For	Form 5500-SF Short Form Annual Return/Report of Small Employee					OMB Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee				ee <b>2012</b>		012		
Employee Be	Department of Labor yee Benefit Security Administration on Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-S					This Form is Open to Public Inspection		
Part I	Annual Report Id	entification Information	ance with the instruc	tions to the Form 5500	J-SF.			
	ar plan year 2012 or fisca			and ending 12	2/31/2	2012		
_	turn/report is for:		a multiple-employer pla			a one-particip	ant plan	
			the final return/report					
B This ret	turn/report is:							
	Ļ		1 5	/report (less than 12 mc	onths)	_		
C Check b	box if filing under:	Form 5558 a	automatic extension			DFVC progra	m	
		special extension (enter description	,					
Part II	Basic Plan Inform	nation—enter all requested informat	tion					
1a Name DI DENTAL I		FE HARBOR 401(K) PROFIT SHARIN	NG PLAN		1b	Three-digit plan number	001	
					10	(PN) ►		
					IC	Effective date of 01/01/	•	
	ponsor's name and addre MANAGEMENT INC.	ess; include room or suite number (em	nployer, if for a single-	employer plan)	2b	Employer Identif (EIN) 11-32		
4 FLEETWC	OOD COURT	4 FLEETWOO	D COURT		2c	Sponsor's telept 718-544		
	CK, NY 11024	GREAT NECK	K, NY 11024		2d	Business code ( 62121		
3a Plan a	dministrator's name and	address XSame as Plan Sponsor Na	ame Same as Plan	Sponsor Address	3b	Administrator's	EIN	
							elephone number	
name,	, EIN, and the plan numb	lan sponsor has changed since the later from the last return/report.	st return/report filea fo	r this plan, enter the	4b 4c	EIN		
I	or's name	the beginning of the plan year			-	PN	2	
					<u>5a</u>		3	
		the end of the plan year		-	5b		3	
		count balances as of the end of the pla			5c		3	
_		uring the plan year invested in eligible				-	X Yes No	
<b>b</b> Are you under	ou claiming a waiver of th 29 CFR 2520.104-46? (\$	he annual examination and report of an See instructions on waiver eligibility an er line 6a or line 6b, the plan canno	n independent qualified nd conditions.)	d public accountant (IQF	PA)		Yes 🗌 No	
Caution: A	penalty for the late or	incomplete filing of this return/repo	ort will be assessed u	unless reasonable cau	se is	established.		
Under pena SB or Sche	alties of perjury and other	r penalties set forth in the instructions, signed by an enrolled actuary, as wel	, I declare that I have e	examined this return/rep	ort, ir	cluding, if applica		
SIGN	Filed with authorized/val	lid electronic signature.	06/07/2013	JOSEPH MACKESY				
HERE	Signature of plan adm	ninistrator	Date	Enter name of individu	ual sig	ning as plan adm	ninistrator	
SIGN								
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individu	ual sic	ning as emplove	r or plan sponsor	
Preparer's		ne, if applicable) and address; include					number (optional)	

