Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2010

This Form is Open to Public Inspection

۲	ension Benefit Guaranty Corporation	▶ Complete all entries in accord	dance witl	h the instructions to the Form 5500	0-SF.			
Pi	art I Annual Report Id	lentification Information						
For	calendar plan year 2010 or fisca	al plan year beginning 01/01/2010	0	and ending 1	2/31/2	2010		
Α	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	int plan	
В	This return/report is for:	first return/report	final retur	n/report		_		
	·	an amended return/report	short plan	year return/report (less than 12 mor	nths)			
С	Check box if filing under:	Form 5558	automatic	extension		DFVC progra	am	
		special extension (enter description				☐ - · · · · · · · · · · · · · · · · ·		
D	rt II Pacia Plan Inform							
		nation—enter all requested information	ation		1h	Three-digit		
	Name of plan OFFICES OF MICHAEL FLYNN	N PC DEFINED BENEFIT PENSION	PI AN		10	plan number	000	
						(PN) ▶	003	
					1c	Effective date of		
						01/01/2	2007	
	Plan sponsor's name and addre OFFICES OF MICHAEL FLYNN	ess (employer, if for single-employer	plan)		2b	Employer Identi		nber
LAVV	OFFICES OF MICHAEL FLYINI	NPC			20	(EIN) 51-055 Plan sponsor's		umbor
	FRANKLIN AVENUE				20	516-87	7-1234	unbei
GAR	DEN CITY, NY 11530-0000				2d	Business code		tions)
						541110		
	Plan administrator's name and offices of MICHAEL FLYNN	address (if same as Plan sponsor, e N PC 1205 FRANK	nter "Same LIN AVEN	e") IUE	3b	Administrator's 51-055		
		GARDEN CI			3c	Administrator's	telephone n	umber
					•	516-87		arribor
	•	in sponsor has changed since the las		port filed for this plan, enter the	4b	EIN		
	name, EIN, and the plan number	r from the last return/report. Sponso	r's name		40	PN		
5a	Total number of participants at	the beginning of the plan year			тс 5а	FIN		4
				ł				0
_		the end of the plan year		ł	5b			0
С		th account balances as of the end of		` .	5с			
6a	,			(See instructions.)			X Yes	No
	•	. , ,		ndent qualified public accountant (IQF			<u></u> □	
	,	• ,		ons.)			^ Yes	No
D-			orm 5500-	SF and must instead use Form 550	00.			
	rt III Financial Informa	ation		Г				
7	Plan Assets and Liabilities			(a) Beginning of Year 632643	,	(b) End	of Year	0
	Total plan assets		. 7a		_			0
b	•		. 7b	632643				0
<u>C</u>		'b from line 7a)	7c		•			0
8	Income, Expenses, and Transf			(a) Amount		(b)	<u> </u>	
а	Contributions received or received	vable from: 	8a(1)	0				
	, , , ,		8a(2)	0)			
	` ')			_			
b	, ,			76353	3			
C	, ,	8a(2), 8a(3), and 8b)	8c					76353
d	, , ,	rollovers and insurance premiums						
_	to provide benefits)		. 8d	708996	<u> </u>			
е	Certain deemed and/or correct	ive distributions (see instructions)	. 8e					
f	Administrative service provider	rs (salaries, fees, commissions)	8f					
g	Other expenses		. 8g					
h	Total expenses (add lines 8d, 8	Be, 8f, and 8g)						708996
i	Net income (loss) (subtract line	e 8h from line 8c)	. 8i				-(632643
		ee instructions)						

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		•	
Part IV	Dian	(`haraci	arietice
I all IV	ı ıaıı	Ollaraci	เธาเอเเษอ

