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).

0040

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension B	enefit Guaranty Corporation	► Complete all entries in acco	ordance with the instr	uctions to the Form 5500)-SF.		, , , , , , , , , , , , , , , , , , ,
Part I		t Identification Information					
For calend	ar plan year 2012 or	fiscal plan year beginning 01/01/20)12	and ending 10	0/31/2	2012	
	turn/report is for:	a single-employer plan	=	plan (not multiemployer)		a one-particip	pant plan
B This re	turn/report is:	the first return/report	the final return/repo	rt			
		an amended return/report	x a short plan year ret	urn/report (less than 12 mo	onths)		
C Check	box if filing under:	Form 5558	automatic extension	1		DFVC progra	m
	ŭ	special extension (enter descrip	 tion)			_	
Part II	Rasic Plan Inf	ormation—enter all requested inform	,				
1a Name		ormation—enter all requested lillon	mation		1h	Three-digit	
		SERY ASSOCIATES OF MANHATTAN	I P.C. 401(K) PROFIT	SHARING PLAN	110	plan number	
OTO IL CIVIT	AILLOI AOIAL OOK	PERT AGGGGIATEG GI WIMIN INTERNAL	1, 1 .0. 401(11) 1 110111	OF IT IT IT IT IT IT		(PN) ▶	002
					1c	Effective date of	f plan
						01/01/	•
2a Plan s	ponsor's name and a	ddress; include room or suite number	(employer, if for a singl	e-employer plan)	2b	Employer Identif	fication Number
ORAL & MA	XILLOFACIAL SUR	GERY ASSOCIATES OF MANHATTAN	N, P.C.	, , , ,		(EIN) 13-37	
					2c	Sponsor's telep	hone number
41 FAST 57	TH STREET, SUITE	1204				212-593	
NEW YORK		.201			2d	Business code (see instructions)
						62121	,
3a Plan a	dministrator's name	and address XSame as Plan Sponsor	Name Same as Pl	an Sponsor Address	3b	Administrator's I	ΞIN
				,			
					3с	Administrator's t	elephone number
		ne plan sponsor has changed since the	e last return/report filed	for this plan, enter the	4b	EIN	
		umber from the last return/report.			4c	DN	
	or's name	a at the hearinging of the plan year				T	
_		s at the beginning of the plan year		-	5a		9
		s at the end of the plan year		-	5b		0
		n account balances as of the end of the	• • •	•	5c		0
6a Were	all of the plan's asse	ets during the plan year invested in elig	ible assets? (See instr	uctions.)			X Yes No
		of the annual examination and report of					
under	29 CFR 2520.104-4	6? (See instructions on waiver eligibility	y and conditions.)				X Yes No
lf you	ı answered "No" to	either line 6a or line 6b, the plan car	not use Form 5500-S	F and must instead use I	<u>Form</u>	5500.	
Caution: A	A penalty for the late	or incomplete filing of this return/r	eport will be assesse	d unless reasonable caus	se is	established.	
		other penalties set forth in the instruction					
		and signed by an enrolled actuary, as	well as the electronic v	ersion of this return/report,	and	to the best of my	knowledge and
belief, it is	true, correct, and cor	прієте.					
SIGN	Filed with authorize	d/valid electronic signature.	03/20/2013	ELISA WEBER			
HERE	Signature of plan		Date	Enter name of individu	ıal sin	ıning as nlan adn	ninistrator
CION	2.gataro or plan		240		019	,g ao pian adn	
SIGN HERE							
		oyer/plan sponsor	Date	Enter name of individu			
Preparer's	name (including firm	name, if applicable) and address; inclu	ude room or suite numb	per (optional)	Prep	arer's telephone	number (optional)

Form 5500-SF 2012 Page **2**

Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır	(b) End of Year			ar			
a	Total plan assets	7a	41969		0)	
	Total plan liabilities	7b	1035	50				()		
С	Net plan assets (subtract line 7b from line 7a)	7c	40934	9					()	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b)			otal			
	Contributions received or receivable from:		(1)								
	(1) Employers	8a(1)		0							
	(2) Participants	8a(2)		0							
	(3) Others (including rollovers)	8a(3)		0							
b	Other income (loss)	8b	3210	0							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							32100		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	43820	3							
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		0							
f	Administrative service providers (salaries, fees, commissions)	8f	324	6							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						4	41449)	
i	Net income (loss) (subtract line 8h from line 8c)	8i						-4	09349)	
j	Transfers to (from) the plan (see instructions)	8j									
Pai	rt IV Plan Characteristics				•						
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instruc	tions			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Coc	des in t	he instructi	ons:			
_											
Par							1				
10	During the plan year:				Yes	No		Amo	unt		
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corı	rection Program)	10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
	Was the plan covered by a fidelity bond?			10c	X					1050)00
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-	-	10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of										
	instructions.)			10e		X					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Χ					
h	If this is an individual account plan, was there a blackout period? ((See instru	uctions and 29 CFR	10h		X					
i	If 10h was answered "Yes," check the box if you either provided the	ne require	d notice or one of the	_							
Part	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i							
	J .		V :tti		Cabaa	CF) / [
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	X	No
<u>11a</u>	Enter the amount from Schedule SB line 39					11a					
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 line 12a or lines 12b, 12c, 12d, and 12e below,										
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			and e	enter th Day	ne date of t	he let Yea		ing	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.								
b	Enter the minimum required contribution for this plan year					12b					

	Form 5500-SF 2012 Page 3 - 1				
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	res No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	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(s which assets or liabilities were transferred. (See instructions.)) to		_	
1:	3c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				

14b Trust's EIN

14a Name of trust

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).

