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

2011

This Form is Open to Public Inspection

	V Complete all entries in accord	anice with	n the instructions to the Form 550	U-3F.			
	art I Annual Report Identification Information						
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2011	1	and ending 1	2/31/20	011		
A	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-particip	ant plan	
В -	This return/report is:	the final r	eturn/report				
	an amended return/report	a short pla	an year return/report (less than 12 m	onths)			
C	Check box if filing under: Form 5558	automatio	extension		DFVC progra	m	
	special extension (enter description	n)					
Pa	art II Basic Plan Information—enter all requested informa	ation					
1a	Name of plan			1b	Three-digit		
ORAL	L & MAXILLOFACIAL SURGERY ASSOCIATES OF MANHATTAN, F	P.C. CASI	H BALANCE PLAN		plan number		
					(PN) •	003	
				10	Effective date of 01/01/	•	
2a	Plan sponsor's name and address; include room or suite number (en	mployer, if	for a single-employer plan)	2b	Employer Identif	ication Number	r
ORA	L & MÁXILLOFACIAL SURGERY ASSOCIATES OF MANHATTAÑ, I	P.C.		((EIN) 13-378	39526	
				2c	Sponsor's teleph		
	AST 57TH STREET, SUITE 1204			24	212-593		
INEVV	YORK, NY 10022			Zu	Business code (: 62121		5)
3a	Plan administrator's name and address (if same as plan sponsor, en	nter "Same	2")	3b /	Administrator's E		
	L & MAXILLOFACIAL SURGERY ASSOCIATES OF 41 EAST 57TH HATTAN, P.C. 41 EAST 57TH NEW YORK, N				13-37	89526	
	,			3C /	Administrator's to 212-593		er
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/	report filed for this plan, enter the	4b	EIN		
9	name, EIN, and the plan number from the last return/report. Sponsor's name			4c	DNI		
	Total number of participants at the beginning of the plan year			5a	TIN TIN		
	Total number of participants at the end of the plan year						
	Number of participants with account balances as of the end of the plants			5b			
	complete this item)		•	5c			
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)			X Yes	No
b	Are you claiming a waiver of the annual examination and report of a			,		X Yes	No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either 6a or 6b, the plan cannot use Fo		•			<u> </u>	140
Pa	irt III Financial Information	21111 0000	or and must misteau use i orm oo				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year	
а	Total plan assets	7a	403082		(,	407708	
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	403082			407708	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal	
а	Contributions received or receivable from:	0-(4)					
	(1) Employers	8a(1)		-			
	(2) Participants	8a(2) 8a(3)		-			
b	Other income (loss)	8b	8757				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				8757	
d	Benefits paid (including direct rollovers and insurance premiums	- 00					
	to provide benefits)	8d		_			
е	Certain deemed and/or corrective distributions (see instructions)	8e		_			
f	Administrative service providers (salaries, fees, commissions)	8f	4404	_			
g	Other expenses	8g	4131			4404	
h :	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				4131	
! :	Net income (loss) (subtract line 8h from line 8c)	8i				4626	
J	Transfers to (from) the plan (see instructions)	8j					

Form	5500.	SF.	201

Page	2	-	,		
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Part IV	Plan	Charac	teristics
railiv	ı Fiaii	Charac	teristics

- 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:

Part	V Compliance Questions						
10	During the plan year:		Yes	No	Α	mount	
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				55000
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		Х			
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.)	10q		X			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h					
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					
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					Yes	X No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					_	_
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru granting the waiver						
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
b	Enter the minimum required contribution for this plan year			12b			
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 negative amount)			12d			
<u>e</u>	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	1	3a				0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought 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 t which assets or liabilities were transferred. (See instructions.)	he pla	n(s) to)		_	_
1	3c(1) Name of plan(s):		13	c(2) EI	N(s)	13c(3)	PN(s)
Caut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	establ	ished.		
Unde SB o	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret r Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return, f, it is true, correct, and complete.	urn/re	port, ir	ncludin	g, if applicab		

SIGN	Filed with authorized/valid electronic signature.	07/25/2012	JOHN B. TODOROVICH
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
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 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