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

b	If the	eplan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	cterist	tic Cod	des in t	the instr	uctior	ns:	
art	V	Compliance Questions							
0	Duri	ing the plan year:		Yes	No		Aı	nount	
а		s there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b		re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ine 10a.)	10b		X				
С	Wa	s the plan covered by a fidelity bond?	10c	X					180000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud ishonesty?	10d		X				
е	insu	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, irance service or other organization that provides some or all of the benefits under the plan? (See ructions.)	10e		X				
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
h		is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h						
i		The was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI	Pension Funding Compliance			1				
1	Is th	is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com						X Yes	No
2		nis a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X No
		es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru ting the waiver							
lf y	you c	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				,			
b	Ente	er the minimum required contribution for this plan year			12b				
С	Ente	er the amount contributed by the employer to the plan for this plan year			12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount)			12d				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	N/A
art	VII	Plan Terminations and Transfers of Assets							
3a	Has	a resolution to terminate the plan been adopted during the plan year or any prior year?						X Yes	No
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year			13a				0
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought ne PBGC?			ontrol	•		X Yes	No
С		rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)	ne plai	n(s) to					
1	3c(1)) Name of plan(s):		13	c(2) EI	N(s)		13c(3)	PN(s)
aut	ion: A	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	se is	establ	ished.			
Inde B o	r pen r Sche	alties of perjury and other penalties set forth in the instructions, I declare that I have examined this retuended the MB completed and signed by an enrolled actuary, as well as the electronic version of this return/true, correct, and complete.	ırn/rep	ort, in	cludin	g, if app			
5.10		iled with authorized/valid electronic signature. 06/14/2011 PENSION FILER	S						

SIGN	Filed with authorized/valid electronic signature.	06/14/2011	PENSION FILERS
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Pension Benefit Guaranty Corporation

Employee Benefits Security Administration

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).

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

							, , , , , , , , , , , , , , , , , , , ,		ment to For	m 5500 or	5500	-SF.					
For	caler	ndar p	lan y	year 2010	or fiscal plar	yea	ar beginning 0	1/01/2010				and end	ing 12/3	31/201	10		
					earest dolla 000 will be a		ssed for late filing o	of this repo	ort unless rea	sonable ca	ause i	s establishe	ed.				
A N	lame / OFF	of pla	n OF	MICHAEL	FLYNN PC	DEI	FINED BENEFIT P	ENSION F	PLAN		В	Three-dig	•		>	003	
		•			hown on line FLYNN PC	2a (of Form 5500 or 55	600-SF				Employer -0552409	Identifica	tion N	lumber	(EIN)	
Ет	ype o	f plan:	X	Single	Multiple-	١.	Multiple-B	F	Prior year	olan size:	100	or fewer	101-5	500	More	than 500	
Pa	ırt I	В	asio	c Inform	ation												
1				ation date		Мс	onth <u>12</u> [Day <u>31</u>	Year	2010	_			1			
2	Ass	ets:											_				
	а	Mark	et va	alue									2a				708996
	b	Actu	arial	value									2b				708996
3	Fun	ding t	arge	et/participa	nt count bre	akdo	own			(1) N	lumbe	er of partici	pants		(2)	Funding Targe	et
	а	For	etire	ed participa	ants and ber	efic	iaries receiving pay	ment	3a				0				0
	b	For t	erm	inated ves	ted participa	nts .			3b				0				0
	С	For a	activ	e participa	ants:												
		(1)	Nor	n-vested b	enefits				3c(1)								4481
		(2)								\dashv							553122
		(3)											6				557603
	d	` '											6				557603
4		-					omplete items (a) a				П						
-																	
	а		•	Ū	0 0.		oed at-risk assump						<u>4a</u>				
	b						umptions, but disreve years and disre										
5	Effe	ctive	inter	est rate									5				5.97 %
6	Tar	get no	rma	l cost									6				0
;	To the baccorda	pest of rance wit	ny kno h app	licable law an	information supp d regulations. In	my o	n this schedule and accon pinion, each other assum ience under the plan.										
Н	ERE										_				05/11/2	2011	
					Sig	natu	re of actuary								Date		
ROB	ERT	M HA	NES	SS											11-049	945	
HAN	ESS	& ASS	SOC	IATES LL		prin	t name of actuary				_		Most		enrollm 16-435	nent number -9830	
						Fir	m name				_	Te	elephone	numb	per (incl	uding area cod	le)
	BOX 8 KLIN		9567	7-0000												-	
					A	ddre	ss of the firm				_						
If the	actua	arv ha	s no	ot fully refle	ected any re-	ıulat	ion or ruling promu	llaated und	der the statut	e in comple	etina :	this schedu	ile, checl	the h	oox and	see	
	ction	•	2 110			,	oamig promu		Statu	oompi	y	5511640	, 5,1001		and		Ц

