loss)	8b	4	8,56	-		50.500
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	_8c			┿		58,560
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		1,29	3		
	Certain deemed and/or corrective distributions (see instructions)	8e			0		
f	Administrative service providers (salaries, fees, commissions)	8f		3,91	.2		
g	Other expenses	8g			0		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					5,205
i	Net income (loss) (subtract line 8h from line 8c)	8i					53,355
j	Transfers to (from) the plan (see instructions)	8j			0		
Par	t IV Plan Characteristics				•		
	If the plan provides pension benefits, enter the applicable pension 2E 3B 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instructions:
Part					V		
10	During the plan year:	Al a ser a serial alla	a tha tiona againd dan aibad in		Yes	No	Amount
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	iciary Corr	ection Program)	10a		х	
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		х	
С	Was the plan covered by a fidelity bond?			10c	Х		50,000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х	
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of instructions.)	of the bene	efits under the plan? (See	10e		x	
f	Has the plan failed to provide any benefit when due under the pla			10f		Х	
-							
_ <u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount a			10g		X	
n	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		х	
ī	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i			
Part							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
11a	Enter the amount from Schedule SB line 39					11a	
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	, as applic	able.)				
	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.		<u></u> Mor	th	, and e	enter th Day	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (For	m 5500), and skip to line 13.			40:	
b	Enter the minimum required contribution for this plan year	<u></u>	<u></u>	<u>.</u>		12b	

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c d	Enter the amount contributed by the employer to the plan for this plan year	12c 12d				
е	negative amount)		Y	'es	No	N/A
Part	/II Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes [X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the confidence of the PBGC?	ontrol			Yes	X No
С	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.)	0				
1	Ic(1) Name of plan(s): 13	c(2) E	IN(s)		13c(3) PN(s)
Part	/III Trust Information (optional)					
14a 1	ame of trust	4b ⊺	rust's	EIN		