Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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.

Short Form Annual Return/Report of Small Employee

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

	art I Annual Report Identification Information					
For	calendar plan year 2010 or fiscal plan year beginning 01/01/201	0	and ending	12/31/2	2010	
Α .	This return/report is for:	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	year return/report (less than 12 m	onths)		
C	Check box if filing under: Form 5558	automatio	extension		DFVC program	
		on) DISAS	STER RELIEF UNDER IR-2011-87		_	
Pa	Int II Basic Plan Information—enter all requested inform	-				
	Name of plan			1b	Three-digit	
JEFF	REY D. HAIMSON, DMD, PLLC PENSION PLAN				plan number 001	
				4.	(PN) •	
				10	Effective date of plan 01/01/2002	
2a	Plan sponsor's name and address (employer, if for single-employer	plan)		2b	Employer Identification Number	
JEFF	REY D. HAIMSON, DMD, PLLC	• /			(EIN) 11-3581568	
8306	NORTHERN BOULEVARD			2c	Plan sponsor's telephone number 718-429-0440	
	(SON HEIGHTS, NY 11372			2d	Business code (see instructions)	
					621210	
3a	Plan administrator's name and address (if same as Plan sponsor, e REY D. HAIMSON, DMD, PLLC 8306 NORTH	enter "Same	e")	3b	Administrator's EIN 11-3581568	
JEII	JACKSON H			30	Administrator's telephone number	
				30	718-429-0440	
	f the name and/or EIN of the plan sponsor has changed since the la		port filed for this plan, enter the	4b	EIN	
	name, EIN, and the plan number from the last return/report. Sponso	or's name		4c	PN	
5a	Total number of participants at the beginning of the plan year			_	3	
b	Total number of participants at the end of the plan year			5b	3	
С	Total number of participants with account balances as of the end o					
	complete this item)	<u></u>		. 5c		
-	Were all of the plan's assets during the plan year invested in eligib		,		Yes No	
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility				Yes No	
	If you answered "No" to either 6a or 6b, the plan cannot use F		•			
Pa	rt III Financial Information					
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year	
	Total plan assets		36579	96	409360	
b	Total plan liabilities	. 7b		0	0	
С	Net plan assets (subtract line 7b from line 7a)	. 7c	36579	96	409360	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total	
а	Contributions received or receivable from: (1) Employers	. 8a(1)		0		
	(2) Participants	1		0		
	(3) Others (including rollovers)			0		
b	Other income (loss)		4356	64		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				43564	
d	Benefits paid (including direct rollovers and insurance premiums			0		
	to provide benefits)	. <u>8d</u>		0		
е	Certain deemed and/or corrective distributions (see instructions) \dots			0		
f	Administrative service providers (salaries, fees, commissions)			0		
g	Other expenses			0	0	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)				43564	
!	Net income (loss) (subtract line 8h from line 8c)			0	43504	
- 1	Transfers to (from) the plan (see instructions)	Ωi	İ.	0		

Form 5500-SF 2010	Page 2- ¹
-------------------	-----------------------------

Part IV	Plan	Charact	eristics

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:

art	٧	Compliance Questions						
0	Dur	ing the plan year:		Yes	No		Amou	ınt
а		s 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		X			
b		re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ine 10a.)	10b		X			
С	Wa	s the plan covered by a fidelity bond?	10c	X				6500
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud ishonesty?	10d		X			
е	insu	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, trance service or other organization that provides some or all of the benefits under the plan? (See ructions.)	10e		X			
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				4435
h		is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		X			
i		th was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i					
art	VI	Pension Funding Compliance						
1		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 0))					[Yes X N
2	ls th	nis a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ection 3	302 of	ERISA?	📗	Yes 🔼 N
	•	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
	gran	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver	th					
		completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Γ	12b	1		
		er the minimum required contribution for this plan year			12c			
		er the amount contributed by the employer to the plan for this plan year		-	120			
a		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount)			12d			
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
art	VII	Plan Terminations and Transfers of Assets						
3a	Has	a resolution to terminate the plan been adopted during the plan year or any prior year?		<u>.</u>			X	Yes N
	If "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a			
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought be PBGC?	under	the co				Yes X N
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the hassets or liabilities were transferred. (See instructions.)	ne pla	n(s) to	1			
1	3c(1)	Name of plan(s):		13	c(2) E	IN(s)	13	3c(3) PN(s)
auti	on:	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	estab	lished.		
Inde B or	r per Sch	alties of perjury and other penalties set forth in the instructions, I declare that I have examined this retuended the MB completed and signed by an enrolled actuary, as well as the electronic version of this return/true, correct, and complete.	urn/re	port, ir	cludin	g, if appl		

