F	Form 5500-SF	of Small Employ	yee	OMB Nos. 1210-01 1210-00						
	Department of the Treasury Internal Revenue Service		enefit Plan		_	2	2012			
	Department of Labor yee Benefits Security Administration	This form is required to be filed to Retirement Income Security Act of 19 the Internal F		ctions 6057(b) and 6058		a) of This Form is Open to Public				
Pensi	ion Benefit Guaranty Corporation	Complete all entries in accorda	nce with the instruc	tions to the Form 550	0-SF.	Ins	pection			
Part	I Annual Report Id	lentification Information								
For cal	endar plan year 2012 or fisca			and ending 0	4/05/2	2013				
A This	s return/report is for:	X a single-employer plan	multiple-employer pla	an (not multiemployer)		a one-particip	oant plan			
B This	s return/report is:	the first return/report	ne final return/report			_				
		an amended return/report	short plan year return	n/report (less than 12 mo	onths))				
C Che	eck box if filing under:	• •	,	DFVC progra	ım					
• •		_ Form 5558 a ☐ special extension (enter description)	utomatic extension							
Part	II Basic Blan Inform	nation —enter all requested informati								
	ame of plan	Hation —enter all requested informati	on		1h	Three-digit				
	•	OYEES' PROFIT SHARING PLAN AND	O TRUST		10	plan number				
						(PN) 🕨	002			
					1c	Effective date of	f plan			
						10/13/				
	an sponsor's name and addr J PINTOFF, DDS, PC	ess; include room or suite number (em	ployer, if for a single-	employer plan)	2b	Employer Identii (EIN) 11-25				
268 EAS	ST MAIN STREET				2c	C Sponsor's telephone number 631-581-2288				
EAST IS	SLIP, NY 11730				2d	Business code (see instructions) 621210				
3a Pla	an administrator's name and	address XSame as Plan Sponsor Nar	me Same as Plan	Sponsor Address	3b	Administrator's	EIN			
		-			-		elephone number			
4 If t	the name and/or EIN of the p	olan sponsor has changed since the las	st return/report filed fo	or this plan, enter the	4b	EIN				
		per from the last return/report.								
<u> </u>	oonsor's name				4c	PN T				
		the beginning of the plan year			5a		7			
		the end of the plan year			5b		0			
		count balances as of the end of the pla			5c		0			
	•	luring the plan year invested in eligible					X Yes No			
b Ai ur	re you claiming a waiver of th nder 29 CFR 2520.104-46?(ne annual examination and report of an See instructions on waiver eligibility an	independent qualifier d conditions.)	d public accountant (IQI	PA)		X Yes No			
-		er line 6a or line 6b, the plan cannot								
		incomplete filing of this return/repo								
SB or S		r penalties set forth in the instructions, signed by an enrolled actuary, as well ete.								
SIGN	Filed with authorized/va	lid electronic signature.	07/19/2013	ALLEN J. PINTOFF, P	RESI	DENT				
HERE	Signature of plan adr	ninistrator	Date	Enter name of individu	ual sic	ning as plan adn	ninistrator			
SIGN										
HERE	O'mentana at amalana		Dete							
	Signature of employe	er/plan sponsor ne, if applicable) and address; include	Date	Enter name of individu			r or plan sponsor number (optional)			
Терап					110					

