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.

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OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

P	art I 📗 Ar	nual Report I	Identification Informa	ition				
For	calendar pla	n year 2010 or fis	cal plan year beginning	01/01/201	10	and ending	12/31/2	2010
Α	This return/re	eport is for:	x single-employer plan		multiple-e	employer plan (not multiemployer)		one-participant plan
В	This return/re	eport is for:	first return/report		final retur	n/report		_
			an amended return/repo	ort	short plar	n year return/report (less than 12 m	onths)	
C	Check box if	filing under:	Form 5558		automatic	extension	,	DFVC program
	OHOOK BOX II	ming ander.	special extension (enter	∟ descripti∵	1			
D:	art II Ba	sic Plan Info	rmation—enter all reques		,			
	Name of pla		illiation—enter an reques	tea miom	ialion		1b	Three-digit
			LITY DEFINED CONTRIBUT	ION				plan number 001
								(PN) •
							1c	Effective date of plan
22	Dian anana	r'a nama and ada	draga (amplayor if for aingle	ampleye	r nlon\		2h	01/01/2001
	ZEM MASTE		dress (employer, if for single	-еттрюуе	г ріап)		20	Employer Identification Number (EIN) 11-3394289
							2c	Plan sponsor's telephone number
	AVERFORD SVILLE, NY							516-932-8506
							2a	Business code (see instructions) 541211
3a	Plan admini	strator's name an	d address (if same as Plan s				3b	Administrator's EIN
KHO	ZEM MASTE	ER CPA			ORD ROAI E, NY 1180			11-3394289
							3C	Administrator's telephone number 516-932-8506
4	If the name a	nd/or EIN of the p	olan sponsor has changed si	nce the la	ast return/re	port filed for this plan, enter the	4b	EIN
			per from the last return/repor				4-	
5 0	Tatal access						4c	
	5a Total number of participants at the beginning of the plan year							1
b Total number of participants at the end of the plan year							<u>'</u>	
С						rear (defined benefit plans do not	5c	1
6a		•				(See instructions.)		X Yes No
b	Are you cla	iming a waiver of	the annual examination and	report of	an indeper	ndent qualified public accountant (I	QPA)	
						ions.)		Yes No
Ps		wered "No" to en nancial Inforn		not use F	orm 5500-	SF and must instead use Form 5	500.	
7		and Liabilities	11411011			(a) Beginning of Year		(b) End of Year
a					7a	2106	01	235058
	Total plan I				7b			
С	Net plan as	sets (subtract line	e 7b from line 7a)			2106	01	235058
8	Income, Ex	penses, and Tran	sfers for this Plan Year			(a) Amount		(b) Total
а	Contribution	ns received or rec	eivable from:			283	86	
	(1) Employ	/ers		•••••	8a(1)	203	-	
					` '		0	
	` '	`	rs)				0	
b		` '					U	28386
۲ C), 8a(2), 8a(3), and 8b) trollovers and insurance pre		8c			20000
d					8d		0	
е			ective distributions (see instru				0	
f	Administrat	ive service provid	ers (salaries, fees, commiss	ions)	8f		0	
g	Other expe	nses			8g		0	
h	Total exper	nses (add lines 8d	I, 8e, 8f, and 8g)					0
h i					8h			0 28386

Form 5500-SF 2010	Page 2- ¹
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Part IV	Dian	('harac	tarietice
ганти	гіан	Cilaiac	เธาเอเเษอ

