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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

		uance wit	ii the instructions to the Form 5500-	oг.		
	art I Annual Report Identification Information					
For	r calendar plan year 2011 or fiscal plan year beginning 01/01/20	<u>11</u>	and ending 12/	/31/2	2011	
Α	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-participant plan	
В	This return/report is: the first return/report	the final r	eturn/report			
	an amended return/report	a short pla	an year return/report (less than 12 mon	iths)		
С	Check box if filing under: Form 5558	automatio	extension		DFVC program	
	special extension (enter descripti	on)				
Pa	art II Basic Plan Information—enter all requested inform	nation				
1a	Name of plan			1b	Three-digit	
LAW	OFFICES OF MICHAEL FLYNN PC PROFIT SHARING PLAN				plan number	
			_	4 -	(PN) 002	
				1C	Effective date of plan 01/01/1986	
	Plan sponsor's name and address; include room or suite number (VOFFICES OF MICHAEL FLYNN PC	employer, it	for a single-employer plan)		Employer Identification Number	
LAVV	VOFFICES OF MICHAEL PLYNN PC				(EIN) 51-0552409	
			-	2c	Sponsor's telephone number 516-877-1234	
	5 FRANKLIN AVENUE RDEN CITY, NY 11530-0000		 -	2d	Business code (see instructions)	
OAIN	EDEN CITT, NT 11330-0000		•	Zu	541110	
	Plan administrator's name and address (if same as plan sponsor, e			3b	Administrator's EIN	
LAW	OFFICES OF MICHAEL FLYNN PC 1205 FRANK GARDEN CI		-00 0000	3c	51-0552409 Administrator's telephone number	 er
					516-877-1234	
4	If the name and/or EIN of the plan sponsor has changed since the name, EIN, and the plan number from the last return/report.	last return/	report filed for this plan, enter the	4b	EIN	
а	Sponsor's name			4c	PN	
5a	Total number of participants at the beginning of the plan year			5a		Ę
b	Total number of participants at the end of the plan year			5b		Ę
С			defined benefit plans do not			
	complete this item)			5c		
	Were all of the plan's assets during the plan year invested in eligil		•		X Yes [] I	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				X Yes I	No
	If you answered "No" to either 6a or 6b, the plan cannot use F		•			
Pa	art III Financial Information					
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year	
а	Total plan assets	7a	2681849		2875550	
b						
С	Net plan assets (subtract line 7b from line 7a)	7с	2681849		2875550	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total	
а			19055			
	(1) Employers	` ` `				
	(2) Participants	` '	53600	1		
	(3) Others (including rollovers)	` '	40007			
b	,		136697		000050	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			209352	_
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	15651			
g	Other expenses	8g				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			15651	
i	Net income (loss) (subtract line 8h from line 8c)	8i			193701	
j	Transfers to (from) the plan (see instructions)	8j				

Form	5500.	SF.	201

Page 2 -	1	
----------	---	--

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: 9a 2E 2J 2K 2A 3D
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

art				1				
10	During the plan year:		Yes	No		Amo	unt	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in	100		X				
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a						
D		10b		X				
С	· · · · · · · · · · · · · · · · · · ·	10c	Χ				-	270000
	-	100						270000
d	, and the second se	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		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10q	Χ					21670
_	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	iug						
•••		10h						
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				J				
11	i i	oloto	Cabad	ula CD	/Form			
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))						Yes	X No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					一百	Yes	X No
-	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	0. 00	011011	002 01 1		· Ш		
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct	tions.	and e	nter th	e date of	the let	tter ruli	na
	granting 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 left congative amount)		[12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	П	No	N/A
art								<u></u>
				\Box	es X	No		
ısa	Has a resolution to terminate the plan been adopted in any plan year?			<u> </u>	es 🔨	INU		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		3a					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?	ınder	the co	ntrol			Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	e plai	n(s) to					
1	3c(1) Name of plan(s):		130	c(2) EII	N(s)		13c(3)	PN(s)
Cauti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e cau	ıse is	establi	shed.			
	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this returned by an excelled actuary, as well as the electronic version of this return/							

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	04/30/2012	PENSION FILERS
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

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 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