Page	2-	1

Pa	rt II	Begin	ning of year	carryov	er and prefunding ba	lances						
	,						(a)	Carryover balance		(b) F	Prefundi	ng balance
7		_	•		icable adjustments (Item 13				0			73202
8	Portion (used to	offset prior year's	funding re	quirement (Item 35 from pric	r year)			0			0
9	Amount	remainir	ng (Item 7 minus i	tem 8)					0			73202
10	Interest	on item	9 using prior year	's actual re	eturn of17.84 %				0			13059
11					d to prefunding balance:							
	-				year)							55220
			,	•	e rate of6.61 %							0
					year to add to prefunding bala							55220
	_			•	balance							55220
12												
					+ item 10 + item 11d – item				0			141481
	art III		ding percenta		TROM TO TROM THE ROM	12)						
			<u> </u>								14	100.26 %
14											15	127.15 %
15					ge				to roduos			127.10 %
16	-				s of determining whether car		_				16	115.21 %
17	If the cui	rent val	ue of the assets o	f the plan	is less than 70 percent of the	e funding ta	rget, enter	such percentage			17	%
P	art IV	Con	tributions an	d liquidi	ity shortfalls							
18	Contribu	tions ma	ade to the plan for	the plan y	year by employer(s) and emp	oloyees:						
/ N/	(a) Date		(b) Amount p		(c) Amount paid by	(a) [(MM-DE)		(b) Amount pa	-	(0	-	nt paid by
(IV	IIVI-DD-1 I	11)	employer	(5)	employees	(IVIIVI-DL	7-1111)	employer((5)		empi	oyees
						T-1-1- >	40(1)		0	40(-)	1	0
						Totals ▶	,			18(c)		0
19					structions for small plan with							
	-				nimum required contribution				19a			0
	b Contri	butions	made to avoid res	strictions a	djusted to valuation date				19b			0
	C Contri	outions a	allocated toward mi	inimum req	quired contribution for current y	ear adjusted	d to valuatio	n date	19c			0
20	Quarterly	y contrib	outions and liquidit	ty shortfall:	S:							
	a Did the plan have a "funding shortfall" for the prior year? Yes ☐ No											
	b If 20a	is "Yes,	" were required q	uarterly ins	stallments for the current yea	ar made in a	timely ma	nner?				Yes No
	C If 20a	is "Yes,	" see instructions	and comp	lete the following table as ap	plicable:						
					Liquidity shortfall as of e	nd of Quarte						
		(1) 1s	st		(2) 2nd		(3)	3rd			(4) 4th	1
						1						

Pa	rt V Assumptio	ns used to determine f	unding target and tar	get n	ormal cost		
21	Discount rate:						
	a Segment rates:	1st segment: 3.14 %	2nd segment: 5.90 %		3rd segment: 6.45 %		N/A, full yield curve used
	b Applicable month	(enter code)				21b	0
22	Weighted average ret	tirement age				22	65
23	Mortality table(s) (see	e instructions)	escribed - combined	Preso	ribed - separate	Substitut	te
Pa	rt VI Miscellane	ous items					
24	J	nade in the non-prescribed act	•	•	•		~ ·
25		a hoop made for the current al					
26		e been made for the current pl	•				
27	· · · · · · · · · · · · · · · · · · ·	provide a Schedule of Active	•			allaciineni	res 🗀 No
		or (and is using) alternative fu	•			27	
Pa	rt VII Reconcilia	ation of unpaid minimu	ım required contribut	ions f	or prior years		
28	Unpaid minimum requ	uired contribution for all prior y	ears			28	0
29	' '	contributions allocated toward			' '	29	0
30	Remaining amount of	f unpaid minimum required cor	ntributions (item 28 minus iter	m 29)		30	0
Pa	rt VIII Minimum	required contribution	for current year				
31		djusted, if applicable (see inst				31	0
32	Amortization installme	ents:	,		Outstanding Bala	ince	Installment
	a Net shortfall amorti	ization installment				0	0
	b Waiver amortizatio	on installment				0	0
33		approved for this plan year, en Day Year				33	0
34		ment before reflecting carryove				34	0
			Carryover balance		Prefunding balar	nce	Total balance
35	Balances used to offs	set funding requirement		0		0	0
36	Additional cash requir	rement (item 34 minus item 35)			36	0
37		ed toward minimum required co	•	•		37	0
38	Interest-adjusted exce	ess contributions for current ye	ear (see instructions)			38	0
39	Unpaid minimum requ	uired contribution for current ye	ear (excess, if any, of item 36	over it	em 37)	39	0
40	Unpaid minimum requ	uired contribution for all years				40	,

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department 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

2010

This Form is Open to Public Inspection

			0. 0000 0			
For	calendar plan year 2010 or fiscal plan year beginning 01/01/2010		and ending	12/3	1/2010	
	ound off amounts to nearest dollar.					
	aution: A penalty of \$1,000 will be assessed for late filing of this report unless rea	sonable ca				
AN	ame of plan			hree-digit	(541)	
	LAW OFFICES OF MICHAEL FLYNN PC DEFINED BENEFIT PENS	SION PLA	7N b	lan number	(PN) ►	003
CP	lan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ	•••			100	Beginning Fast (Aug.)
O F			1			on Number (EIN)
	LAW OFFICES OF MICHAEL FLYNN PC		5	1-05524	09	
ET	ype of plan: X Single Multiple-A Multiple-B F Prior y				24.500	
Part		ear plan si	ze: X 100 or few	er10	01-500	More than 500
1	Enter the valuation date: Month 12 Day 31	Year	2010			
	Enter the valuation date.	rear				
2	Assets:				4.5	
	a Market value			2a	- Anna Anna Anna Anna Anna Anna Anna Ann	708,996
	b Actuarial value			2b		708,996
3	Funding target/participant count breakdown		(1) Number of	participants		(2) Funding Target
	a For retired participants and beneficiaries receiving payment	3a		0		0
	b For terminated vested participants	3b		0		0
	C For active participants:		新维护主任	图集图	4.3	19.55 (B. 19.25) (B. 19.25)
	(1) Non-vested benefits	3c(1)	110000			4,481
	(2) Vested benefits	3c(2)				553,122
	(3) Total active	3c(3)		6		557,603
	d Total	<u>3d</u>	L	6		557,603
	If the plan is at-risk, check the box and complete lines a and b		•••	4-	6 65 5	reaction to
	 Funding target disregarding prescribed at-risk assumptions Funding target reflecting at-risk assumptions, but disregarding transition rule for 	rolono tho	t have been	4a	 	
	at-risk for fewer than five consecutive years and disregarding loading factor			4b		
5	Effective interest rate			5	 	5.97
	Target normal cost		• • • • • • • •	. 6	 	0
	ment by Enrolled Actuary			· · · · ·		
	To the best of my knowledge, the infection supplied in this schedule and accompanying schedules, statements and attact accordance with applicable law and regulations. In my opione each other assumption is reasonable (taking into account the combination, offer my best astimate of anti-patet experience under the plan.	nments, if any, is	complete and accurate. Ea	ich presribed assu	Imption was a	applied in
						puono, iii
SIC				05/	11 /001	•
	Signature of actuary			05/	11/201	.1
	ROBERT M HANESS			11	Date L-04945	=
	Type or print name of actuary			lost recent e		
	HANESS & ASSOCIATES LLC			916) 435		it number
	Firm name					g area code)
	PO BOX 836		. с.срс		(moradin)	g aroa coac,
US	ROCKLIN CA 95677-0000					
	Address of the firm					
If the a	actuary has not fully reflected any regulation or ruling promulgated under the statute	in comple	ting this schedule	, check the	box and	see
instruc		-	-			