Signature of plan administrator

Signature of employer/plan sponsor

SIGN HERE

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

		e plant provides wellare bettems, enter the applicable wellare reato		iot of Flair Offara	0.0110		200 111				
Part	٧	Compliance Questions									
10	Dui	ing the plan year:				Yes	No		Amo	unt	
а		s there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciar			10a		X				0
b		re there any nonexempt transactions with any party-in-interest? (D ine 10a.)		•	10b		X				0
С	Wa	s the plan covered by a fidelity bond?			10c		X				0
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud										0
	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										0
f	Has	the plan failed to provide any benefit when due under the plan?			10f		X				0
g	Did	the plan have any participant loans? (If "Yes," enter amount as of	year end.)		10g		X				0
_	If th	is is an individual account plan, was there a blackout period? (See 0.101-3.)	e instructions and 29) CFR	10h		X				
i		Oh was answered "Yes," check the box if you either provided the reeptions to providing the notice applied under 29 CFR 2520.101-3	•		10i		X				
Part '	VI	Pension Funding Compliance									
11	Is th 550	is a defined benefit plan subject to minimum funding requirements 0))	s? (If "Yes," see inst	ructions and com	plete	Sched	ule SB	(Form		Yes	X No
12	ls t	his a defined contribution plan subject to the minimum funding requ	uirements of section	1 412 of the Code	or se	ction 3	302 of	ERISA?.		Yes	X No
	•	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	,								
		waiver of the minimum funding standard for a prior year is being an nting the waiver									
	-	completed line 12a, complete lines 3, 9, and 10 of Schedule MB					Day		Teal		
		er the minimum required contribution for this plan year		-		Г	12b				0
		er the amount contributed by the employer to the plan for this plan				1	12c				0
d	Sub	tract the amount in line 12c from the amount in line 12b. Enter the ative amount)	result (enter a minu	us sign to the left of	of a		12d				0
е	Will	the minimum funding amount reported on line 12d be met by the f	unding deadline?					Yes	X N	0	N/A
Part '	VII	Plan Terminations and Transfers of Assets	-								
13a	Has	a resolution to terminate the plan been adopted during the plan ye	ear or any prior vea	r?					П	Yes	X No
		es," enter the amount of any plan assets that reverted to the employer					13a		<u> </u>		
	We	re all the plan assets distributed to participants or beneficiaries, tra					ntrol			Yes	X No
		uring this plan year, any assets or liabilities were transferred from the chassets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify th	ne plai	n(s) to					
1;	3c(1) Name of plan(s):				130	c(2) El	N(s)	1	3c(3)	PN(s)
Cauti	on:	A penalty for the late or incomplete filing of this return/report	will be assessed u	ınless reasonabl	e cau	se is	establ	ished.			
Under SB or	pei Sch	nalties of perjury and other penalties set forth in the instructions, I cedule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.	declare that I have e	examined this retu	ırn/rep	ort, in	cludin	g, if appli			
SIGN		iled with authorized/valid electronic signature.	10/20/2011	KHOZEM MASTE	R						
HERE	_	Signature of plan administrator	Date	Enter name of in	dividu	ıal sigi	ning as	s plan adı	ministra	ıtor	

Date

Date

Enter name of individual signing as plan administrator

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 insts. 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					
For calendar plan year 2010 or fiscal plan year beginning $01/01/3$	2010	and ending $12/31$	/20	010	
A This return/report is for: X single-employer plan	multiple-e	mployer plan (not multien	nploy	er) one-par	rticipant plan
B This return/report is for: first return/report	final retur	n/report			
an amended return/report	short plan	year return/report (less t	han 1	2 months)	
C Check box if filing under: X Form 5558		extension		□ DFVC p	orogram
special extension (enter description	n)			_	
Part II Basic Plan Information enter all requested info	rmation				
1a Name of plan			1b	Three-digit	
KHOZEM MASTERCPA MP FIDELITY DEFINE	D CONT	RIBUTION		plan number	
RETIREMENT PLAN				(PN) ▶	001
			1c	Effective date of	plan
				01/01/20	
2a Plan sponsor's name and address (employer, if for single-employer	plan)	14.	2b	Employer Identifi	
KHOZEM MASTER CPA				(EIN) 11-33	
			20	Plan sponsor's te	
32 HAVERFORD ROAD			-	(516) 932	
			24	Business code (s	
HICKSVILLE	NY	11801-3425	Zu	541211	see instructions)
3a Plan administrator's name and address (if same as Plan sponsor, er			2h	Administrator's E	TIM
SAME	iter Same		30	11-33942	
SAME			0		
			3с	Administrator's te	elephone number
A lifthe name and/or FIN of the plan energy has abanded since the la	-44 /	ant filed for this also	41	FINI	
4 If the name and/or EIN of the plan sponsor has changed since the la		경영화 보고 있는 사람들이 어떻게 되었다면 하는데 되었다.	4b	EIN	
enter the name, EIN, and the plan number from the last return/report	t. Sponsor's	name			
5. T. J.			4c	PN	
5a Total number of participants at the beginning of the plan year			5a		<u> </u>
b Total number of participants at the end of the plan year			5b		1
c Total number of participants with account balances as of the end of					
plans do not complete this item)			5c		1
6a Were all of the plan's assets during the plan year invested in eligible					X Yes No
b Are you claiming a waiver of the annual examination and report of a			tant (l	IQPA)	
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and					X Yes No
If you answered "No" to either 6a or 6b, the plan cannot use Fo	rm 5500-SF	and must instead use F	orm	5500.	
Part III Financial Information					
7 Plan Assets and Liabilities		(a) Beginning of Ye			nd of Year
a Total plan assets	7a	210	601		235058
b Total plan liabilities	7b				0
c Net plan assets (subtract line 7b from line 7a)	7c	210	601		235058
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b)) Total
a Contributions received or receivable from:					
(1) Employers	8a(1)	28	386	5	
(2) Participants	8a(2)		()	
(3) Others (including rollovers)	8a(3)		(
b Other income (loss)	8b		(
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				28386
d Benefits paid (including direct rollovers & insurance premiums to provide benefits)	8d		C)	
e Certain deemed and/or corrective distributions (see instructions)			(
f Administrative service providers (salaries, fees, commissions)			(
g Other expenses	8g		0		
h Total expenses (add lines 8d, 8e, 8f, and 8g)					0
i Net income (loss) (subtract line 8h from line 8c)					28386
j Transfers to (from) the plan (see instructions)			C)	20000
			-		

