

<div>Form 5500-SF</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Short Form Annual Return/Report of Small Employee Benefit Plan</div> <div>This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500-SF.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009	
A	This return/report is for: <input checked="" type="checkbox"/> single-employer plan <input type="checkbox"/> multiple-employer plan (not multiemployer) <input type="checkbox"/> one-participant plan
B	This return/report is for: <input type="checkbox"/> first return/report <input type="checkbox"/> final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> short plan year return/report (less than 12 months)
C	Check box if filing under: <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> DFVC program <input type="checkbox"/> special extension (enter description)

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan LAW OFFICES OF MICHAEL FLYNN PC DEFINED BENEFIT PENSION PLAN	1b Three-digit plan number (PN) ▶ 003
		1c Effective date of plan 01/01/2007
2a	Plan sponsor's name and address (employer, if for single-employer plan) LAW OFFICES OF MICHAEL FLYNN PC  1205 FRANKLIN AVENUE GARDEN CITY, NY 11530-0000	2b Employer Identification Number (EIN) 51-0552409
		2c Plan sponsor's telephone number 516-877-1234
		2d Business code (see instructions) 541110
3a	Plan administrator's name and address (if same as Plan sponsor, enter "Same") LAW OFFICES OF MICHAEL FLYNN PC 1205 FRANKLIN AVENUE GARDEN CITY, NY 11530-0000	3b Administrator's EIN 51-0552409
		3c Administrator's telephone number 516-877-1234
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name	4b EIN
		4c PN
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
c	Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) .....	5c
6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.		

Part III	Financial Information		
7	Plan Assets and Liabilities	(a) Beginning of Year	(b) End of Year
a	Total plan assets .....	7a 380657	632643
b	Total plan liabilities .....	7b 0	0
c	Net plan assets (subtract line 7b from line 7a) .....	7c 380657	632643
8	Income, Expenses, and Transfers for this Plan Year	(a) Amount	(b) Total
a	Contributions received or receivable from:		
(1)	Employers .....	8a(1) 190000	
(2)	Participants .....	8a(2)	
(3)	Others (including rollovers) .....	8a(3)	
b	Other income (loss) .....	8b 61986	
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....	8c	251986
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits) .....	8d	
e	Certain deemed and/or corrective distributions (see instructions) .....	8e	
f	Administrative service providers (salaries, fees, commissions) .....	8f	
g	Other expenses .....	8g	
h	Total expenses (add lines 8d, 8e, 8f, and 8g) .....	8h	0
i	Net income (loss) (subtract line 8h from line 8c) .....	8i	251986
j	Transfers to (from) the plan (see instructions) .....	8j	

**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:

1A 1G

**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
<b>a</b>	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) .....		X	
<b>b</b>	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) .....		X	
<b>c</b>	Was the plan covered by a fidelity bond? .....	X		180000
<b>d</b>	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....		X	
<b>e</b>	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	
<b>f</b>	Has the plan failed to provide any benefit when due under the plan? .....		X	
<b>g</b>	Did the plan have any participant loans? (If "Yes," enter amount as of year end.) .....		X	
<b>h</b>	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....			
<b>i</b>	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 .....			

**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)) ..... ☒ Yes ☐ No

**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. .... Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.**

<b>b</b> Enter the minimum required contribution for this plan year .....	<b>12b</b>	
<b>c</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>12c</b>	
<b>d</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) .....	<b>12d</b>	

**e** 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 ☒ 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 control of the PBGC? ..... ☐ Yes ☒ No

**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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

**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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/05/2010	ASSOCIATED PENSION CONSULTANTS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  ▶ <b>File as an attachment to Form 5500 or 5500-SF.</b>	OMB No. 1210-0110  <b>2009</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan LAW OFFICES OF MICHAEL FLYNN PC DEFINED BENEFIT PENSION PLAN	<b>B</b> Three-digit plan number (PN) ▶ 003
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF LAW OFFICES OF MICHAEL FLYNN PC	<b>D</b> Employer Identification Number (EIN) 51-0552409
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500

<b>Part I</b>	<b>Basic Information</b>
<b>1</b> Enter the valuation date: Month 12 Day 31 Year 2009	
<b>2</b> Assets:	
<b>a</b> Market value .....	<b>2a</b> 443436
<b>b</b> Actuarial value .....	<b>2b</b> 443436
<b>3</b> Funding target/participant count breakdown	
<b>a</b> For retired participants and beneficiaries receiving payment .....	<b>3a</b> (1) Number of participants 0 (2) Funding Target 0
<b>b</b> For terminated vested participants .....	<b>3b</b> 0 0
<b>c</b> For active participants:	
(1) Non-vested benefits .....	<b>3c(1)</b> 4475
(2) Vested benefits .....	<b>3c(2)</b> 312665
(3) Total active .....	<b>3c(3)</b> 4 317140
<b>d</b> Total .....	<b>3d</b> 4 317140
<b>4</b> If the plan is at-risk, check the box and complete items (a) and (b) .....	
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>
<b>5</b> Effective interest rate .....	<b>5</b> 6.61 %
<b>6</b> Target normal cost .....	<b>6</b> 175364

**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

<b>SIGN HERE</b>		09/30/2010
ROBERT M HANESS	Signature of actuary	Date
HANESS & ASSOCIATES LLC	Type or print name of actuary	08-04945
PO BOX 836 ROCKLIN, CA 95677-0000	Firm name	Most recent enrollment number
	Address of the firm	916-435-9830
		Telephone number (including area code)

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

**Schedule SB (Form 5500) 2009**  
**v.092308.1**

Part II Beginning of year carryover and prefunding balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year) .....	0	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year) .....	0	0
9	Amount remaining (Item 7 minus item 8).....	0	0
10	Interest on item 9 using prior year's actual return of <u>-41.70</u> % .....	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year) .....		73202
b	Interest on (a) using prior year's effective rate of _____ % .....		0
c	Total available at beginning of current plan year to add to prefunding balance .....		73202
d	Portion of (c) to be added to prefunding balance.....		73202
12	Reduction in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	0	73202

