## 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.

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

Pa	art I	Annual Report Ide	entification Information					
For	calenda	ar plan year 2012 or fiscal		012	and ending 1	2/31/	2012	
<b>A</b> 1	This ret	urn/report is for:	a single-employer plan	a multiple-employer p	olan (not multiemployer)		a one-particip	oant plan
		urn/report is:	the first return/report	the final return/report			_	
			an amended return/report	a short plan year retu	rn/report (less than 12 m	onths	)	
C	heck h	oox if filing under:	Form 5558	automatic extension	,		DFVC progra	ım
	JIIGUK L		special extension (enter descrip					
Pa	rt II	Basic Plan Inform	ation—enter all requested info	-				
	Name		ation—enter all requested lillo	mation		1b	Three-digit	
		DENTAL CARE PROFIT S	HARING PLAN				plan number	
							(PN) <b>•</b>	001
						1c	Effective date of	•
20	Diam an			/		26	01/01/	
		DENTAL CARE	ss; include room or suite number	(employer, if for a single	e-employer plan)	ZD	Employer Identification (EIN) 13-31	51815
						20	Sponsor's telep	
1501	BROAI	OWAY					212-57	
STE 5	502					2d	Business code (	see instructions)
INEVV	TURK,	, NY 10036					62121	0
3a	Plan ad	dministrator's name and a	ddress XSame as Plan Sponso	r Name Same as Pla	n Sponsor Address	3b	Administrator's I	EIN
						30	Administrator's t	elephone number
						30	Administrators	elephone number
4			an sponsor has changed since th	e last return/report filed t	for this plan, enter the	4b	EIN	
2		EIN, and the plan numbe or's name	er from the last return/report.			40	PN	
			he beginning of the plan year			5a	FIN	2
			he end of the plan year					
						5b		2
С			ount balances as of the end of th		•	5с		2
6a	Were	all of the plan's assets du	ring the plan year invested in eli	gible assets? (See instru	ctions.)			X Yes No
	Are yo	ou claiming a waiver of the	annual examination and report	of an independent qualifi	ed public accountant (IQ	PA)		
			ee instructions on waiver eligibili					X Yes No
			r line 6a or line 6b, the plan ca					
			ncomplete filing of this return/					
			penalties set forth in the instructi signed by an enrolled actuary, as					
		rue, correct, and complete				.,	10 11.0 2001 0. 11.19	ooago aa
		Filed with authorized/valid	d alastronic signatura	10/01/2013	MANOLIAD TALDE IA			
SIGI				10/01/2013	MANOHAR TALREJA	\		
	`			Enter name of individ	ual si	gning as plan adn	ninistrator	
SIGI		Filed with authorized/valid	d electronic signature.	10/01/2013	MANOHAR TALREJA	ı		
HER		Signature of employer		Date	Enter name of individ			
Prep	oarer's	name (including firm name	e, if applicable) and address; incl	ude room or suite numb	er (optional)	Prep	parer's telephone	number (optional)

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Do	et III   Financial Information									
Pa	rt III   Financial Information									
	Plan Assets and Liabilities	_	(a) Beginning of Yea		-		(b) End	of Y		
_ <u>a</u>	Total plan assets	7a 		0	-				5675	
	Total plan liabilities	7b		0	-					0
	Net plan assets (subtract line 7b from line 7a)	7c		0					5675	4
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total		
a	Contributions received or receivable from:  (1) Employers	8a(1)	3425	4						
	(2) Participants	8a(2)	2250	0						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b		0						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							56754	4
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0						
е	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
ī	Net income (loss) (subtract line 8h from line 8c)	8i							5675	4
j	Transfers to (from) the plan (see instructions)	8j		0						
Pa	rt IV Plan Characteristics	, <u>°,</u>								
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Char	acteris	tic Co	des in	the instru	ctions	3:	
b	2E 2J  If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cteristi	c Cod	les in t	he instruc	tions:		
Par	t V   Compliance Questions			1	1		1			
10	During the plan year:				Yes	No		Am	ount	
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				
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud	10d		X				
	or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth			100						
E	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				
9	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? (2520.101-3.)	•		10h		X				
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 require	d notice or one of the	10i						
Dor		1-5		101						
Part VI Pension Funding Compliance  11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form										
	5500) and line 11a below)			· ·	<u>.</u>		•	.	Yes	X No
	Enter the amount from Schedule SB line 39									
12	2 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?     Yes   No									
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) <b>a</b> 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							line no		
	granting the waiver.		Mon		and e	enter th Day	ie date of	the le		iing 
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.		1		I			
b	Enter the minimum required contribution for this plan year				I	12b				

