Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I

Annual Report Identification Information

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

2014

This Form is Open to Public Inspection

For cale	ndar plan year 2014 or fisca	al plan year beginning 01/01/2014		and ending 12/31	/2014				
A This	return/report is for:	a multiemployer plan;			king this box must attach a list of accordance with the form instructions); or				
		a single-employer plan;	a DFE (spec		.,,				
D This	saturn/ranartia	the first return/report;	=	he final return/report;					
D This	return/report is:	an amended return/report;		year return/report (less that	an 12 months	e)			
C 17.11			_			s).			
		ned plan, check here	_			, []			
D Chec	k box if filing under:	Form 5558;	automatic ex	ktension;	the DF	FVC program;			
		special extension (enter description	•						
Part		rmation—enter all requested informa	tion		1		T		
	ne of plan	IENT PLAN PROFIT SHARING PLAN			1b	Three-digit plan number (PN) ▶	002		
MAHTA	5 AZIIVII,DDS,PC RETIREIV	IENT FLAN FROFIT SHAKING FLAN			1c	Effective date of pla	an		
						01/01/2001	ω		
2a Plar	sponsor's name and addre	ess; include room or suite number (emp	loyer, if for a single	e-employer plan)	2b	Employer Identifica	ation		
MAHTA	B AZIMI,DDS					Number (EIN) 13-4149492			
					20	Plan Sponsor's tele	anhone		
					20	number	эрпопе		
	ST 86TH STREET ORK, NY 10028		56TH STREET, S'	TE 1-D		917-916-4348	3		
NEW YORK, NY 10028 NEW YORK, NY 10022			2d	Business code (see instructions)	е				
				621210					
Coution	A nanalty for the late or	incomplete filing of this return/reners	will be accessed	Luniose recenable coue	o io octoblic	shad			
		incomplete filing of this return/report r penalties set forth in the instructions, I					dules		
		Il as the electronic version of this return							
SIGN	Filed with authorized/valid	electronic signature.	07/28/2015	TIMOTHY SHERMAN					
HERE	Signature of plan admin	istrator	Date	Enter name of individua	al signing as	plan administrator			
	Organiano de prant dantino		24.0		ar orgrining do	pian aanimienais.			
SIGN	Filed with authorized/valid	electronic signature.	07/28/2015	TIMOTHY SHERMAN					
HERE	Signature of employer/p	-	Date	Enter name of individua	al signing as	employer or plan sp	onsor		
	orginatare or employers	van openeer	Duio	Enter hame of marriage	ar orgrining do	omproyor or plant op	011001		
SIGN									
HERE	Signature of DFE		Date	Enter name of individua	al cianina ac	DEE			
Prepare	0	ا ne, if applicable) and address (include ro				telephone number			
	, -			, , ,	(optional)	·			
COHEN	GREVE & COMPANY CPA	PC				516-877-1900			
	ICHO TRNK								
	A, NY 11501								

Form 5500 (2014) Page **2**

3a	Plan administrator's name and address Same as Plan Sponsor				3b Adm	inistrator's EIN
					3c Adm	inistrator's telephone ber
4	If the name and/or EIN of the plan sponsor has changed since the last return	n/report filed fo	or this p	olan, enter the name,	4b EIN	
3	EIN and the plan number from the last return/report:				4c PN	
а 	Sponsor's name				40 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 unless otherwise stated 6a(2) , 6b , 6c , and 6d).	d (welfare pla	ins com	plete only lines 6a(1),		
a(1	Total number of active participants at the beginning of the plan year				6a(1)	1
a(2	Total number of active participants at the end of the plan year				6a(2)	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(2), 6b, and 6c.				6d	1
е	Deceased participants whose beneficiaries are receiving or are entitled to re-	ceive benefits	S		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
h	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			. ,	7	
_	If the plan provides pension benefits, enter the applicable pension feature con 2E If the plan provides welfare benefits, enter the applicable welfare feature con 2E					
9a	Plan funding arrangement (check all that apply)		enefit a	rrangement (check all tha	at apply)	
	(1) Insurance (2) Code section 412(e)(3) insurance contracts	(1) (2)		Insurance Code section 412(e)(3) i	insurance	contracts
	(3) X Trust	(3)	X	Trust		
	(4) General assets of the sponsor	(4)		General assets of the sp		
10	Check all applicable boxes in 10a and 10b to indicate which schedules are a	attached, and,	, where	indicated, enter the numb	oer attach	ed. (See instructions)
а	Pension Schedules (4)	b Gener	ral Scho	edules		
	(1) R (Retirement Plan Information)	(1)		H (Financial Inform	nation)	
	(2) MB (Multiemployer Defined Benefit Plan and Certain Money	(2)	X	I (Financial Inform		mall Plan)
	Purchase Plan Actuarial Information) - signed by the plan actuary	(3)	Н	A (Insurance Information C. (Service Provide	,	tion)
		(4) (5)	H	C (Service Provide D (DFE/Participation)		
	(3) SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(6)		G (Financial Trans	-	