Part III Funding percentages			
14	Funding target attainment percentage.....	14	116.74 %
15	Adjusted funding target attainment percentage.....	15	116.74 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	113.70 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
08/23/2010	190000	0			
Totals ►			18(b)	190000	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contribution from prior years.....	19a 0
b	Contributions made to avoid restrictions adjusted to valuation date .....	19b 0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c 182329
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? .....		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
c If 20a is "Yes," see instructions and complete the following table as applicable:		

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

**Part V Assumptions used to determine funding target and target normal cost**

<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 5.28 %	2nd segment: 6.59 %	3rd segment: 6.65 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....				<b>21b</b> 0
<b>22</b> Weighted average retirement age .....				<b>22</b> 65
<b>23</b> Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute				

**Part VI Miscellaneous items**

<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>27</b> If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	<b>27</b>

**Part VII Reconciliation of unpaid minimum required contributions for prior years**

<b>28</b> Unpaid minimum required contribution for all prior years .....	<b>28</b>	0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	<b>29</b>	0
<b>30</b> Remaining amount of unpaid minimum required contributions (item 28 minus item 29) .....	<b>30</b>	0

**Part VIII Minimum required contribution for current year**

<b>31</b> Target normal cost, adjusted, if applicable (see instructions).....	<b>31</b>	127109
<b>32</b> Amortization installments:	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....	0	0
<b>b</b> Waiver amortization installment .....	0	0
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....	<b>33</b>	
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	<b>34</b>	127109
	Carryover balance	Prefunding balance
<b>35</b> Balances used to offset funding requirement .....	0	0
<b>36</b> Additional cash requirement (item 34 minus item 35).....	<b>36</b>	127109
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	<b>37</b>	182329
<b>38</b> Interest-adjusted excess contributions for current year (see instructions).....	<b>38</b>	55220
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	<b>39</b>	0
<b>40</b> Unpaid minimum required contribution for all years .....	<b>40</b>	

**SCHEDULE SB  
(Form 5500)**Department of the Treasury  
Internal Revenue ServiceDepartment of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation**Single-Employer Defined Benefit Plan  
Actuarial Information**This schedule is required to be filed under section 104 of the Employee  
Retirement Income Security Act of 1974 (ERISA) and section 6059 of the  
Internal Revenue Code (the Code).► **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

**2009****This Form is Open to Public  
Inspection**For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009► **Round off amounts to nearest dollar.**► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.**A Name of plan**LAW OFFICES OF MICHAEL FLYNN PC DEFINED BENEFIT PENSION PLAN**B Three-digit  
plan number (PN) ►**003**C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ**LAW OFFICES OF MICHAEL FLYNN PC**D Employer Identification Number (EIN)**51-0552409**E Type of plan:** ☒ Single ☐ Multiple-A ☐ Multiple-B ☐ **F Prior year plan size:** ☒ 100 or fewer ☐ 101-500 ☐ More than 500**Part I Basic Information****1** Enter the valuation date: Month 12 Day 31 Year 2009**2 Assets:**

	<b>2a</b>	<b>2b</b>
<b>a</b> Market value	<u>443,436</u>	
<b>b</b> Actuarial value		<u>443,436</u>

**3 Funding target/participant count breakdown**

	<b>(1) Number of participants</b>	<b>(2) Funding Target</b>
<b>a</b> For retired participants and beneficiaries receiving payment	<u>0</u>	<u>0</u>
<b>b</b> For terminated vested participants	<u>0</u>	<u>0</u>
<b>c</b> For active participants:		
<b>(1) Non-vested benefits</b>		<u>4,475</u>
<b>(2) Vested benefits</b>		<u>312,665</u>
<b>(3) Total active</b>	<u>4</u>	<u>317,140</u>
<b>d Total</b>	<u>4</u>	<u>317,140</u>

**4 If the plan is at-risk, check the box and complete lines a and b** ☐

	<b>4a</b>	<b>4b</b>
<b>a</b> Funding target disregarding prescribed at-risk assumptions		
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor		

**5 Effective interest rate** 6.61**6 Target normal cost** 175,364**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

**SIGN  
HERE**

Signature of actuary

ROBERT M HANESS

Type or print name of actuary

HANESS & ASSOCIATES LLC

Firm name

PO BOX 836US ROCKLINCA 95677-0000

Address of the firm

Date

08-04945

Most recent enrollment number

(916) 435-9830

Telephone number (including area code)

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2009  
v.092308.1

**Part II Beginning of year carryover and prefunding balances**

	(a) Carryover balance	(b) Prefunding balance
<b>7</b> Balance at beginning of prior year after applicable adjustments (item 13 from prior year) . . . . .	0	0
<b>8</b> Portion used to offset prior year's funding requirement (item 35 from prior year)	0	0
<b>9</b> Amount remaining (item 7 minus item 8) . . . . .	0	0
<b>10</b> Interest on item 9 using prior year's actual return of <u>-41.70</u> % . . . . .	0	0
<b>11</b> Prior year's excess contributions to be added to prefunding balance:		
<b>a</b> Excess contributions (item 38 from prior year) . . . . .		73,202
<b>b</b> Interest on (a) using prior year's effective rate of <u>0.00</u> % . . . . .		0
<b>c</b> Total available at beginning of current plan year to add to prefunding balance . . .		73,202
<b>d</b> Portion of item (c) to be added to prefunding balance . . . . .		73,202
<b>12</b> Reduction in balances due to elections or deemed elections . . . . .	0	0
<b>13</b> Balance at beginning of current year (item 9 + item 10 + item 11d - item 12). . . . .	0	73,202

