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

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

This Form is Open to Public Inspection

Part I Annual Report Identification Information									
For	For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010								
Α	s return/report is for: single-employer plan multiple-employer plan (not multiemployer)					one-participant plan			
В	This return/report is for:		final retur	n/report					
	$^{ extstyle imes}$ an amended return	/report	short plan	year return/report (less than 12 mo	nths)				
С	Check box if filing under:		automatic	extension		DFVC progra	m		
	special extension (enter descriptio	n)						
Pa	art II Basic Plan Information—enter all re	quested informa	ation						
1a	Name of plan	•			1b	Three-digit			
LOU	JIS W. JACOBS D.P.M. P.C. PROFIT SHARING PLAN	١				plan number	004		
					10	(PN) Fifective date of	nlon		
						01/01/1990			
	Plan sponsor's name and address (employer, if for s	ingle-employer	plan)		2b	Employer Identif			
LOU	JIS W. JACOBS D.P.M., P.C.				20	(EIN) 11-2315			
	EAST VIEW COURT				20	Plan sponsor's to 516-932	-1239		
JERI	ICHO, NY 11753				2d	Business code (s	see instructions)		
22	Plan administrator's name and address (if same as F	Non ananoar a	ntor "Como	."\	2h	621111 Administrator's E	·INI		
LOU	IS W. JACOBS D.P.M., P.C.	42 EAST VIE	W COURT		35	11-2315			
		JERICHO, N	1 11/03		3с	Administrator's to 516-932	elephone number		
4	If the name and/or EIN of the plan sponsor has chang	ed since the las	st return/re	port filed for this plan, enter the	4b	EIN	.200		
	name, EIN, and the plan number from the last return/			, , ,					
F					<u> </u>	C PN			
	Total number of participants at the beginning of the	•			5a		2		
b	, , , , , , , , , , , , , , , , , , ,				5b		2		
С	Total number of participants with account balances complete this item)				5с		2		
6a	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								
b	Are you claiming a waiver of the annual examination						X Yes ☐ No		
	under 29 CFR 2520.104-46? (See instructions on w If you answered "No" to either 6a or 6b, the plan	• •		•			^ Yes No		
Pa	art III Financial Information	ounnot use i v	<u> </u>	or and mast moteda ase I offi o	00.				
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year		
а	Total plan assets		. 7a	932023	3		1030100		
b	Total plan liabilities		7b		0		0		
С	Net plan assets (subtract line 7b from line 7a)		7c	932023	23		1030100		
8	Income, Expenses, and Transfers for this Plan Year			(a) Amount	(b) Total		otal		
а			90(1)		0				
	(1) Employers(2) Participants		8a(1)	(5				
	(3) Others (including rollovers)		8a(2) 8a(3)	2)		0			
b			8b	98077					
C			8c				98077		
d									
	to provide benefits)	·····	. 8d)				
е	,	,	. 8e		2				
f	Administrative service providers (salaries, fees, com		8f		2				
g	•)		0		
h	1 (, , , ,)						98077		
ĺ:	Net income (loss) (subtract line 8h from line 8c)						90011		
	Transfers to (from) the plan (see instructions)		8j)				

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Part IV	Dian	(`haract	Orietics
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SIGN HERE

Signature of employer/plan sponsor

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 3D 3B

b	lf th	e plan provides welfare benefits, enter the applicable welfare featur	re codes from the l	_ist of Plan Charact	terist	ic Cod	des in	the instruct	tions:	
Part	٧	Compliance Questions								
10	Dui	ing the plan year:				Yes	No		Amount	
а		s there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary			10a		X			
b		re there any nonexempt transactions with any party-in-interest? (Doine 10a.)			10b		X			
С	Wa	as the plan covered by a fidelity bond?			10c	X				100000
d		the plan have a loss, whether or not reimbursed by the plan's fideli			10d X					
	ins	re any fees or commissions paid to any brokers, agents, or other per arance service or other organization that provides some or all of the ructions.)	e benefits under the	plan? (See	10e X					
f	Has	s 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 y	year end.)		10q		X			
h		is is an individual account plan, was there a blackout period? (See 0.101-3.)			10h		Χ			
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					
Part '	VI	Pension Funding Compliance								
		nis a defined benefit plan subject to minimum funding requirements?							☐ Yes	No
12		his a defined contribution plan subject to the minimum funding requ							Yes	X No
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.							_	
а	lf a	waiver of the minimum funding standard for a prior year is being an	nortized in this plar	n year, see instructi	ions,	and e	nter th	ne date of t	he letter ru	ing
	-	nting the waiver.					Day		Year	
		completed line 12a, complete lines 3, 9, and 10 of Schedule MB	•	-			12b			
		er the minimum required contribution for this plan year er the amount contributed by the employer to the plan for this plan y				⊢	12c			
d	Sub	tract the amount in line 12c from the amount in line 12b. Enter the rative amount)	result (enter a minu	us sign to the left of	fa	···	12d			
	Ŭ	the minimum funding amount reported on line 12d be met by the fu						Yes	No	N/A
Part \		Plan Terminations and Transfers of Assets						<u> </u>	<u> </u>	
13a	Has	a resolution to terminate the plan been adopted during the plan year	ear or any prior yea	r?					Yes	X No
	lf "Y	es," enter the amount of any plan assets that reverted to the emplo	oyer this year				13a			
-	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?								X No	
		uring this plan year, any assets or liabilities were transferred from the ch assets or liabilities were transferred. (See instructions.)	nis plan to another	plan(s), identify the	plar	n(s) to				
13	13c(1) Name of plan(s):						13c(2) EIN(s) 13c(3) PI			PN(s)
Cauti	on:	A penalty for the late or incomplete filing of this return/report v	will be assessed u	ınless reasonable	cau	se is	estab	ished.		
SB or	Sch	nalties of perjury and other penalties set forth in the instructions, I do edule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.								
SIGN	F	Filed with authorized/valid electronic signature. 10/15/2011 LOUIS JACOBS				DPM				
HERE	- T	Signature of plan administrator Date Enter name of				individual signing as plan administrator				

Date

Enter name of individual signing as employer or plan sponsor

OMB Nos. 1210-0110 1210-0089

Short Form Annual Return/Report of Small Employee Form 5500-SF Benefit Plan

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2010

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	Complete all entries in accor	rdance wi	th the instructions to the Form 550	0-8F.				
Part I Annual Report Identification Information								
_	r calendar plan yeer 2010 or fiscal plan year beginning	01/01/	2010 and ending		12/31/2010			
_	This return/report is for: Single-employer plan	multiple-employer plan (not multiemployer) one-participant plan						
В	This return/report is for:	final retu	m/report					
	an amended return/report	short pla	n year return/report (less than 12 moi	nths)				
C	Check box if filing under: 🔀 Form 5558	automat	c extension		DFVC program	m		
	special extension (enter description)	on)	•					
P	art II Basic Plan Information—enter all requested inform	etion			11100011100			
1a	Name of plan		111111111111111111111111111111111111111	1b	Three-digit	TETTING TETTING		
	LOUIS W. JACOBS D.P.M. P.C. PROFIT SHART	ING PL	AN		plan number			
					(PN) •	004		
				10	Effective date of	•		
2a	Plan sponsor's name and address (employer, if for single-employer	oleo)	111-11-11-11-11-11-11-11-11-11-11-11-11	2h	01/01/1990 Employer Identifi			
	LOUIS W. JACOBS D.P.M., P.C.	parij		4.0	5780			
	42 EAST VIEW COURT		j	2c	Plan sponsor's te			
	42 BASI VIEW COOKI				516-932-12			
	JERICHO NY 11753			2 d	Business code (s 621111	ee instructions)		
3а	Plan administrator's name and address (if same as Plan sponsor, e	oter "Sam	m"\	36	Administrator's E	IN		
	Plan administrator's name and address (if same as Plan sponsor, e LOUIS W. JACOBS D.P.M., P.C.		- '	~~	11-2315780			
	42 EAST VIEW COURT			3¢	Administrator's te			
4	JERICHO NY 11753			44.	516-932-12	39		
•	If the name and/or EIN of the plan sponsor has changed eince the lac name, EIN, and the plan number from the last return/report. Sponso	st retum/re ir's name	port med for this plan, enter the	4 b	EIN			
				4c	C PN			
5a	Total number of participants at the beginning of the plan year			5a	2			
Ь	Total number of participants at the end of the plan year				2			
C	Total number of participants with account balances as of the end of	the plan y	rear (defined benefit plans do not	5c		2		
£-	complete this item)					Yes No		
	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a					⊠ .ee ∏ 140		
-	under 29 CFR 2520.104-467 (See instructions on waiver eligibility a	and condit	ons.)	~, 		X Yes No		
	If you answered "No" to either 6a or 6b, the plan cannot use Fo					******		
Pa	rt III Financial Information		AUDICA DE ALTONOMOSTO AUDICA.					
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End o	f Year		
	Total plan assets	7a	932023	3		1030100		
Ь	Total plan liabilities	7b	()	***************************************	0		
Ç	Net plan assets (subtract line 7b from line 7a)	7c	932023	3		1030100		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) To	tal		
а	Contributions received or receivable from:	0-44						
	(1) Employers	8a(1)	(: 1				
	(2) Participants			H				
h	(3) Others (including rollovers)		98077					
	Other income (loss)		38077	+		00000		
6	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8¢		₩		98077		
đ	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	O)				
	Certain deemed and/or corrective distributions (see instructions)	8e	C	}				
f	Administrative service providers (salaries, fees, commissions)	8f	C					
g	Other expenses	8g	C					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	Bh	-			Ò		
ī	Net income (loss) (subtract line 8h from line 8c)	8i				98077		
j	Transfers to (from) the plan (see instructions)	8j	O)				

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Form 5500-SF 2010 Page 2-Part IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 3D 3B 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** During the plan year: Yes. No Amount Was there a failure to transmit to the plan any participant contributions within the time period described in х 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported X on line 10a.)..... 10b Was the plan covered by a fidelity bond?..... 10c 100000 Х d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud х or dishonesty? 10d 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 X instructions.) 10e Has the plan falled to provide any benefit when due under the plan? x 10f Did the plan have any participant loans? (If "Yes," enter amount as of year end.)..... х 10g If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR Х 2520.101-3.) 10h 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..... Part VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)) 12 is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?.. (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, and enter the date of the letter ruling Day Year If you completed line 12s, 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. 12**b** C Enter the amount contributed by the employer to the plan for this plan year..... 12c Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a 12d negative amount) No N/A Part VII Plan Terminations and Transfers of Assets 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 🔯 No of the PBGC? c 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) 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. LOUIS JACOBS DPM w SIGN HERE Signature of plan adminis Date Enter name or individual signing as plan administrator SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor