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).

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

2040

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	art I Annual Report Identification Information						
For	calendar plan year 2010 or fiscal plan year beginning 01/01/2010)	and ending	12/31/2	2010		
Α	This return/report is for: Single-employer plan	multiple-e	mployer plan (not multiemployer)	er) one-participant plan			
В	This return/report is for:	final retur	n/report				
	an amended return/report	short plar	year return/report (less than 12 mo	onths)			
С	Check box if filing under: Form 5558	automatic	extension		DFVC program		
	special extension (enter description)	n)					
Pa	art II Basic Plan Information—enter all requested informa	,					
	Name of plan	ation		1b	Three-digit		
	OFFICES OF MICHAEL FLYNN PC PROFIT SHARING PLAN				plan number		
					(PN) •		
				1C	Effective date of plan 01/01/1986		
2a	Plan sponsor's name and address (employer, if for single-employer	nlan)		2b	Employer Identification Number		
	OFFICES OF MICHAEL FLYNN PC	piarij			(EIN) 51-0552409		
1205	FRANKLIN AVENUE			2c	Plan sponsor's telephone number 516-877-1234		
	DEN CITY, NY 11530-0000			24	Business code (see instructions)		
				24	541110		
3a	Plan administrator's name and address (if same as Plan sponsor, er	nter "Same	2")	3b	Administrator's EIN		
LAVV	OFFICES OF MICHAEL FLYNN PC 1205 FRANK GARDEN CIT			20	51-0552409		
				36	Administrator's telephone number 516-877-1234		
4	If the name and/or EIN of the plan sponsor has changed since the las	st return/re	port filed for this plan, enter the	4b	EIN		
	name, EIN, and the plan number from the last return/report. Sponsor	r's name		4c	DNI		
	Total number of participants at the beginning of the plan year				4		
b				5b	5		
C	Total number of participants with account balances as of the end of			ac	·		
	complete this item)			5c	4		
6a	Were all of the plan's assets during the plan year invested in eligibl	e assets?	(See instructions.)		Yes No		
b					X Yes ☐ No		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either 6a or 6b, the plan cannot use Fo						
Pa	art III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year		
а	Total plan assets	. 7a	169823	1	2681849		
b	Total plan liabilities	. 7b		0			
С	Net plan assets (subtract line 7b from line 7a)	. 7c	169823	1	2681849		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total		
а	Contributions received or receivable from:	0-(4)	1301	9			
	(1) Employers	8a(1)	5360				
	(2) Participants	8a(2)	70899				
b	(3) Others (including rollovers) Other income (loss)	8a(3) 8b	20800				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			983618		
d	Benefits paid (including direct rollovers and insurance premiums	. 00					
-	to provide benefits)	8d					
е	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			983618		
	Transfers to (from) the plan (see instructions)	8j					

	F	form 5500-SF 2010 Page 2-							
Par	t IV	Plan Characteristics							
	If the	plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char 2J 2K 2A 3D	acteris	stic Co	des in	the instru	ctions:		
b		plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Char-	acteris	tic Cod	des in	the instruc	tions:		
art	· V	Compliance Questions							
0		ng the plan year:		Yes	No		Amou	ınt	
	Was	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		711100		
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	10b		X				
С	Was	s the plan covered by a fidelity bond?	10c	X				1	80000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	10d		X				
е	insu	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See uctions.)	10e		X				
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did t	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
	If this	s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10g						
i		h 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	Is thi	s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor						Yes	X No
2	Is th	is a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod	e or se	ction 3	302 of	ERISA?		Yes	No
	,	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
а		vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru ting the waiver							ng
If	-	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			Day		rear .		
	-	r the minimum required contribution for this plan year		Г	12b				
		r the amount contributed by the employer to the plan for this plan year			12c				
_	d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)		Ī	12d					
e	Will t	the minimum funding amount reported on line 12d he met by the funding deadline?				Yes	□ No	ьΠ	N/A

Part VII Plan Terminations and Transfers of Assets

Has a resolution to terminate the plan been adopted during the plan year or any prior year?

If "Yes," enter the amount of any plan assets that reverted to the employer this year.

13a

New reall the plan assets distributed to participants or beneficiaries, transferred to another plan or brought under the control

Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....