**Part III Funding percentages**

<b>14</b> Funding target attainment percentage . . . . .	<b>14</b>	116.74 %
<b>15</b> Adjusted funding target attainment percentage . . . . .	<b>15</b>	116.74 %
<b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement . . . . .	<b>16</b>	113.70 %
<b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage . . . . .	<b>17</b>	%

**Part IV Contributions and liquidity shortfalls****18** Contributions made to the plan for the the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
08/23/2010	190,000	0			
<b>Totals ▶ 18(b)</b>				190,000	<b>18(c)</b> 0

**19** Discounted employer contributions -- see instructions for small plan with a valuation date after the beginning of the year:

<b>a</b> Contributions allocated toward unpaid minimum required contribution from prior years . . . . .	<b>19a</b>	
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date . . . . .	<b>19b</b>	
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date	<b>19c</b>	182,329

**20** Quarterly contributions and liquidity shortfall(s):

<b>a</b> Did the plan have a "funding shortfall" for the prior year? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>b</b> If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>c</b> If 20a is "Yes," see instructions and complete the following table as applicable:		

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

**Part V Assumptions used to determine funding target and target normal cost**

<b>21 Discount rate:</b>			
<b>a Segment rates:</b>	1st segment 5.28 %	2nd segment 6.59 %	3rd segment 6.65 %
			<input type="checkbox"/> N/A, full yield curve used
<b>b Applicable month (enter code)</b> . . . . .			<b>21b</b> 0
<b>22 Weighted average retirement age</b> . . . . .			<b>22</b> 65
<b>23 Mortality table(s)</b> (see instructions) <input checked="" type="checkbox"/> Prescribed -- combined <input type="checkbox"/> Prescribed -- separate <input type="checkbox"/> Substitute			

**Part VI Miscellaneous items**

<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment . . . . .		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment . . . . .		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment . . . . .		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>27</b> If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment . . . . .		<b>27</b>

**Part VII Reconciliation of unpaid minimum required contributions for prior years**

<b>28</b> Unpaid minimum required contribution for all prior years . . . . .	<b>28</b>
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a) . . . . .	<b>29</b>
<b>30</b> Remaining amount of unpaid minimum required contributions (item 28 minus item 29) . . . . .	<b>30</b>

**Part VIII Minimum required contribution for current year**

<b>31</b> Target normal cost, adjusted, if applicable (see instructions) . . . . .	<b>31</b>	127,109
<b>32</b> Amortization installments:	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment . . . . .		
<b>b</b> Waiver amortization installment . . . . .		
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount . . . . .	<b>33</b>	
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33) . . . . .	<b>34</b>	127,109
	Carryover balance	Prefunding Balance
<b>35</b> Balances used to offset funding requirement . . . . .		0
<b>36</b> Additional cash requirement (item 34 minus item 35) . . . . .	<b>36</b>	127,109
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c) . . . . .	<b>37</b>	182,329
<b>38</b> Interest-adjusted excess contributions for current year (see instructions). . . . .	<b>38</b>	55,220
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37) . . . . .	<b>39</b>	
<b>40</b> Unpaid minimum required contribution for all years . . . . .	<b>40</b>	



Plan Name: Law Offices of Michael Flynn, PC DB Plan  
 EIN / PN: 51-0552409 / 003  
 2009 Schedule SB, line 19 - Discounted Employer Contributions for the plan year ended 12/31/2009  
 Valuation Date: 12/31/2009

[illegible]

<b>Form 5500-SF</b> Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	<b>Short Form Annual Return/Report of Small Employee Benefit Plan</b>  This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 8058(a) of the Internal Revenue Code (the Code).  <b>Complete all entries in accordance with the instructions to the Form 5500-SF.</b>	OMB Nos. 1210-0110 1210-0089  <b>2009</b>  This Form is Open to Public Inspection.
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**Part I Annual Report Identification Information**

For the calendar plan year 2009 or fiscal plan year beginning 2009-01-01 and ending 2009-12-31

**A** This return/report is for: ☒ single-employer plan ☐ multiple-employer plan (not multiemployer) ☐ one-participant plan

**B** This return/report is for: ☐ first return/report ☐ final return/report  
☐ an amended return/report ☐ short plan year return/report (less than 12 months)

**C** Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ DFVC program  
☐ special extension (enter description)

**Part II Basic Plan Information** --- enter all requested information.

**1a** Name of plan  
 LAW OFFICES OF MICHAEL FLYNN PC DEFINED BENEFIT PENSION PLAN

**1b** Three-digit plan number (PN) 003

**1c** Effective date of plan 2007-01-01

**2a** Plan sponsor's name and address (employer, if for single-employer plan)  
 LAW OFFICES OF MICHAEL FLYNN PC  
 1205 FRANKLIN AVENUE  
 US GARDEN CITY NY 11530-0000

**2b** Employer Identification Number (EIN) 51-0552409

**2c** Plan sponsor's telephone number (516) 977-1234

**2d** Business code (see instructions) 541110

**3a** Plan administrator's name and address (If same as plan employer, enter "Same")  
 SAME

**3b** Administrator's EIN

**3c** Administrator's telephone number

**4** If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return. Sponsor's Name

**4b** EIN

**4c** PN

**5a** Total number of participants at the beginning of the plan year 4

**5b** Total number of participants at the end of the plan year 4

**5c** 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 during the plan year invested in eligible assets? (See instructions.) ☒ Yes ☐ No

**b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) ☒ Yes ☐ No

If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.

