## Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

# **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).

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance wit	h the instructions to the Form 550	0-SF.	
		dentification Information				
For	calendar plan year 2010 or fisc	al plan year beginning 01/01/201	0	and ending 1	2/31/2	2010
Α -	This return/report is for:	x single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan
	This return/report is for:	first return/report	final retur	n/report		ц
	,	an amended return/report	short plar	n year return/report (less than 12 mor	nths)	
C	Check box if filing under:	Form 5558	automatic	extension		DFVC program
	one on work in ining undon	special extension (enter description	ı			
Pa	rt II Basic Plan Infor	mation—enter all requested inform				
	Name of plan	mation—enter all requested inform	alion		1h	Three-digit
	BAR-DAVID DPM PC 401 (K)	PROFIT SHARING PLAN				plan number 001
						(PN) •
					1c	Effective date of plan
- 20	Diameter and a delay				2 h	01/01/1998
	BAR-DAVID DPM PC	ress (employer, if for single-employer	pian)		20	Employer Identification Number (EIN) 13-4007547
					2c	Plan sponsor's telephone number
	HENRY HUDSON PKWY NX, NY 10463					718-548-5757
	,				2d	Business code (see instructions) 621391
3a	Plan administrator's name and	address (if same as Plan sponsor, e	nter "Same	e")	3b	Administrator's EIN
TZVI	BAR-DAVID DPM PC	3616 HENR'	Y HUDSON	PKWY		13-4007547
	BRONX, NY 10463				3с	Administrator's telephone number 718-548-5757
4 1	4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the					EIN
		er from the last return/report. Sponso		port med for time plant, error time		
					4c	PN
5a	5a Total number of participants at the beginning of the plan year				5a	6
b		t the end of the plan year			5b	7
С	•	rith account balances as of the end o		•	5c	6
6a	•	during the plan year invested in eligib				X Yes □ No
	•	he annual examination and report of		,		
		See instructions on waiver eligibility		•		Yes   No
		ner 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 55	00.	
Pa	rt III   Financial Inform	ation		T	_	
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year
	Total plan assets		. <u>7a</u>	412305	_	586526
b				412305		586526
<u>c</u>		7b from line 7a)	. 7с		•	
8	Income, Expenses, and Trans			(a) Amount		(b) Total
а	Contributions received or rece (1) Employers		. 8a(1)	59571		
			, ,	53986	5	
	` '	s)		C	)	
b	, ,	, 		60714	ŀ	
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)				174271
d		rollovers and insurance premiums				
			. 8d	C	_	
e		tive distributions (see instructions)		()	_	
f		rs (salaries, fees, commissions)		50		
g	·			C	1	EO.
h		8e, 8f, and 8g)				17/221
į		e 8h from line 8c)				174221
J	ransters to (from) the plan (s	ee instructions)	. 8i	C	)	

	Form 5500-SF 2010 Page <b>2-</b>							
Par	art IV Plan Characteristics							
		Plan Characteris	stic Co	des in t	the instruc	tions:		
	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of P	lan Characterie	tic Coc	lac in tl	ne inetruct	ione:		
D	if the plant provides wellare benefits, effect the applicable wellare feature codes from the List of F	ian Characteris	iic Coc	162 III II	ie iristruct	10115.		
art	rt V Compliance Questions							
0			Yes	No		Amount	t	
а	Was there a failure to transmit to the plan any participant contributions within the time period des 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			X				0
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions r on line 10a.)	•		X				0
С	Was the plan covered by a fidelity bond?	10c	X				3	80000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused to or dishonesty?			X				0
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance cal insurance service or other organization that provides some or all of the benefits under the plan? ( instructions.)	See		X				0
f	Has the plan failed to provide any benefit when due under the plan?			Χ				0
q		101	X				3	80590
	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	109		X				
i								
art	rt VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions 5500))					Ye	s X	No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of	the Code or se	ction 3	02 of E	RISA?	Ye	es X	No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, s granting the waiver.							
lf y	f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to			- wy _				
b	Enter the minimum required contribution for this plan year			12b				
С	Enter the amount contributed by the employer to the plan for this plan year			12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign t negative amount)			12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No		N/A
art	rt 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?		<u>-</u>			Ye	s X	No

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

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 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.	07/15/2011	JAMES CONSOLATI
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).