2011

This Form is Open to Public Inspection

For	artil Annual Report Identification Information			
-, 41		01/01/2	011 and ending	12/31/2011
Α	This return/report is for:	a multiple	e-employer plan (not multlemployer)	a one-participant plan
B	This return/report is:	the final i	eturn/report	
	an amended return/report	a short pl	an year return/report (less than 12 m	·
C	Check box if filing under: 🔲 Form 5558	automatic	extension	☐ DFVC program
	special extension (enter descripti	on)		
P	art II Basic Plan Information—enter all requested inform	nation		
1a	Name of plan			1b Three-digit
	Oral & Maxillofacial Surgery Associates	of		plen number (PN) ▶ 003
	Manhattan, P.C. Cash Balance Plan			1C Effective date of plan
				01/01/2003
2 a	Pian sponsor's name and address; include room or suite number (e	amployer, i	for a single-employer plan)	2b Employer Identification Number
	Oral & Maxillofacial Surgery Associates of Manhattan, P.C.			(EIN) 13-3789526
	·			2c Sponsor's telephone number (212) 593-0303
	41 East 57th Street, Suite 1204		1	2d Business code (see instructions)
	New York		NY 10022	621210
3а	Plan administrator's name and address (if same as plan sponsor, a Same	nter "Same	")	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
_	name, EIN, and the plan number from the last return/report.		,	_
	Sponsor's name			4¢ PN
	Total number of participants at the beginning of the plan year			5a
C	Total number of participants at the end of the plan year			5b
	complete this Item)	********	***************************************	5c
6a	Were all of the plan's assets during the plan year invested in eligib	ile assets?	(See instructions.)	X Yes No
0				
	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520,104-467 (See instructions on waiver eligibility	an Indeper and condit	dent qualified public accountant (IQF	^{7A)} ⊠ Yes ∏ No
Г <u>ра</u>	under 29 CFR 2520.104-467 (See instructions on walver eligibility If you answered "No" to either 6s or 6b, the plan cannot use F	and condit	ons.)	X Yes 📙 No
Ра 7	under 29 CFR 2520.104-467 (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F rt III Financial Information	and condit	ons.) SF and must instead use Form 550	
7	under 29 CFR 2520.104-467 (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F It ili Financial information Plan Assets and Liabilities	and condit orm 5500-	ons.)	(b) End of Year
7 a	under 29 CFR 2520.104-467 (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F rt III Financial Information	and condit orm 5500-	ons.) SF and must instead use Form 550 (a) Beginning of Year	(b) End of Year
7 a b	under 29 CFR 2520.104-467 (See instructions on walver eligibility If you answered "No" to either 6s or 6b, the plan cannot use F It ill Financial Information Plan Assets and Liabilities Total plan assets	and condit form 5500- - 7a - 7b	ons.) SF and must instead use Form 550 (a) Beginning of Year	(b) End of Year 2 407,70
7 a b	under 29 CFR 2520.104-467 (See instructions on walver eligibility If you answered "No" to either 6s or 6b, the plan cannot use F It ill: Financial information Plan Assets and Liabilities Total plan assets Total plan liabilities	and condit form 5500- - 7a - 7b	ons.)	(b) End of Year 2 407,70
7 a b c	under 29 CFR 2520.104-467 (See instructions on walver eligibility If you answered "No" to either 8s or 8b, the plan cannot use F It III Financial information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7s)	and condit form 5500- 7a 7b 7c	(a) Beginning of Year 403,08	(b) End of Year 2 407,70
7 a b c	under 29 CFR 2520.104-467 (See instructions on walver eligibility If you answered "No" to either 8a or 8b, the plan cannot use F It ill: Financial information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	7a 7b 7c 8a(1)	(a) Beginning of Year 403,08	(b) End of Year 2 407,70
7 a b c	under 29 CFR 2520.104-467 (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F It iii Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants	7a 7b 7c 8a(1)	(a) Beginning of Year 403,08	(b) End of Year 2 407,70
7 a b c	under 29 CFR 2520.104-467 (See instructions on walver eligibility If you answered "No" to either 8a or 8b, the plan cannot use F It ill: Financial information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	7a 7b 7c 8a(1) 8a(2) 8a(3)	(a) Beginning of Year 403,08	(b) End of Year 2 407,70 (b) Total
7 a b c 8 a	under 29 CFR 2520.104-467 (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F It iii Financial information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan essets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers)	78 76 76 8a(1) 8a(2) 8b	ons.)	(b) End of Year 2 407,70 (b) Total
