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 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

Р	Complete all entries in accomplete all entries in accomplete.	ordance wit	h the instructions to the Form 5500)-SF.					
	art I Annual Report Identification Information								
For	calendar plan year 2010 or fiscal plan year beginning 04/01/20)10	and ending 0	3/31/2	2011				
Α.	This return/report is for: single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan				
В	This return/report is for: first return/report	final retur	n/report						
	an amended return/report	short plar	n year return/report (less than 12 mor	nths)					
С	Check box if filing under: Form 5558	automatio	extension		X DFVC program				
	special extension (enter descrip								
Da	Irt II Basic Plan Information—enter all requested infor	,							
	Name of plan	mation		1h	Three-digit				
	EST DENTAL 401(K) PLAN				plan number				
					(PN) • 002				
				1c	Effective date of plan				
					04/01/2009				
	Plan sponsor's name and address (employer, if for single-employers)	er plan)		2b	Employer Identification Number				
FOR	LOT DENTAL			2c	(EIN) 11-3104860 Plan sponsor's telephone number				
	B B FOREST AVE				718-381-5687				
RIDG	EWOOD, NY 11385			2d	Business code (see instructions)				
		. "0		0 l-	541990				
FORI	Plan administrator's name and address (if same as Plan sponsor, ST DENTAL 72-03 B FO	enter "Same REST AVE	e")	3D	Administrator's EIN 11-3104860				
	RIDGEWO	OD, NY 113	85	3c	Administrator's telephone number				
					718-381-5687				
	f the name and/or EIN of the plan sponsor has changed since the		eport filed for this plan, enter the	4b	EIN				
ı	name, EIN, and the plan number from the last return/report. Spon	sor's name		4c	PN				
5a	Total number of participants at the beginning of the plan year			5a	2				
b	Total number of participants at the end of the plan year		ł	5b	2				
C	Total number of participants with account balances as of the end		ł	30	_				
C	complete this item)		•	5с	2				
6a	Were all of the plan's assets during the plan year invested in elig	ible assets?	(See instructions.)		Yes No				
b	The same and the plant according the plant year invested in original according to plant according to plant year.								
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
Do	If you answered "No" to either 6a or 6b, the plan cannot use rt III Financial Information	Form 5500-	SF and must instead use Form 550	00.					
				1	#N= + +++				
7	Plan Assets and Liabilities	_	(a) Beginning of Year	1	(b) End of Year 33852				
	Total plan assets	7a	17000		30002				
b	Total plan liabilities		17000		33852				
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	7с							
8	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount		(b) Total				
а	(1) Employers	8a(1)	15500						
	(2) Participants	, ,	500						
	(3) Others (including rollovers)								
b	Other income (loss)		852	:					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				16852				
d	Benefits paid (including direct rollovers and insurance premiums								
	to provide benefits)	8d		4					
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							
i	Net income (loss) (subtract line 8h from line 8c)	8i			16852				
j	Transfers to (from) the plan (see instructions)	8i							

|--|

Part IV	Plan	Charact	eristics

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2J 2K

D	ir the	e plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	cterisi	tic Co	des in i	ine insti	ructions	:	
art	٧	Compliance Questions							
0	Dur	ing the plan year:		Yes	No		Am	ount	
а		s there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b		re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ine 10a.)	10b		X				
С	Was the plan covered by a fidelity bond?								
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud dishonesty?	10d		X				
е	insu	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, urance service or other organization that provides some or all of the benefits under the plan? (See ructions.)	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		is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		X				
i		Oh was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art		Pension Funding Compliance			<u>I</u>				
11	Is th	his a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 0))						Yes	X No
2		his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X No
-		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	01 56	CHOIT	302 UI	LNISA	·	1 .00	
а	If a	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver							
lf y	-	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
b	Ente	er the minimum required contribution for this plan year			12b				
С	Ente	er the amount contributed by the employer to the plan for this plan year			12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount)			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 during the plan year or any prior year?						Yes	X No
		es," enter the amount of any plan assets that reverted to the employer this year			13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought ne PBGC?	under 	the co	ontrol 			Yes	X No
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify tl ch assets or liabilities were transferred. (See instructions.)	ne plai	n(s) to	1				
1	3c(1) Name of plan(s):		13	c(2) El	N(s)		13c(3)	PN(s)
			<u> </u>						
		A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab							
ВВ о	r Ġch	nalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/ sedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/ true, correct, and complete.				·			
SIGI	F	iled with authorized/valid electronic signature. 08/16/2012 WILLIAM WALLE	R						

