# 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

Р	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance wit	h the instructions to the Form 550	0-SF.	1			
		dentification Information							
For	calendar plan year 2010 or fisc	cal 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	employer plan (not multiemployer)		one-participant plan			
В	This return/report is for:	first return/report	final retur	n/report		_			
		an amended return/report	short plar	n year return/report (less than 12 mo	nths)				
C	Check box if filing under:	Form 5558	automatio	extension		DFVC program			
		special extension (enter description	on)						
Pa	rt II Basic Plan Infor	mation—enter all requested inform	ation						
1a	Name of plan				1b	Three-digit			
STE	'EN S. MOALEMI, M.D., P.C. I	PROFIT SHARING PLAN				plan number 001			
					10	(PN) Fifestive data of plan			
					10	Effective date of plan 01/01/2003			
		ress (employer, if for single-employer	· plan)		2b	Employer Identification Number			
STE	'EN S. MOALEMI, M.D., P.C.				0-	(EIN) 11-3537886			
551 F	FIFTH AVENUE, STE. 525				2C	Plan sponsor's telephone number 212-867-1111			
NEW	YORK, NY 10176				2d	Business code (see instructions)			
					-	621111			
3a STE\	Plan administrator's name and VEN S. MOALEMI, M.D., P.C.	d address (if same as Plan sponsor, e 551 FIFTH A	VENUE. S	TE. 525	36	Administrator's EIN 11-3537886			
		NEW YORK	, NY 10176		3с	Administrator's telephone number			
					212-867-1111				
	f the name and/or EIN of the pl name, EIN, and the plan numb	port filed for this plan, enter the	4b EIN						
						PN			
5a	Total number of participants a	at the beginning of the plan year			5a	4			
b	Total number of participants a	at the end of the plan year			5b	4			
С	• • •	vith account balances as of the end o		` .	5c	4			
6a	•	during the plan year invested in eligib				X Yes ☐ No			
	•	the annual examination and report of		,					
		(See instructions on waiver eligibility		•		Yes   No			
D-		her 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 55	00.				
	rt III   Financial Inform	lation		I					
7	Plan Assets and Liabilities			(a) Beginning of Year 84261		(b) End of Year 83377			
	Total plan assets		. 7a	0420		00011			
b		7h from line 7a)		84261		83377			
<u>C</u>		7b from line 7a)	. 7с						
8 a	Income, Expenses, and Trans Contributions received or received			(a) Amount		(b) Total			
u			. 8a(1)		)				
	(2) Participants		. 8a(2)	(	)				
	(3) Others (including rollovers	s)	. 8a(3)	(	)				
b	Other income (loss)		. 8b	7	7				
С	Total income (add lines 8a(1)	, 8a(2), 8a(3), and 8b)	. 8c			7			
d		rollovers and insurance premiums	. 8d	(					
е	Certain deemed and/or correct	ctive distributions (see instructions)	. 8e						
f	Administrative service provide	ers (salaries, fees, commissions)	. 8f	891					
g	Other expenses		. 8g						
h	Total expenses (add lines 8d,	8e, 8f, and 8g)	. 8h			891			
i	Net income (loss) (subtract lin	ne 8h from line 8c)	. 8i			-884			
j	Transfers to (from) the plan (s	see instructions)	. 8i						

	Form 5500-SF 2010 Page <b>2-</b>						
ar	t IV Plan Characteristics						
1	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chara 2A 2E 2G 3D 2J	acteris	tic Co	des in t	ne instruction	ns:	
)	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	cterist	ic Cod	les in th	e instruction	ıs:	
ırt	V Compliance Questions						
)	During the plan year:		Yes	No	Ar	nount	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X			
С	Was the plan covered by a fidelity bond?	10c		X			
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		X			
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	X				270
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	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х			
İ	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					
rt	VI Pension Funding Compliance						
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))				,	Yes	X No
2	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?	Yes	X No

art	VII Plan Terminations and Transfers of Assets					
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/	Ά
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)					
С	Enter the amount contributed by the employer to the plan for this plan year	12c				
b	Enter the minimum required contribution for this plan year	12b				
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					•
	granting the waiver	Dav		Year		

a 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

(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)

13a 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..... Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control Yes X 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):	<b>13c(2)</b> EIN(s)	<b>13c(3)</b> PN(s)

### 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.	10/07/2011	KAREN FRYANT				
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

