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).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

Pa							tions to the Form 5	•••		
1 4	rt I	Annual Report	der	ntification Informa	ation					
For c	calenda	lar plan year 2013 or f	iscal p	olan year beginning	01/01/2013		and ending	12/31/	2013	
A T	his ret	turn/report is for:	X	a single-employer plan	a	multiple-employer pl	an (not multiemployer)	a one-partici	pant plan
Вт	his ret	turn/report is:		the first return/report	th	e final return/report				
			- Π̄ ;	an amended return/rep	ort 🗍 a s	short plan year return	/report (less than 12	nonths)	
C C	heck h	box if filing under:	H,	Form 5558	=	itomatic extension			X DFVC progra	am
	JIICCK I	box if filling drider.	H	special extension (ente		Mornatio exteriorer			El vo plogic	u
Do	w4 II	Pasia Dian Infa		•						
Pai			Jillia	tion—enter all reques	sted informatio	Dri		1h	Throe digit	
		of plan DENTAL CARE, PC	PROF	EIT SHARING PLAN				''	Three-digit plan number	
140011	IVAIND	DENTAL OAKE, TO	1 1001	TI OFFARTING I EAR					(PN) ▶	002
								1c	Effective date o	of plan
									01/01	/1996
		ponsor's name and ac D DENTAL CARE, PC		s; include room or suite	number (emp	loyer, if for a single-	employer plan)	2b	Employer Identi (EIN) 11-32	ification Number 284029
								2c	Sponsor's telep	phone number
749 N	OSTR	RAND AVENUE							718-49	
BROC	OKLYN	N, NY 11216-4211						2d	Business code	(see instructions)
									62121	10
3a 1	Plan a	administrator's name a	nd ad	dress XSame as Plan	Sponsor Nam	ne Same as Plan	Sponsor Address	3b	Administrator's	EIN
								3с	Administrator's	telephone number
				 						