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	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?		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):	3c(2) E	IN(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

OMB Nos. 1210-0110

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor mployee Benafits Security Administration

## Short Form Annual Return/Report of Small Employee Benefit Plan

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2012

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Persion Sensit Guaranty Corporation  Complete all entries in accordance with the instructions to the Form 5500-SF.								
Part Annual Report Id		to with the means	TINGE OF FILE LANGE OF STREET					
For calendar plan year 2012 or fisca		01/01/2012	and ending	12/31/201				
A This return/report is for:		· · · · · · · · · · · · · · · · · · ·	an (not multiemployer)	a one-pa	rticipant plan			
	y-1	e final return/report		-	•			
	<b>=</b>		inchait hoss near in iii	☐ DFVC pri	rivirts#ffi			
O CHECK BOX II MING DIXEE. 14 AM SOOD								
	special extension (enter description)	,		Y., 24 W				
Part Basic Plan Inform	nation enter all requested informa	ition		T 41				
1a Name of plan 1b Three-digit plan number								
Midtown Dental Care		(PN) >	001					
				1C Effective date of plan 01/01/2012				
Point File and a state of the s	and the second s	stances if for a simple	caretaran estaral		JEZ Jentification Number			
Zai Pian sponsors name and addr Midtown Dental Care	ess; include room or suite number (em	жуег, іг іог а віядче-	енфоует (лан)	(EIN) 13				
				-	elephone number			
				(212) 5				
1 <b>501 Broad</b> way Ste 502				2d Business o	ode (see instructions)			
US New York	NY 10036			621210	•			
	address X Same as Plan Sponsor!	iame Same as f	lan Sponsor Address	3b Administrat	or's EIN			
			•		•			
•				3C Administrat	tor's telephone number			
•								
·		44.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4						
	olan sponsor has changed since the las	t return/report filed fo	or this plan, enter the	4b EIN				
name, EIN, and the plan numb	er from the last return/report.			An man				
a Sponsor's name				4c PN	**			
	the beginning of the plan year			5a   5b	2 2			
	the end of the plan year			70	- Z			
	Count balances as of the end of the pla			5c	2			
	uring the plan year invested in eligible :		inns 1	***********	XYes □No			
b Are you claiming a waiver of the	e annual examination and report of an	independent qualific	d public accountant (IQF	PA)				
under 29 CFR 2520,104-46? (	See Instructions on waiver eligibility an	d conditions.)	***************************************	ATTENNE INTERPRETATION OF A PASSAGE	XYes ∏No			
If you answered "No" to eith	er line 6a or line 6b, the plan cannot	use Form 5500-SF	and must instead use i	Form \$500.				
Caution: A penalty for the late o	r incomplete filing of this returnirepo	ort will be assessed	uniess reasonable car	use is established	1.			
Under penalties of perjury and oth	er penalties set forth in the instructions,	I declare that I have	examined this return/re	port, including, if a	pplicable, a Schedule			
SB of Schedule MB completed and belief, it is true/correct, and compl	d signed by an enrolled actuary, as well lete.	as the electronic ve	rsion of this return/repor	t, and to the best o	of my knowledge and			
	. A. Q	1011113	Manchar Talreja					
Sign Whatu								
TERES Signature of plan administrator Date Enter name of individual signing as plan administrator								
SGR Manohar Talreja								
HERE Signature of employer/		Date	Enter name of individua					
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)  Preparer's telephone number (optional)								
					en e recent			
<u> </u>								

