#### Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Renefit Guaranty Corporation

# Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 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

2009

| Pensio          | on Benefit Guaranty Corporation               |  |                             |                                  | This Form is Open to Pu<br>Inspection    | ublic  |
|-----------------|---|--|-----------------------------|----------------------------------|--|--------|
| Part I          |   | tification Information                   |                             |                                  |  |        |
| For cale        | ndar plan year 2009 or fiscal p               | i 🗖                                      |                             | and ending 08/31/2               | 2010                                     |        |
| A This          | return/report is for:                         | a multiemployer plan;                    |                             | le-employer plan; or             |  |        |
|                 |   | X a single-employer plan;                | ☐ a DFE (                   | specify)                         |  |        |
|                 |   |  | п                           |                                  |  |        |
| <b>B</b> This   | return/report is:                             | the first return/report;                 | =                           | return/report;                   |  |        |
|                 |   | an amended return/report;                | a short                     | olan year return/report (less th | nan 12 months).                          |        |
| C If the        | plan is a collectively-bargaine               | ed plan, check here                      |                             |                                  |  |        |
| <b>D</b> Chec   | k box if filing under:                        | X Form 5558;                             | automat                     | tic extension;                   | the DFVC program;                        |        |
|                 |   | special extension (enter des             | cription)                   |                                  |  |        |
| Part            | II Basic Plan Inform                          | nation—enter all requested informa       | ation                       |                                  |  |        |
|                 | ne of plan<br>ADRI, MD, PC PROFIT SHAF        | DING DI AN                               |                             |                                  | <b>1b</b> Three-digit plan number (PN) ▶ | 002    |
| TO O            | ADIN, MD, I OT NOTH OHA                       | NINO I EAN                               |                             |                                  | 1c Effective date of pl                  | an     |
|                 |   |  |                             |                                  | 08/31/1984                               |        |
|                 | •   | s (employer, if for a single-employer p  | plan)                       |                                  | 2b Employer Identifica                   | ation  |
| `               | ress should include room or s<br>ADRI, MD, PC | suite no.)                               |                             |                                  | Number (EIN)<br>13-3128093               |        |
| 10.000          | ABIN, MB, 1 G                                 |  |                             |                                  | 2c Sponsor's telephor number             | ne     |
| 540 <b>5</b> 40 | OT COTH OTDEET                                |  |                             |                                  | Tidinibo.                                |        |
|                 | ST 86TH STREET<br>DRK, NY 10028               |  | 86TH STREET<br>RK, NY 10028 |                                  | 2d Business code (see                    | е      |
|                 |   |  |                             |                                  | instructions)<br>621111                  |        |
|                 |   |  |                             |                                  | 021111                                   |        |
|                 |   |  |                             |                                  |  |        |
| Caution         | : A penalty for the late or in                | complete filing of this return/repor     | rt will be assessed         | unless reasonable cause is       | s established.                           |        |
|                 | · ·   | penalties set forth in the instructions, |                             |                                  |  | dules. |
|                 | . , , .                                       | as the electronic version of this return |                             | •                                | . , ,                                    |        |
|                 |   |  |                             |                                  |  |        |
| SIGN<br>HERE    | Filed with authorized/valid ele               | ectronic signature.                      | 12/01/2010                  | ANTONIO NOTARIS                  |  |        |
| HEKE            | Signature of plan adminis                     | trator                                   | Date                        | Enter name of individual s       | igning as plan administrator             |        |
|                 |   |  |                             |                                  |  |        |
| SIGN<br>HERE    |   |  |                             |                                  |  |        |
| TILIXE          | Signature of employer/pla                     | n sponsor                                | Date                        | Enter name of individual s       | igning as employer or plan sp            | onsor  |
|                 |   |  |                             |                                  |  |        |
| SIGN            |   |  |                             |                                  |  |        |

Signature of DFE Date Enter name
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2009) v.092307.1

