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).

2011

This Form is Open to Public

OMB Nos. 1210-0110

1210-0089

Inspection Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF **Annual Report Identification Information** For calendar plan year 2011 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: the first return/report **B** This return/report is: the final return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 automatic extension DFVC program C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number NADIA LANIADO, DDS, PC 401(K) PLAN (PN) ▶ 002 1c Effective date of plan 01/01/2009 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number NADIA LANIADO, DDS. PC 13-3965121 (EIN) 2c Sponsor's telephone number 914-472-9595 2 OVERHILL ROAD, SUITE 300 SCARSDALE, NY 10583 2d Business code (see instructions) 621210 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN 2 OVERHILL ROAD, SUITE 300 13-3965121 NADIA LANIADO, DDS. PC SCARSDALE, NY 10583 3c Administrator's telephone number 914-472-9595 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 name, EIN, and the plan number from the last return/report. 4c PN Sponsor's name 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..... Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)..... **6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 541549 599703 Total plan assets..... 7a n 7b Total plan liabilities..... 541549 599703 Net plan assets (subtract line 7b from line 7a)..... 7с Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 44435 8a(1) (1) Employers 24350 (2) Participants 8a(2) (3) Others (including rollovers)..... 8a(3) -10631 **b** Other income (loss)..... 8b 58154 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8с Benefits paid (including direct rollovers and insurance premiums 0 to provide benefits)..... 8d 0 Certain deemed and/or corrective distributions (see instructions) ... 8e 0 Administrative service providers (salaries, fees, commissions)....... 8f 0 Other expenses..... 8g Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h 58154 Net income (loss) (subtract line 8h from line 8c)..... 8i 0 Transfers to (from) the plan (see instructions)

Form	5500-	SF	201

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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
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

0			.,					
_	Ouring the plan year:		Yes	No		Amo	unt	
	Vas 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)	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					7500
	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				
i	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.)	10q		X				
h	f this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	10h		X				
	f 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 V	Pension Funding Compliance	Į						
1 I	s this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp						Yes	X No
	s 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		
a i	a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct ranting the waiver.							
If yo	u completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
b i	inter the minimum required contribution for this plan year			12b				
C	inter 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 of egative amount)			12d				
e \	Vill the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	lo	N/A
art V	II Plan Terminations and Transfers of Assets							
3a	las a resolution to terminate the plan been adopted in any plan year?			Y	es X I	No		
ı	f "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a					
b \	Vere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought up of the PBGC?			ntrol			Yes	X No
	f 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					_
	c(1) Name of plan(s):		130	(2) EII	۷(s)		13c(3)	PN(s)
13								
13								
	n: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e Can	ise is	establi	shed			

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	03/16/2012	NADIA LANIADO, DDS				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN	Filed with authorized/valid electronic signature.	03/16/2012	NADIA LANIADO, DDS				
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

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 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

2011

This Form is Open to Public Inspection

	art I Annual Rep	ort Identification Information	n						
For	the calendar plan year 201	1 or fiscal plan year beginning		1/2011	and ending	12	/31/2011		
Α	This return/report is for:	x a single-employer plan	a multiple	-employer plar	(not multiemployer)	Ī	a one-participant plan		
В	This return/report is:	the first return/report		eturn/report	a site participant plant				
	•	an amended return/report	岩	•	report (less than 12 mo	dla \	**************************************		
C	Check box if filing under:	Form 5558			report (less than 12 mo	ntns)	1		
•	Check box if filling under.	H		extension		L	DFVC program		
250100		special extension (enter descrip	•						
	art II Basic Plan I Name of plan	nformation enter all requested	information.						
ıa							hree-digit lan number		
	Nadia Laniado, DD	S, PC 401(k) Plan					N) ► 002		
						1c ∈	ffective date of plan		
<u>2a</u>	Plan enoneor's name and	address; include room or suite number					1/01/2009		
	Nadia Laniado, DD	s, PC	(employer, if to	r single-emplo	yer plan)		mployer Identification Number		
							EIN) 13-3965121		
	0 Omenh411 Page	multi-					lan sponsor's telephone number 914) 472-9595		
	2 Overhill Road,	suite 300					usiness code (see instructions)		
US.	Scarsdale	NY 10583					21210		
3a	Plan administrator's name	and address (If same as plan sponsor,	, enter "Same")			3b A	dministrator's EiN		
	Same	•							
						3c A	dministrator's telephone number		
4	If the name and/or EIN of	the plan sponsor has changed since the	a last return/ren	ort filed for this	nlan antar the	4h r	IN:		
_	name, ⊨IN, and the plan n	number from the last return/report.	e last returniep	ort med for this	pian, enter the	4b EIN			
<u>а</u> 5а	Sponsor's Name					4c PN			
b b		its at the beginning of the plan year .				<u>5a</u>	3		
C	Number of participants wit	its at the end of the plan year	· · · · · ·	· · · · · ·	one de not	5b	4		
	complete this item)	· · · · · · · · · · · · · · · · · · ·	· · · · ·	neu beneni pia	ins do not	5c	4		
6a	Were all of the plan's asse	ets during the plan year invested in eligil	ble assets? (Se	e instructions.)			X Yes No		
b	Are you claiming a waiver	of the annual examination and report of	f an independer	nt qualified pub	lic accountant (IQPA)				
		6? (See instructions on waiver eligibility either 6a or 6b, the plan cannot use F				• •	XYes No		
Рa	rt III Financial Inf		-orm 5500-5F 8	ina must inst	ead use Form 5500.				
7	Plan Assets and Liabilities			(a) B	eginning of Year	1	(b) End of Year		
а	Total plan assets		79	(4) 5		 			
b	Total plan liabilities .		7a 7b	<u> </u>	541,549 0	1-	599,703		
C	Net plan assets (subtract li	ine 7b from line 7a)	7c		541,549		U		
8	Income, Expenses, and Tr		- 1		a) Amount	-	599,703 (b) Total		
а	Contributions received or r		Market Colored		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(5) 1044		
	(1) Employers	• • • • • • • • • • • • • • • • • • • •	8a(1)		44,435				
	(2) Participants		8a(2)		24,350				
h	(3) Others (including rollov	-	8a(3)	<u> </u>	0				
b	Other income (loss)		• • 8b		(10,631)				
c d	Benefits paid (including dire	(1), 8a(2), 8a(3), and 8b) ect rollovers and insurance premiums	· · 8c				58,154		
u	to provide benefits)	· · · · · · · · · · · · · · · · · · ·	8d		0				
е	Certain deemed and/or cor	rrective distributions (see instructions)			0	1	1 W		
f		viders (salaries, fees, commissions) .			0				
g	Other expenses		8g		0				
h	Total expenses (add lines	8d, 8e, 8f, and 8g)	8h				0		
i		t line 8h from line 8c)					58,154		
i	Transfers to (from) the plan		8i	11111111111111111111111111111111111111	. ^	2000	33,33		