	Form 5500-SF 2010 Page 2-						
Pa	art IV Plan Characteristics						
	If the plan provides pension benefits, enter the applicable pension features codes from the List of Plan 2C	Charac	teristic	Code	s in th	e instru	ctions:
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Ch	naracte	ristic C	odes i	n the i	nstruction	ons:
Pa	rt V Compliance Questions						
)	During the plan year:		Yes	No		Amou	ınt
a	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 & DOL's Voluntary Fiduciary Correction Program)	10a		Х			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions	405		v			
•	reported on line 10a.) Was the plan covered by a fidelity bond?	10b		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	100		Λ			
	carrier, insurance service or other organization that provides some or all of the benefits under	100		Х			
f	the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan?	10e		X			
q	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X			
b	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	109		21			
"	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	1					
	exceptions to providing the notice applied under 29 CFR 2520.101-3	10i		X			
o _a	rt VI Pension Funding Compliance						
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and	comple	te Sch	nedule	SB		
	(Form 5500))					Yes	X No
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?					Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins	struction				ate of th	e letter
	ruling granting the waiver Month		Day		_ `	Year _	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		_				
b	Enter the minimum required contribution for this plan year			12b			
3	Enter the amount contributed by the employer to the plan for this plan year			12c			
b	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the						
	negative amount)			12d		_	
)	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Ye	es	X No	N/
	rt VII Plan Terminations and Transfers of Assets						
3	Has a resolution to terminate the plan been adopted during the plan year or any prior year?					Yes	X No
	If ``Yes," enter the amount of any plan assets that reverted to the employer this year			13a			
0	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough			control	,	_	
	of the PBGC?					Yes	X No
3	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif	fy the p	lan(s)	to			
	which assets or liabilities were transferred. (See instructions.)						
1	3c(1) Name of plan(s):	13	c(2) El	N(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 pelief, it is true, correct, and complete.

SIGN	Takozem marier	1 1	KHOZEM MASTER
HERE	Signature of plan administrator	Date 0 20 (1	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

