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

	art I Annual Report Identification Information				
For	calendar plan year 2010 or fiscal plan year beginning 01/01/2010)	and ending	12/31/2	2010
Α	This return/report is for: X single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participant plan
В	This return/report is for: first return/report	final retur	n/report		_
		onths)			
C	Check box if filing under:	automatic	extension	,	DFVC program
	special extension (enter description		, exteriorer		
Dr		,			
	art II Basic Plan Information—enter all requested informa Name of plan	ation		1h	Three-digit
	BMAN & KORN PROFIT SHARING PLAN			"	nlan number
					(PN) ▶ 001
				1c	Effective date of plan
				-	01/01/1992
	Plan sponsor's name and address (employer, if for single-employer p BMAN & KORN, M.D., PC.	plan)		26	Employer Identification Number (EIN) 11-3065754
TAOI	SWAR & RORR, W.D., 1 O.			2c	Plan sponsor's telephone number
	NORTHERN BLVD.				516-482-4343
GRE	AT NECK, NY 11021			2d	Business code (see instructions)
20	Discontinuis interest color and address (11 and a Discontinuis)		m.	26	621111
TAUI	Plan administrator's name and address (if same as Plan sponsor, en BMAN & KORN, M.D., PC. 900 NORTHE	RN BLVD). [*]	30	Administrator's EIN 11-3065754
	GREAT NECK	K, NY 110	21	3c	Administrator's telephone number
					516-482-4343
	f the name and/or EIN of the plan sponsor has changed since the las name, EIN, and the plan number from the last return/report. Sponsor		port filed for this plan, enter the	4b	EIN
	lame, Em, and the plan humber from the last return/report. Sponsor	Shame		4c	PN
5a	Total number of participants at the beginning of the plan year			5a	14
b	Total number of participants at the end of the plan year			5b	14
С	Total number of participants with account balances as of the end of			35	
	complete this item)		•	. 5c	14
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)		Yes No
b	Are you claiming a waiver of the annual examination and report of a				X Vac II Na
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either 6a or 6b, the plan cannot use Fo		•		Yes No
Pa	irt III Financial Information	7111 JJ00-	or and must misteau use i orm s	, , , , , , , , , , , , , , , , , , , 	
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
-	Total plan assets	7a	98520	00	999815
b	Total plan liabilities	7b			
C	Net plan assets (subtract line 7b from line 7a)	7c	98520	00	999815
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
a	Contributions received or receivable from:		(a) Amount		(5) 10141
	(1) Employers	8a(1)			
	(2) Participants	8a(2)			
	(3) Others (including rollovers)	8a(3)			
b	Other income (loss)	8b	1461	5	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			14615
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			
е	Certain deemed and/or corrective distributions (see instructions)	8e			
f	Administrative service providers (salaries, fees, commissions)	8f			
g	Other expenses	8g			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			0
i	Net income (loss) (subtract line 8h from line 8c)	8i			14615
i	Transfers to (from) the plan (see instructions)	Ωi			

Form 5500-SF 2010	Page 2-
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Part IV	Plan	Charact	teristics

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:

D		e plan provides welfare benefits, enter the applicable welfare featu								
Part	V	Compliance Questions								
10	Dui	ing the plan year:				Yes	No	A	Amount	
а	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 and DOL's Voluntary Fiduciary Correction Program)						X			
b		re there any nonexempt transactions with any party-in-interest? (Doine 10a.)		·	10b	X				800000
С	Wa	as the plan covered by a fidelity bond?			10c	X				15000
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?									800000
е	insurance service or other organization that provides some or all of the 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	year end.)		10q		X			
h		is is an individual account plan, was there a blackout period? (See			10h		X			
i	If 1	Oh was answered "Yes," check the box if you either provided the reeptions to providing the notice applied under 29 CFR 2520.101-3	equired notice or on	e of the	10i					
Part	VI	Pension Funding Compliance								
		nis a defined benefit plan subject to minimum funding requirements							Yes	X No
12	ls t	his a defined contribution plan subject to the minimum funding requ	uirements of section	n 412 of the Code	or se	ction 3	302 of I	ERISA?	Yes	X No
	(If "	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	e.)						_	
	gra	waiver of the minimum funding standard for a prior year is being ar nting the waiver.		Mont					e letter ruli Year	-
If y	ou (completed line 12a, complete lines 3, 9, and 10 of Schedule ME	3 (Form 5500), and	I skip to line 13.			401			
		er the minimum required contribution for this plan year				T	12b			
		er the amount contributed by the employer to the plan for this plan	•				12c			
	neg	tract the amount in line 12c from the amount in line 12b. Enter the ative amount)	······································				12d	7 ,, F	1 [1
		the minimum funding amount reported on line 12d be met by the fu	unding 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 ye	ear or any prior yea	r?					Yes	X No
		es," enter the amount of any plan assets that reverted to the emplo					13a			
b		re all the plan assets distributed to participants or beneficiaries, tranne PBGC?	nsferred to another	plan, or brought u	under	the co	ntrol		Yes	X No
С		uring this plan year, any assets or liabilities were transferred from the ch assets or liabilities were transferred. (See instructions.)	his plan to another	plan(s), identify th	ne pla	n(s) to			1	
1:	3c(1) Name of plan(s):				130	c(2) EI	N(s)	13c(3)	PN(s)
Cauti	on:	A penalty for the late or incomplete filing of this return/report	will be assessed ι	ınless reasonabl	le cau	se is	establ	ished.	1	
Unde SB or	r pei Sch	nalties of perjury and other penalties set forth in the instructions, I diedule 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 applicat		
SIGN	J F	iled with authorized/valid electronic signature.	1/04/2011	ANDREW FREED	OMAN					
HERI	E	Signature of plan administrator	Date	Enter name of in	ndividu	lividual signing as plan administrator				

Date

Enter name of individual signing as employer or plan sponsor

Form 5500-SF Short Form Annual Return/Report of Small Employee Benefit Plan Department of the Treasury Internal Revenue Service

This form is required to be filed under sections 104 and 4065 of the Employee Refirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