Part III Financial Information					
7 Plan Assets and Liabilities		(a) Beginning of Yea	r		(b) End of Year
a Total plan assets	7a	6691	3		72406
<b>b</b> Total plan liabilities	7b		0		0
C Net plan assets (subtract line 7b from line 7a)	7c	6691	3		72406
Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total
a Contributions received or receivable from:	0(1)		0		
(1) Employers	8a(1)		0 0		
(2) Participants	8a(2)		-		
(3) Others (including rollovers)	8a(3)		0		
<b>b</b> Other income (loss)	8b	549	3		5.400
<ul> <li>C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)</li> <li>d Benefits paid (including direct rollovers and insurance premiums</li> </ul>	8c				5493
to provide benefits)	8d		0		
e Certain deemed and/or corrective distributions (see instructions)	8e		0		
f Administrative service providers (salaries, fees, commissions)	8f		0		
g Other expenses	8g		0		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				0
i Net income (loss) (subtract line 8h from line 8c)	8i				5493
J Transfers to (from) the plan (see instructions)	8j		0		
Part IV Plan Characteristics					
art V Compliance Questions					
Part V         Compliance Questions           0         During the plan year:				res No	Amount
<ul><li>During the plan year:</li><li>Was there a failure to transmit to the plan any participant contribut</li></ul>				Yes No	Amount
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest?</li> </ul>	iciary Correc ? (Do not inc	ction Program) clude transactions reported	10a		Amount
<ul> <li>During the plan year:</li> <li>Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> </ul>	iciary Correc ? (Do not inc	ction Program) clude transactions reported	10a 10b	x	Amount
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest? on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's</li> </ul>	iciary Correc ? (Do not inc fidelity bond	ction Program) clude transactions reported 	10a	x x	Amount
<ul> <li>During the plan year:</li> <li>Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>Were there any nonexempt transactions with any party-in-interest? on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> </ul>	iciary Correc ? (Do not inc fidelity bond her persons b of the benefit	ction Program) clude transactions reported 	10a 10b 10c	x x x	Amount
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or the plan t</li></ul>	iciary Correc ? (Do not inc fidelity bond her persons b of the benefit	ction Program) Clude transactions reported 	10a 10b 10c 10d	x x x x x	Amount
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<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (If the plan have and plan have any participant plan.</li> </ul>	iciary Correct ? (Do not inc fidelity bond her persons b of the benefit n? s of year end (See instruct	ction Program) Clude transactions reported clude transactions reported clude transactions reported clude transactions and 29 CFR	10a 10b 10c 10d 10d 10e 10f 10g	x x x x x x x x x x	Amount
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<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan and the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>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</li> </ul>	iciary Correct ? (Do not inc fidelity bond her persons b of the benefit n? s of year end (See instruct he required n	ction Program) Clude transactions reported clude transactions reported clude transactions reported clude transactions and search of the constant of the plan of the clude transactions clude the plan of the clude transactions and search of the clude transactions and	10a 10b 10c 10d 10d 10f 10g 10h	X X X X X X X X X	Amount
<ul> <li>During the plan year:</li> <li>Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Was the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.)</li> <li>Has the plan failed to provide any benefit when due under the plan</li> <li>Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101</li> </ul>	iciary Correct ? (Do not inc fidelity bond fidelity bond fidelity bond fithe benefit n? s of year end (See instruct fier required n 1-3	ction Program) Clude transactions reported clude transactions reported clude transactions reported clude transactions reported clude transactions and 29 CFR contice or one of the clude transactions and com	10a 10b 10c 10d 10e 10f 10g 10h 10h 10i	X X X X X X X X X X C Chedule Sl	3 (Form
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest' on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.)</li> <li>f Has the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.)</li></ul>	iciary Correct ? (Do not inc fidelity bond her persons b of the benefit n? s of year end (See instruct he required n 1-3	ction Program) clude transactions reported clude transactions reported  t, that was caused by fraud by an insurance carrier, ts under the plan? (See  d.) tions and 29 CFR  notice or one of the 	10a 10b 10c 10d 10d 10e 10f 10g 10h 10h 10i	X X X X X X X X X X Chedule Sl	3 (Form
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<ul> <li>During the plan year:</li> <li>Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>Were there any nonexempt transactions with any party-in-interest' on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li></ul>	iciary Correct ? (Do not inc fidelity bond her persons b of the benefit n? s of year end (See instruct he required n 1-3	ction Program) Clude transactions reported clude transactions reported clude transactions reported clude transactions and by fraud cover an insurance carrier, ts under the plan? (See clude) clude the plan? (See clud	10a 10b 10c 10d 10d 10e 10f 10g 10h 10g 10h	X X X X X X X X X X X X X X I I 11a	3 (Form
<ul> <li>During the plan year:</li> <li>Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li></ul>	iciary Correct ? (Do not inc fidelity bond her persons b of the benefit n? s of year end (See instruct he required n 1-3	ction Program) clude transactions reported 	10a         10b         10c         10d         10d         10d         10e         10f         10g         10h         10h         10h         10i         or sect         ctions, a	X X X X X X X X X X X X X I I I I I I I	B (Form
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest' on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li></ul>	iciary Correct ? (Do not inc fidelity bond her persons b of the benefit n? s of year end (See instruct he required n 1-3 ents? (If "Ye requirement as applicab ng amortized	ction Program) clude transactions reported clude transactions reported d, that was caused by fraud oy an insurance carrier, ts under the plan? (See d.) d.) tions and 29 CFR motice or one of the ces," see instructions and com ts of section 412 of the Code le.) l in this plan year, see instructions	10a         10b         10c         10d         10d         10d         10e         10f         10g         10h         10h         10h         10i         or sect         ctions, a	X X X X X X X X X X X X X X X A A A A A	B (Form

С	Enter	the amount contributed by the employer to the plan for this plan year	12c		
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d		
е		he 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	a resolution to terminate the plan been adopted in any plan year?	, ,	Yes X No	
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a		
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the pBGC?	control		Yes X No
С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) n assets or liabilities were transferred. (See instructions.)	to	_	
1	3c(1)	Name of plan(s): 1	<b>3c(2)</b> E	IN(s)	<b>13c(3)</b> PN(s)
Part	VIII	Trust Information (optional)			

