Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

1 01131	on Benefit Guaranty Corporation				Inspection
Part I	Annual Report Identif	ication Information			
For cale	ndar plan year 2013 or fiscal plar	year beginning 01/01/2013		and ending 12/	31/2013
A This return/report is for: a multiemployer plan; a multiple-employer plan; or					
		x a single-employer plan;	a DFE	(specify)	
		_	_		
B This	return/report is:	the first return/report;	the fina	l return/report;	
	·	an amended return/report;	a short	plan year return/report (les	ss than 12 months).
C If the	nlan is a collectively-hargained r	blan, check here	ш		<u>_</u>
		Form 5558;	_	tic extension;	the DFVC program;
D Chec	k box if filing under:	\		ilic exterision,	The Dr ve program,
_		special extension (enter des			
Part		tion—enter all requested information	ation		141
	ne of plan	DI AN DDOELT CHARING DI AN	ı		1b Three-digit plan number (PN) ▶ 002
WATTA	B AZIMI,DDS, PC RETIREMENT	PLAN PROFIT SHARING PLAN			1c Effective date of plan
					01/01/2001
2a Plan	n sponsor's name and address; ir	nclude room or suite number (emp	ployer, if for a single	e-employer plan)	2b Employer Identification
					Number (EIN)
MAHTA	B AZIMI, DDS				13-4149492
					2c Sponsor's telephone number
					917-916-4348
	ST 86TH STREET DRK, NY 10028	433 EAST STE 1-D	56TH STREET		2d Business code (see
	,		RK, NY 10022		instructions)
					621210
Caution	: A penalty for the late or incor	mplete filing of this return/repor	rt will be assesse	d unless reasonable caus	se is established.
					ort, including accompanying schedules,
stateme	nts and attachments, as well as t	he electronic version of this return	n/report, and to the	best of my knowledge and	belief, it is true, correct, and complete.
SIGN HERE	Filed with authorized/valid elect	ronic signature.	06/04/2014	ANTONIO NOTARIS	
HEIKE	Signature of plan administra	tor	Date	Enter name of individu	al signing as plan administrator
SIGN HERE Filed with authorized/valid electronic signature. 06/04/2014 ANTONIO NOTARIS					
Signature of employer/plan sponsor Date Enter name of individ			al signing as employer or plan sponsor		
SIGN					
HERE	Signature of DFE		Date	Enter name of individu	al signing as DFE
Prepare		applicable) and address; include i			Preparer's telephone number
ANTON	O FRANK NOTARIS				(optional) 212-752-3602
AFN & A	ASSOCIATES, PC				212 702 0002
	ST 42ND STREET				
FLOOR NEW YO	16 DRK, NY 10168				
INE VV TO	ZIXIX, INT. TO TOO				

	Form 5500 (2013)		Pa	ge 2			
M. 51		Same			onsor Address	13- 3c Ad	ministrator's EIN 4149492 ministrator's telephone mber 917-916-4348
4 a	If the name and/or EIN of the plan sponsor has changed since the last return EIN and the plan number from the last return/report: Sponsor's name	n/repoi	rt filed fo	or this	plan, enter the name,	4b EII 4c PN	
5	Total number of participants at the beginning of the plan year					5	1
6	Number of participants as of the end of the plan year (welfare plans complet	te only	lines 6	a, 6b,	6c, and 6d).	J	•
а	Active participants					6a	1
b	Retired or separated participants receiving benefits					6b	0
С	Other retired or separated participants entitled to future benefits					6c	0
d	Subtotal. Add lines 6a, 6b, and 6c					6d	1
е	Deceased participants whose beneficiaries are receiving or are entitled to re	ceive	benefits	3		6e	0
f	Total. Add lines 6d and 6e.					6f	1
g	Number of participants with account balances as of the end of the plan year complete this item)					6g	1
	Number of participants that terminated employment during the plan year with less than 100% vested					6h	0
7	Enter the total number of employers obligated to contribute to the plan (only				· , ,		
b	If the plan provides pension benefits, enter the applicable pension feature concept. If the plan provides welfare benefits, enter the applicable welfare feature concept.	des fro	om the L	ist of I	Plan Characteristics Code	es in the i	nstructions:
9a 	Plan funding arrangement (check all that apply) (1) Insurance (2) Code section 412(e)(3) insurance contracts (3) X Trust (4) General assets of the sponsor	ЭБ	(1) (2) (3) (4)	enefit X	arrangement (check all the Insurance Code section 412(e)(3) Trust General assets of the section 412(e)(2)) insuranc	
10	Check all applicable boxes in 10a and 10b to indicate which schedules are a	attache	d, and,	where	e indicated, enter the num	nber attac	thed. (See instructions)
а	Pension Schedules (1) R (Retirement Plan Information)	b	Gener	al Scl	hedules H (Financial Infor	mation)	
	(2) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary		(2) (3)	X	I (Financial Infor A (Insurance Info	ormation)	·