	Form 5500-SF 2011	P	age 2-]	_				
Part	V Plan Characteristics								
an u	the plan provides pension benefits, enter the applicable pension feature.	ure codes from the Li	st of Plan Ch	aracteristic	Codes	in the i	nstructions:		
	2E 2J 3D the plan provides welfare benefits, enter the applicable welfare feature.								
Part	V Compliance Questions								
10	During the plan year:				Yes	No	A	mount	
а	Was there a failure to transmit to the plan any participant contribution	ns within the time per	iod described	l in 10a	,	х			
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciar Were there any nonexempt transactions with any party-in-interest? (I	y Correction Program Do not include transa	n)	• • —	1				-
	on line 10a.)			101)	X			
С	Was the plan covered by a fidelity bond?			100	X			7.5	,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fid or dishonesty?	elity bond, that was o	aused by fra	. 10	4	x			
е	Were any fees or commissions paid to any brokers, agents, or other prinsurance services or other organization that provides some or all of	the benefits under the	e plan? (See	100	9	x			
£	instructions.) Has the plan failed to provide any benefit when due under the plan?					х			
T	Did the plan have any participant loans? (If "Yes," enter amount as o				T	x			-
g h	If this is an individual account plan, was there a blackout period? (Se			1.0	9	 			
••	2520.101-3.)			10	h	_ x		1	
i 	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 notice or or	e of the	10	i				
Par	VI Pension Funding Compliance				O a la a al	de CD /	Form		
11	Is this a defined benefit plan subject to minimum funding requirement				• •	• • •	 	. Yes 🛚	
12	Is this a defined contribution plan subject to the minimum funding re (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicated a waiver of the minimum funding standard for a prior year is being	quirements of section ble.)				•			No
a	granting the waiver			. Month_		_ Da	у	Year	
b	Enter the minimum required contribution for this plan year					12b			
c	Enter the amount contributed by the employer to the plan for this plan					12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the amount in line 12b. Enter the amount in line 12b.	he result (enter a mir	nus sign to the	e left of a		12d			- · · · · · · · · · · · · · · · · · · ·
е	Will the minimum funding amount reported on line 12d be met by the	e funding deadline?	<u> </u>			• •	Yes	∐No L]N/A
Par	VII Plan Terminations and Transfers of Assets							☐Yes 2	- INA
13a					• •	• • •	· · · ·	. Tes [2	Z INO
	If "Yes," enter the amount of any plan assets that reverted to the en				4	13a			
b	of the PBGC?					ntroi		. _Yes 2	K No
	which assets or liabilities were transferred. (See instructions.)			<u>- </u>					
	13c(1) Name of plan(s):					13c(2) I	EIN(s)	13c(3) PI	N(s)
									
Caut	ion: A penalty for the late or incomplete filing of this return/repor	t will be assessed u	nless reaso	nable caus	e is es	tablish	ied.		
Unde	r penalties of perjury and other penalties set forth in the instructions, r Schedule MB completed and signed by an enrolled actuary, as well	I declare that I have	examined this	return/rep	ort, inc	luding, i	if applicable,	, a Schedule wledge and	
belie	f, it is true correct, and complète.	X312/10	273 573	T. ANTT P.O.	ממו	<u>.</u>			
27.447.34	SN X Mala James	- / 		LANIADO ne of indivi			s plan admir		
2005101467	RE Signature of plan administrator	Date 2/10		LANIADO			- F ad		
\$33260.00	RE Signature of employer/plan sponsor	Date					s employer	or plan sponso	or
Control	RE Signature of employer/plan sponsor	Date	Linei na	ne or mary	4441 31	yrmiy a	C omployer (p.a opo.ioc	· · · · · · · · · · · · · · · · · · ·