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).

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation	▶ Complete all entries in accord	dance witl	n the instructions to the Form 550	0-SF.				
Pa	art I Annual Report Ide	ntification Information							
For	calendar plan year 2010 or fiscal	plan year beginning 01/01/201	0	and ending 1	2/31/2	2010			
Α .	This return/report is for:	single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participa	ant plan		
В	This return/report is for:	first return/report	final retur	n/report		_			
	Ī	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 progr	am		
	i i	special extension (enter description							
Da		ation—enter all requested inform	•						
	Name of plan	ation—enter all requested inform	alion		1h	Three-digit			
	HAT F. SAMI, M.D., P.C. PROFIT	SHARING PLAN			15	plan number	000		
	, , , ,					(PN) •	002		
					1c	Effective date			
						01/01/			
	Plan sponsor's name and address HAT F. SAMI, M.D., P.C.	s (employer, if for single-employer	plan)		2b	Employer Ident (EIN) 11-243	ification Number		
IVILD	IAT F. SAIVII, W.D., F.C.				20	(LIIV)	telephone number		
	OXHUNT CRESCENT					718-27	78-0440		
SYU	SSET, NY 11791				2d		(see instructions)		
2-			. "0	m	O.L.	62111			
3a MED	Plan administrator's name and ac HAT F. SAMI, M.D., P.C.	ddress (if same as Plan sponsor, e 35 FOXHUN	nter "Same T CRESCE	e") ENT	30	Administrator's			
		SYOSSET, N	NY 11791		3c	Administrator's	telephone number		
							78-0440		
	•	sponsor has changed since the la		port filed for this plan, enter the	4b	EIN			
-	name, EIN, and the plan number f	rom the last return/report. Sponso	r's name		40	PN			
5a	Total number of participants at th	ne beginning of the plan year			5a		8		
_	5a Total number of participants at the beginning of the plan yearb Total number of participants at the end of the plan year								
		account balances as of the end of			5b		7		
С	···		. ,	ear (defined benefit plans do not	5c		2		
6a	Were all of the plan's assets dur	ring the plan year invested in eligib	le assets?	(See instructions.)			X Yes No		
b				ndent qualified public accountant (IQI					
	•	• ,		ons.)			^ Yes ∐ No		
Do			orm 5500-	SF and must instead use Form 55	00.				
	rt III Financial Informat	ion							
7	Plan Assets and Liabilities			(a) Beginning of Year 8933130	1	(b) End	d of Year 11326324		
	Total plan assets		. 7a	0000100			0		
b	·		. 7b	8933130			11326324		
<u> </u>		from line 7a)	7c		<u>, </u>				
8	Income, Expenses, and Transfer			(a) Amount		(b)	Total		
а	Contributions received or received (1) Employers	adie trom:	. 8a(1)	C)				
	• • • •			()				
	• • • • • • • • • • • • • • • • • • • •			C)				
b	, , , , , ,			2734830)				
С	` ,	a(2), 8a(3), and 8b)					2734830		
d	Benefits paid (including direct rol	, , , , , , , , , , , , , , , , , , , ,							
	to provide benefits)		. 8d	277171					
е	Certain deemed and/or corrective	e distributions (see instructions)	. 8e	(
f	Administrative service providers	(salaries, fees, commissions)	. 8f	64465	5				
g	Other expenses		. 8g	()				
h	Total expenses (add lines 8d, 8e	e, 8f, and 8g)	. 8h				341636		
i	Net income (loss) (subtract line 8	Bh from line 8c)	. 8i				2393194		
i		instructions)		C					

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

2E 3D

If the plan provides welfare benefits, enter the applicable welfare, feature codes from the List of Plan Characteristic Codes in the instructions: 9a