Enter name of individual signing as DFE

|           | Form 5500 (2009) Page <b>2</b>   |              |  |
|-----------|--|--------------|--|
| KA<br>510 | Plan administrator's name and address (if same as plan sponsor, enter "Same")  SS SADRI, MD, PC  DEAST 86TH STREET  W YORK, NY 10028   | 13-<br>3c Ad | dministrator's EIN -3128093 Iministrator's telephone umber |
| 4<br>a    | 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 the plan number from the last return/report:  Sponsor's name  | and          | 4b EIN 4c PN   |
| 5         | Total number of participants at the beginning of the plan year   | 5            | 1  |
| 6         | Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d).  |              |  |
| а         | Active participants  | 6a           | 1  |
| b         | Retired or separated participants receiving benefits   | 6b           | 0  |
| С         | Other retired or separated participants entitled to future benefits  | 6c           | 0  |
| d         | Subtotal. Add lines 6a, 6b, and 6c.  | 6d           | 1  |
| е         | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits  | 6e           | 0  |
| f         | Total. Add lines <b>6d</b> and <b>6e</b>   | 6f           | 1  |
| g         | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)   | 6g           | 1  |
| h         | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested   | 6h           | 0  |
| 7         | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)  | 7            |  |
|           | If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes 2E  If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in |              |  |
|           | Plan funding arrangement (check all that apply)  (1)   | nsurand      | ce contracts   |
|           | Pension Schedules  (1) R (Retirement Plan Information)  B General Schedules  (1) H (Financial Information)   |              | (  |

(2)

(3)

(4)

(5)

(6)

I (Financial Information – Small Plan)

**G** (Financial Transaction Schedules)

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

A (Insurance Information)

(2)

(3)

MB (Multiemployer Defined Benefit Plan and Certain Money

Purchase Plan Actuarial Information) - signed by the plan

SB (Single-Employer Defined Benefit Plan Actuarial

Information) - signed by the plan actuary

## 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

2009

This Form is Open to Public Inspection

| For calendar plan year 2009 or fiscal plan year beginning 09/01/2009   | and ending 08/31/2010                             |
|--|---|
| A Name of plan<br>KASS SADRI, MD, PC PROFIT SHARING PLAN   | B Three-digit plan number (PN)                    |
|  |   |
| C Plan sponsor's name as shown on line 2a of Form 5500 KASS SADRI, MD, PC  | D Employer Identification Number (EIN) 13-3128093 |
| Complete Schedule I if the plan covered fewer than 100 participants as of the begin small plan under the 80-120 participant rule (see instructions). Complete Schedule |   |

#### 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  | 742888                | 769499           |
| b | Total plan liabilities   | . 1b  |                       |                  |
| С | Net plan assets (subtract line 1b from line 1a)                      | 1c    | 742888                | 769499           |
| 2 | Income, Expenses, and Transfers for this Plan Year:                  |       | (a) Amount            | <b>(b)</b> Total |
| а | Contributions received or receivable:                                |       |                       |                  |
|   | (1) Employers  | 2a(1) | 35250                 |                  |
|   | (2) Participants   | 2a(2) |                       |                  |
|   | (3) Others (including rollovers)                                     | 2a(3) |                       |                  |
| b | Noncash contributions  | 2b    |                       |                  |
| С | Other income   | . 2c  | -8639                 |                  |
| d | Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)             | 2d    |                       | 26611            |
| е | Benefits paid (including direct rollovers)                           | 2e    |                       |                  |
| f | Corrective distributions (see instructions)                          | 2f    |                       |                  |
| g | Certain deemed distributions of participant loans (see instructions) | . 2g  |                       |                  |
| h | Administrative service providers (salaries, fees, and commissions).  | 2h    |                       |                  |
| i | Other expenses   | . 2i  |                       |                  |
| j | Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)                    | . 2j  |                       |                  |
| k | Net income (loss) (subtract line 2j from line 2d)                    | 2k    |                       | 26611            |
|   | Transfers to (from) the plan (see instructions)                      | . 2I  |                       |                  |