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an amended return/report	short plan	year return/report (less t	han 1	2 months)	
C Check box if filing under: X Form 5558		extension		□ DFVC p	orogram
special extension (enter description	n)			_	
Part II Basic Plan Information enter all requested info	rmation				
1a Name of plan			1b	Three-digit	
KHOZEM MASTERCPA MP FIDELITY DEFINE	D CONT	RIBUTION		plan number	
RETIREMENT PLAN				(PN) ▶	001
			1c	Effective date of	plan
				01/01/20	
2a Plan sponsor's name and address (employer, if for single-employer	plan)	14.	2b	Employer Identifi	
KHOZEM MASTER CPA				(EIN) 11-33	
			20	Plan sponsor's te	
32 HAVERFORD ROAD			-	(516) 932	
			24	Business code (s	
HICKSVILLE	NY	11801-3425	Zu	541211	see instructions)
3a Plan administrator's name and address (if same as Plan sponsor, er			2h	Administrator's E	TIM
SAME	iter Same		30	11-33942	
SAME			0		
			3с	Administrator's te	elephone number
A lifthe name and/or FIN of the plan energy has abanded since the la	-44 /	ant filed for this also	41	FINI	
4 If the name and/or EIN of the plan sponsor has changed since the la		경영화 보고 있는 사람들이 어떻게 되었다면 하는데 되었다.	4b	EIN	
enter the name, EIN, and the plan number from the last return/report	t. Sponsor's	name			
5. T. J.			4c	PN	
5a Total number of participants at the beginning of the plan year			5a		<u> </u>
b Total number of participants at the end of the plan year			5b		1
c Total number of participants with account balances as of the end of					
plans do not complete this item)			5c		1
6a Were all of the plan's assets during the plan year invested in eligible					X Yes No
b Are you claiming a waiver of the annual examination and report of a			tant (l	IQPA)	
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and					X Yes No
If you answered "No" to either 6a or 6b, the plan cannot use Fo	rm 5500-SF	and must instead use F	orm	5500.	
Part III Financial Information					
7 Plan Assets and Liabilities		(a) Beginning of Ye			nd of Year
a Total plan assets	7a	210	601		235058
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(2) Participants	8a(2)		()	
(3) Others (including rollovers)	8a(3)		(
b Other income (loss)	8b		(
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				28386
d Benefits paid (including direct rollovers & insurance premiums to provide benefits)	8d		C)	
e Certain deemed and/or corrective distributions (see instructions)			(
f Administrative service providers (salaries, fees, commissions)			(
g Other expenses	8g		0		
h Total expenses (add lines 8d, 8e, 8f, and 8g)					0
i Net income (loss) (subtract line 8h from line 8c)					28386
j Transfers to (from) the plan (see instructions)			C)	20000
			-		

	Form 5500-SF 2010 Page 2-						
Pa	art IV Plan Characteristics						
	If the plan provides pension benefits, enter the applicable pension features codes from the List of Plan 2C	Charac	teristic	Code	s in th	e instru	ctions:
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Ch	naracte	ristic C	odes i	n the i	nstruction	ons:
Pa	rt V Compliance Questions						
)	During the plan year:		Yes	No		Amou	ınt
a	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 & DOL's Voluntary Fiduciary Correction Program)	10a		Х			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions	405		v			
•	reported on line 10a.) Was the plan covered by a fidelity bond?	10b		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	100		Λ			
	carrier, insurance service or other organization that provides some or all of the benefits under	100		Х			
f	the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan?	10e		X			
q	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X			
b	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	109		21			
"	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	1					
	exceptions to providing the notice applied under 29 CFR 2520.101-3	10i		X			
o _a	rt VI Pension Funding Compliance						
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and	comple	te Sch	nedule	SB		
	(Form 5500))					Yes	X No
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?					Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins	struction				ate of th	e letter
	ruling granting the waiver Month		Day		_ `	Year _	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		_				
b	Enter the minimum required contribution for this plan year			12b			
3	Enter the amount contributed by the employer to the plan for this plan year			12c			
b	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the						
	negative amount)			12d		_	
)	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Ye	es	X No	N/
	rt VII Plan Terminations and Transfers of Assets						
3	Has a resolution to terminate the plan been adopted during the plan year or any prior year?					Yes	X No
	If ``Yes," enter the amount of any plan assets that reverted to the employer this year			13a			
0	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough			control	,	_	
	of the PBGC?					Yes	X No
3	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif	fy the p	lan(s)	to			
	which assets or liabilities were transferred. (See instructions.)						
1	3c(1) Name of plan(s):	13	c(2) El	N(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 pelief, it is true, correct, and complete.

SIGN	Takozem marier	1 1	KHOZEM MASTER
HERE	Signature of plan administrator	Date 0 20 (1	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