▶ 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

Part I Annual Report Identification Information	Jordance v	in the instructio	ns to the Form 55	00-SF		
	1/1/2010		and ending		12/31/2010	
A This return/report is for:	multiple	e-employer plan (ne	ot multiemployer)		one-participa	nt plan
B This return/report is for:	final re	urn/report				
an amended return/report	short p	an year return/repo	ort (less than 12 m	onths)		
C Check box if filing under:	لببسا	tic extension			DFVC progra	m
special extension (enter descrip						
Part II Basic Plan Information—enter all requested information enter all requested information	rmation					
1a Name of plan				1b	Three-digit plan number	
Tzvi Bar-David DPM PC 401 (k) Profit Sharing Plar	1				(PN)	001
				1c	Effective date of	plan 1998
2a Plan sponsor's name and address (employer, if for single-employ	/er plan)			2b	Employer Identif	
Tzvi Bar-David DPM PC					(EIN) 13	34007547
						485757
3616 Henry Hudson Pkwy				2d	Business code (s 621	see instructions) 1391
Prony						
Bronx NY						
10463						
3a Plan administrator's name and address (if same as Plan sponsor,	enter "San	ne")		3h	Administrator's E	IN
		,			13400	7547
Tzvi Bar-David DPM PC				3с	Administrator's te 718548	lephone number 5757
3616 Henry Hudson Pkwy						
Bronx						
NY						
10463						
4 If the name and/or EIN of the plan sponsor has changed since the la	ast return/re	port filed for this p	lan, enter the	4b	EIN	
name, EIN, and the plan number from the last return/report. Spons	or's name					
			İ	4c	PN	
5a Total number of participants at the beginning of the plan year				5a	6	)
<b>b</b> Total number of participants at the end of the plan year				5b	7	
C Total number of participants with account balances as of the end o complete this item)	of the plan y	ear (defined benef	fit plans do not	5c	6	
6a Were all of the plan's assets during the plan year invested in eligible	ble assets?	(See instructions.)			I	Yes No
D Are you claiming a waiver of the annual examination and report of	an indener	dent qualified aubl	lic accountant (IOF	١٨١		
under 29 CFR 2520.104-46? (See instructions on waiver eligibility  If you answered "No" to either 6a or 6b, the plan cannot use F	and conditi -orm 5500	ons.) SF and must inste	ead use Form 550	 n	***************************************	Yes   No
Part III   Financial Information				<u> </u>		
7 Plan Assets and Liabilities	11 15 1	(a) Begini	ning of Year		(b) End of	Year
a Total plan assets			412305			586526
b Total plan liabilities			0			0
C Net plan assets (subtract line 7b from line 7a)	. 7c		412305			586526

8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
а	Contributions received or receivable from:						(b) Total	
	(1) Employers	8a(1)		5957				
	(2) Participants	8a(2)		5398				
b	(3) Others (including rollovers) Other income (loss)				0			
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b		5071	4	n Mayyaya		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8c 8d			0		174271	
е	Certain deemed and/or corrective distributions (see instructions)	8e			5			
f	Administrative service providers (salaries, fees, commissions)	8f		50	7			
g	Other expenses	8g		(				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					50	
j	Net income (loss) (subtract line 8h from line 8c)	8i		-			174221	
j	Transfers to (from) the plan (see instructions)	8j		C		174221		
b	If the plan provides pension benefits, enter the applicable pension for 2A 2E 2F 2G 2J 2K 3D  If the plan provides welfare benefits, enter the applicable welfare fe							
Par	V Compliance Questions		**************************************					
10	During the plan year:				Yes	No	Amount	
а	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	iary Correc	tion Program)	10a		×	0	
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	(Do not inc	lude transactions reported	10b		X	0	
С	Was the plan covered by a fidelity bond?		***************************************	10c	X		30000	
d	Did the plan have a loss, whether or not reimbursed by the plan's fir or dishonesty?	delity bond,	that was caused by fraud	10d		×	0	
е	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of instructions.)	r persons b	y an insurance carrier, s under the plan? (See	10e		×	0	
f	Has the plan failed to provide any benefit when due under the plan?			10f		X	0	
g					X	-	30590	

	on line 10a.)	10b		X	
С	Was the plan covered by a fidelity bond?	10c	X	1	3000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		×	
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		×	
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	<del>  ^ \</del>	3059
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h	/ \	X	
i 	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			
Part	VI Pension Funding Compliance	1 1 1 1			
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))	plete	Sched	lule SE	G (Form
12 a	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions the waiver.	or se	ction 3	302 of	ERISA? Yes 🛛 No
lf :	ou 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		[	12b	
C	Enter the amount contributed by the employer to the plan for this plan year			12c	
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)	of a		12d	
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Ī	Yes No No

Plan Terminations and Transfers of Assets

sa	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		
	Were all the plan accept distributed to a distributed to	 	

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

	Yes	×	N
--	-----	---	---

	: A penalty for the late or incomplete filing of this return rep		
SB or Sc	enalties of perjury and other penalties set forth in the instruction the instruction the description and signed by an enfolied actuary, as we is true, correct, and complete.	s, I declare that I have ell as the electronic ve	e examined this return/report, including, if applicable, a Schedule rsion of this return/report, and to the best of my knowledge and
SIGN	Uh [3m]	Chalin	12N Daylandon
HERE	Signature of plan administrator	Date Of 1717	Enter name of individual signing as plan administrator
SIGN	<u> </u>		
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor