	Form 5500-SF	Short Form Annual R	yee	OMB Nos. 1210-01 1210-008				
	Department of the Treasury Internal Revenue Service	This form is required to be file	•	2010				
Er	Department of Labor nployee Benefits Security Administration	Retirement Income Security A	yee					
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 550					0-SF.	Inspection		
		entification Information						
For	calendar plan year 2010 or fisca	7			2/31/2			
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	•				
		an amended return/report	short plan	year return/report (less than 12 mor	nths)	_		
С	Check box if filing under:	Form 5558		extension		DFVC program		
			,	ICANE IRENE - SUFFOLK COUNT	Y,NY			
		nation—enter all requested inform	ation		46			
	Name of plan	HARBOR 401(K) PROFIT SHARING			1D	Three-digit plan number		
L. IVI	ICHIELEE KON, DDS, I C SAI E					(PN) ▶ 001		
					1c	Effective date of plan 01/01/2005		
	Plan sponsor's name and addre	ess (employer, if for single-employer	plan)		2b	Employer Identification Number (EIN) 42-1600632		
	WALT WHITMAN ROAD				2c	Plan sponsor's telephone number 631-629-4490		
MEL	VILLE, NY 11747				2d	Business code (see instructions) 621210		
3a MICH	Plan administrator's name and HELLE E. KUN, DDS, PC	address (if same as Plan sponsor, e 612 WALT W MELVILLE, N	/HITMAN F	e") ROAD	3b	Administrator's EIN 42-1600632		
		WELVILLE, F	NT 11747		3c	Administrator's telephone number 631-629-4490		
	•	n sponsor has changed since the las		port filed for this plan, enter the	4b	EIN		
	name, EIN, and the plan numbe	r from the last return/report. Sponso	or's name		4c	PN		
5a	Total number of participants at	the beginning of the plan year			5a	7		
b	Total number of participants at	the end of the plan year			5b	7		
C	Total number of participants wi complete this item)	th account balances as of the end of	f the plan y	rear (defined benefit plans do not	5c	7		
6a		uring the plan year invested in eligib	le assets?	(See instructions.)		X Yes No		
b				ndent qualified public accountant (IQI				
		• •		ons.) SF and must instead use Form 550		Yes No		
Pa	rt III Financial Informa		01111 3300-	or and must instead use rorm 55				
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year		
а	Total plan assets		. 7a	119228		156552		
b	Total plan liabilities		. 7b					
С	Net plan assets (subtract line 7	b from line 7a)	7c	119228		156552		
8	Income, Expenses, and Transf	ers for this Plan Year		(a) Amount		(b) Total		
а	Contributions received or recei	vable from:	8a(1)					
			8a(2)	16500				
b	., ,			20824				
С	()	8a(2), 8a(3), and 8b)	-			37324		
d	Benefits paid (including direct r	ollovers and insurance premiums	. 8d					
е	· ,	ive distributions (see instructions)	8e					
f		s (salaries, fees, commissions)	. 8f					
g	Other expenses	· · · · · · · · · · · · · · · · · · ·	. 8g					
h	Total expenses (add lines 8d, 8	3e, 8f, and 8g)	. 8h					
i	Net income (loss) (subtract line	8h from line 8c)	. 8i			37324		
j	Transfers to (from) the plan (se	e instructions)	8j					

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Part IV Plan Characteristics

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 3D
- **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							
10	During the plan year:		Yes	No		Amou	nt	
а	Was there a failure to transmit to the plan any participant contributions within the time period described 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	in 10a		Х				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions report on line 10a.)	d 10b		х				
С	Was the plan covered by a fidelity bond?	10c		Х				
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by france or dishonesty?	d 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				
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 end.)	10g		Х				
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							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and 5500))					· []	Yes 🗡	No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the C	ode or se	ection 3	802 of E	ERISA?	۱ 🗌	Yes 🏾	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, see ingranting the waiver.							
lf y	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				
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 to the negative amount)			12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	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?					<u>ا</u> ا	Yes X	No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough of the PBGC?	ht under	the co			· []	Yes 🗡	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi which assets or liabilities were transferred. (See instructions.)	y the pla	n(s) to					
1	3c(1) Name of plan(s):		130	c(2) Ell	N(s)	13	c(3) P	N(s)
							•	·
Caut	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reaso	able car	use is	establi	shed.			

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.	10/24/2011	JASON EVERT
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

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24 11 (1		31620448	39 Page: 3/5 [Date: 10/24/	2011	12:16:58 PM	
	From: Unite	d Benefit Pensions Inc. To: 16	01020440					
	n 5500-SF	Short Form Annual I	Return/ Benefit	-	Employ	ee		OMB Nos. 1210-01 1210-00
Depart Intern	iment of the Treasury B Revenue Service	This form is required to be fil			he Employee			2010
	partment of Labor ni its Security Administration	Retirement Income Security	Act of 1974					is Open to Public
	neill Guaranty Corporation	Complete all entries in acco	rdance wit	h the instructions to th	e Form 5500	-SF.	ln In	spection
Part	Annual Report	Identification Information				e de farma		
		iscal plan year beginning 91/01/20 [7] single-employer plan [7]		·		93 (72		
	un/report is for:		1	empioyer plan (not multie	employer)		one-particip	ant plan
3 This retu	um/report is for:	first return/report] finat retur					
_		an amended return/report	4	n year retum/report (less	than 12 mon	ihs)	_	
Check b	ok if filing under:	X Form 5558		c extension			DFVC progr	am
		special extension (enter descript	-	RICANE IRENE - SUFFO	LK COUNTY	',NY		
Part II		prmation—enter all requested inform	nation			41		· · · · · ·
a Name o MICHELLE		FE HARBOR 401(K) PROFIT SHARIN				מו	Three-digit plan number	
			C. C.I.				(PN) 🕨	001
					Ē	1c	Effective date of	
				,		<u></u>	01/01/	
CHELLE E	onson's name and ad E.KUN, DDS, PC	dress (employer, if for singla-employe	r plan)			2b	Employer Ident (EIN) 42-160	lification Number)0632
					-	2c		telephone numbe
2 WALT W ELVILLE, N	/HITMAN ROAD						631-62	29-1490
						2d	Business code 62121	(see instructions) 6
a Plan ad	Ininistrator's name a E.K.N. DDS. PC	nd address (if same as Plan sponsor, 612 WALT	nator "Som					ENI
		012 VIAL1	WHITMAN	e") Road		3b	Administrator's	
		MELVILLE,		e") Road	_		42-160	0692
		MELVILLE,	NY 11747				42-160 Administrator's	
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	From: United Benefit Pensions Inc. To: 16316294489 Page: 4/5 Date:	10/24	# 2011	12:1	6:58 PN	Λ	
5	form 5500-SF 2010 Page 2-						
Part IV							
9a lf the 2E	plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char 2G 2J 3D	acteri:	stic Co	des in	the inst	ructions:	
b If the	plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	acteris	dic Cor	des in	the instr	uctions:	
Part V	Compliance Questions						
	ng the plan year:		Yes	No		Amount	
29	there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		х			
	e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	10Б		Х			
	s the plan covered by a fidelity bond?	10c		Х			
d Did	he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud		<u> </u>	х			
	shbnesty?	10d		~			
insu	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See up ons.)	10e		х			
	the plan failed to provide any benefit when due under the plan?	10f	-	Х			
	he plen have any participant loans? (If "Yes," enter amount as of year and.)	10g	<u> </u>	X			
h Ifthi	s is an individual account plan, was there a blackout period? (See instructions and 29 CFR			x		nan har in the second secon	
). 101-3.) h vas answered "Yes," check the box if you either provided the required notice or one of the	1 0h					
BXCE	ptions to providing the notice applied under 29 CFR 2520.101-3	10i					
art ∀l	Pension Funding Compliance	·	<u> </u>			a tan tanàn ang tanàn ta	
11 Isthi	s a defined benefitiplan subject to minimum funding requirements? (If "Yes," see instructions and com))	nplete	Sched	ule SE	B (Form	Ves	জ
oran		clinne	and e	mber th	ia data d	f the letter n	dina
lf you c	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru- ting the waiver	ith		Day	ie date c 	of the letter n Year	uling
lf you c b Ente	ing the waiverMon on pieted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. r the minimum recuired contribution for this plan year	ith		Day 1 2 6	e date c	of the letter n	uling
lf you c b Ente C Ente d Subt	ing the waiver	ofa		Day		of the letter n Year	uling
If you c b Ente c Ente d Subt nega	ing the waiver	ofa	····	Day 12b 12c 12d	Ves	f the letter n Year	
If you c b Ente c Ente d Subt nega e Will t	ing the waiver	ofa	····	Day 12b 12c 12d		Year	
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If you c b Ente c Ente d Subt nega e Will 1 art VII 3a Has	inn the waiver	of a		Day 12b 12c 12d 13a		Year	
If you c b Ente c Ente d Subt nega e Will 1 art VII 3a Has If 'Ye b Werd	the waiver. Mon on pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. If the minimum recuired contribution for this plan year. If the amount contributed by the employer to the plan for this plan year. The amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left tive amount) the minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets a resolution to terminate the plan been adopted during the plan year or any prior year? State the amount of any plan assets that reverted to the employer this year .	of a		Day 12b 12c 12d 13a ntrol		Year	
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If you c b Ente c Ente d Subt nega e Will if art VII 3a Has If Ye b Were of th c If du whic	In the waiver. Mon on pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. If the minimum recuired contribution for this plan year	of a	the co	Day 12b 12c 12d 13a ntrol	Yes	Year	
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