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).

2011

OMB Nos. 1210-0110

1210-0089

the Internal Revenue Code (the Code).

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

	art I Annual Report Identification								
For	calendar plan year 2011 or fiscal plan year b	eginning 01/01/20	11	and ending 1	2/31/2	011			
Α	A This return/report is for:					oant plan			
В	This return/report is: the first ret								
	an amende	ed return/report	a short pla	in year return/report (less than 12 mo	onths)				
С	Check box if filing under: Form 5558	; <u> </u>	automatic	extension		DFVC progra	m		
		ension (enter descripti	ion)		L				
P	art II Basic Plan Information—en		,						
	Name of plan	ter an requested inform	nation		1b	Three-digit			
	RONDACK ORAL & MAXILLOFACIAL SURG	ERY 401(K) PLAN TRI	UST			plan number			
						(PN) ▶	002		
					1c	plan			
2-					01	01/01/			
	Plan sponsor's name and address; include r RONDACK ORAL & MAXILLOFACIAL SURG		employer, if	for a single-employer plan)		Employer Identif			
					(EIN) 16-1534351 2c Sponsor's telephone number				
C 4 O I	DI ANIK DOAD CLUTE 201				20	518-348			
ENTI	PLANK ROAD SUITE 201 RANCE B				2d	Business code (see instructions)		
CLIF	TON PARK, NY 12065					62121			
	Plan administrator's name and address (if sa				3b	Administrator's E			
ADIR	RONDACK ORAL & MAXILLOFACIAL SURGI	ERY 648 PLANK ENTRANCE		ΓE 201	2-		34351		
		CLIFTON PA	_	065	3C	Administrator's t 518-348	elephone number 3-0634		
4	If the name and/or EIN of the plan sponsor I	nas changed since the	last return/	report filed for this plan, enter the	4b				
	name, EIN, and the plan number from the la			.,					
	Sponsor's name				4c	PN	52		
5a	Total number of participants at the beginning of the plan year				5a				
b	Total number of participants at the end of the	e plan year			5b				
С				•	F -		53		
Δ-	complete this item)				5c				
	Were all of the plan's assets during the plan Are you claiming a waiver of the annual exa	•		•			X Yes No		
D	under 29 CFR 2520.104-46? (See instruction						X Yes No		
	If you answered "No" to either 6a or 6b,			•					
Pa	art III Financial Information		1		1				
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End			
а	Total plan assets		7a	934774			963555		
b	Total plan liabilities		7b	0			0		
С	Net plan assets (subtract line 7b from line 7	a)	7с	934774			963555		
8	Income, Expenses, and Transfers for this P	an Year		(a) Amount		(b) T	otal		
а			90/4)	57105					
	(1) Employers			63373	_				
	(2) Participants		` '	0	_				
h	(3) Others (including rollovers)		` ` '	-33011	-				
b	` '			33011			87467		
c d	Total income (add lines 8a(1), 8a(2), 8a(3), Benefits paid (including direct rollovers and	•	8c				01401		
u	to provide benefits)	•	8d	58686					
е	Certain deemed and/or corrective distribution	ns (see instructions)	8e	0					
f	Administrative service providers (salaries, fe			0					
g	Other expenses			0					
h	·						58686		
i	Net income (loss) (subtract line 8h from line						28781		
j	Transfers to (from) the plan (see instruction	,		0					
	· · · · · · · · · · · · · · · · · · ·		· •	1					

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FUIII 5500-5F 2011	raye Z - [1]

Part IV	Plan	Characteristics
railiv	Fiaii	Characteristics

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

art	V Compliance Questions						
0	During the plan year:		Yes	No		Amou	nt
а	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)	10a		X			
b	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				100000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X			
е	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			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 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	10i					
art	VI Pension Funding Compliance		•	•			
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					. \(\)	res X No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						res X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	th					
-	Enter the minimum required contribution for this plan year		[12b			
	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 negative amount)	of a		12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
art	VII Plan Terminations and Transfers of Assets						
3a	Has a resolution to terminate the plan been adopted in any plan year?			Y	res X	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	under	the co	ontrol			res X No
С	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.)	ne plai	n(s) to	ı		_	_
1	3c(1) Name of plan(s):		13	c(2) El	N(s)	13	c(3) PN(s)
aut	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	establ	ished.	<u> </u>	
Inde	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return.	urn/rep	oort, in	cludin	g, if applic		

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	04/30/2012	GURINDER WADHWA DDS
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	04/30/2012	GURINDER WADHWA 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).

2011

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

the Internal Revenue Code (the Code).