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

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

| Schedule I (Form 5500) 2009 | Page <b>2-</b> 1 |
|-----------------------------|------------------|
|                             |                  |

| OCITCULE 1 (1 01111 00001 200 | Schedule I | (Form ! | 5500) | 2009 |
|-------------------------------|------------|---------|-------|------|
|-------------------------------|------------|---------|-------|------|

|    |   |          | Yes     | No       |               | Amount         |                   |
|----|---|----------|---------|----------|---------------|----------------|-------------------|
| 3f | Loans (other than to participants)  | 3f       |         | X        |               |                |                   |
| g  | Tangible personal property  | 3g       |         | Χ        |               |                |                   |
|    |   |          | •       | •        |               |                |                   |
| Pa | art II Compliance Questions   |          |         |          |               |                |                   |
| 4  | 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? Continue to answer "Yes" for any prior year failures until fully   |          |         | X        |               |                |                   |
| h  | corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)   | 4a       |         | ^        |               |                |                   |
|    | year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance.  | 4b       |         | X        |               |                |                   |
| С  | Were any leases to which the plan was a party in default or classified during the year as uncollectible?  | 4c       |         | Х        |               |                |                   |
| d  | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)  | 4d       |         | X        |               |                |                   |
| е  | Was the plan covered by a fidelity bond?  | 4e       |         | X        |               |                |                   |
| 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       |         | X        |               |                |                   |
| g  | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?   | 4g       |         | X        |               |                |                   |
| 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        |               |                |                   |
| i  | Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?   | 4i       |         | X        |               |                |                   |
| j  | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  | 4j       |         | X        |               |                |                   |
| k  | Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.) | 4k       | X       |          |               |                |                   |
| ı  | Has the plan failed to provide any benefit when due under the plan?   | 41       |         | X        |               |                |                   |
| m  | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)   | 4m       |         | X        |               |                |                   |
| n  | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3   | 4n       |         | Х        |               |                |                   |
| 5a | Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year   | . [] Ye  | es 🛚 N  | No A     | Amount:       |                |                   |
| 5b | If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), id transferred. (See instructions.)  | entify t | he plan | (s) to w | hich assets o | or liabilities | were              |
|    | 5b(1) Name of plan(s)   |          |         | 5b(2)    | EIN(s)        | 5              | <b>b(3)</b> PN(s) |
|    |   |          |         |          |               |                |                   |
|    |   |          |         |          |               |                |                   |
|    |   |          |         |          |               |                |                   |
|    |   |          |         |          |               |                |                   |
|    |   |          |         |          |               |                |                   |



122 EAST 42ND STREET SUITE 715 NEW YORK, N.Y. 10168 309 YOAKUM PARKWAY ALEXANDRIA, VIRGINIA 22304

Department of Labor United States

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aformentioned Service Provider who then will relay the information to me. signature option, my signature will be included on all forms which are necessary to be filed. Any I, Kass Sadri, President hereby give authorization to AFN & ASSOCIATES, CPA, PC to electronically submit form 5500 for KASS SADRI, MD, PC for the year 2009. The originally inquiries or information from EFAST2, DOL, IRS OR PBGC will be communicated to the Sponsor and Plan Administrator. My service provider has advised me that by selecting the electronic PC. This authorization will be accompanied by a completed 5500 manually signed by myself as executed copy of this authorization will remain on file in the office of AFN & ASSOCIATES, CPA,