Part II Begi	nning of year carryover a	and prefunding balances						
			(a)	Carryover balance	(b) F	refunding	balance	
7 Balance at	beginning of prior year after a	applicable adjustments (item 13 from	prior					
year)				0			73,	,202
8 Portion use	d to offset prior year's funding	requirement (item 35 from prior yea	r)	0				0
9 Amount ren	naining (item 7 minus item 8)			0			73,	,202
10 Interest on	tem 9 using prior year's actu	al return of <u>17.84</u> %		0			13,	,059
11 Prior year's	excess contributions to be ac	dded to prefunding balance:	2.84	多名是在基础的	2.1	更数字章		
a Excess	contributions (item 38 from pr	ior year)		医抗肾痨检验 直流的			55,	,220
b Interest	on (a) using prior year's effec	tive rate of 6.61 %	460	看表表示了企业在				0
c Total av	ailable at beginning of curren	t plan year to add to prefunding balan	ice	事情与事业 打監 扩			55,	,220
		unding balance		表面是多多數值是			55,	,220
		r deemed elections		0				0
13 Balance at	peginning of current year (iter	m 9 + item 10 + item 11d - item 12).		0			141,	, 481
Part III Fu	nding percentages							
14 Funding tar	get attainment percentage .					. 14	100.26	%
15 Adjusted fu	nding target attainment perce	ntage				. 15	127.15	%
		ses of determining whether carryove						
current year	's funding requirement		<u> </u>	<u> </u>	· · · · ·	. 16	115.21	%
17 If the currer	t value of the assets of the p	lan is less than 70 percent of the fund	ling target, enter s	uch percentage		. 17		%
Part IV Co	ntributions and liquidity	shortfalls						
18 Contribution	is made to the plan for the th	e plan year by employer(s) and emplo	oyees:					
(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)			ount paid by loyees	
							·	
		THE DESIGNATION OF THE PERSON	Totals ► 18(b)		0 1	8(c)		
19 Discounted	employer contributions see	instructions for small plan with a value	uation date after th	ne beginning of the year:				
a Contribu	tions allocated toward unpaid	minimum required contribution from	prior years		19a			0
_					19b			0
C Contributi	ons allocated toward minimum re	equired contribution for current year adjus	ted to valuation date	,	19c			0
	ntributions and liquidity short					1521	\$13.7 E	
	lan have a "funding shortfall"					. 🗆 Yes	ΧNο	
	_	y installments for the current year ma				. Yes	□No	
		omplete the following table as applica	•				4 6 6	
		Liquidity shortfall as of en		s plan year	l const			
	(1) 1st	(2) 2nd	(3) 3rd		(4)	4th		

Part V Assumpt	ions used to determine f	unding target and target nor	mal cost		
21 Discount rate:	4-4		T		
a Segment rates:	1st segment	2nd segment	3rd segment		N/A, full yield curve used
_	3.14 %	5.90 %	6.45 %		
b Applicable month	(enter code)			21b	0
22 Weighted average	e retirement age			22	65
23 Mortality table(s) (see instructions) [X]	Prescribed combined	Prescribed separate		Substitute
Part VI Miscella					
24 Has a change bee attachment		d actuarial assumptions for the cu			
25 Has a method cha	inge been made for the curre	nt plan year? If "Yes," see instruct	ions regarding required atta	chme	ent Yes X No
26 Is the plan require	d to provide a Schedule of A	ctive Participants? If "Yes," see in	structions regarding require	d atta	chment Yes X No
27 If the plan is eligib	le for (and is using) alternativ	e funding rules, enter applicable o	ode and see instructions	I	I Tes X 140
regarding attachm		· · · · · · · · · · · · · · · · · · ·		27	
Part VII Reconci	liation of unpaid minimu	m required contributions for	prior years		
28 Unpaid minimum	required contribution for all pr	ior years		28	0
29 Discounted emplo	yer contributions allocated to	ward unpaid minimum required co	intributions from prior years		0
//·				29	
30 Remaining amoun	t of unpaid minimum required	contributions (item 28 minus iten	n 29)	30	0
Part VIII Minimun	n required contribution fo	or current year		00	0
31 Target normal cos	t, adjusted, if applicable (see	instructions)		31	0
32 Amortization instal	Iments:		Outstanding Balance		Installment
a Net shortfall amort	ization installment		o diotalianing Dalarioo	0	0
				0	0
		r, enter the date of the ruling letter	granting the energyal	-	0
(Month		n) and the waived a		33	
34 Total funding requi	irement before reflecting carr	vover/prefunding balances	mount	33	0
		· · · · · · · · · · · · · · · · · · ·		34	0
	nom our nom our	Carryover balance	Prefunding Balance	34	Total balance
35 Balances used to	offset funding requirement	0	1 Totaliang Dalatice	0	O O
		n 35)		36	0
37 Contributions alloc	ated toward minimum require	ed contribution for current year adj	usted to valuation date	30	
(item 19c)	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	usted to valuation date	37	
38 Interest-adjusted e	xcess contributions for currer	nt year (see instructions)		38	0
39 Unpaid minimum r	equired contribution for curre	nt year (excess, if any, of item 36	over item 37)	39	0
40 Unpaid minimum r	equired contribution for all ve	ars		40	
				70	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

Internal Revenue Code (the Gode).

Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

P	art I Annual Report Identification Information									
. 7376767	the calendar plan year 2010 or fiscal plan year beginning	01/01	/2010	and ending	12/	31/2010				
A	This return/report is for:	multiple-em	ployer plan (n	ot multiemployer)	П	one-participant plan				
В	This return/report is for: first return/report	final return/i	report							
_		short plan v	ear return/rep	ort (less than 12 mont	ns)					
^		automatic e	·	(· п	DFVC program				
C	special extension (enter description)	aatomatio o	, (C) (C) (C) (C)			, 1. 1.0 p. 13.0				
***************************************	art II Basic Plan Information enter all requested inform	nation.			T 4b =	hree-digit				
1a	Name of plan					nree-aigit Ian number				
	LAW OFFICES OF MICHAEL FLYNN PC DEFINED BENEFIT PENSION PLAN					PN) ▶ 003				
					1	ffective date of plan				
20	Discourse de general address /amplayer if for single amplayer play	2)				1/01/2007 mployer Identification Number				
2a	Plan sponsor's name and address (employer, if for single-employer plan) LAW OFFICES OF MICHAEL FLYNN PC					(EIN) 51-0552409				
	1205 FRANKLIN AVENUE					2c Plan sponsor's telephone number				
						516) 877-1234				
US	GARDEN CITY NY 11530-0000					2d Business code (see instructions) 541110				
3 a	Plan administrator's name and address (If same as plan employer, enter "Same")					dministrator's EIN				
	SAME									
					3c A	dministrator'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					4b EIN				
•	name, EIN and the plan number from the last return/report. Sponsor's N	rn/report. Sponsor's Name			4c PN					
<u>-</u> -		.			5a	4				
ъ b	, , ,	number of participants at the beginning of the plan year								
c		al number of participants at the end of the plan year								
_	complete this item)				5c	<u> </u>				
	Were all of the plan's assets during the plan year invested in eligible as				• • •	X 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.)										
	If you answered "No" to either 6a or 6b, the plan cannot use Form			ad use Form 5500.	• • •					
P	art III Financial Information									
7	Plan Assets and Liabilities		(a) B	eginning of Year		(b) End of Year				
а	Total plan assets	. 7a	_	632,643		0				
b	Total plan liabilities	7b		0						
C	Net plan assets (subtract line 7b from line 7a)	. 7c		632,643		0				
8	Income, Expenses, and Transfers for this Plan Year			(a) Amount		(b) Total				
a	Contributions received or receivable from:				22,126					
	(1) Employers	8a(1)		0	7 - 000 70 70 70 70 70 70 70 70 70 70 70 70	The Company of the Co				
	(2) Participants	8a(2)		0	AND 1001(1) P					
	(3) Others (including rollovers)	8a(3)			-					
b	. ,	8b		76,353						
d	Total income(add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				76,353				
u	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		708,996						
е	Certain deemed and/or corrective distributions (see instructions)	8e		,						
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses				22.74.17	7 . J. 6 88 88 2 11 6 6 6 1 1 6 4 1 4 1 1				
	Other expenses	·) 8a	ì		2541111					
-	·	8g 8h				708,996				
h i		8g 8h				708,996 (632,643)				