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)

Yes X

Yes X No

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

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

SIGN	Filed with authorized/valid electronic signature.	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

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

F	Pension Benefit Guaranty Corporation Complete all entries in accord	dance with	the instructions to the Form 5500-S	6F						
P	art I Annual Report Identification Information									
For	the calendar plan year 2010 or fiscal plan year beginning	01/01	/2010 and ending	12/31/2010						
A	This return/report is for: x single-employer plan	multiple-em	ployer plan (not multiemployer)	one-participant plan						
В	This return/report is for:	final return/	report	_						
	an amended return/report		rear return/report (less than 12 months)							
_	님	automatic e		DFVC program						
C			xterision	☐ bi ve piogram						
32772000	special extension (enter description									
P	art II Basic Plan Information enter all requested infor	mation.								
1a	Name of plan		1	1b Three-digit plan number						
	LAW OFFICES OF MICHAEL FLYNN PC PROFIT SHARING	PLAN		(PN) ▶ 002						
			Ţ <i>*</i>	c Effective date of plan						
_				01/01/1986						
2a	• • • • • • • • • • • • • • • • • • • •	an)	1	2b Employer Identification Number (EIN) 51-0552409						
	LAW OFFICES OF MICHAEL FLYNN PC		<u> </u>	2c Plan sponsor's telephone number						
	1205 FRANKLIN AVENUE			(516) 877-1234						
***	GARDEN CITY NY 11530-0000			2d Business code (see instructions)						
32	Plan administrator's name and address (If same as plan employer, ent	er "Same")		541110 3b Administrator's EIN						
Ja	SAME	iei Gaille)		Tarimodator o Err						
			} 	3C Administrator's telephone number						
			1	Administrator's telepriorie flumber						
4	If the name and/or EIN of the plan sponsor has changed since the last name, EIN and the plan number from the last return/report. Sponsor's		t filed for this plan, enter the	4b EIN						
	name, cin and the plan number from the last returniteport. Sponsors	Hame	•	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		_	5 b 5						
C	Total number of participants with account balances as of the end of the complete this item)		1 (5c 4						
6a	Were all of the plan's assets during the plan year invested in eligible a									
	Are you claiming a waiver of the annual examination and report of an i									
	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 Forn	1 5500-SF ai	nd must instead use Form 5500.							
P	art III Financial Information		Part III Financial Information							
7	Plan Assets and Liabilities									
а			(a) Beginning of Year	(b) End of Year						
	Total plan assets	. 7a	(a) Beginning of Year 1,698,231	(b) End of Year 2,681,849						
b	Total plan liabilities		1,698,231	2,681,849						
ь <u>с</u>	Till de Cabilda	. 7a	1,698,231	` <i>`</i>						
_	Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	. 7a . 7b	1,698,231	2,681,849 2,681,849 (b) Total						
<u>c</u>	Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	. 7a . 7b . 7c	1,698,231 0 1,698,231 (a) Amount	2,681,849						
<u>c</u> 8	Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	. 7a . 7b . 7c	1,698,231 0 1,698,231 (a) Amount	2,681,849 2,681,849 (b) Total						
<u>c</u> 8	Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	. 7a . 7b . 7c . 8a(1) . 8a(2)	1,698,231 0 1,698,231 (a) Amount 13,019 53,600	2,681,849 2,681,849 (b) Total						
2 8 a	Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	. 7a . 7b . 7c . 8a(1) . 8a(2) . 8a(3)	1,698,231 0 1,698,231 (a) Amount 13,019 53,600 708,996	2,681,849 2,681,849 (b) Total						
2 8 a b	Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	. 7a . 7b . 7c . 8a(1) . 8a(2) . 8a(3) . 8b	1,698,231 0 1,698,231 (a) Amount 13,019 53,600	2,681,849 2,681,849 (b) Total						
2 8 a	Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	. 7a . 7b . 7c . 8a(1) . 8a(2) . 8a(3)	1,698,231 0 1,698,231 (a) Amount 13,019 53,600 708,996	2,681,849 2,681,849 (b) Total						
2 8 a b	Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	. 7a . 7b . 7c . 8a(1) . 8a(2) . 8a(3) . 8b . 8c	1,698,231 0 1,698,231 (a) Amount 13,019 53,600 708,996	2,681,849 2,681,849 (b) Total						
2 8 a b	Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	. 7a . 7b . 7c . 8a(1) . 8a(2) . 8a(3) . 8b	1,698,231 0 1,698,231 (a) Amount 13,019 53,600 708,996	2,681,849 2,681,849 (b) Total						
e 8 a b cd	Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income(add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 7a . 7b . 7c . 8a(1) . 8a(2) . 8a(3) . 8b . 8c	1,698,231 0 1,698,231 (a) Amount 13,019 53,600 708,996	2,681,849 2,681,849 (b) Total						
c 8 a b cd	Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	. 7a . 7b . 7c . 8a(1) . 8a(2) . 8a(3) . 8b . 8c . 8d . 8e	1,698,231 0 1,698,231 (a) Amount 13,019 53,600 708,996	2,681,849 2,681,849 (b) Total						
c 8 a b cd e f g	Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	. 7a . 7b . 7c . 8a(1) . 8a(2) . 8a(3) . 8b . 8c . 8d . 8e . 8d . 8e	1,698,231 0 1,698,231 (a) Amount 13,019 53,600 708,996	2,681,849 2,681,849 (b) Total						
c 8 a b cd e f	Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	. 7a . 7b . 7c . 8a(1) . 8a(2) . 8a(3) . 8b . 8c . 8d . 8e	1,698,231 0 1,698,231 (a) Amount 13,019 53,600 708,996	2,681,849 2,681,849 (b) Total 983,618						

