	Form 5500-SF Short Form Annual Re			• •	OMB Nos. 1210-0110 1210-0089					
	Department of the Treasury Internal Revenue Service		Benefit Plan d under sections 104 and 4065 of the Employee			2009				
Er	Department of Labor nployee Benefits Security Administration	Retirement Income Security A	(ERISA), and section 6058(a) of the ode (the Code).							
P	ension Benefit Guaranty Corporation	Complete all entries in accord	dance witl	n the instructions to the Form 55	00-SF.	Inspection				
	Part I Annual Report Identification Information For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009									
		single-employer plan			12/31/2					
	This return/report is for:			mployer plan (not multiemployer)		one-participant plan				
в	This return/report is for:	first return/report an amended return/report	final retur	n/report i year return/report (less than 12 mo	onthe)					
C	Obeels here if filing under	Form 5558		extension	JIU15)	DFVC program				
	Check box if filing under:									
Pa	Part II Basic Plan Information—enter all requested information									
	Name of plan				1b	Three-digit				
LAW	OFFICES OF MICHAEL FLYNI	N PC PROFIT SHARING PLAN				plan number				
					10	(PN) Effective date of plan				
						01/01/1986				
		ess (employer, if for single-employer	plan)		2b	Employer Identification Number				
LAW	OFFICES OF MICHAEL FLYNI	N PC			2c	(EIN) 51-0552409 Plan sponsor's telephone number				
	FRANKLIN AVENUE DEN CITY, NY 11530-0000					516-877-1234 Business code (see instructions)				
						541110				
	Plan administrator's name and OFFICES OF MICHAEL FLYNI		LIN AVEN	ÚE	3b	Administrator's EIN 51-0552409				
		GARDEN CI	FY, NY 11	530-0000	3c Administrator's telephone number 516-877-1234					
		in sponsor has changed since the las		port filed for this plan, enter the	4b	EIN				
I	name, EIN, and the plan numbe	r from the last return/report. Sponso	rs name		4c PN					
5a	a Total number of participants at the beginning of the plan year					4				
b						4				
С		th account balances as of the end of	· · ·	5c	4					
6a	Were all of the plan's assets d	uring the plan year invested in eligibl	le assets?	(See instructions.)		X Yes No				
b		e annual examination and report of a				X Yes No				
	,	See instructions on waiver eligibility a er 6a or 6b, the plan cannot use Fo								
Pa	rt III Financial Informa									
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year				
а	Total plan assets		7a	139893	1	1698231				
b	•	·····			0 0					
<u> </u>		'b from line 7a)	7c	139893	1	1698231				
o a	Income, Expenses, and Transf Contributions received or recei			(a) Amount		(b) Total				
			8a(1)	1949	5					
	(2) Participants		8a(2)	4830	0					
					_					
b	()			23150	5					
c d		8a(2), 8a(3), and 8b) ollovers and insurance premiums	8c			299300				
u			8d							
е	Certain deemed and/or correct	ive distributions (see instructions)	8e							
f	Administrative service provider	s (salaries, fees, commissions)	8f							
g	•									
h :		Be, 8f, and 8g)				0				
i i		e 8h from line 8c) ee instructions)				299300				
J			8j							

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

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Part IV Plan Characteristics

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2J 2K 2A 3D
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions								
10	During the plan year:		Yes	No	Amount				
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		х					
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		х					
С	Was the plan covered by a fidelity bond?	10c	Х		180000				
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х					
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)			x					
f	Has the plan failed to provide any benefit when due under the plan?								
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х					
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h							
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i							
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor 5500))	•							
а	 12 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 12a or 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								
	Enter the minimum required contribution for this plan year		Г	12b					
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 lef negative amount)	t of a	Γ	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 during the plan year or any prior year?				Yes X No				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a					
b	 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 which assets or liabilities were transferred. (See instructions.)									
1	3c(1) Name of plan(s):	130	c (2) El	N(s) 13c(3) PN(s)					
				_					
Caut	Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.								