			•	n sponsor has changed from the last return/rep		return/report filed to	r this plan, enter the	4b	EIN	
		sor's name	iiiibei	mom the last returninep	ort.			40	PN	
	•		at th	e beginning of the plan	vear			_		
_		marrisor or participante	Juctin	o bogii i ii ig oi ti io piai i	, oui			<u> </u>		3
	Totali	number of participants	e at the	e end of the plan year				EL		3
r	Numb			e end of the plan year .				5b		3
	compl	per of participants with lete this item)	accou	unt balances as of the e	end of the plar	n year (defined bene	fit plans do not	5c		
6a	compl Were	per of participants with plete this item)e	accou	unt balances as of the e	end of the plar	n year (defined bene assets? (See instruct	fit plans do not ions.)	5c		3
6a b	Were Are yo	per of participants with olete this item)e all of the plan's asset ou claiming a waiver of	ts duri	unt balances as of the e	end of the plar ed in eligible a d report of an	n year (defined bene assets? (See instruction	fit plans do notions.)d public accountant (I	5c		3 X Yes No
6a b	Were Are younder	per of participants with olete this item)e all of the plan's asset ou claiming a waiver of 29 CFR 2520.104-46	ts duri	ng the plan year invest annual examination and e instructions on waive	end of the plar ed in eligible a d report of an r eligibility and	n year (defined bene assets? (See instruct independent qualifie d conditions.)	fit plans do notions.)d public accountant (I	5c		3
6a b	Were Are you under If you	per of participants with plete this item)e all of the plan's asset ou claiming a waiver of 29 CFR 2520.104-46 u answered "No" to e	ts duri of the a 3? (Se	ng the plan year invest annual examination and e instructions on waive line 6a or line 6b, the	end of the plar ed in eligible a d report of an r eligibility and plan cannot	assets? (See instruction dependent qualified conditions.)	ions.)d public accountant (I	5c	n 5500.	3 X Yes No X Yes No
6a b	Were Are you under If you	per of participants with plete this item)e all of the plan's asset ou claiming a waiver of 29 CFR 2520.104-46 u answered "No" to e	ts duri of the a 3? (Se	ng the plan year invest annual examination and e instructions on waive	end of the plar ed in eligible a d report of an r eligibility and plan cannot	assets? (See instruction dependent qualified conditions.)	ions.)d public accountant (I	5c	n 5500.	3 X Yes No X Yes No
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6a b C Under SB o	Were Are you under If you If the perion: A er pena or Sche	per of participants with olete this item)	ts duri	ng the plan year invest annual examination and e instructions on waive line 6a or line 6b, the n, is it covered under the complete filing of this enalties set forth in the gned by an enrolled act	end of the plar ed in eligible a d report of an r eligibility and plan cannot ne PBGC insui return/repor instructions, I	assets? (See instruction independent qualified conditions.)use Form 5500-SF arance program (see	fit plans do not ions.) d public accountant (I and must instead us ERISA section 4021) unless reasonable c examined this return/r	QPA) e Forn ause is	n 5500. Yes No sestablished. ncluding, if applic	3
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6a b C Caut	compl Were Are you under If you If the p tion: A er pena or Sche of, it is t	per of participants with plete this item)	ts duri of the a 6? (Se either efit plan ther pound significant divalid	ng the plan year invest annual examination and e instructions on waive line 6a or line 6b, the n, is it covered under the complete filing of this enalties set forth in the gned by an enrolled act electronic signature.	end of the plar ed in eligible a d report of an r eligibility and plan cannot ne PBGC insui return/repor instructions, I	assets? (See instructindependent qualified conditions.)use Form 5500-SF arance program (see t will be assessed t declare that I have as the electronic versions.	fit plans do not ions.) d public accountant (I and must instead us ERISA section 4021)' unless reasonable c examined this return/repo	QPA) e Forn ause is eport, i	Yes No sestablished. ncluding, if applicate the best of my	3 X Yes No X Yes No Not determined Cable, a Schedule of knowledge and
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6a b C Caut Under SB or belier SIGN HER	compl Were Are you under If you If the p tion: A er pena or Sche ef, it is t	per of participants with plete this item)	ts duri of the a 6? (See either efit plan or inc ther pe and sign plete.	ng the plan year invest annual examination and e instructions on waive line 6a or line 6b, the n, is it covered under the complete filing of this enalties set forth in the gned by an enrolled act electronic signature.	ed in eligible and religibility and religibility and plan cannot the PBGC insurant return/reportinstructions, I wary, as well a	assets? (See instructindependent qualified conditions.)use Form 5500-SF arance program (see twill be assessed underlare that I have does the electronic version declare.	fit plans do not ions.) d public accountant (I and must instead us ERISA section 4021)' unless reasonable c examined this return/r sion of this return/repo	QPA) e Forn ause is eport, i ort, and dual si	n 5500. Yes No sestablished. Including, if applicate to the best of my gning as plan addragning as employed	3 X Yes No X Yes No Not determined Cable, a Schedule or knowledge and ministrator er or plan sponsor
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6a b C Caut Under SB or belier SIGN HER	compl Were Are you under If you If the p tion: A er pena or Sche ef, it is t	per of participants with plete this item)	ts duri of the a 6? (See either efit plan or inc ther pe and sign plete.	ng the plan year invest annual examination and e instructions on waive line 6a or line 6b, the n, is it covered under the complete filing of this enalties set forth in the gned by an enrolled act electronic signature.	ed in eligible and religibility and religibility and plan cannot the PBGC insurant return/reportinstructions, I wary, as well a	assets? (See instructindependent qualified conditions.)use Form 5500-SF arance program (see twill be assessed underlare that I have does the electronic version declare.	fit plans do not ions.) d public accountant (I and must instead us ERISA section 4021)' unless reasonable c examined this return/r sion of this return/repo	QPA) e Forn ause is eport, i ort, and dual si	n 5500. Yes No sestablished. Including, if applicate to the best of my gning as plan addragning as employed	3 X Yes No X Yes No Not determined Cable, a Schedule or knowledge and ministrator er or plan sponsor

Form 5500-SF 2013 Page **2**

Pai	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar	1		(b) End of Year
<u>.</u>	Total plan assets	7a	47296				523849
	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	47296	5			523849
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from:		, ,				(4) 101111
	(1) Employers	8a(1)	400				
	(2) Participants	8a(2)		0			
	(3) Others (including rollovers)	8a(3)		0			
b	Other income (loss)	8b	5088	4			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					54884
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	400	0			
<u>e</u>	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					4000
i_	Net income (loss) (subtract line 8h from line 8c)	8i					50884
j	Transfers to (from) the plan (see instructions)	8j		0			
Par	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension 2E 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 for	eature cod	es from the List of Plan Chara	cteristi	ic Cod	les in t	he instructions:
Part	V Compliance Questions						
10	During the plan year:				Yes	No	Amount
а				10a		X	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	•	10b		X	
С				10c		X	
d		fidelity bo	nd, that was caused by fraud	10d		X	
	Were any fees or commissions paid to any brokers, agents, or oth			100			
·	insurance service, or other organization that provides some or all	of the ben	efits under the plan? (See			X	
	instructions.)			10e			
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		X	
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			10i			
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
11a	Enter the unpaid minimum required contribution for current year fr					11a	
12	Is this a defined contribution plan subject to the minimum funding		· · · · · · · · · · · · · · · · · · ·				FRISA? T Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	-		, OI 3C	ouon (JUZ UI	
a	If a waiver of the minimum funding standard for a prior year is beir	ng amortiz	ed in this plan year, see instru		and e	_	_
If	granting the waiver			UI		Day	Year
	Enter the minimum required contribution for this plan year	,	Joooj, and skip to line 13.			12b	

Page	3 -		1
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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?	Y	es 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 coof the PBGC?	ontrol		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) to which assets or liabilities were transferred. (See instructions.))		
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l 4b Tr	ust's EIN	

Form 5500-SF	Short Form Annual	Return/Rep Benefit Pla	ort of Small Emplo	yee \	1210-0089
Department of the Treasury Internal Revenue Service	This form is required to b	e filed under section	os 104 and 4065 of the Empl	oyee	2013_
Department of Labor Employea Benefit Security Administration Ponsion Benefit Guaranty Corporation	the	internal Revenue C			This form is open to Public
	► Complete all entries in a ldentification information	accordance with the	ne instructions to the Form	5500-SF.	insection
For calendar plan year 2013 or fis		1			
A This return/report is for:	a single-employer plan	01/01/			2/31/2013
B This return/report is:	the first return/report	_	nployer plan (not multiemploy	er)	a one-participant plan
·	an amended return/report	the final retu	•		· · · · · · · · · · · · · · · · · · ·
C Check box if filing under:	Form 5558	a short plan	/ear return/report (less than 1	2 months)	÷j
ander.	~	automatic ex	tension	[DFVC program
Part II Basic Plan Infor	special extension (enter desc	:ription)		_	-
1a Name of plan	mation enter all requested	information		,	
	o, PC Profit Sharing P	·lan	-	t	Three-digit Ilan number PN) ▶ 002
					ffective date of plan
2a Plan sponsor's name and add Nostrand Dental Care	ress; include room or suite numb	or (employee if to			1/01/1996
	PC	er (employer, if for	a single-employer plan)	2b ∈	imployer Identification Number EIN) 11-3284029
749 Nostrand Avenue				2c s	ponsor's telephone number 718) 493-2000
US Brooklyn	NY 11216-4211			2d B	usiness code (see instructions)
and administrator's name and	address X Same as Plan Spo	nsor Name Sar	ne as Pian Soons at	b	21210
		- 2 36	ne as Flatt Sponsor Address	3b Ad	Iministrator's EIN
					_
				3c Ad	ministrator's telephone number
					,
4 If the name and/or EIN of the pla	on sponsor has changed				
4 If the name and/or EIN of the planname, EIN, and the plannumber a Sponsor's name	r from the last return/report.	e last return/report	filed for this plan, enter the	4b EIN	
5a Total number of paging				AN EIN	
 5a Total number of participants at th b Total number of participants at th c Number of participants with accordance 	ne beginning of the plan year			4C PN	
b Total number of participants at the C Number of participants with according to the Complete this item)	e end of the plan year	************		5a	
— Diriblete this items	on voidinces as of the		********	5b	3
b Are you are in:	ig the plan year invested	***************************************			3
				5c	3
If you an-	MISTRUCTIONS ON MISTRUST - "	an undebendeut dri	diffed mublic -	************	XYes No
delined become	To wite plan cann	AL			23.00
Caution: A penalty for the	. is it covered under the PBGC in	Surance see	SF and must instead use F		
c if the plan is a defined benefit plan Caution: A penalty for the late or inc. Under penalties of perjury and other penalties of SB or Schedule MB complete.	omplote filling of this return/se-		see ERISA section 4021)?		
Caution: A penalty for the late or inc. Under penalties of perjury and other penalties of SB or Schedule MB completed and significant in its true, correct, and complete.	nalties set forth in the instruction	ort will be assess	ed unless reasonable	16	S No Not determined
correct, and complete.	ned by an enrolled actuary, as we	Il as the electronic	ive examined this returning	e is establ	ishod.
SIGN (X)		crectionic	version of this return/report, a	n, including	g, if applicable, a Schedule
administration		(X)			est of my knowledge and
		Date 7/1/10	Solovey		
HERE Signature of employer plan sp.		(X) -	Enter name of individual size		
reparer's name (including firm name if a	onsor	000 7/1/2	Enter name of individual signal Alexander Solovey,	ning as pla	in administrator
Signature of employerblan sp Preparer's name (including firm name, if a	pulcable) and address; include re	2000	Enter name of individual sign (optional)	DDS	
		sum of state number	er (optional)	ning as emp	ployer of plan spe
			Prep	arer's lelep	phone number (optional)
-			1		- 5, (ohillousi)
Paperwork Reduction					
Act Notice and	OMB Control M		_		
Paperwork Reduction Act Notico and	Numbers, see the	Instructions	1		Land Section 1981
		THOUS for F	orm \$500-SF.		
-					Form 5500-SF (2013)
					v.130118