Part III Financial Information								
7 Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of	Year	
a Total plan assets	. 7a	288072	7				0	
b Total plan liabilities	. 7b		0				0	
C Net plan assets (subtract line 7b from line 7a)	. 7c	288072	7		0			
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Tot	al	
a Contributions received or receivable from:	a (1)		•					
(1) Employers	. 8a(1)		0					
(2) Participants	. 8a(2)		0	_				
(3) Others (including rollovers)	. 8a(3)		0					
b Other income (loss)	. 8b	13889	1					
 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums 	. 8c			-			138891	
to provide benefits)	. 8d	301961	8					
e Certain deemed and/or corrective distributions (see instructions)	. 8e		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)							3019618	
i Net income (loss) (subtract line 8h from line 8c)							-2880727	
j Transfers to (from) the plan (see instructions)	1		0					
Part IV Plan Characteristics	-7							
Part V Compliance Questions								
				Yes	No	A	mount	
	utions within t uciary Correc	the time period described in trion Program)	10a	Yes	No X	A	mount	
During the plan year:a Was there a failure to transmit to the plan any participant contribution	uciary Correct t? (Do not inc	ction Program) clude transactions reported	10a 10b	Yes		A	mount	
 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interes 	uciary Correc t? (Do not inc	ction Program) clude transactions reported		Yes	х	A		2000
 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interes on line 10a.). 	uciary Correc t? (Do not inc fidelity bond	ction Program) clude transactions reported	10b		х	A		0000
 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interes on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's 	t? (Do not inc t? (Do not inc fidelity bond her persons to of the benefit	ction Program) clude transactions reported 	10b 10c		X X	A		0000
 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interes on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all 	uciary Correc t? (Do not inc fidelity bond her persons t of the benefit	ction Program) Clude transactions reported L, that was caused by fraud by an insurance carrier, ts under the plan? (See	10b 10c 10d		X X X	A		0000
 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interes on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the plan 	t? (Do not inc t? (Do not inc fidelity bond her persons to of the benefit	ction Program) Clude transactions reported L, that was caused by fraud by an insurance carrier, ts under the plan? (See	10b 10c 10d 10e 10f		x x x x x	A		00000
 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interes on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 	t? (Do not inc fidelity bond her persons to of the benefit as of year end (See instruct	ction Program) Clude transactions reported clude transactions reported clude transactions reported clude transactions reported clude transactions and 29 CFR	10b 10c 10d 10e		x x x x x x x	A		00000
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interes on line 10a.) c Was the plan covered by a fidelity bond?	uciary Correct t? (Do not income fidelity bond her persons b of the benefit an? (See instruct he required r	ction Program) Clude transactions reported clude transactions reported d, that was caused by fraud by an insurance carrier, ts under the plan? (See d.) clons and 29 CFR	10b 10c 10d 10e 10f 10g		x x x x x x x x	A		
 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interes on line 10a.)	uciary Correct t? (Do not income fidelity bond her persons b of the benefit an? (See instruct he required r	ction Program) Clude transactions reported clude transactions reported d, that was caused by fraud by an insurance carrier, ts under the plan? (See d.) clons and 29 CFR	10b 10c 10d 10e 10f 10g 10h		x x x x x x x x	A		00000
 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interes on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the pla g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10 	uciary Correct t? (Do not inc fidelity bond her persons to of the benefit as of year end (See instruct he required r 1-3	ction Program) clude transactions reported clude transactions reported clude transactions reported clude transactions reported clude transactions and composite clude transactions and composite composite transactions and composite transactions and composite composite transactions and composite transactions and composite composite transactions and composite transactions and com	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X X ule SB	(Form		
 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interes on line 10a.)	uciary Correct t? (Do not income income is fidelity bond her persons b of the benefit an? (See instruct he required r 1-3	ction Program) clude transactions reported clude transactions reported d, that was caused by fraud by an insurance carrier, ts under the plan? (See d.) clons and 29 CFR motice or one of the cs," see instructions and corr	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X X ule SB	(Form	260	
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interes on line 10a.) c Was the plan covered by a fidelity bond?	uciary Correct t? (Do not inc if idelity bond her persons t of the benefit as of year end (See instruct he required r 1-3	ction Program) clude transactions reported 	10b 10c 10d 10e 10f 10g 10h 10i	Schec	X X X X X X X Ule SB	(Form	260	No
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interes on line 10a.) c Was the plan covered by a fidelity bond?	uciary Correct t? (Do not inconstruct fidelity bond her persons b of the benefit an? (See instruct he required r 1-3	ction Program) Clude transactions reported clude transactions reported d, that was caused by fraud by an insurance carrier, ts under the plan? (See d.) d.) tions and 29 CFR motice or one of the es," see instructions and com	10b 10c 10d 10e 10f 10g 10h 10i	Schec	X X X X X X X Ule SB	(Form	260	No
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interes on line 10a.) c Was the plan covered by a fidelity bond?	uciary Correct t? (Do not income fidelity bond her persons b of the benefit an? (See instruct he required r 1-3	ction Program) clude transactions reported clude transactions reported d, that was caused by fraud by an insurance carrier, ts under the plan? (See clude) d.) d.) tions and 29 CFR motice or one of the cs," see instructions and com ts of section 412 of the Code le.) l in this plan year, see instructions	10b 10c 10d 10e 10f 10g 10h 10i 0 plete	X Schec	X X X X X X X X Ule SB	(Form RISA?	260	00000
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interes on line 10a.) c Was the plan covered by a fidelity bond?	uciary Correct t? (Do not ind is fidelity bond her persons b of the benefit an? (See instruct he required r 1-3	ction Program) clude transactions reported clude transactions reported d, that was caused by fraud by an insurance carrier, ts under the plan? (See d.) d.) tions and 29 CFR motice or one of the ces," see instructions and com ts of section 412 of the Code le.) l in this plan year, see instruc- 	10b 10c 10d 10e 10f 10g 10h 10i 0 plete	Schec	X X X X X X X X Ule SB Ule SB	(Form RISA?	260	No No
 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interes on line 10a.)	uciary Correct t? (Do not ind fidelity bond her persons b of the benefit as of year end (See instruct he required r 1-3 hents? (If "Ye g requirement a applicab ng amortized B MB (Form	ction Program) clude transactions reported clude transactions reported d, that was caused by fraud op an insurance carrier, ts under the plan? (See d.). d.).	10b 10c 10d 10e 10f 10g 10h 10i 	X Schec	X X X X X X X X Ule SB Ule SB	(Form RISA?	260	N

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	Yes 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 t of the PBGC?	e 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 which assets or liabilities were transferred. (See instructions.)	s) to		_
1	13c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3) PN(s)
Part	t VIII Trust Information (optional)			

14a Name of trust	14b Trust's EIN

p.1

Form 5500-SF Short Form Annual Return/Report of Small E Benefit Plan							yee		OMB Nos. 1210-0110 1210-0089			
	ent of the Treasury Revenue Service	This form is required to be				nd 4065 of the Employe	e,	2012				
Employee Sene	nment of Labor fits Security Administration	Retirement Income Security Ac the Inte	ct of 197	ctions 6057(b) and 605								
former of the line of the second second	fil Guaranty Corporation	Complete all entries in acc	cordan	ce with f	he Instru	ctions to the Form 550	00-SF.					
		Ientification Information	61 / 5	- /		and adda		AC 7057501	3			
For caleridar	pian year 2012 or fisca	anang manananan anang arawa arawang mananan anagar se arawa arawa arawa arawa		1/201		and ending		04/05/201				
A This return		X a single-employer plan	Ľ,			an (not multiemployer)		a one-partic	ioant plan			
B This return	n/report is:	the first return/report	H		im/report							
		an amended return(report	∑]a st	ort plan	year retur	h/report (less than 12 m	nenths					
C Check bo:	k if filing under:	Form 6658	aut	iomati c e :	xtension			DFVC prog	am			
		special extension (enter descri	iption)									
Part II	Basic Plan Inform	nation enter all requested info	ormation	1								
1a Name of ALLEN J		, PC Employees' Prof	it Sl	haring	9 Plan	and Trust	15	Three-digit plan number (PN) ♪	002			
							1c	Effective date				
	neor's name and acdre PINTOFF, DDS,	ess: Include room or suite number	er (emple	over, if fo	r a single-	employer plan)	2b	Employer Iden (EIN) 11-25	tification Number 14096			
							2c	Sponsor sitele	phone number			
268 EAST	MAIN STREET						L	631-581-2289				
							2d		(see instructions)			
EAST ISL		NY _1730	d Participant and a state	····			+	621210				
Ja Plan adm	inistrator's name and	address [X]Same as Plan Sponso	or Name	e XISan	re as Plar	Sponser Addreas	30	Admin strator's	EIN			
							3с	Administratoris	telephone number			
		lan sponsor has changed since th	he last r	return/rec	ort filed to	or this plan, enter the	4b	EiN				
name, E a Sponsor:		per from the last relurn/report.					10	PN				
		t the beginning of the plan year					5a					
	• •	the end of the plan year							0			
C Number	of participants with ac	count balances as of the end of th	he plan	yəar (del	ined bene	fit plans do not	50	-	0			
6a Were al b Are you under 29	i of the plan's assets d ciaiming a waiver of th 2 CFR 2520.104-462 (4	luring the plan year invested in eli ne annual examination and report See instructions on waiver eligibili	ligible as of an ir lity and	ssets? (S Idepende condilion	ee instruc int cualifie s.)	tions.). d public accountant (IC	2PA.)		Yes NC			
		er line 6a or line 6b, the plan ca			and an distance of the state of	والمجريد والمحالية بالمتناب المحالية المحالية والمحالية والمحالية والمحالية والمحالية والمحالية			and a second			
Under penalti SB or Schedu	es o' perjury and other	Incomplete filing of this return r penalties set forth in the instruct signed by an enrolled actuary, as its.	tions, i c	leclare th	at I have	examined this return/re	port, in	icluding, if appli				
SIGN	aller	a.m.	Ι			Allen J. Pint	off,	Presiden				
HERE	Bignature of plan adfi	ninistrator		Date 7	12/13	Enter name of individ	ual sig	ning as plan ad	ministrator			