SIGN	Filed with authorized/valid electronic signature.	08/16/2012	WILLIAM WALLER				
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				

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

OMB Nos. 1210-0110 1210-0089

2010

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Pa		rt Identification Information							
For	calendar plan year 2010 or	fiscal plan year beginning 04/01	/2010	and ending 0	3/31/2	2011			
A	This return/report is for:	X single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participa	nt plan		
В	This return/report is for:	first return/report	final return	final return/report					
		an amended return/report	short plan	year return/report (less than 12 mor	nths)				
<u> </u>	Check box if filing under:	Form 5558	automatic	extension		X DFVC progra	m		
	Sheck box it filling under.	special extension (enter desc	ليا						
	-t II Denie Dien Int	<u></u> `	 						
		formation—enter all requested in	ioimation		1b	Three-digit			
	Name of plan EST DENTAL 401(K) PLAN	.t				plan number			
FOR	EST DENTAL 401(K) FLAN	ų.				(PN) •	002		
					1c	Effective date of			
						04/01/2			
		address (employer, if for single-empl	oyer plan)		2b	Employer Identif	ication Number		
FOR	EST DENTAL				20	(L.IIV)	elephone number		
72-0	B FOREST AVE				-0	718-38			
	EWOOD NY 11385				2d	Business code (
				41-2-1-2-1-2-1-2-1-2-1-2-1-2-1-2-1-2-1-2		541990			
		and address (if same as Plan spons	or, enter "Same	")	3b	Administrator's I			
SAM	<u> </u>				3c		elephone number		
						718-38			
4	the name and/or EIN of th	e plan sponsor has changed since the	ne last return/re	port filed for this plan, enter the	4b EIN				
	name, EIN, and the plan nu	mber from the last return/report. Sp	onsor's name		40	DNI			
						PN	2		
	·	its at the beginning of the plan year.			5a				
b Total number of participants at the end of the plan year									
C		its with account balances as of the e			5c		2		
		ets during the plan year invested in e					X Yes No		
oa h	Are you claiming a waiver	of the appual examination and repo	rt of an indepen	dent qualified public accountant (IQI	PA)				
D	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
		either 6a or 6b, the plan cannot u	se Form 5500-	SF and must instead use Form 55	00.				
Pa	rt III Financial Info	rmation							
7	Plan Assets and Liabilities	•		(a) Beginning of Year		(b) End			
а	Total plan assets		7a	17000			33852		
b	Total plan liabilities		7b		_		00000		
С	Net plan assets (subtract I	ine 7b from line 7a)	7c	17000			33852		
8	Income, Expenses, and Ti	ransfers for this Plan Year		(a) Amount		(b) T	otal		
а	Contributions received or			15500	, }				
				500					
		,		300	-				
_		vers)	1	852	-				
þ				032	-		16852		
C		a(1), 8a(2), 8a(3), and 8b)					10002		
d		rect rollovers and insurance premiun							
е		rrective distributions (see instruction							
f		viders (salaries, fees, commissions)	l l		_				
-	•	viders (salaries, rees, commissions)			1				
g	•	8d, 8e, 8f, and 8g)			1				
h		ct line 8h from line 8c)	1		1		16852		
	met income (loss) (subtrat				+-	***			
i	Transfers to (from) the nis	an (see instructions)	8i		1				

	Form 5500-SF 2010 Page 2- 1		_				
Par	IV Plan Characteristics						
9a b	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics 23 2K If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics						
Part	V Compliance Questions					<u></u>	
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	10a		х			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10ь		х		<u>_</u>	
C	Was the plan covered by a fidelity bond?	10c		Х			
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		×		- 1/4	
f	Has the plan failed to provide any benefit when due under the plan?	10f		×			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		х			
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 comp 5500))	lete	Sched	ule SB	(Form	Yes	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code of (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					Yes	
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver	ions,	and e	nter the Day	e date of the	ear	ıling ——
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	12b			
	Enter the minimum required contribution for this plan year.		,	12c			
c d	Enter the amount contributed by the employer to the plan for this plan year	f a		12d			
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
Part				<u>-</u>			
	Has a resolution to terminate the plan been adopted during the plan year or any prior year?				<u> </u>	Yes	No.
ısa	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a	·		. <u>L</u>
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought up of the PBGC?	nder	the co			Yes	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.)						
	3c(1) Name of plan(s):		13	c(2) Ell	V(s)	13c(3) PN(s)
Caut	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e cau	se is	establi	shed.		

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 true, correct, and complete.

sign 1) W QR	8/14/12	DORNA COMAN
HERE Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN WA CO-	8/14/12.	
HERE Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor