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).

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

			• Complete all entries in a	accordance with the instru	ctions to the Form 55	UU-5F.				
Par			Identification Information			40/04/	2042			
_				1/2012	and ending	12/31/				
		urn/report is for:	X a single-employer plan		plan (not multiemployer))	a one-particip	oant plan		
B Th	his retu	urn/report is:	the first return/report	the final return/report						
			an amended return/report Form 5558	a short plan year retur	rn/report (less than 12 r	nonths	_			
C C	heck b	ox if filing under:		DFVC progra	ım					
			special extension (enter des	, ,						
Par			rmation—enter all requested in	nformation		1 4.		Г		
	Name o	•	OFIT SHARING PLAN			1b	Three-digit plan number			
JUSEF	пгк	.0131 JK DD3 PC PK	JEH SHARING PLAN				(PN)	003		
						1c	Effective date of	f plan		
							01/01/	/2001		
2a F	Plan sp	onsor's name and ad RUISI JR DDS PC	dress; include room or suite num	ber (employer, if for a single	-employer plan)	2b	Employer Identif			
0002		(Olor of Cabo)				20	(=114)			
134 TI	II IP Δ'	VENUE				20	Sponsor's telep 516-354			
		RK, NY 11001-2704				2d	Business code (see instructions)		
							621210			
3a ₽	Plan ac	lministrator's name ar	nd address XSame as Plan Spor	nsor Name Same as Pla	n Sponsor Address	3b	Administrator's I	EIN		
						30	Administrator's	telephone number		
						30	Administrators	lelephone number		
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, and the plan number from the last return/report.						4b	4b EIN			
		or's name	niber from the last return/report.			4c	PN			
5a -	Total n	umber of participants	at the beginning of the plan year			. 5a		10		
b ⁻	Total n	umber of participants	at the end of the plan year					0		
1 2	Numbe	er of participants with	account balances as of the end o	of the plan year (defined bene	efit plans do not					
(comple	ete this item)				5c		0		
		•	s during the plan year invested in	• ,	•			X Yes No		
			f the annual examination and report ? (See instructions on waiver eligi					X Yes No		
			ither line 6a or line 6b, the plan							
			or incomplete filing of this retu							
			her penalties set forth in the instru							
		dule MB completed a rue, correct, and com	nd signed by an enrolled actuary, plete.	, as well as the electronic ver	rsion of this return/repo	rt, and	to the best of my	knowledge and		
	ſ			1	1					
SIGN	' L	Filed with authorized/	valid electronic signature.	06/07/2013	JOSEPH RUISI					
ПЕК	_	Signature of plan a	dministrator	Date	Enter name of indivi	dual si	gning as plan adn	ninistrator		
SIGN										
HERE		Signature of emplo		Date	Enter name of indivi	dual si	gning as employe	r or plan sponsor		
Prepa	arer's r	name (including firm n	name, if applicable) and address;	include room or suite number	r (optional)	Prep	parer's telephone	number (optional)		

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Pai	t III Financial Information											
7	Plan Assets and Liabilities		(a) Beginning of Yea		(b) End of Year							
a	Total plan assets	7a	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	357569			0					
	Total plan liabilities		0									
С	Net plan assets (subtract line 7b from line 7a)	7b 7c	35756	69					()		
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(h)	Total				
	Contributions received or receivable from:		(a) Amount				(2)	Total				
	(1) Employers	8a(1)										
	(2) Participants	8a(2)										
	(3) Others (including rollovers)	Others (including rollovers)										
b	Other income (loss)	8b	2111	7								
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							21117	7		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	37868	6								
е	Certain deemed and/or corrective distributions (see instructions)	8e										
f	Administrative service providers (salaries, fees, commissions)	8f										
g	Other expenses	8g										
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							37868	6		
	Net income (loss) (subtract line 8h from line 8c)	8i							35756			
	Transfers to (from) the plan (see instructions)	8j										
Par	t IV Plan Characteristics	<u> </u>										
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2R 3D	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instr	uctions	s:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cteristi	ic Cod	des in t	he instru	ctions:				
Part	•					Ι	I					
10	During the plan year:				Yes	No		Am	ount			
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)					X						
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X						
С	Was the plan covered by a fidelity bond?			10c	X					100	000	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-		10d		X						
е	insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See	4.0		Х						
	instructions.)			10e								
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X						
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X						
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		X						
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											
Part	VI Pension Funding Compliance											
11	Is this a defined benefit plan subject to minimum funding requirem								Yes	П	No	
11a												
12	2 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?											
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applic	able.)									
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		and e	enter th Day	ne date o	f the le		ling		
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule											
b	Enter the minimum required contribution for this plan year					12b						

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С	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?	X	res 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		X Yes	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):	13c(2) E	IN(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				