D	ir tn	le plan provides welfare benefits, enter the applicable welfare featur	re codes from the	List of Plan Chara	cteris	iic Co	des in 1	tne instru	ctions:	
art	٧	Compliance Questions								
0	Du	ring the plan year:				Yes	No		Amoui	nt
а		as there a failure to transmit to the plan any participant contributions 9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary			10a		X			
b		ere there any nonexempt transactions with any party-in-interest? (Do		·	10b		X			
С	W	as the plan covered by a fidelity bond?			10c	X				500000
d		d the plan have a loss, whether or not reimbursed by the plan's fideli dishonesty?		10d		X				
е	ins	ere any fees or commissions paid to any brokers, agents, or other per surance service or other organization that provides some or all of the structions.)	e benefits under the	e plan? (See	10e		X			
f	На	s the plan failed to provide any benefit when due under the plan?			10f		X			
g	Dic	d the plan have any participant loans? (If "Yes," enter amount as of y	year end.)		10g		X			
h		his is an individual account plan, was there a blackout period? (See 20.101-3.)			10h		X			
i		Oh was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3			10i					
art	۷I	Pension Funding Compliance								
11		his a defined benefit plan subject to minimum funding requirements?							. <u> </u>	′es No
2	ls	this a defined contribution plan subject to the minimum funding requ	uirements of sectio	n 412 of the Code	or se	ction 3	302 of	ERISA?	. <u> </u>	′es X No
		"Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.								
а		waiver of the minimum funding standard for a prior year is being an								
lf v	-	nting the waivercomplete lines 3, 9, and 10 of Schedule MB			.n		Day		rear_	
		ter the minimum required contribution for this plan year	•	•		Г	12b			
		ter the amount contributed by the employer to the plan for this plan y				<u> </u>	12c			
	Sul	btract the amount in line 12c from the amount in line 12b. Enter the r	result (enter a min	us sign to the left o	of a		12d			
е	Wil	Il the minimum funding amount reported on line 12d be met by the fu	unding deadline?					Yes	No	N/A
art	VII	Plan Terminations and Transfers of Assets								
3a	Ha	s a resolution to terminate the plan been adopted during the plan year	ear or any prior yea	r?					Y	′es X No
	If "	Yes," enter the amount of any plan assets that reverted to the emplo	oyer this year				13a			
b	We	ere all the plan assets distributed to participants or beneficiaries, tran					ntrol		Y	′es X No
С		during this plan year, any assets or liabilities were transferred from the ich assets or liabilities were transferred. (See instructions.)	his plan to another	plan(s), identify th	e pla	n(s) to				
1	3c(′	1) Name of plan(s):				13	c(2) El	N(s)	13	c(3) PN(s)
aut	ion:	A penalty for the late or incomplete filing of this return/report v	will he assessed i	ınless reasonahl	e cai	ISA İS	establ	ished		
Jnde SB o	r pe Scl	enalties of perjury and other penalties set forth in the instructions, I do hedule MB completed and signed by an enrolled actuary, as well as a true, correct, and complete.	leclare that I have	examined this retu	ırn/rep	ort, ir	cludin	g, if applic		
ele:		Filed with authorized/valid electronic signature.	9/22/2011	MEDHAT SAMI						
SIGI	N									

SIGN		Filed with authorized/valid electronic signature.	09/22/2011	MEDHAT SAMI					
HE	ERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SI	IGN								
HEDE		Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponso					

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Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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▶ 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				
Fo	r calendar plan year 2010 or fiscal plan year beginning	01/01/2	010 and ending		12/31/2010
Α	This return/report is for: Single-employer plan	multiple-c	employer plan (not multiemployer)		one-participant plan
	This return/report is for:	final retur	n/report		· ·
	an amended return/report	!	year return/report (less than 12 mo	nths)	
_			extension		DFVC program
C			, extension		L Dr ve program
	special extension (enter description				
	art II Basic Plan Information—enter all requested inform	ation			
та	Name of plan MEDHAT F. SAMI, M.D., P.C. PROFIT SHARIN	C DLAN		dr	Three-digit plan number
	HIDDIAL I. DIMIL, H.D., I.C. INOTII DIMININ	O LUMIN			(PN) • 002
				1c	Effective date of plan
					01/01/1991
2a	Plan sponsor's name and address (employer, if for single-employer MEDHAT F. SAMI, M.D., P.C.	plan)		2b	Employer Identification Number
	HEDITAL F. DAMI, M.D., I.C.			<u> </u>	(EIN) 11-2439086
	25 FOLLOWING CONTROL OF THE CONTROL			2C	Plan sponsor's telephone number (718) 278-0440
	35 FOXHUNT CRESCENT			2d	Business code (see instructions)
	SYOSSET		NY 11791		621111
3a	Plan administrator's name and address (if same as Plan sponsor, e ${\rm SAME}$	nter "Sam) ")	3b	Administrator's EIN
	SAME			2	A desir 5-41-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
				30	Administrator's telephone number
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. Sponso		• •		
					PN
_	5a Total number of participants at the beginning of the plan year			<u>5a</u>	
	b Total number of participants at the end of the plan year			5b	
C	Total number of participants with account balances as of the end of	f the plan y	ear (defined benefit plans do not	En	
	complete this item)			5c	X Yes □ No
	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of				X Yes No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a				X Yes No
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 55	00.	
Pa	rt III Financial Information				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
	Total plan assets		8,933,13	0	11,326,32
b	Total plan liabilities	7b		0	
С	Net plan assets (subtract line 7b from line 7a)	7c	8,933,13	0	11,326,32
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or receivable from:	0.40		o	
	(1) Employers	8a(1)		\dashv	
	(2) Participants			의	
	(3) Others (including rollovers)	8a(3)		의	
b	Other income (loss)	8b	2,734,83	0	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	paralle parall		2,734,83
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	277 , 17	1	
е	Certain deemed and/or corrective distributions (see instructions)	8e		d	
f	Administrative service providers (salaries, fees, commissions)	8f	64,46	5	
g	Other expenses			d	
	Total expenses (add lines 8d, 8e, 8f, and 8g)			1	341,63
;	Net income (loss) (subtract line 8h from line 8c)	8i			2,393,19
•	Transfers to (from) the plan (see instructions)	1		0	2,333,19