SIGN	Filed with authorized/valid electronic signature.	10/31/2011	JEFF HAIMSON
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	10/31/2011	JEFF HAIMSON
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

15168871470

P.03

OMB Hos 1210-0110

OCT-31-2011 12:43

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Buneflu Security Administration IMPROVED FUNDING

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

This Form is Open to Public

	Pension Bonefil Guaranty Corporation	► Complete all entries in acco	rdance wit	h the instruct	ions to the Form 55:	M.SE	· Ir	repection			
>P	Annual Report	Identification Information	TOTAL WILL	II WIG HISHOCI	JOINS TO DIG FORM 681	, ма г,		the Control of the Co			
For	the calendur plan year 2010	or flecal plan year beginning	01/0	1/2010	and ending	1	2/31/2010	*			
Α	This return/report is for:	x single-employer plan	multiple-e	mployer plan (not muldemployer)	- Contraction	One-particip	ant plan			
В	This return/report is for.	☐ first rotum/report	nnal retun		, , , , , ,		[] Guo-barricab	prit plati			
	•	☐ tin amended return/report ☐	4		port (less than 12 mon	e 34					
c	Check box If filing under:	Form \$558	รี "	-	port (less than 12 man	(rva)		\$ 100 miles			
•	CHOCK DOX II TRITTE BROWN.		٤	extension			DFVC progr	em .			
Orași Orași	16201 D : D:	x special extension (enter description		er Relief	Under IR-2011-	87					
	Name of plan	ormation — enter all requested info	mation.			y)	, }			
, 17 eCm	, a					16	Three-digit				
	JEFFREY D. HADKSON,	DMD, PLLC PENSION PLAN					(PN):▶	001			
						1c	Effequive date of				
28	Plan soonsor's name and add	fress (employer, if for single-employer p	./\			24	01/01/2002	The second se			
	JEFFREY D. HAIMSON,	DMD. PLLC	nan)			20	(EIN) 11-35	Ification Number			
						2c	The second secon	telephone namber			
	8306 NORTHERN BOULEV	MARD					(718) 429-				
US	JACKSON HEIGHTS	NY 11372				2d		(see Institutions)			
Ja		d address (If same as plan employer, e	nier "Same"	1		3h	621030 Administrators	C13.1			
	SAME	a delices (ii seline es pier empleyer, e	mor Series	,		30	ADING NEU BRIDGICA	EIN			
						2.	و ما الله الله الله الله الله الله الله ا				
						JC	Administrators	telephone number			
								Sur China			
4	if the name and/or EIN of the pame FIN and the plan numb	plan sponsor has changed since the last per from the last return/report. Sponsor	st return/rep	ort filed for this	plan, enter the	4b	EIN	• • • • • • • • • • • • • • • • • • • •			
	upure, mis and bigh light	commune astretum apont sponsor	s Numb			4c	PN .				
5a	Total number of participants a	t the beginning of the plan year			p o a b a b 1	52	:	3'			
b								3 .			
C		with account belances sa of the end of t				5c					
6a		furing the plan year invested in eligible						X Yes No			
b	Are you daiming a waiver of the	ne annual examination and report of an	independer	nt qualified pub				السار ودريق			
	under 29 CFR 2520.104-46? ((See instructions on waiver aligibility an	d conditions	.)			s	X Yes No			
PV .		er 6a or 6b, the plan cannot use For	n 5500-SF i	ind must inst	ad use form 5500.						
	中 Pinancial Inform	mation	Coducto Stall				1				
7	Plan Assets and Liabilities		THE PARTY	(a) B	eginning of Year		(b) End	of Year			
8	Total plan assets	$(\bullet, \bullet, \bullet, \bullet) \cdot (\bullet, \bullet, \bullet, \bullet, \bullet) \cdot (\bullet, \bullet, \bullet) \cdot (\bullet, \bullet, \bullet)$. 7a		365,796			409,360			
D	Total plan liabilities		. 7b		Ô			0			
<u>.c</u>	Net plan assets (subtract line	7b from line 7a)	. 70		365,798	4_		449/360			
8	Income, Expenses, and Trans				a) Amount	4	(b)	Total			
a	Contributions received or rece	ivable from:	9-/41		0			100 SI (1)			
	(1) Employers		. Ba(1)		0						
	(2) Participants				0			1 176			
b	(3) Others (including rollovers Other Income (1083)	5j. 4 4 4 4 4 4 4 1 1 4 4	- 8a(3)		43,564			80 p. 1 j <u>8.</u> 1			
_		soft and and an	. <u>Bb</u>	A STACK TIME		SA SA		43,364			
d	Total Income(add lines 8s(1), Reports paid (Including direct	oa(2), oa(3), and ob) ,	- 8c	AND THE PROPERTY OF	MANAGED STANDARD COM	199	Martin Pitania				
_	to provide benefits)		- 8d_		٥			1011/4 1000 11 11 11 11 11 11 11 11 11 11 11 11			
0	•	tive distributions (see instructions)	. 80		0	TEN.					
4		rm (selaries, fees, commissions)	. 87		0						
, ra	Other expenses	· ·			0						
9	*		8g	SHARESHARING			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
h	Total expenses (and lines 8d,		· <u>8b</u>			2 (T)		43;564			
1	Net Income (loss) (subtract line		- 31	STEEL PROPERTY OF	CATOMIC TO THE TANK OF THE TAN	() \$1.50 () \$1.50					
_	Transfers to (from) the plan (se	ee instructions)	. BJ	L	0	Print	**************************************				