Ρ.	art I Annual Repor	t Identification Information	1					
For	tho calendar plan year 2010	or fiscal plan year beginning	01/0	1/2010	and ending	12	2/31/2010	
Α.	l'his return/report is for:	x single-employer plan	☐ mulliple-c	em <b>plo</b> yer plan (ı	not multiemployer)	[	one-participa	nt plan
В	This return/report is for;	first return/report	final retur	m/report		Ì		
		an amended return/report	short plan	n year return/rep	oort (less than 12 mont	hs)		
C	Check box if filing under:	x Form 5558	善	с extension	,	Ĺ	DFVC progra	m
		special extension (enter descrip	otion)			1.		•••
· De	rt II Basic Plan Inf	ormation enter all requested	<u> </u>					
	Name of plan	Officiation enter all requested	information.			1h	Three-digit	
	•	M					plan number	
	şteven S. Moalemi,	M.D., P.C. Profit Sharing	g Plan				(PN) ►	001
		•					Effective date of 01/01/2003	plan
2a	Plan sponsor's name and ac	dress (employer, if for single-employ	or plan)	·····			Employer Identil	ication Number
	Steven S. Moalemi,	M.D., P.C.					(FIN) 11-353	
	551 Fifth Avenue, S	te. 525					Plan sponsor's t (212)   867–1	elephone number
						-		see instructions)
	New York	NY 10176			· · · · · · · · · · · · · · · · · · ·		521111	
J A	Fian administrators name at Same	nd address (If same as plan employe	r, enter "Same	<sup>(*</sup> )		3b .	Administrator's 6	IN
	•				i			
						3C /	Administrator's f	elephone number
	,							
4	If the name and/or EIN of the	plan sponsor has changed since the best from the last return/report. Spons	e last return/rep	oort filed for this	plan, enter the	4b :	IN	
	name, En and the partner		our a maine			4c	PN	
		at the beginning of the plan year				5a		4
b	Total number of participants	at the end of the plan year				5b		4
С	complete this item)	with account balances as of the end	of the plan yea	ır (delined bene	fit plans do not	5c		4
ŝа	Were all of the plan's assets	during the plan year invested in eligit	ole assets? (Se	e instructions.)				X Yes No
b	Are you claiming a waiver of	the annual examination and report of	an independe	nt qualified pub				
		(See instructions on waiver eligibility						X Yes No
-	till Financial Infor	her 6a or 6b, the plan cannot use F	orm 5500-SF	and must inste	ad use Form 5500.			
_	Plan Assets and Liabilities	<u> </u>	Carrier and a comme	(a) Da		1		
	Total plan assets			(a) Be	ginning of Year	<del>  -</del>	(b) End (	
	Total plan liabilities		7a		64,261	<del> </del> -		83,377
	• •	* * * * * * * * * * * * * * * * * * *	75		0 84,261	+		
	Net plan assets (subtract line		, , <b>7c</b>			┼─		83,377
	Income, Expenses, and Tran Contributions received or rec	• • • • • • • • • • • • • • • • • • • •	ingeria e de espaino	1 (6	a) Amount	. 2000	(b) T	otal
	(1) Employers	sivable north.	8a(1)		0	1. ""	luichn nii vor., .:	The state of the s
,	(2) Participants		8a(2)		Ç	39503	Carlo Manager	(William)
	(3) Others (including rollover	s)	82(3)		0	], "	"en sprig 12 1	n entreparate of g
b (	Other income (loss)		8b		7	1.00	Till III , pannesapa Distriction , pannesapa Serias	rungs Spirites en english Spirites
	Total income(add lines 8a(1),		8c	Markey Manager L.				7
		rollovers and insurance premiums					CHOCK POPPLES	Supplies
	to provide benefits)		· · <u>8d</u>		0		gradus (1995) and the second supplying	e Cyclepysine 75 of 6
_		ctive distributions (see instructions) .	· · 8c			- irainid	(6), 000pe,	- 1 1 2
	Administrative service provide Other expenses •	ers (salaries, fees, commissions)	8f		891		Apples to the control of the control	or and a little for some of the solution of th
_	•	On Of 10-1	· · 8g	De es la la	Marine Parice u	1	7379 <u>#11</u>	0.01
	Fotal expenses (add lines 8d,	-	8h	gillegrafica (* * * * * * * * * * * * * * * * * * *	447.00/05			891 (884)
_	Net income (loss) (subtract lin Fransfers to (from) the black (s	•	<u>8i</u>	Bag Six Of 1.	The 19 of 19	**********		(884)