2010 This Form is Open to Public

OMB Nos. 1210-0110 1210-0089

-	Emp	Dapartment of Labor obyee Benefits Security Administration	Refirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). This Form is C						
	Per	rajon Bandlił Gudronty Corporallon	▶ Complete all entries in accor	rdance wit	h the instructions to the Form 5500	-SF.	1114	Poston	
Ŀ			lentification Information				1 4 7 4 1 7 A A 1	-A	
	or c	alendar plan year 2010 or fisc		01/01/2	***		_12/31/201 		
4	A TI	nis return/report is for:	x single-employer plan	multiple-e	employer plan (not multlemployer)		one-participa	nt plan	
ı	B T	nis return/report is for:] first return/report] final retur	n/report				
		ſ	an amended return/report	short plar	ı year return/report (less than 12 mon	ths)			
(C c	heck box if filing under:	K Form 5558	automalic	extension		DFVC progra	m	
		Ī	special extension (enter descripti	ion)					
1	Par	t II Basic Plan Inform	nation—enter all requested Inform	nation					
_		lame of plan	1			16	Three-digit		
	T	aubman & Korn Prof	fit Sharing Plan				plan number (PN)	001	
					<u></u>	ir	Effective date o		
							01/01/199		
-	la E	lan sponsor's name and addre	ass (amployer, if for single-employer	r plan)		2b	Employer Identi	lication Number	
	T	aubman & Korn, M.I	D., PC. 1	•	<u> </u>		(EIN) 11-306		
						20	(516) 482-	elephone number 4343	
	9	00 Northern Blvd.			ŀ	2d		see Instructions)	
	G	reat Neck			NY 11021		621111		
			address (if same as Plan sponsor, e	enter "Sam	∍")	3b	Administrator's	EIN	
	25	ame			ŀ	30	Administrator's	telephone number	
						~~	(516)482-	4343	
2	HI	he name and/or EIN of the pla	in sponsor has changed since the la	st return/re	port filed for this plan, enter the	4b	EIN		
	ns	ime, EIN, and the plan numbe	r from the last return/report. Spons	or's name		4c	PN		
	in 1	Fetal sumber of perficing ets of	the beginning of the also year	· · · · · · · · · · · · · · · · · · ·		5a	1	14	
٠					**************************************	5b	14		
			ith account balances as of the end o			317			
	U (complete this item)	IIII EDDOGUE DEIGUIGES ES DE MA CHA C	** (11 0 bissi)	sometimes and a second	5c	<u></u>	14	
-	ia i	Were all of the plan's assets d	uring the pian year invested in eligit	ble assets?	(See instructions.)	,	ivavenuennuen	X Yes No	
	h /	Are you claiming a walver of th	o troger bha noitanimexe leunne er	f an indepe	ndent qualified public accountant (IQI	PA)		X Yes No	
		inder 29 CFR 2520,104-467 (See instructions on waiver eligibility	and condit Form 5500.	ions.) SF and must instead use Form 550	Ö.	154 81 414		
		III. Financial Informa							
7		lan Assets and Liabilities		/ " . _" . ' . ' . ' . ' . ' . ' . ' . ' . ' .	(a) Beginning of Year		(b) End	of Year	
•	a 1	Total plan assets		7a	985,20			999,815	
	b 7	otal plan llabilities	***************************************	. 7b					
		·	'b from line 7a)	. 7c	985,20	0		999,815	
8		ncome, Expenses, and Transf		130 151	(a) Amount		(b) 1	rotal	
		Contributions received or recei				ş :			
	(1) Employers	***************************************	<u>8a(1)</u>		- ,.:			
	•	•	***************************************			٠, ١	a nga gilipa nga nga alig Angangan		
				8a(3)_	7.4.633	1			
		·	***************************************	1	14,61	-	<u> </u>	14,615	
			8a(2), 8a(3), and 8b)	<u>8c</u>	The state of the state of the state	+-			
			ollovers and Insurance premiums	<u>8d</u>				San	
	e c	Certain deemed and/or correct	ive distributions (see instructions)	Be		<u> </u>	hatalinik V	$n' = \frac{1}{1} \cdot \frac{\lambda}{\lambda} \cdot \frac{\lambda}{1} \cdot \frac{\lambda}{\lambda} = 0$	
	f A	Administrativė service provider	s (salarles, fees, commissions)	8f		<u> </u> ;:::;		or the state of th	
	g	Other expenses		8g		-	11.	Later Comment	
	h 7	otal expenses (add lines 8d, 6	Be, Bf, and 8g)	8h	1. 13. 15 m (d. 1815) (d. 18.	-	·	3 4 64 5	
			8h from line 8c)		The state of the s		11	14,615	
	jΤ	ransfers to (from) the plan (se	ee instructions)	Bj]: · ·		Form 5500-SF (2010)	
-					eeno de			LOTHING GOOD (TOUR)	

NO. 1150 P. 3

	Form 5500-SF 2010	Page	2				A.M. Mayor at the state of the		a processa de l'accessa de l'acc
Part I	V. Plan Characteristics he plan provides pension benefits, enter the applicable pension feature c	adop from the Lie	of Plan Chara	clerist	ic Coc	les in th	e instructions	. 1 1 .	
9a lf	he plan provides pension benefits, enter the applicable pension reature o	ones train the Ele	Port i romin merinen en					_	
b if	2E 3D the plan provides welfare benefits, enter the applicable walfare feature or	odes from the List	of Plan Charac	teristi	c Cod	es in the	e instructions	·	- 198 1
Part V	Compliance Questions	W. A. W.	***************************************		Yes	No	Δm	ount	
of the pro-	the state of the s	r to a transfer	danational in						
	voring the plan year; Vas there a fallure to transmit to the plan any participant contributions with 29 CFR 2510.3-1027 (See Instructions and DOL's Voluntary Fiduciary Co			10a		X			
1	Vere there any nonexempt transactions with any party-in-interest? (Do no in the state of the sta	if kiciade naneson	IDITO FORGITAL	10b	х			800,	000
c	n line 10a.)		**************	10c	х	- 1		15,	000
C	Nas the plan covered by a fidelily bond?	and that was cal	leed by fraud					900	, 000
	old the plan have a loss, whether or not reimbursed by the plan's fidelity to dishonesty?	***************************************		10d	X			\$00,	, 000
	or disnonesty?					x			
•	Additions)			100	 -				
fi	has the plan failed to provide any benefit when due under the plan?		*************	10f		X		· · · · · · · · · · · · · · · · · · ·	
	and the plan have any participant loans? (If "Yes," enter amount as of yea	r end.)	************	10g	ļ	X		, , , , , , , , , , , , , , , , , , ,	· .
h	f this is an individual account plan, was there a blackout period? (See ins	structions and 29 v	,	10h		х	, , , , , , , , , , , , , , , , , , , ,		
	2520.101-3.) If 10h was answered "Yes," check the box If you either provided the requiexceptions to providing the notice applied under 29 CFR 2520.101-3	LEG LIGHTER OF ALTER	CI II(E)	101			·	· · · · · · ·	.4.
	/I: Pension Funding Compliance s this a defined benefit plan subject to minimum funding requirements? (If "Yes," see Instru	ictions and cor	npiale	Sche	dule SE	(Form	Yes	X No
11	s this a defined benefit plan subject to minimum funding requirements? (5500))	**********************				202 of	ERISA?	Yes	X No
12	Is this a defined contribution plan subject to the minimum funding require	ements of section	412 of the God	e or s	ÖCÜD(1	302 01	Littort	LJ 6	
	(Id North Report of a 12a pt 12b, 12c, 12d, and 128 pelow, as appropried)					anter th	ed the of the	letter rulir	ng
а	If a waiver of the minimum funding standard for a prior year is being anno	Alzed in this bigh	увы, аса пап	nth		Day	Y	ear	
	granting the waiver.	Form 5500), and	skip to line 13	3.	,		T		
1_	the religious moultand contribution for this olar veal,	*************			*****	12b	 		
		AL	*******************			120	<u> </u>		
C	Enter the amount contributed by the employer to the plan for this plan you Subtract the amount in line 12c from the amount in line 12b. Enter the re	sult (enter a minu	s sign to the le	ft of a		12d			
u	Subtract the amount in line 12c from the amount in line 12b. Enter the re negative amount)	iding deadline?				,,,,,,,,	Yes	No	N/A
									17
Part	VII. Plan Terminations and Transfers of Addata Has a resolution to terminate the plan been adopted during the plan yea	r or any orior Vest	7					Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the employ Were all the plan assets distributed to participants or beneficiaries, trans	ferred to another	plan, or brough	ht und	er the	control		Yes	No 🖹
IJ	Were all the plan assets distributed to participants or benendiaries, trans of the PBGC?		ntan(s), identif	/ the F	lan(s)	to			
c	of the PBGC?	s pizir to another	Sicilia) in			13c(2)	EIN(\$)	13c(3)	PN(s)
1	3c(1) Name of plan(s):		· · · · · · · · · · · · · · · · · · ·						
								<u> </u>	
							1 18 - 4		
	ion: A penalty for the late or incomplete filing of this return/report v	viil be assessed l	unless reason	able (cause	îs esta	iplished.	ble, a Sch	iedule
Unde	ion: A penalty for the late or incomplete filing of this return/report ver penalties of perjury and other penalties set forth in the instructions, I do recompleted and signed by an enrolled actuary, as well as	eclare that I have the electronic ver	examined this sion of this retu	ıtu\tet t <i>efnur</i>	repor oort, a	nd to th	e best of my	knowledge	and
	r schedule volhpleted and organizes, f, it is true porrect, and complete.	11	· · · · · · · · · · · · · · · · · · ·						
	THE MULLIAMANA A	14/11	L Korn,	MIT		alaman.	as ulau ayu	inistrator	
SIG		Date	Enter name	of Indi	viduai	នាជួកហេដូ	as plan adm		
								ne nien e	nonsor
SIG		Date	Enler name	of Indi	viduai	នផ្នែកកេទ្	as employer	पा भाषा श	
Pict	2 Sidus(nie ni ambioλειναιαι aboure.	•							