20027004 P.04

19.	21/2011 12/22 1 IIV TO			15	してい	(14'10	P.04
						4	- 1. A. J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
	Form 5500-8F 2010 Page	2-	quarantanian-	-			
	Plan Characteristics						
3 40	If the plan provides pension benefits, enter the applicable pension feature codes from the List of	Plan Characte	riatic	Codes	in the	Anstructio	ns:
b	1D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of P	No. Ch					
	The state of the state of the supplicance well are loading to the state of the stat	kan Unaracten	euc C	0068	ក ភេខ	NASTINGTION:	
	Compliance Questiona				-		
10	During the plan year:		~aaninininin	Yes	No	Ī	Amount
a	Was there a failure to transmit to the plan any participant contribution within the time period del	scribed in			x	1	
ь	29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduciary Correction Program) Were there any nonexempt transactions with any party-in-interest? (Do not include transactions	4 4 4 1 1	10a	<u> </u>	1	 	
	on line 10a.)	s reported	105		x		
C	Was the plan covered by a fidelity bond?		10c	×		T	65,00
ď	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused	d by fraud				1	
	or diahonesty?		10d		×	<u> </u>	
•	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance call insurance services or other organization that provides some or all of the benefits under the plan	irrior,					
	inatructions.)	11 (200	100		x		
f	Has the plan falled to provide any benefit when due under the plan?		10f		х		
9	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		108	x			44,38
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		10h		x		
1	If 10h was enswered "Yes," check the box if you either provided the required notice or one of the	.	10/1				
in alth	exceptions to providing the notice applied under 29 CFR 2520.101-3		101				The state of the state of
1	Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see Instruction		4 0 -	h	CD (~	
	5500))	na and comple	W 50	neaul	3 2B (rom 	You ∕ Z €o
2	is this a defined contribution plan subject to the minimum funding requirements of section 412 of (if "Yes," complete 12s or 12b, 12c, 12d, and 12e below, as applicable.)	of the Code or	sectio	n 302	of ER	IBA? .	. TYON KINO
æ	If a walver of the minimum funding standard for a prior year is being amortized in this plan year,	see Instruction	hā ar	vi ante	er tha	dala of the	latter outlines
	granting the waiver	Man	lh		De		Year
If y	rou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to	o line 13.		Γ	12b	· ·	
D	Enter the minimum required contribution for this plan year		• •	· -	120 12c		
d	Enter the amount contributed by the employer to the plan for this plan year						
_	negative amount)	- 1 6 6		. L	12d	l·	
6	Will the minimum funding amount reported on line 12d be met by the funding deadline?					Yes	No DNA
	Plan Terminations and Transfers of Assets						
3a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?			٠, -	- •		, X Yes □ No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1 1 4		• •	13a	<u> </u>	,
b		or brought und	ler the	canti	ol	:	. TYes IX No
C	of the PBGC?), Identify the p	 lan(s)	to			
	which assets or liabilities were transferred, (See Instructions.)			· · · · · · · · · · · · · · · · · · ·		?	
	(3c(1) Name of plan(s):			13	c(2) E	[N(s)	139(3)-PN(a)
						•	
						•	
		,					
auti	on: A penalty for the late or incomplete filling of this return/report will be assessed unless n	eaconable ca	use b	e ee ta	blishe	Xd.	
Inda	penalties of parkury and other penalties set forth in the instructions, I decign that I have examine	ed this relum/n	aport,	Induc	ling, if	applicable	, a Schedule
B or	Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of the latrue, correct, and complete.	his return/repo	rt, an	d to th	e best	l of my kno	wiedge 800
ecilii (The first winds with the first					1,	
	Signature of plan administrator Dako/3/ // Ent	er name of Ind	Mdus	al sign	ng ee	plan admi	nietrator
	Our Many -			Secure of the last		1	
	Signature of employer/plan sponsor Data 10/31/11 Enti	or name of ind	Mdus	al sign	ng as	employer	or plan sponder