(4)

(5)

(6)

(3)

SB (Single-Employer Defined Benefit Plan Actuarial

Information) - signed by the plan actuary

C (Service Provider Information) **D** (DFE/Participating Plan Information)

G (Financial Transaction Schedules)

SCHEDULE I (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information—Small Plan

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

File as an attachment to Form 5500.

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013	and ending 12/31/2013						
A Name of plan MAHTAB AZIMI,DDS, PC RETIREMENT PLAN PROFIT SHARING PLAN	B Three-digit plan number (PN) 002						
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)						
MAHTAB AZIMI, DDS	13-4149492						
Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting							
Part I Small Plan Financial Information							
Report below the current value of assets and liabilities, income, expenses, transfers and changassets held in more than one trust. Do not enter the value of the portion of an insurance contrabenefit at a future date. Include all income and expenses of the plan including any trust(s) or s insurance carriers. Round off amounts to the nearest dollar.	act that guarantees during this plan year to pay a specific dollar						

1	Plan Assets and Liabilities:		(a) Beginning of Year	(b) End of Year
а	Total plan assets	1a	244180	277450
b	Total plan liabilities	1b	0	0
С	Net plan assets (subtract line 1b from line 1a)	1c	244180	277450
2	Income, Expenses, and Transfers for this Plan Year:		(a) Amount	(b) Total
а	Contributions received or receivable:			
	(1) Employers	2a(1)	10750	
	(2) Participants	2a(2)		
	(3) Others (including rollovers)	2a(3)		
b	Noncash contributions	2b		
С	Other income	. 2c	22520	
d	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	. 2d		33270
е	Benefits paid (including direct rollovers)	. 2e		
f	Corrective distributions (see instructions)	. 2f		
g	Certain deemed distributions of participant loans (see instructions)	. 2g		
h	Administrative service providers (salaries, fees, and commissions)	. 2h		
i	Other expenses	2i		
j	Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	. 2j		0
k	Net income (loss) (subtract line 2j from line 2d)	2k		33270
	Transfers to (from) the plan (see instructions)	. 2I		

3 Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

			Yes	No	Amount
а	Partnership/joint venture interests	3a		X	
b	Employer real property	3b		X	
С	Real estate (other than employer real property)	3с		Χ	
d	Employer securities	3d		X	
е	Participant loans	3e		Х	

Р	'age	2	-

Schedule I (Form 5500) 2013

			r			1			
				Yes	No			Amour	nt
3f	Loans	(other than to participants)	3f		X				
g	Tangib	le personal property	3g		X				
Pa	art II	Compliance Questions							
4		ng the plan year:		Yes	No			Amou	nt
а		here a failure to transmit to the plan any participant contributions within the time period		100	110			Airioui	
_	describ	ped in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully ted. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X				
b	Were a	any loans by the plan or fixed income obligations due the plan in default as of the close of plan r classified during the year as uncollectible? Disregard participant loans secured by the							
	particip	pant's account balance.	4b		X				
С		any leases to which the plan was a party in default or classified during the year as ectible?	4c		X				
d		here any nonexempt transactions with any party-in-interest? (Do not include transactions							
		ed on line 4a.)	4d		X				
е	Was th	ne plan covered by a fidelity bond?	4e		X				
f	Did the	e plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by or dishonesty?	4f		X				
~		e plan hold any assets whose current value was neither readily determinable on an established							
g	market	t nor set by an independent third party appraiser?	4g		X				
h		e plan receive any noncash contributions whose value was neither readily determinable on an shed market nor set by an independent third party appraiser?	4h		X				
i		e plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel estate, or partnership/joint venture interest?	4i		X				
j		all the plan assets either distributed to participants or beneficiaries, transferred to another plan, ught under the control of the PBGC?	4j		X				
k	accour	u claiming a waiver of the annual examination and report of an independent qualified public ntant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 ent. (See instructions on waiver eligibility and conditions.)	4k	X					
ı	Has th	e plan failed to provide any benefit when due under the plan?	41		Χ				
m	If this i	s an individual account plan, was there a blackout period? (See instructions and 29 CFR 01-3.)	4m		X				
n		vas answered "Yes," check the "Yes" box if you either provided the required notice or one of	7111						
		ceptions to providing the notice applied under 29 CFR 2520.101-3	4n		X				
	If "Yes	resolution to terminate the plan been adopted during the plan year or any prior plan year? s," enter the amount of any plan assets that reverted to the employer this year		s X		Amou			
5b	trans	ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide ferred. (See instructions.)	entify t	he plar				or liabilit	<u> </u>
	5b(1)	Name of plan(s)			5b(2	e) EIN(s)		5b(3) PN(s)
			-						
	16.41-	and an in a defined honeff the in it appeared under the DDCC in the second of the DDCC.	4!	4004\0		V = -	Пъ-	Пъ	k alaka mas iza a al
5c		plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA se	ection	4021)?		Yes	No	∐ Not	determined
_	rt III	Trust Information (optional)			0.				
6a	Name o	f trust			6b Tr	ust's E	ΞIN		

Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security
Administration

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public

Pensio	on Benefit Guaranty Corporation				Inspection	ublic		
Part I	Annual Report Ident	ification Information						
For cale	ndar plan year 2013 or fiscal pl			and ending 12/3	31/2013			
A This	return/report is for:	a multiemployer plan;	a multiple	e-employer plan; or				
		a single-employer plan;	a DFE (s	pecify)				
B This	return/report is:	the first return/report;	the final	return/report;				
		an amended return/report;	a short p	lan year return/report (les	s than 12 months).			
C If the	plan is a collectively-bargained	d plan, check here	_					
D Chec	k box if filing under:	Form 5558;	automati	c extension;	the DFVC program;			
		special extension (enter des	cription)					
Part	I Basic Plan Informa	ation—enter all requested informa	ation					
1a Nam	ne of plan	NT PLAN PROFIT SHARING PLAN	2		1b Three-digit plan number (PN) ▶	002		
					1c Effective date of pl 01/01/2001	an		
	sponsor's name and address;	include room or suite number (emp	oloyer, if for a single-	employer plan)	2b Employer Identifica Number (EIN) 13-4149492	` '		
	, , , , , , , , , , , , , , , , , , , ,				2c Sponsor's telephor number 917-916-4348			
	T 86TH STREET PRK, NY 10028	STE 1-D	56TH STREET RK, NY 10022	2d Business code (see				
Caution	A penalty for the late or inco	omplete filing of this return/repor	rt will be assessed	unless reasonable caus	e is established.			
		nalties set forth in the instructions, the electronic version of this return						
SIGN HERE	Ma	Wab Az ···	5-19-14	MAHTAE	3 AZIMI			
HERE	Signature of plan administr	ator	Date	Enter name of individua	al signing as plan administrator			
			5-19-19	MAHTAB	AZIMI			
HERE	Signature of employer/plan	sponsor	Date	Enter name of individua	al signing as employer or plan sp	onsor		
SIGN HERE								
	Signature of DFE		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)								
AFN & A	SSOCIATES, PC				212-752-3602			
FLOOR	AFN & ASSOCIATES, PC 122 EAST 42ND STREET FLOOR 16 NEW YORK, NY 10168							