SIGN	V			
HERE	Signature of employer/plan sponsor	Date	Enter name of individ	lual signing as employer or plan sponsor
Preparer's	name (including firm name, if applicable) and address	; include room or suite number	(optional)	Preparer's telephone number (optional)
For Paperw	ork Reduction Act Notice and ONIB Control Numbers, see	the instructions for Form 5500-5	öř.	Form 5500-SF (2012)
				v. 120126

Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	of Year
а	Total plan assets	. 7a		8072	27			
b	Total plan liabilities	. 7b			0			
С	Net plan assets (subtract line 7b from line 7a)	. 7c	28	8072	27			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			otal		
а	Contributions received or receivable from:	0.5(4)			0			
	(1) Employers	8a(1)			0			
	(2) Participants(3) Others (including rollovers)	8a(2) 8a(3)			0			
b	Other income (loss)	8b	1	3889)1			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						13889
	Benefits paid (including direct rollovers and insurance premiums							
	to provide benefits)	. 8d	303	1961	. 8			
е	Certain deemed and/or corrective distributions (see instructions)	. 8e			0			
f	Administrative service providers (salaries, fees, commissions)	. 8f			0			
g	Other expenses	. 8g			0			
-	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			_			301961
	Net income (loss) (subtract line 8h from line 8c)	. 8i			_			-288072
	Transfers to (from) the plan (see instructions)	· 8j			0			
_	t IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension							
b Part	If the plan provides welfare benefits, enter the applicable welfare for V Compliance Questions							
10	During the plan year:				Yes	No		Amount
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide			10a		Х		
b	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	Х			26000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	•	-	10d		Х		
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.)	of the bene	fits under the plan? (See	10e		Х		
f	Has the plan failed to provide any benefit when due under the pla			10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount a	is of vear e	nd)	10g		Х		
	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ctions and 29 CFR	10g		X		
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he required	I notice or one of the	10i				
Part	VI Pension Funding Compliance						1	
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Yes N
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	e or se	ection	302 of	ERISA?	Yes X N
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	, as applica	able.)					
а	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.				, and e	enter th Day	ne date of	he letter ruling Year
	you completed line 12a, complete lines 3, 9, and 10 of Schedul Enter the minimum required contribution for this plan year	e MB (Fori	m 5500), and skip to line 13.			12b		

Form 5500-SF 2012

Page 3 -

				-				
С	Enter the amount contributed by the employer to the plan for this plan year		12c					
d								
е	e Will the minimum funding amount reported on line 12d be met by the funding deadline?						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?		Х	Yes		No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year							0
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?						Yes	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the p which assets or liabilities were transferred. (See instructions.)	olan(s) t	0					
	13c(1) Name of plan(s):	13	3c(2)	EIN(s)		13c(3)	PN(s)
						+		
Part	VIII Trust Information (optional)							
14a	Name of trust		14b	Trusť	s EIN			