**Part III Financial Information**

7 Plan Assets and Liabilities	(a) Beginning of Year	(b) End of Year
<b>a</b> Total plan assets	<b>7a</b> 380,657	632,643
<b>b</b> Total plan liabilities	<b>7b</b> 0	0
<b>c</b> Net plan assets (subtract line 7b from line 7a)	<b>7c</b> 380,657	632,643

8 Income, Expenses, and Transfers for this Plan Year	(a) Amount	(b) Total
<b>a</b> Contributions received or receivable from:		
(1) Employers	<b>8a(1)</b> 190,000	
(2) Participants	<b>8a(2)</b>	
(3) Others (including rollovers)	<b>8a(3)</b>	
<b>b</b> Other income (loss)	<b>8b</b> 61,986	
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	<b>8c</b>	251,986
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits)	<b>8d</b>	
<b>e</b> Certain deemed and/or corrective distributions (see instructions)	<b>8e</b>	
<b>f</b> Administrative service providers (salaries, fees, commissions)	<b>8f</b>	
<b>g</b> Other expenses	<b>8g</b>	
<b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g)	<b>8h</b>	0
<b>i</b> Net income (loss) (subject line 8h from line 8c)	<b>8i</b>	251,986
<b>j</b> Transfers to (from) the plan (see instructions)	<b>8j</b>	

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

Form 5500-SF (2009)

Form 5500-SF (2009)

Page 2-  **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:

1A 1G

**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:**a** Was there a failure to transmit to the plan any participant contribution within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)**b** Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)**c** Was the plan covered by a fidelity bond?**d** Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?**e** Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance services or other organization that provides some or all of the benefits under the plan? (See instructions.)**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.)**h** If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)**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.

	Yes	No	Amount
10a		<input checked="" type="checkbox"/>	
10b		<input checked="" type="checkbox"/>	
10c	<input checked="" type="checkbox"/>		180,000
10d		<input checked="" type="checkbox"/>	
10e		<input checked="" type="checkbox"/>	
10f		<input checked="" type="checkbox"/>	
10g		<input checked="" type="checkbox"/>	
10h			
10i			

**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))☒ Yes ☐ No**12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)☐ Yes ☒ No**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 (Form 5500), and skip to line 13.

**b** Enter the minimum required contribution for this plan year**c** Enter the amount contributed by the employer to the plan for this plan year**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)**e** 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 ☒ 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 control of the PBGC?☐ Yes ☒ No**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.)

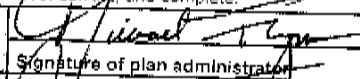
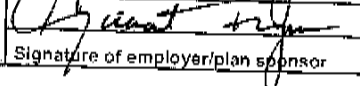
13c(1) Name of plan(s):

13c(2) EIN(s)

13c(3) PN(s)

**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 HERE		10/1/10	MICHAEL FLYNN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/1/10	MICHAEL FLYNN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

**SCHEDULE SB  
(Form 5500)**Department of the Treasury  
Internal Revenue ServiceDepartment of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation**Single-Employer Defined Benefit Plan  
Actuarial Information**This schedule is required to be filed under section 104 of the Employee  
Retirement Income Security Act of 1974 (ERISA) and section 6059 of the  
Internal Revenue Code (the Code).► **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

**2009****This Form is Open to Public  
Inspection**For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009► **Round off amounts to nearest dollar.**► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.**A Name of plan**LAW OFFICES OF MICHAEL FLYNN PC DEFINED BENEFIT PENSION PLAN**B Three-digit  
plan number (PN) ►**003**C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ**LAW OFFICES OF MICHAEL FLYNN PC**D Employer Identification Number (EIN)**51-0552409**E Type of plan:** ☒ Single ☐ Multiple-A ☐ Multiple-B ☐ **F Prior year plan size:** ☒ 100 or fewer ☐ 101-500 ☐ More than 500**Part I Basic Information****1** Enter the valuation date: Month 12 Day 31 Year 2009**2 Assets:**

	<b>2a</b>	<b>2b</b>
<b>a</b> Market value	<u>443,436</u>	
<b>b</b> Actuarial value		<u>443,436</u>

**3 Funding target/participant count breakdown**

	<b>(1) Number of participants</b>	<b>(2) Funding Target</b>
<b>a</b> For retired participants and beneficiaries receiving payment	<u>0</u>	<u>0</u>
<b>b</b> For terminated vested participants	<u>0</u>	<u>0</u>
<b>c</b> For active participants:		
<b>(1) Non-vested benefits</b>		<u>4,475</u>
<b>(2) Vested benefits</b>		<u>312,665</u>
<b>(3) Total active</b>	<u>4</u>	<u>317,140</u>
<b>d Total</b>	<u>4</u>	<u>317,140</u>

**4 If the plan is at-risk, check the box and complete lines a and b** ☐

	<b>4a</b>	<b>4b</b>
<b>a</b> Funding target disregarding prescribed at-risk assumptions		
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor		

**5 Effective interest rate** 6.61**6 Target normal cost** 175,364**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

**SIGN  
HERE**

Signature of actuary

ROBERT M HANESS

Type or print name of actuary

HANESS & ASSOCIATES LLC

Firm name

PO BOX 836US ROCKLINCA 95677-0000

Address of the firm

Date

08-04945

Most recent enrollment number

(916) 435-9830

Telephone number (including area code)

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2009  
v.092308.1

**Part II Beginning of year carryover and prefunding balances**

	(a) Carryover balance	(b) Prefunding balance
<b>7</b> Balance at beginning of prior year after applicable adjustments (item 13 from prior year) . . . . .	0	0
<b>8</b> Portion used to offset prior year's funding requirement (item 35 from prior year) . . . . .	0	0
<b>9</b> Amount remaining (item 7 minus item 8) . . . . .	0	0
<b>10</b> Interest on item 9 using prior year's actual return of <u>-41.70</u> % . . . . .	0	0
<b>11</b> Prior year's excess contributions to be added to prefunding balance:		
<b>a</b> Excess contributions (item 38 from prior year) . . . . .		73,202
<b>b</b> Interest on (a) using prior year's effective rate of <u>0.00</u> % . . . . .		0
<b>c</b> Total available at beginning of current plan year to add to prefunding balance . . . . .		73,202
<b>d</b> Portion of item (c) to be added to prefunding balance . . . . .		73,202
<b>12</b> Reduction in balances due to elections or deemed elections . . . . .	0	0
<b>13</b> Balance at beginning of current year (item 9 + item 10 + item 11d - item 12). . . . .	0	73,202