	Form 5500 (2013)			Page 2					
3a	Plan administrator's name and address	Same as Plan Sponsor Name	Same as	Plan Spo	nsor Add	ress	3b Ad	lministrator's EIN 13-4149492	
51	AHTAB AZIMI, DDS 10 EAST 86TH STREET EW YORK, NY 10028							lministrator's telephoi imber 917-916-4348	ne
4	If the name and/or EIN of the plan sponsor EIN and the plan number from the last ref		n/report file	d for this	plan, ent	er the name,	4b EI	N	
а	Sponsor's name						4c PN	N	
5	Total number of participants at the beginn	ning of the plan year					5		1
6	Number of participants as of the end of the	e plan year (welfare plans comple	te only lines	6a, 6b,	6c, and 6	id).			
а	Active participants						6a		1
b	Retired or separated participants receiving	g benefits					6b		0
С	Other retired or separated participants en	titled to future benefits					6c		0
d	Subtotal. Add lines 6a, 6b, and 6c						6d		1
е	Deceased participants whose beneficiarie	s are receiving or are entitled to re	eceive bene	fits			6e		0
f	Total. Add lines 6d and 6e						6f		1
g	Number of participants with account balar complete this item)						6g		1
h	Number of participants that terminated en less than 100% vested						6h		0
7	Enter the total number of employers oblig	ated to contribute to the plan (only	multiemplo	yer plan	s complet	e this item)	7		
8a b	If the plan provides pension benefits, enter 2E If the plan provides welfare benefits, enter								
9a	Plan funding arrangement (check all that a line insurance) (2) Code section 412(e)(3) insurance (3) X Trust (4) General assets of the spons	rance contracts	9b Plar (1) (2) (3) (4)	benefit	Insurar Code s Trust	nent (check all that nce ection 412(e)(3) in all assets of the sp	nsuranc	e contracts	
10	Check all applicable boxes in 10a and 10b	to indicate which schedules are a		nd, where	indicate	d, enter the numb	er attacl	hed. (See instruction	15)
а	Pension Schedules		h Ger	neral Sci	hadulas				
a	(1) R (Retirement Plan Informa	ition)		.s.a. 50		(Financial lafe	otio=\		
	(2) MB (Multiemployer Defined	Benefit Plan and Certain Money ormation) - signed by the plan	(1) (2) (3) (4)	X	A C	(Financial Inform (Financial Inform (Insurance Inform (Service Provide	ation – S nation) r Inform	ation)	
	(3) SB (Single-Employer Define Information) - signed by the		(5) (6)	\vdash		(DFE/Participating) (Financial Transa			

SCHEDULE I (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Financial Information—Small Plan

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

File as an attachment to Form 5500.

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013	and ending 12/31/2013
A Name of plan MAHTAB AZIMI,DDS, PC RETIREMENT PLAN PROFIT SHARING PLAN	B Three-digit 002
C Plan sponsor's name as shown on line 2a of Form 5500 MAHTAB AZIMI, DDS	D Employer Identification Number (EIN) 13-4149492

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

Part I Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar.

1	Plan Assets and Liabilities:		(a) Beginning of Year	(b) End of Year
а	Total plan assets	. 1a	244180	277450
b	Total plan liabilities	1b	0	0
С	Net plan assets (subtract line 1b from line 1a)	1c	244180	277450
2	Income, Expenses, and Transfers for this Plan Year:		(a) Amount	(b) Total
а	Contributions received or receivable:			
	(1) Employers	2a(1)	10750	
	(2) Participants	2a(2)		
	(3) Others (including rollovers)	2a(3)		
b	Noncash contributions	2b		
С	Other income	2c	22520	
d	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	2d		33270
е	Benefits paid (including direct rollovers)	. 2e		
f	Corrective distributions (see instructions)	2f		
g	Certain deemed distributions of participant loans (see instructions)	. 2g		
h	Administrative service providers (salaries, fees, and commissions)	2h		
i	Other expenses	2i		
j	Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	. 2j		0
k	Net income (loss) (subtract line 2j from line 2d)	2k		33270
_1	Transfers to (from) the plan (see instructions)	21		

3 Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

	· · · · · · · · · · · · · · · · · · ·		Yes	No	Amount
а	Partnership/joint venture interests	3a		X	
b	Employer real property	3b		Х	905-Artist-60" 9470
С	Real estate (other than employer real property)	3с		X	
d	Employer securities	3d		X	
е	Participant loans	3e		X	

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		1 1

Schedule I (Form 5500) 2013

				_							
		Ī	Yes	No			Amou	nt			
3f	Loans (other than to participants)	3f		Х							
g	Tangible personal property	3g		Х							
_											
	art II Compliance Questions		-	Т							
4	During the plan year:		Yes	No		- a - W - 1200s	Amou	nt			
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		×							
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance.	4b		X							
С	Were any leases to which the plan was a party in default or classified during the year as uncollectible?	4c		×							
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)	4d		X							
е	Was the plan covered by a fidelity bond?	4e		Х				4i 33. s			
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		×							
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X			9				
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X							
i	Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?	4i		x							
j	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4j		X							
k	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	4k	X								
1	Has the plan failed to provide any benefit when due under the plan?	41		Х		300-300-300					
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X							
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n		X							
5a	Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year	Ye	s 🛛 N	o	Amoui	nt:					
5b	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identransferred. (See instructions.)	ntify th	ne plan	(s) to	which a	issets o	r liabilit	ies were			
	5b(1) Name of plan(s)		5b(2) EIN(s) 5b(3) PN(s)								
	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA sec	ction 4	1021)?		Yes	No	Not	determined			
	Part III Trust Information (optional)										
ба №	Sa Name of trust				6b Trust's EIN						