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public

Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form	5500-SF.
Part I Annual Report Identification Information	
For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending	10/31/2012
A This return/report is for: a single-employer plan a multiple-employer plan (not multiemploy	er) a one-participant plan
B This return/report is:	
an amended return/report X a short plan year return/report (less than 1	2 months)
C Check box if filing under: Form 5558 automatic extension	DFVC program
	U bi ve program
special extension (enter description)	
Part II Basic Plan Information—enter all requested information	45 - 000
1a Name of plan	1b Three-digit plan number
Oral & Maxillofacial Surgery Associates of	(PN) ▶ 002
Manhattan, P.C. 401(k) Profit Sharing Plan	1c Effective date of plan
	01/01/1995
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)	2b Employer Identification Number
Oral & Maxillofacial Surgery Associates of Manhattan, P.C.	(EIN) 13-3789526
ASSOCIACES OF Mannactan, P.C.	2c Sponsor's telephone number
41 East 57th Street, Suite 1204	(212) 593-0303
	2d Business code (see instructions) 621210
New York NY 10022 3a Plan administrator's name and address X Same as Plan Sponsor Name Same as Plan Sponsor Address	3b Administrator's EIN
Plan administrator's flame and address Asame as Plan Sponsor Name Usame as Plan Sponsor Address	3D Administrator's EIN
	3c Administrator's telephone number
	The same of the sa
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. a Sponsor's name	4c PN
5a Total number of participants at the beginning of the plan year	
b Total number of participants at the end of the plan year	Ja
Number of participants with account balances as of the end of the plan year (defined benefit plans do not	5b
complete this item)	5c
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	П., П.,
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.)	
If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead u	se Form 5500.
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	
SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/rep belief, it is true, correct, and complete.	port, and to the best of my knowledge and
SIGN Tenan land the lisa Weber	
HERE Signature of plan administrator Date 3 19 12 Enter name of indi	vidual signing as plan administrator
SIGN SIGN Elisa Weber	
HEDE 1	vidual 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)
	NAME OF THE PROPERTY OF THE PR
	and a second

Pa	rt III Financial Information				-		
7	Plan Assets and Liabilities	1 - 1	(a) Beginning of Yea	ar	-	-	(b) End of Year
а	Total plan assets	7a		9,69	9		0
b	Total plan liabilities	7b	1	0,35	0		0
С	Net plan assets (subtract line 7b from line 7a)	7c	40:	9,34	9		0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from:						
-	(1) Employers	8a(1)			0		
######################################	(2) Participants	8a(2)			0		
	(3) Others (including rollovers)	8a(3)	2.	2,10	<u> </u>		
	Other income (loss)	8b	3.	2,10	-		32,100
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			+		32,100
u	to provide benefits)	8d	43	8,20	3		
е	Certain deemed and/or corrective distributions (see instructions)	8e			0		
f	Administrative service providers (salaries, fees, commissions)	8f		3,24	6		
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					441,449
I	Net income (loss) (subtract line 8h from line 8c)	8i					-409,349
j	Transfers to (from) the plan (see instructions)	8i			T		
Par	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 3D	feature co	des from the List of Plan Char	acteris	tic Co	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature cod	es from the Liet of Plan Chara	ctoriet	o Cod	loc in t	the instructions:
	in the plant provided world a benefite, enter the applicable world to	alare cou	os nom the List of Flam Onara	OLGHAL	000	103 111 1	ine manacuona.
Pari	V Compliance Questions						
10	During the plan year:	WAR THE TAX TO A			Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Х	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		х	
С	Was the plan covered by a fidelity bond?			10c	Х		105,000
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bor	nd, that was caused by fraud				
	or dishonesty?			10d		X	
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or	of the bene	fits under the plan? (See			х	
	instructions.)			10e			
-	Has the plan failed to provide any benefit when due under the plan			10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	10g		Х	
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		х	
Ī	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.107			10i			
Part	VI Pension Funding Compliance			-			Agency principal and an investment and material and investment and a security of the continued of the security
11	Is this a defined benefit plan subject to minimum funding requirem- 5500) and line 11a below)	ents? (If "	es," see instructions and com	plete	Sched	lule SE	B (Form Yes X No
11a	Enter the amount from Schedule SB line 39					11a	
12	Is this a defined contribution plan subject to the minimum funding				-		ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						
a	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	g amortize	ed in this plan year, see instruc		and e	enter th	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (For	m 5500), and skip to line 13.				
b	Enter the minimum required contribution for this plan year				[12b	

	Form 5500-SF 2012 Page 3 -						
_			10-				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
<u> </u>	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 le negative amount)		12d	and consequently designed			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			_ Y	es N	D 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	DOMESTIC STREET	
	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 brough of the PBGC?	nt under the o	ontro		X	Yes No	0
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	the plan(s) t	io				
1	13c(1) Name of plan(s):	13	3c(2)	EIN(s)	1	3c(3) PN(s)
		ALCOHOLOGICA CONTRACTOR CONTRACTO			interestable and dependent		
Part	VIII Trust Information (optional)	ni i i i i i i i i i i i i i i i i i i					
	Name of trust		14b	Trust's I	EIN		