Form	EEAA	CE	2010

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Part IV	P I	^1	-4
	Plan	(noro	cteristics

9a 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 plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

									-		
Part	V Compliance Questions				***************************************	printed the second second	\$65000000000000000000000000000000000000	ułwanojiskopiakojanjidojanoje	ekspelant katalani par anya n	***	
10	During the plan year:	g.000000		Yes	No	A	mount				
а	Was there a failure to transmit to the plan any participant contributions within 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Corre			0a		Х					
b	Were there any nonexempt transactions with any party-in-interest? (Do not in on line 10a.)		0ь		х				***************************************		
С	Was the plan covered by a fidelity bond?	1	0c	Х		***************************************	5	00,0	000		
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bon or dishonesty?			0d	***************************************	X					
e	Were any fees or commissions paid to any brokers, agents, or other persons insurance service or other organization that provides some or all of the benefinstructions.)	ance carrier, plan? (See	0e		X						
f	Has the plan failed to provide any benefit when due under the plan?			10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount as of year er	nd.)		0a		Х	el (della della	***************************************	electronic de la constante de		
h	If this is an individual account plan, was there a blackout period? (See instruction 2520.101-3.)) CFR	0h		Х					
i	If 10h was answered "Yes," check the box if you either provided the required exceptions to providing the notice applied under 29 CFR 2520.101-3		1	10i							
art	VI Pension Funding Compliance										
	Is this a defined benefit plan subject to minimum funding requirements? (If "Y 5500))							Yes	П	No.	
a If y b	(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 amortize granting the waiver. Tou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form Enter the minimum required contribution for this plan year.	n 5500), and	Month I skip to line 13.		 - [Day _	e date of the	e letter ru 'ear	uling		
d	Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (negative amount)	enter a min	us sign to the left of	а	· -	12c 12d			ovana siis saastaas		
е	Will the minimum funding amount reported on line 12d be met by the funding	deadline?					Yes	No	□ N/	Ά	
art '	VII Plan Terminations and Transfers of Assets										
3a	Has a resolution to terminate the plan been adopted during the plan year or a	ny prior yea	r?					Yes	ΧI	Vo_	
	If "Yes," enter the amount of any plan assets that reverted to the employer thi					13a			***************************************		
С	Were all the plan assets distributed to participants or beneficiaries, transferrer of the PBGC?							Yes	X 1	No	
	3c(1) Name of plan(s):		1	13c(2) EIN(s)				13c/3) PN(
	o(1) reality.			130(2) EIN(5)				71 146			
autio	on: A penalty for the late or incomplete filing of this return/report will be	assessed (ınless reasonable	caus	se is	establ	ished.				
B or	penalties of perjury and other penalties set forth in the instructions, I declare Schedule MB completed and signed by an enrolled actuary, as well as the ele it is true, correct, and complete	that I have e ectronic vers	examined this return ion of this return/re	n/report,	ort, in and t	cluding to the b	g, if applicab best of my kr	le, a Scl iowledge	nedule and		
SIGN		29/11	MEDHAT SAMI								
IERE			Enter name of indi	ividua	al sign	ning as	plan admin	istrator			
SIGN											
IERE	RE Signature of employer/plan sponsor Date Enter name of					of individual signing as employer or plan sponsor					