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

			F Complete all entries in ac	cordance with the mont	actions to the Form 50	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	art I		Identification Information								
For	calenda	ar plan year 2012 or fis	scal plan year beginning 10/01/	2012	and ending	12/31/	2012				
Α	This ret	urn/report is for:	a single-employer plan		plan (not multiemployer)	a one-participant plan				
В	This ret	urn/report is:	the first return/report	the final return/report	t						
			an amended return/report	X a short plan year retu	rn/report (less than 12	months)				
С	Check b	oox if filing under:	Form 5558	automatic extension			DFVC program				
		· ·	special extension (enter descr	iption)							
P	art II	Basic Plan Info	rmation—enter all requested info	, ,							
	Name		enter an requested into	omation		1h	Three-digit				
		L, PLLC 401(K) PLAN					plan number				
		, , ,					(PN) ▶ 001				
						1c	Effective date of plan				
							10/01/2012				
2a UES	Plan sp	oonsor's name and add	dress; include room or suite numbe	er (employer, if for a single	e-employer plan)	2b	Employer Identification Number (EIN) 32-0186452				
						2c	Sponsor's telephone number				
1485	FIRST	AVENUE					212-535-4199				
		NY 10075				2d	Business code (see instructions)				
							812990				
3a	Plan ad	dministrator's name an	nd address XSame as Plan Spons	or Name Same as Pla	an Sponsor Address	3b	Administrator's EIN				
						30	Administrator's telephone number				
						30	Administrator's telephone number				
4	If the n	name and/or FIN of the	e plan sponsor has changed since t	he last return/report filed	for this plan, enter the	4h	EIN				
-			mber from the last return/report.	o idot rotain, roport illod	ioi ano pian, onto: are	70	LIIV				
a	Sponso	or's name				4c	PN				
5a	Total r	number of participants	at the beginning of the plan year			5a	0				
b	Total r	number of participants	at the end of the plan year			5b	0				
С	Numbe	er of participants with a	account balances as of the end of t	he plan year (defined ber	nefit plans do not						
	compl	ete this item)				5c	0				
6a			s during the plan year invested in e				X Yes No				
b			the annual examination and repor				X Yes □ No				
			? (See instructions on waiver eligibition of the line 6a or line 6b, the plan c				·····				
			or incomplete filing of this return	•							
			ner penalties set forth in the instruc nd signed by an enrolled actuary, a								
		rue, correct, and comp				,	and the second of the second o				
CIC	N.	Filed with authorized/	valid electronic signature.	07/09/2013	RATNA MONGA						
SIG											
		Signature of plan a	dministrator	Date	Enter name of indiv	idual si	gning as plan administrator				
SIG											
HE		Signature of emplo	 	Date		idual si	gning as employer or plan sponsor				
Pre	parer's	name (including firm n	ame, if applicable) and address; in	clude room or suite numb	er (optional)	Pre	parer's telephone number (optional)				
•											

Form 5500-SF 2012	Page 2

∣ Pa	rt III Financial Information							
7	Plan Assets and Liabilities				(b) End of Year			
<u> </u>	Total plan assets	7a		0			0	
b	Total plan liabilities	7b						
	Net plan assets (subtract line 7b from line 7a)	7c		0			0	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total		
a			(a) Amount				(b) Total	
	(1) Employers	8a(1)						
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					0	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d						
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					0	
ī	Net income (loss) (subtract line 8h from line 8c)	8i					0	
j	Transfers to (from) the plan (see instructions)	8j					·	
Pa	rt IV Plan Characteristics	, oj						
	If the plan provides pension benefits, enter the applicable pension 3D 2E 2F 2G 2J 2K	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in t	he instructions:	
~	in the plant provides we have benefits, office the applicable we have to	sature ood	co from the Elot of Flam Offara	otoriot	10 000	100 111 0	ne mondonone.	
Par	t V Compliance Questions							
10	During the plan year:				Yes	No	Amount	
а						X		
		aciary Cori	ection Program)	l 10a		^		
b	Were there any nonexempt transactions with any party-in-interest	? (Do not	include transactions reported	10a 10b		X		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b				
	Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's	? (Do not	include transactions reported	10b 10c		X		
	Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	? (Do not	nd, that was caused by fraud	10b		X		
	Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's	? (Do not fidelity bo	and, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10b 10c	X	X	400	
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	Form 5500-SF 2012 Page 3 - 1			
	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 X N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes X 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		Yes X 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):	l3c(2) ⊟	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			1
	Name of trust	14b ⊺	rust's EIN	



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Form 5500-SF

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan Department of the Treasury Internal Revenue Service

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.

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

For calenda	Annual Report								
	ar plan year 2012 or fi	scal plan year beginning	10/01/2012	and ending	12/31/20	12			
A This ret	urn/report is for:	X a single-employer plan	a multiple-employe	r plan (not multiemployer)	a one-partic	ipant plan			
	urn/report is:	X the first return/report	the final return/repo	nrt					
D IIIIS ICI	аптероп в.	an amended return/report		eturn/report (less than 12 r	nonthe)				
		H '							
C Check b	oox if filing under:	Form 5558	automatic extensio	n	☐ DFVC progr	ram			
		special extension (enter des	scription)						
Part II	Basic Plan Info	ormation—enter all requested in	nformation						
1a Name	of plan				1b Three-digit				
UES 1	Dental, PLLC	401(k) Plan			plan number	0.01			
					(PN)	001			
					1c Effective date of 10/01/201				
20.00		I I I I I I I I I I I I I I I I I I I	1 / 1	L L L X					
		Idress; include room or suite num	ber (employer, it for a sing	ie-employer plan)	2b Employer Identi	ification Number			
OES I	Dental, PLLC				(EIN) 32-018				
					2c Sponsor's telephone number (212) 535-4199				
1485	First Avenue								
				10055	2d Business code 812990	(see instructions)			
New 3		nd address XSame as Plan Spo		Y 10075	3b Administrator's	FIN			
Ja Flall at	umministrator s name a	id address Asame as Flair Spor	ilsoi Maille 🔲 Saille as Fi	all Spolisor Address	JD Administrators	LIIV			
					3c Administrator's	telephone number			
						•			
		e plan sponsor has changed since	e the last return/report filed	for this plan, enter the	4b EIN				
	•	mber from the last return/report.			4c PN				
a Sponse					† 1				
na lotal r		at the beginning of the plan year				0			
		at the beginning of the plan year			5a	0			
b Total r	number of participants	at the end of the plan year			5a 5b	0			
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Form 5500-SF 2012 Page **2**

Pai	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End o	f Year	
а	Total plan assets	7a	· · · · · · · · · · · · · · · · · · ·		0				0
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c			0				0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	tal	
а	Contributions received or receivable from:								
	(1) Employers	8a(1)							
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)							
	Other income (loss)	8b							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							0
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
	Certain deemed and/or corrective distributions (see instructions)	8e							
	Administrative service providers (salaries, fees, commissions)	8f							
	Other expenses	8g							
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							0
	Net income (loss) (subtract line 8h from line 8c)	8i							0
_	Transfers to (from) the plan (see instructions) t IV Plan Characteristics	8j							
9a b	If the plan provides pension benefits, enter the applicable pension 3D 2E 2F 2G 2J 2K If the plan provides welfare benefits, enter the applicable welfare for								
Pari									
10	During the plan year:				Yes	No	,	Amount	
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	iciary Corr	ection Program)	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			
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х			
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all oinstructions.)	of the bene	efits under the plan? (See	10e	Х				400
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х			
q	Did the plan have any participant loans? (If "Yes," enter amount a	s of vear e	end.)	10g		Х			
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instru	uctions and 29 CFR	10h		Х			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne required	d notice or one of the	10i		Х			
Part									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							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					302 of	ERISA?	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,								
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mor	ıth	and e	enter th Day		e letter ru Year	uling
lf	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 Pr	age 3 -			
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 (entengative amount)	-	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding dea	dline?		Yes	No X N/A
Part	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?		. 🔲 Y	es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this ye	ear	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to of the PBGC?		control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to which assets or liabilities were transferred. (See instructions.)	another plan(s), identify the plan(s)	to		
1	3c(1) Name of plan(s):	1	3c(2) El	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust		14b Tr	ust's EIN	