Par	t	✔ Plan Characteristics									
9a	lf	ne plan provides pension benefits, enter the applicable pension featu	re codes from the List of F	Plan Characteris	lic Co	des in	the ins	structions:			
		1A			. ^-	!	L - :4	4:			
D	IŤ	ne plan provides welfare benefits, enter the applicable welfare feature	e codes from the List of Pi	an Gharactensu	. C00	E2 III (ne ma	ructions.			
Da		Compliance Questions									
	EE			· · ·		Yes	No		Amount		
10 a		During the plan year: Vas there a failure to transmit to the plan any participant contribution	within the time period des	scribed in							
a		9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary	Correction Program)		10a		х				
b)	Vere there any nonexempt transactions with any party-in-interest? (C			406		$ _{\mathbf{x}} $				
		on line 10a.)			10b	- <u>-</u> -				100 000	
C		Vas the plan covered by a fidelity bond?			10c	х	<u> </u>			180,000	
d		Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty?		by fraud	10d		x				
_		Were any fees or commisions paid to any brokers, agents, or other persons by an insurance carrier,									
е	•	rvere any tees or commisions paid to any prokers, agents, or other pensurance services or other organization that provides some or all of t	he benefits under the plar	n? (See	l.,		x				
					10e						
f		las the plan failed to provide any benefit when due under the plan?			10f		x			<u> </u>	
g	J	Did the plan have any participant loans? (If "Yes," enter amount as of	year end.)		10g		х				
h)	f this is an individual account plan, was there a blackout period? (See 2520.101-3.)			10h						
ì		f 10h was answered "Yes," check the box if you either provided the n								117	
		exceptions to providing the notice applied under 29 CFR 2520.101-3		· · · <u>· · · · · · · · · · · · · · · · </u>	10i	<u>L</u>	:				
Par	rŧ	A Pension Funding Compliance									
11		s this a defined benefit plan subject to minimum funding requirement	s? (If "Yes," see instructio	ns and complete	Sch	edule :	SB (Fo	rm	X Yes	i No	
12		a this a defined contribution plan subject to the minimum funding rea							<u></u>	X 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? Large (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)									· —	_	
а	ı	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											
lf	у	u completed line 12a, complete lines 3, 9, and 10 of Schedule Mi				Г	12b	<u> </u>			
b)	Enter the minimum required contribution for this plan year				- 1	12c				
C J		Enter the amount contributed by the employer to the plan for this plar Subtract the amount in line 12c from the amount in line 12b. Enter the			• •		120				
C	,	negative amount)				. [12d				
е	•	Will the minimum funding amount reported on line 12d be met by the	funding deadline?	. <u></u>				Yes	□ No	□N/A	
Par	t	Plan Terminations and Transfers of Assets									
13a)	las a resolution to terminate the plan been adopted during the plan y	ear or any prior year? .			<u>۔</u> ۔			. X Yes	. □No	
		f "Yes," enter the amount of any plan assets that reverted to the emp	oloyer this year		•	<u>· · · </u>	13a			0	
b)	Were all the plan assets distributed to participants or beneficiaries, tra	ansferred to another plan,	or brought unde	r the	contro	1		- ·		
_	of the PBGC?										
		which assets or liabilities were transferred. (See instructions.)	the plan to allower plants	-,,							
	13c(1) Name of plan(s):				<u> </u>	13c(2) EIN(s) 13c(3) P) PN(s)		
					_						
Cau	tic	: A penalty for the late or incomplete filing of this return/report	will be assessed unless	reasonable cau	ıse is	estak	lished				
		enalties of perjury and other penalties set forth in the instructions, I d							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.											
SI	388			MICHA			-2 Y				
Date 6/7// Enter name of individual signing as plan administrator											
SIGN January Duy											
HERE Signature of employer/plan sponsor Date 7/1 Enter name of individual signing as employer or plan sponsor											
		•									

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