**Part III Funding percentages**

<b>14</b> Funding target attainment percentage . . . . .	<b>14</b>	116.74 %
<b>15</b> Adjusted funding target attainment percentage . . . . .	<b>15</b>	116.74 %
<b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement . . . . .	<b>16</b>	113.70 %
<b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage . . . . .	<b>17</b>	%

**Part IV Contributions and liquidity shortfalls****18** Contributions made to the plan for the the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
08/23/2010	190,000	0			
<b>Totals ▶ 18(b)</b>				190,000	<b>18(c)</b> 0

**19** Discounted employer contributions -- see instructions for small plan with a valuation date after the beginning of the year:

<b>a</b> Contributions allocated toward unpaid minimum required contribution from prior years . . . . .	<b>19a</b>	
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date . . . . .	<b>19b</b>	
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date . . . . .	<b>19c</b>	182,329

**20** Quarterly contributions and liquidity shortfall(s):

<b>a</b> Did the plan have a "funding shortfall" for the prior year? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>b</b> If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>c</b> If 20a is "Yes," see instructions and complete the following table as applicable:		

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

**Part V Assumptions used to determine funding target and target normal cost**

<b>21 Discount rate:</b>			
<b>a Segment rates:</b>	1st segment 5.28 %	2nd segment 6.59 %	3rd segment 6.65 %
			<input type="checkbox"/> N/A, full yield curve used
<b>b Applicable month (enter code)</b> . . . . .			<b>21b</b> 0
<b>22 Weighted average retirement age</b> . . . . .			<b>22</b> 65
<b>23 Mortality table(s)</b> (see instructions) <input checked="" type="checkbox"/> Prescribed -- combined <input type="checkbox"/> Prescribed -- separate <input type="checkbox"/> Substitute			

**Part VI Miscellaneous items**

<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment . . . . .		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment . . . . .		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment . . . . .		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>27</b> If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment . . . . .		<b>27</b>

**Part VII Reconciliation of unpaid minimum required contributions for prior years**

<b>28</b> Unpaid minimum required contribution for all prior years . . . . .	<b>28</b>
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a) . . . . .	<b>29</b>
<b>30</b> Remaining amount of unpaid minimum required contributions (item 28 minus item 29) . . . . .	<b>30</b>

**Part VIII Minimum required contribution for current year**

<b>31</b> Target normal cost, adjusted, if applicable (see instructions) . . . . .	<b>31</b>	127,109
<b>32</b> Amortization installments:	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment . . . . .		
<b>b</b> Waiver amortization installment . . . . .		
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount . . . . .	<b>33</b>	
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33) . . . . .	<b>34</b>	127,109
	Carryover balance	Prefunding Balance
<b>35</b> Balances used to offset funding requirement . . . . .		0
<b>36</b> Additional cash requirement (item 34 minus item 35) . . . . .	<b>36</b>	127,109
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c) . . . . .	<b>37</b>	182,329
<b>38</b> Interest-adjusted excess contributions for current year (see instructions). . . . .	<b>38</b>	55,220
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37) . . . . .	<b>39</b>	
<b>40</b> Unpaid minimum required contribution for all years . . . . .	<b>40</b>	

Plan Name: Law Offices of Michael Flynn, PC DB Plan  
 EIN / PN: 51-0552409 / 003  
 2009 Schedule SB, line 19 - Discounted Employer Contributions for the plan year ended 12/31/2009  
 Valuation Date: 12/31/2009

[illegible]

LAW OFFICES OF MICHAEL FLYNN, PC  
DEFINED BENEFIT PENSION PLAN

ATTACHMENT TO SCHEDULE B (FORM 5500)

PLAN YEAR ENDING December 31, 2009

ACTUARIAL ASSUMPTIONS AND METHODS

The normal cost and accrued liability are determined in accordance with the actuarial methods, factors and assumptions stated on the attached valuation report. Actuarial gains and losses are spread over remaining years of service.

ASSET VALUATION METHOD

Assets are valued at fair market value.

ELIGIBILITY AND BENEFIT PROVISIONS

The principal eligibility and benefit provisions are summarized on the attached valuation report.

VALUATION OF ANCILLARY BENEFITS

For purposes of determining costs and liabilities, hereunder only the normal retirement benefit and insurance policies used for providing insured death benefits have been taken into account. Other benefits provided upon death, disability, early retirement or severance of employment are assumed to be actuarially equivalent to the accrued liability.

DATA VERIFICATION

In preparing this valuation, reliance has been placed on employee census, contribution and asset information provided by the Plan Administrator. None of the data provided has been audited. It was assumed that all data and parameters defining the essential features of the plan were accurately coded into the computer and verified by the Plan Administrator or contract administrator.

LEGAL COMPLIANCE

In preparing this valuation, reliance has been placed on the legal counsel for the plan with respect to issues of plan qualification. It was assumed that the plan has been amended to conform to TEFRA, DEFRA, REACT, TRA '86, OBRA, TAMRA and other applicable laws and regulations.



**Schedule SB, line 22 -**  
**Description of Weighted Average Retirement Age**  
**Law Offices of Michael Flynn, PC Defined Benefit Pension Plan**  
**51-0552409/ 003**  
**For the plan year 1/1/2009 through 12/31/2009**

The age reported is the average of the assumed retirement ages for all active participants as of the valuation date rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age as the assumed retirement age is the Valuation date. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

PLAN SPECIFICATIONS  
LAW OFFICES OF MICHAEL FLYNN, PC  
DEFINED BENEFIT PENSION PLAN

FOR THE PLAN YEAR 01/01/2009 THROUGH 12/31/2009

TYPE OF ENTITY Corporation.