7 a b c 8 a	under 29 CFR 2520.104-467 (See instructions on waiver eligibility If you answered "No" to either 6s or 6b, the plan cannot use F It iii Financial information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	78 76 76 8a(1) 8a(2) 8b	(a) Beginning of Year 403, 08 (a) Amount	(b) End of Year 2 407,70 (b) Total
7 a b c 8 a	under 29 CFR 2520.104-467 (See instructions on waiver eligibility If you answered "No" to either 6s or 6b, the plan cannot use F It iii Financial information Plan Assets and Liabilities Total plan assets Net plan assets (subtract line 7b from line 7a)	78 76 76 8a(1) 8a(2) 8c 8d	(a) Beginning of Year 403, 08 (a) Amount	(b) End of Year 2 407,70 (b) Total
7 a b c 8 a b	under 29 CFR 2520.104-467 (See instructions on walver eligibility If you answered "No" to either 8a or 8b, the plan cannot use F It iii Financial information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (Including rollovers) Other Income (loss) Total Income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and Insurance premiums to provide benefite)	and condit orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	(a) Beginning of Year 403, 08 403, 08 (a) Amount	(b) End of Year 2 407,70 (b) Total
7 a b c 8 a b	under 29 CFR 2520.104-467 (See instructions on walver eligibility If you answered "No" to either 8a or 8b, the plan cannot use F It iii Financial information Plan Assets and Liabilities Total plan assets Total plan assets Net plan assets (subtract line 7b from line 7a)	and condit orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f	(a) Beginning of Year 403, 08 (a) Amount	(b) End of Year 2 407,70 (b) Total
7 a b c 8 a b c d	under 29 CFR 2520.104-467 (See instructions on walver eligibility If you answered "No" to either 8a or 8b, the plan cannot use F It iii Financial information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	and condit orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h	(a) Beginning of Year 403, 08 403, 08 (a) Amount	(b) End of Year 2 407,70 (b) Total
7 a b c 8 a b c d e f g	under 29 CFR 2520.104-467 (See instructions on walver eligibility If you answered "No" to either 6s or 6b, the plan cannot use F It iii Financial information Plan Assets and Liabilities Total plan assets Total plan assets Net plan assets (subtract line 7b from line 7a)	and condit orm 5500- 7a 7b 7c 8a(1) 8a(2) 8b 8c 8d 8e 8f 8g 8h	(a) Beginning of Year 403, 08 403, 08 (a) Amount	(b) End of Year 2 407,70 (b) Total 7 8,75
7 a b c 8 a b c d e f g h i j	under 29 CFR 2520.104-467 (See instructions on walver eligibility If you answered "No" to either 8a or 8b, the plan cannot use F It iii Financial information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	and condit orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h 8l	(a) Beginning of Year 403,08 403,08 (a) Amount	(b) End of Year 2 407,70 (b) Total 8,75

HERE

Signature of employer/plan sponsor

Form 5500-SF 2011 Page 2 -Part IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1A 1C 1I b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V **Compliance Questions** 10 During the plan year: Yes No <u>Amount</u> 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) Х 10a b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported Х on ilne 10a.)..... 10b C Was the plan covered by a fidelity bond?..... 10c Х 55,000 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud x 10d 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 Х Instructions.) 10e Has the plan falled to provide any benefit when due under the plan? х 10f Did the plan have any participant loans? (If "Yes," enter amount as of year end.)..... Х 10g h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520,101-3.) 10h 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..... 101 Part VI Pension Funding Compliance is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form No 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 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 instructions, and enter the date of the letter ruling granting the waiver.Month_ Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. b 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 of a 12d negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline?..... Yes N/A Part VII Plan Terminations and Transfers of Assets 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 employer this year Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?..... 🗌 Yes 🔀 No C 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.) 13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s) Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is t/ue, correct, and complete. SIGN \-5*c*-(5 John B. Todorovich HERE Date Enter name of Individual signing as plan administrator 7-25-6 John B. Todorovich SIGN 710.0M

Date

Enter name of Individual eigning as employer or plan sponsor