	Form 5500-SF 2010	F	age 2-		_				
Pa	rt IV Plan Characteristics	-,							· · · · · · · · · · · · · · · · · · ·
Эа	If the plan provides pension benefits, enter the applicable pension fe	eature codes from the List	of Plan Characteris	tic Cod	des in	the in	structions:		
	2E 2J 2K 2A 3D If the plan provides welfare benefits, enter the applicable welfare fea								
	Ti the plan provides wellare beliefits, effer the applicable wellare lea	nale codes from the List (or Plan Characteristii	c Gode	es in tr	ne ins	tructions:		
Pa	rt V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
a	Was there a failure to transmit to the plan any participant contribut	ion within the time period	described in	40.		x			
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc Were there any попехемрt transactions with any party-in-interest?	iary Correction Program) ? (Do not include transact	ions reported	10a			<u> </u>		
	on line 10a.)			10b		х			
C	Was the plan covered by a fidelity bond?			10c	х				180,000
d	Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?			444		x			
е	,			10d				·	
Č	insurance services or other organization that provides some or all	of the benefits under the	olan? (See			x			
	instructions.)			10e					
Ť	promise promise and an area and area plant			10f		x			
g				10g		х	and the same and the same		
rı	If this is an individual account plan, was there a blackout period? (\$2520.101-3.)			10h					
i	If 10h was answered "Yes," check the box if you either provided the	e required notice or one o	of the						
	exceptions to providing the notice applied under 29 CFR 2520.101	<u>-3</u>	· · · · · ·	10i	ı				un e de
1	Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirement	ente? (If "Vec " cee instru	stions and somplete	Caba	dula S	В /Га			·
_	5500))	tito: (ii Tea, aee iiisiiu	cuons and complete	···		B (FU	• • •	, 🗌 Yes	X No
2	Is this a defined contribution plan subject to the minimum funding r		12 of the Code or se	ction 3	302 of	ERIS	A? .	. Yes	X No
_	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applications								
а	If a waiver of the minimum funding standard for a prior year is beingranting the waiver	g amortized in this plan y	ear, see instructions	, and o	enter t	he da	te of the le	tter ruling	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (Form 5500), and sk	ip to line 13.	''—		Day		1 ear	
b	Enter the minimum required contribution for this plan year				. [12b			
C	and plant of the p				. <u>[</u>	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter negative amount)		sign to the left of a		-	12d			
e	Will the minimum funding amount reported on line 12d be met by the			• •	٠ ـــــ		∏Yes	□No	N/A
ar	Plan Terminations and Transfers of Asset			· ·	• •				
3а	Has a resolution to terminate the plan been adopted during the plan							. Yes	X No
_	If "Yes," enter the amount of any plan assets that reverted to the en				. 1	13a	<u> </u>	·	
b	Were all the plan assets distributed to participants or beneficiaries,	transferred to another pla	an, or brought under	the co	ontrol			·· .	 .
c	of the PBGC? If during this plan year, any assets or liabilities were transferred from	m this plan to another pla	n(s) identify the pla	n/e\to	• •	• •	• • •	• Yes	X No
	which assets or liabilities were transferred. (See instructions.)		m(3), identity the pia	11(5) (0					
	13c(1) Name of plan(s):				13c	(2) EI	N(s)	13c(3)	PN(s)
			-	•••					
aut	ion: A penalty for the late or incomplete filing of this return/repor	rt will be assessed unle	ss reasonable caus	e is e	stabli	shed.			
nde	r penalties of perjury and other penalties set forth in the instructions,	I declare that I have exam	ined this return/repo	ort. inc	ludina	. if ap	plicable, a	Schedule	
Bor	Schedule MB/completed and signed by an enrolled actuary, as well : , it is rue, correct, and complete	as the electronic version	of this return/report,	and to	the b	est of	my knowle	edge and	
9000		1 / / / / /	DA 1 = 21 -	1 -		Fix			
SIC		Date 1/6/	Enter some of indi	<u>-C</u>					
10110		Date / J	Enter name of indiv	rioual :	signing	as p	ian admini	strator	·
SIC HE		Data Para	FUCHAC		<u>، ۲ '</u>	* N/	·		
	Sport Organization of employer/plan sponsor	Daté	Enter name of indiv	ridual s	signing	gase	mployer or	plan spons	<u>or</u>