DATES Effective-01/01/2007 Valuation-12/31/2009 Eligibility-07/01/2009 Year-end-12/31/2009  
Top Heavy Years - 2007, 2008, 2009

ELIGIBILITY Minimum age- 21 Months of service- 12 Maximum age- None  
Age at last birthday.  
Entry Age For Full Funding Limitation Calculation - as of date of hire.

HOURS REQUIRED FOR  
Eligibility - 1000 Benefit accrual - 1000 Vesting - 1000

PLAN ENTRY - January 1 or July 1 immediately following satisfaction of eligibility requirements.

RETIREMENT NORMAL - Upon attainment of age 65, and completion of 5 years of participation.

EARLY - No provisions.

AVERAGE COMPENSATION -- (retrospective salaries)

FUNDING - 3 Highest consecutive years of participation.  
ACCRUED BENEFIT - 3 Highest consecutive years of participation.  
TOP HEAVY ACCRUED BENEFIT - 5 Highest consecutive top heavy years of participation.

PLAN BENEFITS

RETIREMENT-- TIERED UNIT BENEFIT FORMULA - Greater of Percent of average monthly compensation or Dollar amount per month times years of Credited Service based upon Participant classification.

Classification	Percent of AMC	Dollar Amount	Years of Credited Service
OWN	7.850000	0.00	25
ATT	7.750000	0.00	25
HC	2.000000	0.00	25
EES	7.950000	0.00	25

415 Limits - Percent 100.00 Dollar - \$16,250

Minimum benefit - None Maximum benefit - None

Maximum 401(a)(17) compensation \$245,000

\*\*\*\*\* TOP HEAVY MINIMUM BENEFITS USED \*\*\*\*\*  
TEFRA Minimum Benefit: 2.000% of compensation per year plan is top heavy, limited to 10 yrs of participation.  
2.000% actuarially adjusted for normal form of benefit.

PLAN SPECIFICATIONS  
LAW OFFICES OF MICHAEL FLYNN, PC  
DEFINED BENEFIT PENSION PLAN

FOR THE PLAN YEAR 01/01/2009 THROUGH 12/31/2009

NORMAL FORM            Life Annuity.

Assumed form of payment for funding is lump sum equivalent of normal form. Funding Target is greater present value of accrued benefit computed using funding segment rates and 417(e) Applicable Mortality Table or lump sum at normal retirement date of accrued benefit using plan actuarial equivalence discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not exceed 415 maximum allowable distribution, which is least amount computed using a) 5.5% interest and the Applicable Mortality Table or b) plan actuarial equivalence interest and mortality or c) 105% of 417(e) present value (only if not eligible employer under IRC 408(p)).

DEATH BENEFIT            Present value of accrued benefits.

ACCRUED BENEFIT            Unit Accrual based upon Participant Classification(calculated as of end of plan year).

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is least amount computed using a) 5.5% interest and the Applicable Mortality Table or b) plan actuarial equivalence interest and mortality or c) 105% of 417(e) present value (only if not eligible employer under IRC 408(p)).

TERMINATION  
BENEFITS            0% first year, 20% each additional year to a maximum of 100% after 6 years.  
Service is calculated using all years of service.

CONTRIBUTIONS

EMPLOYEE REQUIRED    -- None

EMPLOYEE VOLUNTARY -- None

ASSET VALUATION

METHOD            Market value.

PLAN SPECIFICATIONS  
LAW OFFICES OF MICHAEL FLYNN, PC  
DEFINED BENEFIT PENSION PLAN

FOR THE PLAN YEAR 01/01/2009 THROUGH 12/31/2009

FUNDING METHOD           As prescribed in IRC Section 430.

INTEREST RATES	Years 0-5	Segment rate 1	5.280%
	Years 6-20	Segment rate 2	6.590%
	Years over 20	Segment rate 3	6.650%

PRE-RETIREMENT	MORTALITY TABLE --	2009 Funding Target - Combined - IRC 430(h)(3)(A).
	TURNOVER/DISABILITY--	None
	SALARY SCALE --	None
	INTEGRATION LVL INCR-	None
	BACKWARD SALARY PROJ.	Based on increase of average earnings

POST-RETIREMENT	MORTALITY TABLE --	2009 Funding Target - Combined - IRC 430(h)(3)(A).
	EXPENSE LOAD --	None
	COST OF LIVING	None
	OPTIONAL FORM	100% of retirees assumed to elect lump sum payment.
	LUMP SUM --	2009 Applicable Mortality Table for IRC 417(e) (Unisex).
		Or
		Actuarial Equivalence

417(e)

PRESENT VALUE OF ACCRUED BENEFIT CALCULATIONS - Greater of 417(e) or Actuarial Equivalence

INTEREST RATES	Years 0-5	Segment rate 1	4.410%
	Years 6-20	Segment rate 2	4.570%
	Years over 20	Segment rate 3	4.270%

MORTALITY TABLE --   2009 Applicable Mortality Table for IRC 417(e) (Unisex).

Actuarial Equivalence

PRE-RETIREMENT	INTEREST --	5.000%
	MORTALITY TABLE --	None.

POST-RETIREMENT	INTEREST --	5.000%
	MORTALITY TABLE --	1994 GROUP ANNUITY RESERVING Unisex Proj to 2002.

PLAN SPECIFICATIONS  
LAW OFFICES OF MICHAEL FLYNN, PC  
DEFINED BENEFIT PENSION PLAN

FOR THE PLAN YEAR 01/01/2009 THROUGH 12/31/2009

ASSUMPTIONS FOR 410(b)/401(a)(4) CALCULATIONS

PRE-RETIREMENT:	INTEREST --	8.000%
POST-RETIREMENT:	INTEREST --	8.000%
	MORTALITY TABLE --	1994 GROUP ANNUITY RESERVING Unisex Proj to 2002 male rates.

PERMISSIVELY AGGREGATED PLANS: Tested as Single Plan.

COMPENSATION: Use Current Compensation to calculate the  
Benefit Accrual Rate (Annual Method).

TESTING AGE: Normal Retirement Age.

VALUATION RESULTS  
LAW OFFICES OF MICHAEL FLYNN, PC  
DEFINED BENEFIT PENSION PLAN  
FOR THE PLAN YEAR 01/01/2009 THROUGH 12/31/2009

Rate segment 1	Rate segment 2	Rate segment 3
5.28	6.59	6.65

Effective Interest Rate: 6.61

A. Valuation Results

1.	Funding Target	317,140
2.	Target Normal Cost	175,364
3.	Assets	443,436
4.	Undeducted Contributions	0
5.	Carryover Balance (COB), unadjusted	0
6.	COB used to offset Funding Requirement	0
7.	COB adjusted to valuation date, if applicable	0
8.	Prefunding balance (PFB), unadjusted	73,202
9.	PFB used to offset Funding Requirement	0
10.	PFB adjusted to valuation date, if applicable	78,041
11.	Funding Target as if At Risk	NOT CALCULATED
12.	Target Normal Cost as if At Risk	NOT CALCULATED

B. Funding shortfall and shortfall amortization charge

Early Deemed Amortization Determination

1.	Funding Target (FT)	317,140
2.	Assets (A3)	443,436
3.	Carryover balance (A5) adjusted to valuation date	0
4.	Prefunding balance (A10) adjusted to valuation date	78,041
5.	Applicable Assets (IRC 430(f)(4)(B)(i) (B2 - B3 - B4))	365,395
6.	Funding Shortfall (IRC 430(c)(4) not less than zero) (B1 - B5) If zero, all bases deemed to be fully amortized, B14 and B19 also zero)	0

Exemption from new shortfall amortization base

7.	Applicable Percentage (IRC 430(c)(5)(B)(ii))	94%
8.	FT for Shortfall (IRC 430(c)(3)) (B1 * B7)	298,112
9.	Assets (A3)	443,436
10.	Prefunding balance (A10) if election under IRC 430(f)(3), see (A9)	0
11.	Applicable Assets (IRC 430(f)(4)(A)) (B9 - B4 if B10 greater than zero)	443,436
12.	Funding Shortfall (B8 - B11 not less than zero) (if B12 is zero, exempt from new shortfall base)	0

Funding Shortfall Amortization Charge

13.	Funding Shortfall (B8 - B5 not less than zero)	0
14.	PV of prior years' shortfall Amortization Installments	0
15.	Shortfall amortization base (B13 - B14)	0
16.	Shortfall amortization factor	0.0000
17.	Shortfall amortization installment (B15 / B16)	0
18.	Shortfall amortization installments from prior years	0
19.	Total shortfall amortization installments (sum of B17 and B18)	0

VALUATION RESULTS  
LAW OFFICES OF MICHAEL FLYNN, PC  
DEFINED BENEFIT PENSION PLAN  
FOR THE PLAN YEAR 01/01/2009 THROUGH 12/31/2009

MINIMUM AND MAXIMUM CONTRIBUTIONS

C. Minimum required contribution

1.	Target Normal Cost (A2)		175,364
2.	Funding surplus. (B5 - A1) not < 0		48,255
3.	Reduced Target Normal Cost (C1 - C2) not < 0		127,109
4.	Shortfall amortization charge (B19)		0
5.	Waiver amortization charge		0
6.	Minimum Contribution (C3 + C4 + C5)		127,109
7.	Unpaid minimum contribution for all prior years		0
8.	Carryover balance & amount applied	0	0 *
9.	Prefunding balance & amount applied	78,041	0 *
10.	Absolute minimum contribution (C6 + C7 - C8 - C9) not < 0	49,068	127,109

\* Employer election required.

D. Maximum Contribution

1.	Funding Target (A1)		317,140
2.	Target Normal Cost (A2)		175,364
3.	50% of the funding target (A1)		158,570
4.	Increase in funding target due to salary increases		36,012
5.	Cushion Amount (D3 + D4)		194,582
6.	Total (D1 + D2 + D5)		687,086
7.	Funding Target as if At Risk (A9)	NOT CALCULATED	
8.	Target Normal Cost as if At Risk (A10)	NOT CALCULATED	
9.	Total (D7 + D8)	NOT CALCULATED	
10.	Greater of D6 and D9		687,086
11.	Assets (A3)		443,436
12.	Undeducted Contributions (A4)		0
13.	Maximum Contribution (D10 - D11 + D12 not less than zero)		243,650
14.	Contribution to meet termination liability		252,346

VALUATION RESULTS  
LAW OFFICES OF MICHAEL FLYNN, PC  
DEFINED BENEFIT PENSION PLAN  
FOR THE PLAN YEAR 01/01/2009 THROUGH 12/31/2009

PRESENT VALUES

A. CURRENT LIABILITY

1. BEGINNING OF PLAN YEAR	#	FUNDING TARGET	RPA '94
RETIRED PARTICIPANTS AND BENEFICIARIES RECEIVING PAYMENTS			
(i) VESTED			0
(ii) TOTAL	0	0	0
TERMINATED PARTICIPANTS			
(i) VESTED		0	0
(ii) NON-VESTED		0	0
(iii) TOTAL	0	0	0
ACTIVE PARTICIPANTS			
(i) VESTED		312,665	297,293
(ii) NON-VESTED		4,475	13,054
(iii) TOTAL	4	317,140	310,347
GRAND TOTALS			
(i) VESTED		312,665	297,293
(ii) NON-VESTED		4,475	13,054
(iii) TOTAL	4	317,140	310,347
2. EXPECTED BENEFIT PAYMENTS			0
3. EXPECTED CURRENT LIABILITY INCREASE AS OF 01/01/2009			172,420

B. PRESENT VALUE OF VESTED BENEFITS (FUNDING TARGET) FOR PBGC  
REQUIRED INTEREST RATE: 1st = 6.720% 2nd = 7.120% 3rd = 6.360%

1. RETIREES/BENEFICIARIES RECEIVING BENEFITS	0	0
2. PARTICIPANTS NOT RECEIVING BENEFITS	4	297,907
3. TOTAL	4	297,907

C. ACTUARIAL EQUIVALENCE BASIS	#	VESTED	NON-VESTED	TOTAL
1. ACTIVE	4	678,439	17,343	695,782
2. RETIRED	0	0	0	0
3. DEFERRED VESTED	0	0	0	0
4. POSTPONED RETIREMENT	0	0	0	0
5. TERMINATED VESTED	0	0	0	0
6. TERMINATED NON-VESTED	0	0	0	0
7. INACTIVE	0	0	0	0
8. TOTAL	4	678,439	17,343	695,782



VALUATION RESULTS  
LAW OFFICES OF MICHAEL FLYNN, PC  
DEFINED BENEFIT PENSION PLAN  
FOR THE PLAN YEAR 01/01/2009 THROUGH 12/31/2009

FUNDING TARGET ATTAINMENT PERCENTAGES (FTAP)

Actuarial value of assets (AVA)	443,436	Carryover balance (COB)	0
Market value of assets (MVA)	443,436	Prefunding balance (PFB)	73,202
Funding target (FT)	317,140	Shortfallbase (SB)	0
Vested funding target (VFT)	312,665		

TYPE OF FTAP

PERCENTAGE APPLICATION

1. FTAP exempt	AVA /	FT	=> 94% 2009
	443,436 /	317,140 = 139.82%	No Benefit restrictions
2. FTAP	( AVA - COB - PFB) /	FT	On schedule SB
	( 443,436 - 0 - 73,202) /	317,140 = 116.74%	Notice to Participants
3. AFTAP (ADJUSTED)	2 yr. NHCE Annuity		
	( AVA - COB - PFB + Purchase) /	FT	< 60%
	( 443,436 - 0 - 73,202 + 0) /	317,140 = 116.74%	Accruals restricted
			Lump Sum fully restricted
			< 80%
			Benefit increases restricted
			Lump Sum partially restricted
4. FTAP based no PFB	AVA /	FT	=> 94% 2009
	443,436 /	317,140 = 139.82%	SB exemption
5. FTAP PFB offset	( AVA - PFB) /	FT	=> 94% 2009
	( 443,436 - 73,202) /	317,140 = 116.74%	SB exemption when PFB offset minimum
6. FTAP shortfall	( AVA - COB - PFB) /	FT	=> 94% 2009
	( 443,436 - 0 - 73,202) /	317,140 = 116.74%	No new SB
7. FTAP PBGC	MVA /	VFT	PBGC Variable
	443,436 /	312,665 = 141.82%	premium

LAW OFFICES OF MICHAEL FLYNN, PC

FOR THE PLAN YEAR 01/01/2009 THROUGH 12/31/2009

AGE AND SERVICE STATISTICS

WEIGHTED AVERAGE BY CURRENT EARNINGS

EES	EA	PA	AA	RA	PP	PS	FS	TS
4	28.9	44.2	47.2	65.0	3.0	18.3	17.3	35.7

ARITHMETIC AVERAGE

EES	EA	PA	AA	RA	PP	PS	FS	TS
4	32.5	46.3	49.3	65.0	3.0	16.8	15.3	32.0

SERVICE GROUPS BY AGE GROUPS

		A G E G R O U P S											TOTAL	
SERVICE		0	20	25	30	35	40	45	50	55	60	65	70	
GROUP		TO	TO	TO	TO	TO	TO	TO	TO	TO	TO	TO	TO	
		19	24	29	34	39	44	49	54	59	64	69		
0														
1														
2														
3														
4						1								1
-----														
0-4						1								1
5-9										1				1
10-14														
15-19														
20-24														
25-29								1						1
30-34										1				1
35-39														
40-														
TOTAL						1		1		2				4

LAW OFFICES OF MICHAEL FLYNN, PC

FOR THE PLAN YEAR 01/01/2009 THROUGH 12/31/2009

ANNUAL EARNINGS BY AGE GROUP				ANNUAL EARNINGS BY SERVICE			
AGE GROUP	NUMBER OF PEOPLE	TOTAL ANNUAL EARNINGS	AVERAGE ANNUAL EARNINGS	SERVICE GROUP	NUMBER OF PEOPLE	TOTAL ANNUAL EARNINGS	AVERAGE ANNUAL EARNINGS
0-19				0			
20-24				1			
25-29				2			
30-34				3			
35-39	1	240,000	240,000	4	1	240,000	240,000
40-44				-----			
45-49	1	92,364	92,364	0-4	1	240,000	240,000
50-54				5-9	1	25,000	24,999
55-59	2	270,000	134,999	10-14			
60-64				15-19			
65-69				20-24			
70-				25-29	1	92,364	92,364
				30-34	1	245,000	245,000
TOTAL	4	602,364	150,591	35-39			
				40-			
				TOTAL	4	602,364	150,591

LAW OFFICES OF MICHAEL FLYNN, PC

FOR THE PLAN YEAR 01/01/2009 THROUGH 12/31/2009

Line 8c - Schedule of Active Participant Data

Attained Age	Years of Credited Service													
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29	
	Avg.		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.	
	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.
Under 25														
25 to 29														
30 to 34														
35 to 39			1											
40 to 44														
45 to 49			1											
50 to 54														
55 to 59			2											
60 to 64														
65 to 69														
70 & up														

Attained Age	Years of Credited Service					
	30 to 34		35 to 39		40 & up	
	Avg.		Avg.		Avg.	
	No.	Comp.	No.	Comp.	No.	Comp.
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & up						