Form 5500 (2014) Page **3**

Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)						
	11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.)						
If "Yes" is checke	If "Yes" is checked, complete lines 11b and 11c.						
11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.)							
11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)							
Receipt Confirma	ation Code						

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

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014		and ending 12/31/2014
A Name of plan MAHTAB AZIMI,DDS,PC RETIREMENT PLAN PROFIT SHARING PLAN	В	Three-digit plan number (PN) • 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 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 cha assets held in more than one trust. Do not enter the value of the portion of an insurance cont		

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. Plan Assets and Liabilities: (a) Beginning of Year (b) End of Year 277450 298259 а Total plan assets 1a 0 0 Total plan liabilities 277450 298259 1c Net plan assets (subtract line 1b from line 1a) Income, Expenses, and Transfers for this Plan Year: (b) Total (a) Amount Contributions received or receivable: 12500 (1) Employers..... 2a(1) (2) Participants..... 2a(2) 2a(3) (3) Others (including rollovers) Noncash contributions..... 2b 8309 20809 Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c) 2d Benefits paid (including direct rollovers) 2e 2f Corrective distributions (see instructions) Certain deemed distributions of participant loans (see instructions)..... 2g Administrative service providers (salaries, fees, and commissions) 2h Other expenses..... 2i 0 Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)..... 2j 20809 Net income (loss) (subtract line 2j from line 2d)

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		X	
d	Employer securities	3d		X	
	Participant loans	3e		X	

Transfers to (from) the plan (see instructions)

Page	2	-
ı ugc	_	

Schedule I (Form 5500) 2014

			r			1			
				Yes	No			Amour	nt
3f	Loans	(other than to participants)	3f		X				
g	Tangib	le personal property	3g		X				
Pa	rt II	Compliance Questions							
4	Durir	g the plan year:		Yes	No			Amou	nt
а	Was th	here a failure to transmit to the plan any participant contributions within the time period bed in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully led. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X			7	
b	Were a	any loans by the plan or fixed income obligations due the plan in default as of the close of plan classified during the year as uncollectible? Disregard participant loans secured by the pant's account balance.	4b		X				
С	Were a	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	e plan covered by a fidelity bond?	4e		X				
f		plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by or dishonesty?	4f		X				
g		e plan hold any assets whose current value was neither readily determinable on an established 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	or brou	all the plan assets either distributed to participants or beneficiaries, transferred to another plan, ight 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 stant (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		X				
m		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 ceptions to providing the notice applied under 29 CFR 2520.101-3	4n		X				
5a 5b	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 ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide ferred. (See instructions.)		s 🔀 N		Amou which a		or liabilit	ies were
	5b(1)	Name of plan(s)			5b(2	2) EIN(s)		5b(3) PN(s)
			-						
		plan is a defined honefit plan in it appeared under the DDCC incurrence progress (and EDICA)	otics.	4024\2		Voc	Пыс	□ Nic4	determined
		plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA se	CHON	+∪∠1)?		Yes	No	INOI	detellilliled
Par		Trust Information (optional)			Gh =		-181		
ьа	Name o	† trust			T Œ	rust's E	ΞIN		

Form 5500

Coperament of the Treesury Internet Revenue Service Depletement of Lanor Employee Services Services