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Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year				(b) End of	/ear	
<del>'</del> a	Total plan assets	7a	(2) 2099 01.102.	0	1		() = 0.	56,754	
b	Total plan liabilities	7b		0	+			0	
	Net plan assets (subtract line 7b from line 7a)	7c		0	+			56,754	
	Income, Expenses, and Transfers for this Plan Year	70	(a) Amount		+		(b) Tota		
a	Contributions received or receivable from:		(a) / imount				(5) 100		
	(1) Employers	8a(1)	34,2	54					
	(2) Participants	8a(2)	22,5	00					
	(3) Others (including rollovers)	8a(3)		0					
b	Other income (loss)	8b		0					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						56,754	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0					
<u>е</u>	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f	Administrative service providers (salaries, fees, commissions)	8f		0					
	· · · · · · · · · · · · · · · · · · ·			0					
<u>g</u> h	Other expenses (add lines 2d, 2e, 2f, and 2g)	8g 8h		_				0	
<del>"</del>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8i			-			56,754	
÷	Transfers to (from) the plan (see instructions)			0				30,734	
Do		8j		<u> </u>					
$\overline{}$		-1	and forms that I had a filled a Observation		0 - 1 -				
9a	If the plan provides pension benefits, enter the applicable pension fe 2E 2J	eature cod	es from the list of Plan Charact	eristic	Code	s in th	e instructions	i.	
$\dashv$									
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture code	s from the List of Plan Characte	ristic (	Codes	in the	instructions:		
	Part V   Compliance Questions								
<u>10</u>	During the plan year:			1	Yes	No	An	nount	
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	iary Corre	ection Program)	10a		х			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		х			
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 or dishonesty?	•	•	10d		x			
е	Were any fees or commissions paid to any brokers, agents, or oth	er persons	s by an insurance carrier,						
	insurance service or other organization that provides some or all o					37			
	instructions.)			10e		Х			
f	Has the plan failed to provide any benefit when due under the plan	1?	••••••••••••	10f		х			
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g		x			
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			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 2520.101	ne required	d notice or one of the	10i					
Pa				1.0.					
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)  Yes X No									
11	Enter the amount from Schedule SB line 39	•••••	••••••	•••••	•••••	11a			
12	Is this a defined contribution plan subject to the minimum funding			r sect	tion 30	2 of E	RISA?	Yes X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
	a 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 Day Year								
If	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			

Part VII Plan Terminations and Transfers of Assets  13a Has a resolution to terminate the plan been adopted in any plan year?		Form 5500-SF 2012 Page <b>3-</b>				
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)			1			
e Will the minimum funding amount reported on line 12d be met by the funding deadline?	C	Enter the amount contributed by the employer to the plan for this plan year	12c			
Part VII Plan Terminations and Transfers of Assets  13a Has a resolution to terminate the plan been adopted in any plan year?	d	· · · · · · · · · · · · · · · · · · ·	12d			
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  Description  Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to	е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	🗀	Yes [	□ No □ N/A	
If "Yes," enter the amount of any plan assets that reverted to the employer this year    Day   Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?   Yes X N    C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to	Par	VII Plan Terminations and Transfers of Assets				
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to	13a	Has a resolution to terminate the plan been adopted in any plan year?	☐ Y	es X 1	No	
of the PBGC? Yes X N  C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to		If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
	b				Yes X No	
Which access of habilities word transferred. (ede metrocations.)	С	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.)				
<b>13c(1)</b> Name of plan(s): <b>13c(2)</b> EIN(s) <b>13c(3)</b> PN(s)		13c(1) Name of plan(s):	(2) EIN	(s)	<b>13c(3)</b> PN(s)	
Part VIII Trust Information (optional)	Par	VIII Trust Information (optional)				
14a Name of trust 14b Trust's EIN	14a	Name of trust	14b Trust's EIN			