14b Trust's EIN

14a Name of trust

For	m 5500-SF	Short Form Annual Ret	/ee	OMB Nos 1210-0110 1210-0089						
	nment of the Treasury nai Revenue Service	Be This form is required to be filed u	_	2012						
	epartment of Labor energy Administration	ctions 6057(b) and 6058 code).		This Form is Open to Public						
·	enefil Gueranly Corporation	•	1.SF	Inspection						
Part I	Annual Report lo	Complete all entries in accordar lentification information	tee with the metric	Motio to dio i orili door	, ₁₀ ,					
	er plan year 2012 or fisc		01/2012	and ending		12/31/2012				
A This ret	urn/report is for:	a single-employer plan a	multiple-employer pl	an (not multiemployer)		a one-participant plan				
B This rel	um/report is:	the first return/report X th	e final return/report							
	[an amended return/report as	short plan year returr	n/report (less than 12 mo	onths)					
C Check	pox if filing under:	Form 5558 at	utomatic extension		-	DFVC program				
		special extension (enter description)								
Part II	Basic Plan Inforr	nation—enter all requested information)n							
1a Name JOSEPH	•	E PC PROFIT SHARING PLAN	1		1b	Three-digit plen number 003				
					1c	(PN) F OU3				
						01/01/2001				
	oonsor's name and addre P RUISI JR DDS	ess; include room or suite number (emp 3-PC	loyer, if for a single-	employer plan)		Employer identification Number (EIN) 11-3345691				
134 TU	SIP AVENUE					Sponsor's telephone number 516-354-0707				
FLORAL	DARK	NY 11001-2704			2d	Business code (see instructions) 621210				
	****	address XSame as Plan Sponsor Nan	ne XSame as Plan	Sponsor Address	3b	Administrator's EIN				
		Apanto 20, ini oponeti Ren	Bonnegarian	, openson named						
		lan sponsor has changed since the last	return/report filed fo	or this plan, enter the	4b	EIN				
name. a Sponse	•	er from the last return/report.			4c	PN -				
· · · · · · · · · · · · · · · · · · ·		the beginning of the plan year		******************************	5a	10				
		the end of the plan year			5b	0				
C Numb	er of participants with ac-	count balances as of the end of the plar	year (defined bene	fit plans do not						
			•••••			0 X Yes □ No				
b Are you	u claiming a waiver of th 29 CFR 2520,104-467 (uring the plan year invested in eligible a le annual examination and report of an See instructions on waiver eligibility and er line 6a or line 6b, the plan cannot	independent qualifie i conditions.)	d public accountant (IQI	PA)					
• • • • • • • • • • • • • • • • • • • •		incomplete filing of this return/repor								
Under pena SB or Sche	Ities of perjury and other	penalties set forth in the instructions, I signed by an enrolled actuary, as well a	declare that I have o	examined this return/rep	ort, in	cluding, if applicable, a Schedule				
SIGN	arck.		6/8/13	Joseph Ruisi						
HERE	Signature of plan adn			ıal sigi	ning as plan administrator					
SIGN	01/20	R_gre	6/4/13	, ,	uí	3				
HERE	Signature of employe	r/plan sponsor	Date	7 '		ning as employer or plan sponsor				
Preparer's		ne, if applicable) and address: include re				orer's telephone number (optional)				

Form 6500-SF (2012) v. 120126

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

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Pa	rt III Financial Information											
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	of Y	'ear			
a	Total plan assets	7a		5756	9		(2)		ou.			
_	Total plan liabilities	7b			0							
	Net plan assets (subtract line 7b from line 7a)	7c	3	357569								
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total					
	Contributions received or receivable from:		(a) Amount				(b) Total					
	(1) Employers	8a(1)										
	(2) Participants	8a(2)										
	(3) Others (including rollovers)	8a(3)										
b	Other income (loss)	8b		2111	.7							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								21	1117	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	3	7868	6							
е	Certain deemed and/or corrective distributions (see instructions)	8e										
f	Administrative service providers (salaries, fees, commissions)	8f										
g	Other expenses	8g										
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								378	3686	
i	Net income (loss) (subtract line 8h from line 8c)	8i							-	357	7569	
j	Transfers to (from) the plan (see instructions)	8j										
Pai	rt IV Plan Characteristics	, <u>, , , , , , , , , , , , , , , , , , </u>										
9a		feature co	des from the List of Plan Chara	acteris	tic Co	odes in	the instru	ction	S:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Charac	cteristi	c Cod	des in t	he instruc	tions				
Dor	Part V Compliance Questions											
	•			<u> </u>	Yes	No	I					
10	During the plan year:	Was there a failure to transmit to the plan any participant contributions within the time period described						Am	ount			
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corı	rection Program)	10a		Х						
		ere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported line 10a.)				Х						
C	Was the plan covered by a fidelity bond?			10c	Χ					100	0000	
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 cinstructions.)	ner person of the bene	s by an insurance carrier, efits under the plan? (See	10e		Х						
f	·			10f		Х						
						Х						
g	If this is an individual account plan, was there a blackout period? ((See instru	uctions and 29 CFR	10g		Х						
i	If 10h was answered "Yes," check the box if you either provided the	ne require	d notice or one of the	10h								
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i		ļ						
Part	S VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem	ents? (If "	Yes," see instructions and com	plete	Sche	dule SE	3 (Form	T				
	5500) and line 11a below)							.]	Yes	\$	No	
		Enter the amount from Schedule SB line 39										
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?											
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)											
	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver											
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.				T					
b	Enter the minimum required contribution for this plan year					12b						

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			1						
С	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							
e	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?	X	es No						
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a	0						
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control	X Yes No						
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) twhich assets or liabilities were transferred. (See instructions.)	:0							
1	3c(1) Name of plan(s):	3 c(2) El	N(s)	13c(3)	PN(s)				
Part	VIII Trust Information (optional)			1					
		14b Trust's EIN							