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of line Employee Refirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6050(a) of the Internal Revenue Code (the Code)

QMB Nos. 1210-0110 1210-0089

2014

Person Benefit Guarante Corporation Person Benefit Guarante Corporation Part J Annual Report Identification Information For calendar plan year 2014 or facal plan year beginning 01/01/2014 A This return/report is for: a multilemployer plan;	002
Part I Annual Report Identification Information For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014 A This return/report is for: a multilemployer plan; a multiple-employer plan (Filera checking this box must attach a list of participating employer information in accordance with the form instruct participating employer information in accordance with the form instruct participating employer information in accordance with the form instruct participating employer plan. a DFE (specify)	002 an
A This return/report is for: a multiemployer plan;	002 an
participating employer information in accordance with the form instruct	002 an
B This return/report is:	an
an amended return/report.	an
C if the plan is a collectively-bargained plan, check hare. D Check box if filling under: Form 5558; automatic extension, the OFVC program; special extension (enter description) Part II Basic Plan Information—enter all requested information 18 Name of plan 19 Three-digit plan	an
D Check box if filing under: Form 5558; automatic extension, the DFVC program; special extension (enter description) Part II Gasic Plan Information—enter all requested information 18 Name of plan 19 Three-digit plan	an
Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan	an
Part II Basic Plan Information—enter all requested miornistion 1a Name of plan 1b Three-digit plan	an
18 Name of plan 1b Three-digit plan	an
THE PROPERTY OF THE PROPERTY O	an
	ition
1C Effective date of p 01/01/2001	
2a Ptan sponsor's name and address, include room or suite number (employer, if for a single-employer plan) AAHTAB AZIMI DOS 2b Employer identific Number (EIN) 13-4149492	
2G Pien Sponsors tel 510 EAST 88TH STREET	•
2d Business code (sa instructions) 621210)
Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established.	
Under penalties of perjury and other panalties set forth in the instructions, I declars that I have examined this return/report, including accompanying sche statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and con	Jules. plote
SIGN X Maurals Ag 7-28-15 MAHTAB AZIMI	
Signature of plan administrator Date Finer name of individual signing as plan administrator	
SIGN X Mautab Az 7.28-15 NAHTAB AZIMI	
Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sp	
SIGN HERE	100
Signature of DFE Date Enter name of individual signing as DFE	$\overline{}$
COHEN GREVE & COMPANY CPA PC 485 JERICHO TRNK	3)
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500, Form 5500	70141

v. 140124

	Form 5500 (2014)		Pag	ge 2			
3a	Plan administrator's name and address Same as Plan Sponsor					3b Admir	nistrator's EIN
						3c Admir numb	nistrator's telephone er
4	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:	/repor	t filed for	this	plan, enter the name,	4b EIN	- 7
а	Sponsor's name					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 unless otherwise states 6a(2), 6b, 6c, and 6d).	d (well	are plan	s con	nplete only lines 6a(1),		
a(*	Total number of active participants at the beginning of the plan year					6a(1)	1
a(2	?) Total number of active participants at the end of the plan year			••••••		6a(2)	1
b	Retired or separated participants receiving benefits					6b	0
С	Other retired or separated participants entitled to future benefits						0
d	Subtotal. Add lines 6a(2), 6b, and 6c.						1
e	Deceased participants whose beneficiaries are receiving or are entitled to re-	ceive	benefits.				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
h	Number of participants that terminated employment during the plan year with less than 100% vested	accn	jed bene	fits th	hat were	6h	O
7	Enter the total number of employers obligated to contribute to the plan (only	multie	mployer	plans	s complete this item)	. 7	
8a b	If the plan provides pension benefits, enter the applicable pension feature co 2E If the plan provides welfare benefits, enter the applicable welfare feature cod						
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	9b	Plan be (1) (2) (3) (4)	nefit :	arrangement (check all th Insurance Code section 412(e)(3) Trust General assets of the s	insurance o	contracts
10	Check all applicable boxes in 10a and 10b to indicate which schedules are a	ttache	ed, and, v	where	indicated, enter the num	ber attache	d. (See instructions)
а	Pension Schedules	b	Genera	ıl Sch	hedules		
	(1) R (Retirement Plan Information)		(1)		H (Financial Infor	mation)	
	(2) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan		(2) (3)	X	I (Financial Inform A (Insurance Info		rall Plan)
	actuary		(4)		C (Service Provid		•
	(3) SB (Single-Employer Defined Benefit Plan Actuarial		(5)	Ш	D (DFE/Participat	ing Plan Inf	ormation)