		Form 5500-SF 2010		Page 2-					
Par	ŧΝ	Plan Characteristics							
9a	if th	plan provides pension benefits, enter the applicable pension feat	ure codes from the L	ist of Plan Characte	ristic	Codes	in the	instructions	
þ	If th	2A 2E 2G 3D 2J plan provides welfare benefits, enter the applicable welfare featu	re codes from the Li	st of Plan Characteri	istic C	odes i	n the i	instructions:	
Pai	rt:V	Compliance Questions	1			•			
10	D	ring the plan year;				Yes	No		Amount
a	W	as there a failure to transmit to the plan any participant contribution	n within the time peri	od described in	10a		x		
b	W	CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducian are there any nonexempt transactions with any party-in-interest? (I line 10a.)	y Correction Program Do not include transa	n) otions reported	10b		x		·
С	۱۸	as the plan covered by a fidelity bond?			10c		X	<del> </del>	
d		the plan have a loss, whether or not reimbursed by the plan's fide					-		
		dishonesty?	T T F F		100		х		
е	ins	ere any fees or commisions paid to any brokers, agents, or other purance services or other organization that provides some or all of tructions.)	ersons by an insurer the benefits under th	nce carrier, ne plan? (See	100	x			270
f	H	s the plan failed to provide any benefit when due under the plan?			10f		ж	,	
g	Die	the plan have any participant loans? (If "Yos," enter amount as o	fycarend.)		10a		x		
h	Jf t	nis is an individual account plan, was there a blackout period? (Se	e instructions and 29				x	r ne VI Jew. 1	April Market Springer to the
i	lf ·	20.101-3.) Dh was answered "Yes," check the box if you either provided the r	equired notice or on	of the	10h				
Dar		eptions to providing the notice applied under 29 CFR 2520.101-3  Pension Funding Compliance	<del></del>		10i		<u> </u>	340.00	
11	ls :	his a defined benefit plan subject to minimum funding requirement							☐Yes XNo
12 a	(If If a gra	nis a defined contribution plan subject to the minimum funding req Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicabl waiver of the minimum funding standard for a prior year is being a nting the waiver	le.) amortized in this plan	year, see instructio	ns. an	id ente	er the «	date of the la	Yes X No etter ruling Year
-		ompleted line 12a, complete lines 3, 9, and 10 of Schedule ME				_	441	<del></del> -	
b		er the minimum required contribution for this plan year				` ⊢	125	<u> </u>	
d	Su	er the amount contributed by the employer to the plan for this plan dract the amount in line 12c from the amount in line 12b. Enter the ative amount)	i year e result (enter a minu	is sign to the left of a			12c 12d		
e		the minimum funding amount reported on line 12d be met by the	funding deadline?		• •	٠ ـ		Yes	No N/A
art			ravaing actionics	· · · · · · · ·	• •		•		
3a	Ha	a resolution to terminate the plan been adopted during the plan y	ear or any prior year	?					Yes X No
	lf "	es," enter the amount of any plan assets that reverted to the emp	loyer this year				13a		
	of t	e all the plan assets distributed to participants or beneficiaries, tra ne PBGC?					 ol 		Yes X No
C	lf d whi	iring this plan year, any assets or liabilities were transferred from t ch assets or liabilities were transferred. (See instructions.)	his plan to another p	lan(s), identify the pl	lan(s)	to			
1	3¢(1	Name of plan(s):				130	(2) El	N(s)	13c(3) PN(s)
				•					
			···					,. <u> </u>	-
autio	n: A	penalty for the late or incomplete filing of this return/report w	ill he sesected uni-	ass reasonable car	es ie	antah	lisho		
Inder Bor:	pena Scho	Ities of perjury and other penalties set forth in the instructions, I de dule MB completed and signed by an enrolled actuary, as well as ue, correct, and complete	clare that I have exa	mined this return/re	nod i	neludi	na if:	annlicable a	Schedule edge and
SIG		State Monde	10-6-11	Steven Moaler	n 4	•		<u></u>	
HER	- [		Date	Enter name of indiv		signim	0 88 5	lan administ	trator
SIGN				The second		21941111	P	wairiii ab	
HER		ignature of employer/plan sponsor	Date	Enter name of indiv	ridual	sianin		mplover or t	ulan sponsor