Very truly yours

KASS SADRI, MD. PC

|   | 11,29,2010   | Judi-   | SIGN  |
|---|--|---|---|
| ncluding accompanying schedules, if is true, correct, and complete.   | Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules 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 complete | enalties set forth in the instructions, I out the electronic version of this return/              | Under penalties of perjury and other p statements and attachments, as well a  |
| established.  | Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is estable   | complete filing of this return/report   | Caution: A penalty for the late or in   |
| 2d Business code (see instructions) 621111                            | NEW YORK, NY 10028   | NEW YORK  | NEW YORK, NY 10028  |
| 13-3128093 2C Sponsor's telephone number                              | 25TL 2TDFFFT   |   | (Address should include from or suite no.) KASS SADRI, MD, PC   |
| 2b Employer Identification  | lan)   | Plan sponsor's name and address (employer, if for a single-employer plan)                         | 2a Plan sponsor's name and address  |
| 1b Three-digit plan<br>number (PN) ▶ 002<br>1c Effective date of plan |  | RING PLAN   | 1a Name of plan<br>KASS SADRI, MD, PC PROFIT SHARING PLAN   |
|   | tion   | Plan Information—enter all requested information  | Part II Basic Plan Inforn   |
|   | ription)   | special extension (enter description)   |   |
| the DFVC program;   | automatic extension;   | X Form 5558;  |   |
| ·<br>·<br>·   |  | ed plan, check here   | C If the plan is a collectively-bargained plan, check here  |
| an 12 months).  | the final return/report; the final return/report (less than 12 months).  | the first return/report; an amended return/report;  | B This return/report is:  |
|   | a DFE (specify)  | X a single-employer plan;   |   |
|   | a multip <del>le</del> -employer plan; or  | a multiemployer plan;   | A This return/report is for:  |
|   | and ending 08/31/2010  | Annual Report Identification Information rplan year 2009 or fiscal plan year beginning 09/01/2009 | Part I Annual Report Identification Information Part I Annual Report Identification Information Control Part I Annual Report Identification Control Part I Annual Report Identification Control Part I Annual Report I Annual |
| This Form is Open to Public Inspection                                |  |   | Pension Benefit Guaranty Corporation  |
| 2002  | ➤ Complete all entries in accordance with the instructions to the Form 5500.   | ➤ Complete all e  | Department of Labor<br>Employee Benefits Security<br>Administration   |
| 2000  | and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).   | and 4065 of the Employee Retirems<br>sections 6047(e), and 6058(a) of                             | Department of the Treasury<br>Internal Revenue Service  |
| OMB Nos. 1210-0110<br>1210-0089                                       | Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104  | Annual Return/Repor   | Form 5500   |

| SIGN        | ( / Sudui  | 11,29,2010           |  |
|-------------|--|----------------------|--|
| 7<br>7<br>7 | Signature of plan administrator  | Date                 | Enter name of individual signing as plan administrator       |
| SIGN        | a saha   | 11,29,2010           |  |
| ב<br>ה<br>ק | Signature of employer/plan sponsor   | Date                 | Enter name of individual signing as employer or plan sponsor |
| SIGN        |  |                      |  |
| ה<br>ה<br>ה | Signature of DFE   | Date                 | Enter name of individual signing as DFE                      |
| Ear Dan     | Ear Descript Paduction Act Nation and OND Control Numbers see the instructions for Form 5500 | the instructions for | Form 5500  |

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

Form 5500 (2009) v.092307.1

| Form     |
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| 2009)    |
|          |
|          |

| the instructions:                 | s in the i   | 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)   | 8a 7       |
|-----------------------------------|--------------|---|------------|
| 0                                 | 6h           | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.   | <u> </u>   |
| _                                 | 6g           | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)  | 9          |
| -                                 | ef.          | Total. Add lines 6d and 6e.   | <b>-</b>   |
| 0                                 | 6e           | Peceased participants whose beneficiaries are receiving or are entitled to receive benefits benefits  | Ф          |
|                                   | 8            | Subtotal. Add lines 6a, 6b, and 6c  | ۵          |
| 0                                 | 60           | Other retired or separated participants entitled to future benefits   | C          |
| 0                                 | 6b           | Retired or separated participants receiving benefits  | 6          |
|                                   | 6a           | Active participants   | ø          |
|                                   |              | Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d).   | တ          |
| _                                 | 5            | Total number of participants at the beginning of the plan year  | 5          |
| 4c PN                             |              | Sponsor's name  | ខា         |
| 4b ein                            | and          | 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: | 4          |
|                                   |              |   |            |
| Administrator's telephone number  | <b>3c</b> Ad | 510 EAST 86TH STREET<br>NEW YORK, NY 10028  | 510<br>NE) |
| Administrator's EIN<br>13-3128093 | <b>3b</b> Ad | 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") KASS SADRI, MD, PC   | န္က အ      |
|                                   |              |   |            |

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

2E

| 9a Plan fundi | Plan funding arrangement (check all that apply)   | 9b Plan benef   | 9b Plan benefit arrangement (check all that apply)     |
|---------------|---|-----------------|--|
| 3             | insurance   | 3               | Insurance  |
| 2             | Code section 412(e)(3) insurance contracts  | (2)             | Code section 412(e)(3) insurance contracts             |
| <u>ن</u>      | Trust   | (3)             | √ Trust  |
| <b>4</b>      | General assets of the sponsor   | (4)             | General assets of the sponsor                          |
| 10 Charle 51  | 10 Charles all applicable haves in 10s and 10th to indicate extists asked and whose indicated parties the number attached (See instruction) | thochod and who | violented optor the number attached (See instructions) |

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

| G (Financial Transaction Schedules)                                      | @ G                 | SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | (3)      |
|--|---------------------|--|----------|
| C (Service Provider Information)  • (DEE/Darticipation Plan Information) | £ 6                 | actuary  | ì        |
| A (Insurance Information)  | (3)                 | Purchase Plan Actuarial Information) - signed by the plan                                    |          |
| I (Financial Information – Small Plan)                                   | (2)                 | MB (Multiemployer Defined Benefit Plan and Certain Money                                     | (2)      |
| H (Financial Information)  | 3                   | R (Retirement Plan Information)  | 3        |
| chedules   | b General Schedules | a Pension Schedules  | a Pensio |

|   | ×   |   | 3d   |   |  | d Employer securities  |
|---|---|---|--|---|--|--|
|   | ×   |   | 30   |   | al property)   | C Real estate (other than employer real property)  |
|   | ×   |   | 3ь   |   |  | <b>b</b> Employer real property  |
|   | >   |   | 3a   |   |  | a Partnership/joint venture interests  |
| Amount  | × 8   | 9                                       | ,  |   |  |  |
|   | <u> </u>  |   | nstructions.   | ibed in the in                            | e of the specific exceptions descr   | by-line basis unless the trust meets on  |
| the current value of any assets sets of more than one plan on a line-                                       | k "Yes" and enter containing the as               | ories, chect<br>ingled trust            | he following categoriterest in a commi                 | er in any of t<br>f the plan's i          | ets at anytime during the plan yea<br>he plan year. Allocate the value o   | 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 cremaining 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.   |
|   |   |   |  | 21  | structions)  | Transfers to (from) the plan (see instructions)  |
| 26611   |   |   |  | 2 <u>k</u>                                | om line 2d)  | k Net income (loss) (subtract line 2j from line 2d)  |
|   |   |   | .*   | 2   | , 2h, and 2i)  | j Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)  |
|   |   |   |  | 2   |  | i Other expenses   |
|   |   |   |  | 2h  | laries, fees, and commissions).  | h Administrative service providers (salaries, fees, and commissions)   |
|   |   |   |  | 29  | ticipant loans   | G Certain deemed distributions of participant loans (see instructions)   |
|   |   |   |  | 24  | tions)   | f Corrective distributions (see instructions)  |
|   |   |   |  | 20  | ers)   | e Benefits paid (including direct rollovers)   |
| 26611   |   |   |  | 2d  | ), 2a(3), 2b, and 2c)  | <b>d</b> Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)  |
|   | -8639   |   |  | 2c  |  | C Other income   |
|   |   |   |  | 2ь  |  | b Noncash contributions  |
|   |   |   |  | 2a(3)                                     | ***************************************  | (3) Others (including rollovers)   |
|   |   |   |  | 2a(2)                                     |  | (2) Participants   |
|   | 35250   |   |  | 2a(1)                                     |  | (1) Employers  |
|   |   |   |  |   | 100  | a Contributions received or receivable:  |
| (b) Total   | :   | (a) Amount                              | (a) A  | ·<br>                                     | s for this Plan Year:  | 2 Income, Expenses, and Transfers for this Plan Year:  |
| 769499  | 742888  |   |  | 10  | m line 1a)   | C Net plan assets (subtract line 1b from line 1a)  |
|   |   |   |  | ਰ   |  | b Total plan liabilities   |
| 769499  | 742888  |   |  | 1a  |  | a Total plan assets  |
| (b) End of Year   | Pr  | (a) Beginning of Year                   | (a) Begint   |   |  | 1 Plan Assets and Liabilities:   |
| n year. Combine the value of plan<br>llan year to pay a specific dollar<br>nd any payments/receipts to/from | s during the planes during this pained fund(s) ar | net asset<br>at guarantu<br>ately maint | s and changes in ance contract that trust(s) or separa | es, transfer<br>of an insur<br>duding any | and liabilities, income, expens of enter the value of the portion we and expenses of the plan income to the nearest dollar.                        | 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. |
|   |   |   |  |   | nformation   | Part I Small Plan Financial Information  |
| Schedule I if you are filing as a   | ay also complete<br>or DFE.                       | ar. You ma<br>ange plan o               | ing of the plan year<br>if reporting as a la           | the beginn<br>Schedule H                  | ewer than 100 participants as of<br>ile (see instructions). Complete t   | 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 small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.  |
|   | 93  | 13-3128093                              | •  |   |  | KAGG GADRI, MD, PC   |
| lumber (EIN)  | Employer Identification Number (EIN)              | Employe                                 | 0  |   | as shown on line 2a of Form 5500   | 쥰  |
|   |   |   |  |   |  |  |
| ▶ 002   | Three-digit plan number (PN)                      | Three-digit<br>plan numbe               | Œ  |   | G PLAN   | A name of plan<br>KASS SADRI, MD, PC PROFIT SHARING PLAN   |
| 2010  | ding 08/31/2010                                   | and ending                              |  | 9   | In year beginning 09/01/2009   | For calendar plan year 2009 or fiscal plan year beginning  |
| This Form is Open to Public<br>Inspection   |   | ĕ                                       | File as an attachment to Form 5500                     | an attachn                                | ▶ File as  | Pension Benefit Guaranty Corporation   |
|   | <u> </u>  |   | Internal Revenue Code (the Code).                      | Kevenue C                                 | internal   | Department of Labor  |
| 2009  | ployee<br>3(a) of the                             | of the Err                              | inder section 104<br>(ERISA), and se                   | to be filed u                             | 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 | Department of the Treasury Internal Revenue Service  |
|   | <u>-</u>  | Small Plan                              |  | Torma                                     | Financial Information-   |  |
| OMB No. 1210-0110   | _   | 2                                       |  |   |  |  |