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

P	art Annual Report Identification Information							
For	the calendar plan year 2011 or fiscal plan year beginning	01/01	/2011 and ending	12,	/31/2011			
Α.	This return/report is for: x a single-employer plan	a multiple-	employer plan (not multiemployer)	Γ	a one-participant plan			
в.	This return/report is:	the final ref	turn/report	, -				
			n year return/report (less than 12 mont	ha)				
_		• , ,	ns)	1				
C	Check box if filing under:	automatic (extension	L	DFVC program			
	special extension (enter description)							
Pa	Basic Plan Information enter all requested inform	mation.						
1a	Name of plan				hree-digit			
	Adirondack Oral & Maxillofacial Surgery 401(k)	Plan Tr	rust	•	olan number PN) ► 002			
			}		Effective date of plan			
				01/01/1999				
2a	Plan sponsor's name and address; include room or suite number (emp	oloyer, if for	single-employer plan)	2b E	Employer Identification Number			
	Adirondack Oral & Maxillofacial Surgery		L	(EIN) 16-1534351			
				2c F	Plan sponsor's telephone number			
	648 Plank Road Suite 201				(518) 348-0634			
	Entrance B				Business code (see instructions)			
	Clifton Park NY 12065				521210			
3a	Plan administrator's name and address (If same as plan sponsor, ente Same	er "Same")		3b A	Administrator's EIN			
•	James							
			·	3c A	Administrator's telephone number			
4	If the name and/or EIN of the plan sponsor has changed since the last	t 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 Total number of participants at the beginning of the plan year							
b	Total number of participants at the beginning of the plan year		<u> </u>	5b	52 53			
c	Number of participants with account balances as of the end of the plan			<u> </u>	33			
	complete this item)			5c	53			
6a	Were all of the plan's assets during the plan year invested in eligible a	ssets? (Se	e instructions.)		Yes No			
b	Are you claiming a waiver of the annual examination and report of an i							
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and If you answered "No" to either 6a or 6b, the plan cannot use Form			• •	· · · · <u>X</u> Yes <u>No</u>			
DA	if the Financial Information	3300-3F a	ma must instead use Form 5500.					
<u> 9</u> 7	Plan Assets and Liabilities		(a) Reginning of Year	1	(h) End of Voca			
, _		_	(a) Beginning of Year	\vdash	(b) End of Year			
	Total plan assets	7a	934,774		963,555			
b	•	7b	0	 	0			
<u>с</u> В	Net plan assets (subtract line 7b from line 7a)	7c	934,774	 	963,555			
a	Contributions received or receivable from:		(a) Amount	F#5049	(b) Total			
	(1) Employers	8a(1)	57,105	2.7				
	(2) Participants	8a(2)	63,373					
	(3) Others (including rollovers)	8a(3)	0					
b	Other income (loss)	8b	(33,011)					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			87,467			
d	Benefits paid (including direct rollovers and insurance premiums							
_	to provide benefits)	8d	58,686					
e	Certain deemed and/or corrective distributions (see instructions)	8e	0					
†	Administrative service providers (salaries, fees, commissions)	8f	0					
g	Other expenses	8g	0	2.44				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		1	58,686			
!	Net income (loss) (subtract line 8h from line 8c)	8i			28,781			
1	Transfers to (from) the plan (see instructions)	8j	. 0	44				

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Par			Tage 2-						
	f the plan provides pension benefits, enter the applicable pension fea	ture codes from the	List of Plan Characte	ristic (Codes	in the	instructions		
	2E 2F 2G 2J 2T 3D f the plan provides welfare benefits, enter the applicable welfare featu							•	
Par	V Compliance Questions	, ,							
10	During the plan year:	· · · · · · · · · · · · · · · · · · ·			Yes	No	Α .	mount	***************************************
а	Was there a failure to transmit to the plan any participant contribution	ons within the time pe	eriod described in	100		x			
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia Were there any nonexempt transactions with any party-in-interest?	(Do not include trans	actions reported	10a		-			
	on line 10a.)			10b		Х			
c	Was the plan covered by a fidelity bond?			10c	х				100,00
đ	Did the plan have a loss, whether or not reimbursed by the plan's floor dishonesty?	delity bond, that was	caused by fraud	104		x			
е	Were any fees or commisions paid to any brokers, agents, or other			10d					
	insurance services or other organization that provides some or all of	f the benefits under t	he plan? (See			x			
f	instructions.)			10e		x		·	
_	Has the plan failed to provide any benefit when due under the plan?					<u> </u>			
g h	Did the plan have any participant loans? (If "Yes," enter amount as of this is an individual account plan, was there a blackout period? (Set			10g	<u> </u>	Х			
	2520.101-3.)			10h		х	400		
j	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	ne of the	10i					
	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirement 5500))	nts? (If "Yes," see ins	structions and compl	ete Sc	hedul	e SB (I	orm		X No
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 applicate	quirements of sectional description of section description (section description).	n 412 of the Code or	section	on 302	of ER	ISA?	Yes	XNo
a If y	If a waiver of the minimum funding standard for a prior year is being granting the waiver		Mor	ons, ar	nd ent	er the o	date of the le	etter ruling Year	
b	Enter the minimum required contribution for this plan year	•	•		Г	12b			
С	Enter the amount contributed by the employer to the plan for this pla				.	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount in line 12c from the amount in line 12b.	ne result (enter a min	us sign to the left of	a • •		12d			
	Will the minimum funding amount reported on line 12d be met by the	e funding deadline?	<u> </u>	• •		<u> </u>	Yes	No	□N/A
Part,									
13a	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 em		• • • • • •	• •	٠.	• •	<u> </u>	Yes	X No
b	Were all the plan assets distributed to participants or beneficiaries, tr		nlon or brought und		<u> </u>	13a			
С	of the PBGC? If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)					• •		Yes	XNo
1:	3c(1) Name of plan(s):				13c(2) EIN(s) 13c(3) i			PN(s)	
								100(0)	7.11(0)
Cautio	n: A penalty for the late or incomplete filing of this return/report	will be assessed un	less reasonable ca	use is	esta	hlisha		<u> </u>	
Under SB or S	penalties of perjury and other penalties set forth in the instructions, I conclude MB completed and signed by an enrolled actuary, as well as t is true, correct, and complete.	declare that I have ex	camined this return/re	enort	includ	ing if	nnlicable a	Schedule edge and	
SIGN		4126112	Gurinder Wad	lhwa	DDS				
HER		Date	Enter name of ind			ng as r	lan administ	rator	
SIGN	MAIN		Gurinder Wad						
HER	Signature of employer/plan sponsor	Date 4 [2 Co []	Enter name of ind			-	employer or r	olan spons	or