14a Name of trust	14b Trust's EIN

Form 5500-SF	Short Form Annual Return/Report of Small Employ Benefit Plan			ee		OMB Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service	This form is required to be filed under sections 104 and 4065 of the Employe				2012			
Department of Labor Employee Benefits Security Administration	Retirement Income Security Act of the Internal	1974 (ERISA), and s Revenue Code (the		(a) of		is Open to Public		
Pension Benefit Guaranty Corporation					Inspection			
Part I Annual Report Io	dentification Information							
For calendar plan year 2012 or fisca	al plan year beginning	01/01/2012	and ending	12	2/31/2012			
A This return/report is for:	$\mathbf{x}$ a single-employer plan $\Box$ a	multiple-employer p	lan (not multiemployer)		a one-partici	oant plan		
B This return/report is:	the first return/report the first return/report	e final return/report						
[	an amended return/report a	short plan year retu	m/report (less than 12 m	onths)				
C Check box if filing under:	Form 5558	automatic extension DFVC p			DFVC progra	im		
[	special extension (enter description)							
Part II Basic Plan Inform	mation enter all requested inform	ation						
1a Name of plan					Three-digit plan number			
D & I DENTAL MANAGEM	ÆNT, INC SAFE HARBOR 401(I	X) PROFIT SHAF	ING PLAN		(PN) ►	001		
					Effective date of 01/01/2010	f plan		
	ress; include room or suite number (em	ployer, if for a single	e-employer plan)			ification Number		
D & I DENTAL MANAGEM	ÆNT, INC.			(EIN) 11-3262088				
				2c	Sponsor's telep	hone number		
4 FLEETWOOD COURT				2d Business code (see instructions)				
US GREAT NECK	NY 11024			621210				
3a Plan administrator's name and	d address 🕱 Same as Plan Sponsor I	Name Same as I	Plan Sponsor Address	3b Administrator's EIN				
<ul> <li>If the name and/or EIN of the name, EIN, and the plan numl</li> </ul>	plan sponsor has changed since the las	st return/report filed 1	or this plan, enter the	4b	EIN			
a Sponsor's name	ber nom the last return report.			4c	PN			
	t the beginning of the plan year			5a		3		
	t the end of the plan year			5b		3		
	ccount balances as of the end of the pla			5c		3		
	during the plan year invested in eligible			00		X Yes No		
<b>b</b> Are you claiming a waiver of the basis	he annual examination and report of an	independent qualifie		PA)				
	(See instructions on waiver eligibility an ner line 6a or line 6b, the plan cannot		and muct instead use	Eorm	5500	X Yes No		
	or incomplete filing of this return/repo							
Under penalties of perjury and oth	her penalties set forth in the instructions and signed by an enrolled actuary, as we	, I declare that I hav	e examined this return/re	port, ii	ncluding, if appl			
SIGN Darroch	it	2/14/2013	DANIEL SHALYTO					
HERE Signature of plan admin	nistrator	Date	Enter name of individua	al signi	ng as plan adm	inistrator		
SIGN         Date           HERE         Signature of employer/plan sponsor         Date					ual signing as employer or plan sponsor			
Preparer's name (including firm na	ame, if applicable) and address; include	e room or suite numb	er (optional)	Prepa	arer's telephone	number (optional)		
For Pananwork Poduction Act N	lotice and OMB Control Numbers, se	a the instructions f	or Form 5500-SE			orm 5500-SF (2012)		
i of raperwork Reduction Act N	ionos ana omb control numbers, se					v.120126		

Pa	rt III Financial Information		4					
7 1	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year			
a	Total plan assets		66,913		72,406		72,406	
b	Total plan liabilities			0			0	
C	Net plan assets (subtract line 7b from line 7a)		66,913		72,406			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			
0.0	Contributions received or receivable from: (1) Employers		0					
	2) Participants	8a(1) 8a(2)	0					
		8a(3)		0				
	(3) Others (including rollovers) Other income (loss)	8b	5,493					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	0,1				5,493	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0			5,495	
	Certain deemed and/or corrective distributions (see instructions)	8e		0				
	Administrative service providers (salaries, fees, commissions)	8f		0				
g	Other expenses	8g		0				
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			0			
-	Net income (loss) (subtract line 8h from line 8c)	8i				5,493		
	Transfers to (from) the plan (see instructions)	8j		0				
-	rt IV Plan Characteristics							
	If the plan provides welfare benefits, enter the applicable welfare fea							
					Van	No	Amount	
10	During the plan year:		in the time period described in		Yes	No	Amount	
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	ciary Corre	ection Program)	10a		х		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		x		
С	Was the plan covered by a fidelity bond?			10c		x		
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		x		
е	Were any fees or commisions paid to any brokers, agents, or othe insurance service or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		x		
f	Has the plan failed to provide any benefit when due under the plan	and the second se		10f		x		
9 h						x		
	2520.101-3.)		And the second	10h		X		
	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10			10i				
Pai	t VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							
11;	a Enter the amount from Schedule SB line 39					11a		
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	or sec	ction 3	02 of I	ERISA? Yes X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below							
а	If a waiver of the minimum funding standard for a prior year is bei granting the waiver				and e	nter th _ Da		
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule							
b						12b		
	Enter the minimum required contribution for this plan your							