| 3f Loans (off g Tangible p  Part II C  4 During the a Was there described corrected. b Were any year or clapant c Were any uncollectiff. |  | d Were then reported o   | e Was the p                              |                      | g Did the pla<br>market no  | h Did the pla<br>establishe   | i Did the pla<br>of real est  | j Were all the or brought  | k Are you cla<br>accountant<br>statement.   | l Has the pt  | m If this is an indivionable 2520.101-3.)   | n If 4m was<br>the except   | 5a Has a res   |   | 5b If, during transferre |
|--|--|--|--|----------------------|---|---|---|--|---|---|---|---|--|---|--------------------------|
| Tangible personal property   | leases to which the plan was a party in default or classified during the year as<br>lle? | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.) | Was the plan covered by a fidelity bond? | fraud or dishonesty? | 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? | 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? | 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? | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 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.) | Has the plan failed to provide any benefit when due under the plan? | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 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 | 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 | If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which transferred. (See instructions.) | 5b(1) Name of plan(s)    |
| 39 34  | <del>1</del> 6   | 4d   | 46                                       | #                    | <b>4</b> g  | <del>4</del>  | <u>4</u>  | <u>4.</u>  | <del>\$</del>   | 4   | <b>4</b>  | 4n  | Yes  | ntify t   |                          |
| Yes  |  |  |  |                      |   |   |   |  | ×   |   |   |   | š<br>No  | ne plan   |                          |
| × × × × × × × × × × × × × × × × × × ×  | ×  | ×  | ×  | ×                    | ×   | ×   | ×   | ×  |   | ×   | ×   | ×   |  | (s) to w  | 5b(2)                    |
|  |  |  |  |                      |   |   |   | **************************************   |   |   |   |   | Amount:  |   | 5b(2) EIN(s)             |
| Amount   |  |  |  |                      |   | ·.  |   |  |   |   |   |   |  | assets or liabilities were  |                          |
|  |  | 41<br>- 12   |  |                      |   |   |   | 1945 I   |   |   | ki.<br>Tuli i.<br>Tuas  |   |  | s were  | 5b(3) PN(s)              |