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	10/01/2010	ASSOCIATED PENSION CONSULTANTS
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

	Form 5500-SF	Short Form Annual Return/Report of Small Employ Benefit Plan				OMB Nos. 1210-0110 1210-0089			
	Internal Rovanus Service	This form is required to be filed under sections 104 and 4065 of the Empl			IVEE	2009			
Ę	Department of Labor Employee Benefits Security Administration	Retirement Income Securit	ty Act of 19	74 (ERISA), and section 6058(a) of 1 Code (the Code).	ihe	This Form is Open to Public			
	Ponsion Benefit Guaranty Corporation	E Complete all entries in acce	ordance w	th the instructions to the Form 55	600-SF.	Inspection.			
	part i Annual Report ic	entification Information							
		7		9-01-01 and ending		09-12-31			
	This return/report is for: 2 This return/report is for:		multiple-	emplöyer plan (not multiemployer)	L	one-participant plan			
	This return/report is tor:	first return/report	final rețu						
~] an amended return/report	short pla	n year return/report (less than 12 mon	ths)				
L.	Check box if filing under:	f L		extension] DFVC program			
		Special extension (enter descriptio							
	Part II Basic Plan Inform	nation enter all requested info	ormation.						
16	Name of plan					hree-digit			
	LAW OFFICES OF MICHAE	L FLYNN PC PROFIT SHARI	NG PLAN			lan number PN) 🕨 002			
					1c Effective date of plan				
22	Plan sponsor's name and address	s (employer, if for single-employer pl				986-01-01			
	LAW OFFICES OF MICHAE	L FLYNN PC	isid)			mployer Identification Number EIN) 51-0552409			
	1205 FRANKLIN AVENUE					Plan sponsor's telephone number			
						516) 877-1234			
US		NY 11530-0000				usiness code (see instructions)			
За	 Plan administrator's name and ad SAME 	ldress (If same as plan employer, on	iter "Same")			dministrator's EIN			
					3c A	dministrator's telephone number			
4	If the name and/or EIN of the plan	sponsor has changed since the las	i return/rep	ort filed for this plan, onter the	4b 6	IN			
	name, cini ano ine pian number h	rom the last rolurn. Sponsor's Name	>		40 P	N			
5a	Total number of participants at the	beginning of the plan year			5a	4			
b	 Total number of participants at the 	end of the plan year			5b	4			
Ċ	 I otal number of participants with a 	Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)							
6a	Were all of the plan's assets durin	a the plan year invested in eligible a	· · · .	induction a second s	<u>5</u> c	4			
b	 Are you claiming a waiver of the a 	nnual examination and record of an i	independent	publified public accountant (ICDA)	• • •	, , , 🗽 X Yes 🛄 No			
	- under 25 OFN 25X0, 104-467 (See	e instructions on waiver eligibility and	d conditions)		X Yes No			
De	If you answered "No" to either f	Sa or 6b, the plan cannot use For	m 5500-SF	and must instead use Form 5500.					
<u>7</u>	art III Financial Informat	tion	1						
-	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year			
a b	Total plan assets	$(x,y) \in \{x,y\} \in \{x,y\} \in \{y,y\}$	- 7a	λ,398,931		1,698,231			
		$(x,y) \in (x,y) \in (x,y) \in (x,y)$. 76	<u>0</u> 0		 م			
<u>c</u>	Not plan assets (subtract line 7b fr		7c	1,398,931		1,698,231			
8 a	Income, Expenses, and Transfers	for this Plan Year		(a) Amount		(b) Total			
a	Contributions received or receivable (1) Employers	e from:	B= (4)						
	(2) Participants		- <u>8a(1)</u>	19,495					
	(3) Others (including rollovers).	* * * * * * * * * * * *	. <u>8a(2)</u> . ຊິລ(3)	48,300					
b	Other income (loss)		- 80(3) - 8b	231,505	-	· · ·			
Ģ	Total income(add lines 8a(1), 8a(2)	8a(3) and 8b)	- 80	231,505	<u> </u>	· · ·			
d	Benefits paid (including direct rollow	vers and insurance premiums		and and the second s		299,300			
е	Certain deemed and/or corrective of	listributions (see instructions)	• <u>8d</u>	,	-				
f	Administrative service providers (se	llaries, fees, commissions)	, 8f		- ¹				
g	Other expenses		8g		-				
h	Total expenses (add lines 8d, 6e, 8l	f. and 8g)	8h		+				
	Net income (loss) (subject line 8h ft		81	en an		0			
	Transfers to (from) the plan (see in:		8j			299,300			
For	Paperwork Roduction Act Notice		1 <u>4</u>		1				

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

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Plan Characteristics Part IV