Form 5500-SF 2013		Page 2					
Part III. Financial Information				<u>-</u> –			
Part III. Financial Information Plan Assots and Liabilities			_	_			
		(a) Beginning of Y	ear			(h) En	d of Year
5.5. pidir 655015	7a		,965	+		(0) (1)	
b Total plan Habilities	7ь		0	-+			523,849
Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	7c	472	, 965	-+			0
Continutions received or receivable from:		(a) Amount				(b)	523,849 Total
(1) Employers	8a(1)		, 000			· · · ·	1
(z) railidpan(s	7 - 10:		, 000	+			3 to 1
	7 (2)			+			<u> </u>
	1 0	50	884	+	_	-	
C Total Income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits)	- 8c		-	_			
		`	- 	+			54,884
- contain deemed and/or corrective distributions (see journations)	8d 8e		000			:	
Administrative service providers (salaries, fees, commissions)	8f		0				
g Offer expenses	8g		0				
Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		0	-		_	
1. House (luss) (subtract line 8h from line 8c)	81						4,000
Transicis to (from) the plan (see instructions)	8i						50,884
Plan Characteristics			0	ᆚ_			
9a If the plan provides pension benefits, enter the applicable pension for 2E 3D	ature codes fo	ings the List of Grant					
2E 3D	- viaic code3 1	on the List of Plan Chara	cleris	tic Co	des in	the instruc	tions:
b If the plan provides welfare benefits, enter the applicable welfare fea	thurs and a s					-	
The state of the s	unic codes tto	m the List of Plan Charac	teristic	Code	s in th	e instructio	ons:
Fait V Compliance Questions							
10 During the plan year:							
Was there a failure to transmit to the plan any participant contributions of CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducisms)	ons within the	time assisted to	-	Yes	No		Amount
Vivere mere any nonexempt training	ery comection	Program)	10a				
	the not rucing	e transactions reported	IVa		X		
vvas the plan covered by a fidelity bond?		***************************	10ь		x		
d Did the plan have a loss, whether or not reimbursed by the plan's fic or dishonesty?	doline bood at	***************************************	10c		x		
or dishonesty? Were any fees or commissions paid to any brokers, anonts, or other	seliky dona, tha	al was caused by fraud			7		
misulance service or other	persons by a	D insurance costa-	100		×		
	wie genauf? Di	ider the plan? (See		1			
f Has the plan failed to provide any benefit when due under the plan? 9 Did the plan have any participant logge? (15 15 cm.)		wor are plant? (See	10e	1	×		
9 Did the plan have any participant loans 2 (15 17 - 15			10f		x		
Did the plan have any participant loans? (If "Yes." enter amount as o If this is an individual account plan, was there a blackout process to	if year end.)		10g	_	x		
2520.101-3.)	e instructions	and 29 CFR		-			
i If 10h was answered "Yes," check the box if you either provided the nexceptions to providing the notice applied under 29 CFR 2520 101.2		***************************************	10h	_	x		
exceptions to providing the notice applied under 29 CFR 2520 101-3 Part VI Pension Funding Compliance	ednited votice	or one of the				. ;	
			10i		L		
Is this a defined benefit plan subject to minimum funding and							
11a Files	s / (IT "Yes," 56	ee instructions and comple	ete Sc	hedul	= SB (I	Form	
and ampaid minimum required contribution for current use of			*******	******			Yes X No
12 is this a defined contribution plan subject to the minimum funding real	Concome Sh (, oim 5500) line 39		. 11	8		
(If "Yes." complete line 12a or lines 12b, 12c, 12d, and 12b below, as a lf a waiver of the minimum funding standard for		cuon 412 of the Code or	sectio	n 302	of ER	SA?	Yes X No
a If a waiver of the minimum funding	applicable,)				T		
a If a waiver of the minimum funding standard for a prior year is being ar granting the waiver If you completed line 12a, complete lines 3, 9, and 10 of School to the	HOLLIZED IN this	s plan year, see instruction	ns. an	d enle	r the d	ate of the	letter rutina
				<u> </u>	Day .	`	rear
b Enter the minimum required contribution for this plan year		AND TO THE 13.		7—	·		
· · · · · · · · · · · · · · · · · · ·				12b	. 1		