(6)

SB (Single-Employer Defined Benefit Plan Actuarial

Information) - signed by the plan actuary

(3)

G (Financial Transaction Schedules)

Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)
	an provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR
If "Yes" is che	cked, complete lines 11b and 11c.
11b Is the pl	an currently in compliance with the Form M-1 filling requirements? (See instructions and 29 CFR 2520.101-2.)
enter the Rec	e Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, eipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)
Receipt Confi	rmation Code

Form 5500 (2014)

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SCHEDULE I (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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

2014

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation	
For calendar plan year 2014 or fiscal plan year beginning 01/01/2014	and ending 12/31/2014
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 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	277450	298259
b	Total plan liabilities	1b	0	0
C	Net plan assets (subtract line 1b from line 1a)	1c	277450	298259
2	Income, Expenses, and Transfers for this Plan Year:	15.00	(a) Amount	(b) Total
а	Contributions received or receivable:	100		
	(1) Employers	2a(1)	12500	
	(2) Participants	2a(2)		
	(3) Others (including rollovers)	2a(3)		
b	Noncash contributions	2b		
C	Other income	2c	8309	
d	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	2d		20809
0	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	2.0	
j	Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	2]		0
k	Net income (loss) (subtract line 2j from line 2d)	2k		20809
_1	Transfers to (from) the plan (see instructions)	21		

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		Х	
b	Employer real property	3b		Х	
C	Real estate (other than employer real property).			х	
d	Employer securities	3d	72	Х	
е	Participant loans	3e		Х	

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Schedule I (Form 5500) 2014

			-						
			Yes	No		Amoun	t		
3f	Loans (other than to participants)	3f		X					
g	Tangible personal property	3g		Х					
Pa	rt II Compliance Questions			01.000	9.16				
4	During the plan year:		Yes	No		Атоцг	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		x					
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		×	4				
С	Were any leases to which the plan was a party in default or classified during the year as uncollectible?	4c		x	G 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)	4d	(50) (5	х					
е	Was the plan covered by a fidelity bond?	4e		Х					
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	PUL	х	HT CHEST				
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		х					
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		х		1000			
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		Х			MANAGE AN		
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		х					
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	E E					
1	Has the plan failed to provide any benefit when due under the plan?	41		Х					
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		х					
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	laux.	х	3 1/13/1				
	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	_	_						
5b	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ider transferred. (See instructions.)	ntify the plan(s) to which assets or liabilities were							
	5b(1) Name of plan(s)				5b(2) EIN(s)				
	· · · · · · · · · · · · · · · · · · ·				_				
	If the plan is a defined henefit plan is it covered under the PRCC incomes assess (see EDICA co.	lies	102410	П	Von Dale		datarminast		
Par	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section Trust Information (optional)	JUUI 4	1021)(11111	Yes No	☐ MOI	determined		
	6a Name of trust				6b Trust's EIN				

United States Department of Labor

E-fast filing

Dear Sir/Madam:

I, Mahtab Azimi, President hereby give authorization to Cohen Greve & Company CPA, PC to electronically submit Form 5500 for Mahtab Azimi, DDS, PC for the year 2014. The original executed copy of this authorization will remain on file in the Office of Cohen Greve & Company CPA, PC. This authorization will be accompanied by a complete Form 5500 manually signed by myself as Sponsor and Plan Administrator. My service provider has advised me that by selecting the electronic signature option, my signature will be included on all forms which are necessary to be filed. Any inquiries or information from EFAST2, DL. IRS or PBGC will be communicated to the aforementioned Service Provider who will then relay the information to me.

Very truly yours,

MAHTAB AZIMI

Mawras A