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions; 2E 2J 2K 2A 3D b if the plan provides welfare benefits, onter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Par	V Compliance Questions	11	1)					
10	During the plan year:	1		_	Yes	No		ount
a	Was there a failure to transmit to the plan any participant contributio 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia	n within the time per	iod described in	10a	1.03	x		
b	Wore there any nonexempt transactions with any party-in-interest? (on line 10a.)	Do not include trans	actions reported			x		
с				105		<u> </u>	- ·	
ď	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fide			10c	x	<u> </u>	· · · · · · · · · · · · · · · · · · ·	180,000
	or dishonesty?	elity bond, that was (aused by Iraud	100		x		
ė	Were any fees or commisions paid to any brokers, agents, or other p insurance services or other organization that provides some or all of instructions.)	ersons by an Insura the henefits under th	nce carrier, pe pian? (See	10e		x		, , , , , , , , , , , , , , , , , , , ,
f	Has the plan failed to provide any benefit when due under the plan?					x		
g	Did the plan have any participant leans? (If "Yes," enter amount as o			10f				
ň	If this is an individual account plan, was there a blackout period? (Se	ryear ond.)	• • • • • • •	<u>10g</u>		х		and a sector of the
	2520.101-3.)	e instructions and 2:		10h				승규 전문 것 같아.
i	If 10h was answered "Yes," check the box if you either provided the r	equired potico or on	e of the					na pran si Contang tabu
a s inti kan	exceptions to providing the notice applied under 29 CFR 2520.101-3		<u></u>	101			and the second second second	
<u>Pan</u> 11	VII Pension Funding Compliance							
	Is this a defined benefit plan subject to minimum funding requirement 5500))	ts? (If "Yes," 666 ins	tructions and complete	Sche	dule S	SB (Fo	rm	
12	Is this a defined contribution plan subject to the minimum funding rec	wirements of section	412 of the Code or the				· · · · ·	Yes XNo
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicabl	le.)	1412 brane Gorde or se	oction	302.0	FRIS	A?	Yes X No
	If a walver of the minimum funding standard for a prior year is being a	amortized in this play	voor saa instructions	n n d	المعاصم			
	granning the warvet		Mont	h	Gufet	ine da: Dav	te of the lotter r Yea	uling ar
	a completed the 12a, complete lines 3, 9, and 10 of Schedule M	18 (Form 5500), an	d skip to line 13,					
Ь	Enter the minimum required contribution for this plan year $ \cdot $, $ \cdot $.					12Ь		
c	Enter the amount contributed by the employer to the plan for this plan	year			. [12c		
	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)				. [12d		
<u>e</u>	Will the minimum funding amount reported on line 12d be mot by the	funding deadline?	• • • • • • • •				Yes	No IN/A
Part \	II Plan Terminations and Transfers of Assets					•		
13a	Has a resolution to terminate the plan been adopted during the plan ye	Sar or any prior year	2			-		Yes X No
	f "Yes," enter the amount of any plan assets that reverted to the empl	over this year		•	Ċ	13a		N
b	Vere all the plan assets distributed to participants or beneficiaries, tra	inclosed to enotine.		41				
							Г	Yes X No
	during this plan year, any assets or liabilities were transferred from t which assets or liabilities were transferred. (See instructions.)	this plan to another p	alan(s), identify the plan	n(s) ta				
							_	
	(1) Name of plan(s):				13c	(2) Ell	N(s)	13¢(3) PN(s)
Caution	A penalty for the late or incomplete filling of this and							
Under br	A penalty for the late or incomplete filing of this return/report	will be assessed u	nless reasonable car	use is	estal	lishe	d	
SB or Sc belief, it	naities of perjury and other penalties set forth in the instructions. I de hedule MB dompleted and signed by an enrolled actuary, as well as t s trye, correct, and complete.	clare that I have exa he electronic version	mined this return/repoil of this return/report, a	rt. incl nd to	trđing, the bo	if app st of m	licable, a Sche ty knowledge a	dule nd
SIGN	Affilial 42m						_	
HERE	Signature of plan administrator	10/1/10	MICHAG	+2				
		Date	Enter name of indivi	dual s	igning	r as pla	an administrato	r
SIGN	Jacom brigge	10/1/10	MICHAEL		YAN			

HERE Signature of employer/plan sponsor -77 Date Enter name of Individual signing as employer or plan sponsor