	antij Annual Report Identification Information							
	the calendar plan year 2011 or fiscal plan year beginning	01/01	./2011 and ending	12	/31/2011			
Α	This return/report is for: x a single-employer plan	a multiple-	employer plan (not multiemployer)	F	a one-participant plan			
	This return/report is:	the final ref		L.	To a real harmanham relation			
_	H		•	ne)				
_	an amended return/report	,	n year return/report (less than 12 month	19 <i>)</i> -	1			
С	Check box if filing under: Form 5558	automatic e	extension		DFVC program			
	special extension (enter description)							
P	art II Basic Plan Information enter all requested inform	nation.						
1a	Name of plan				hree-digit			
	LAW OFFICES OF MICHAEL FLYNN PC PROFIT SHARING	PLAN		•	olan number PN) ► 002			
			<u></u>		Effective date of plan			
					01/01/1986			
2a	Plan sponsor's name and address; include room or suite number (empl	oyer, if for s	single-employer plan)	2b 8	Employer Identification Number			
	LAW OFFICES OF MICHAEL FLYNN PC		<u>_</u>	(EIN) 51-0552409			
					Plan sponsor's telephone number			
	1205 FRANKLIN AVENUE		<u> </u>		(516) 877-1234			
					Business code (see instructions)			
US	GARDEN CITY NY 11530-0000							
3а	Plan administrator's name and address (If same as plan sponsor, enter SAME	"Same")		3D /	Administrator's EIN			
				_				
				3c /	Administrator's telephone number			
4	If the name and/or EIN of the plan sponsor has changed since the last	return/repor	t filed for this plan, enter the	4b 8	EIN			
3	name, EIN, and the plan number from the last return/report. Sponsor's Name			4C PN				
_	Total number of participants at the beginning of the plan year			5a	5			
b	Total number of participants at the end of the plan year		T-	5b	5			
C	Number of participants with account balances as of the end of the plan			_				
	complete this item)			5c	4			
	Were all of the plan's assets during the plan year invested in eligible as				X Yes No			
b	Are you claiming a waiver of the annual examination and report of an in 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 Form	-						
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year			
а	Total plan assets	7a	2,681,849		2,875,550			
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c	2,681,849		2,875,550			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			
а	Contributions received or receivable from:							
	(1) Employers	8a(1)	19,055	1				
	(2) Participants	8a(2)	53,600	-	and a second			
1.	(3) Others (including rollovers)	8a(3)	100.000	-	Opening the second of the seco			
b	Other income (loss)	8b	136,697					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	Secretary 2		209,352			
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	15,651	1	2.4 (4) (40)			
g	Other expenses	8g	, , , , , , , , , , , , , , , , , , ,		s, salasilika <u>1.5</u>			
9 h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	(120.000)		15,651			
i	Net income (loss) (subtract line 8h from line 8c)	8i	pages of the second		193,701			
:	Transfers to (from) the plan (see instructions)	Ri Ri	664-4-3-3-1-3-1-3-1-3-1-3-1-3-1-3-1-3-1-3-		127 H. S. B. G. G. E.			

Part	IV Plan Characteristics								
9a 1	f the plan provides pension benefits, enter the applicable pension feature co	odes from the List	of Plan Characteris	tic Co	des in	the in:	structions:		
	2E 2J 2K 2A 3D								
D	f the plan provides welfare benefits, enter the applicable welfare feature cod	des from the List o	f Plan Characteristi	c Cod	es in 1	the inst	tructions:		
-	W 0 11 0 11								
Par	V Compliance Questions				\\	T	I		· · · · · · · · · · · · · · · · · · ·
10	During the plan year:			$\overline{}$	Yes	No	Am	nount	
а	Was there a failure to transmit to the plan any participant contributions wit 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Co.	•	I described in	10a		x			
b	Were there any nonexempt transactions with any party-in-interest? (Do no	- ,							
	on line 10a.)			10b		х			
С	Was the plan covered by a fidelity bond?			10c	x			2	70,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity b								
	or dishonesty?			10d		х			
е	Were any fees or commisions paid to any brokers, agents, or other person	ns by an insurance	carrier,						
	insurance services or other organization that provides some or all of the b			10e		x			
£	instructions.)					x			
t	Has the plan failed to provide any benefit when due under the plan? .					*			
g	Did the plan have any participant loans? (If "Yes," enter amount as of yea	· ·		10g	х				21,670
h	If this is an individual account plan, was there a blackout period? (See ins			106					
	2520.101-3.)			1011					
•	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? (I							(—
	5500))	· · · · · ·					• • • •	Yes [
12	Is this a defined contribution plan subject to the minimum funding requirer	ments of section 41	2 of the Code or se	ection	302 o	f ERIS	A?	Yes	<u>x</u> 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 amor								
lf v	granting the waiver			เก		Day	' Y	ear	
b.	Enter the minimum required contribution for this plan year			_	. [12b			
						12c			
c d	Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the res		sign to the left of a	• •	. -				
u	negative amount)				. L	12d			
е	Will the minimum funding amount reported on line 12d be met by the fund	ling deadline? .					Yes [□No □	□N/A
Part	VII Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted in any plan year?							Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the employe	r this year				13a			****
b	Were all the plan assets distributed to participants or beneficiaries, transfe		an or brought unde	r the o	contro				
	of the PBGC?					•••		Yes [X No
С	If during this plan year, any assets or liabilities were transferred from this plan year.	plan to another pla	n(s), identify the pla	an(s) t	.0				
	which assets or liabilities were transferred. (See instructions.)			1				I	
	3c(1) Name of plan(s):	···			13	Ic(2) E	IN(s)	13c(3) P	N(s)
	A CONTRACTOR OF THE CONTRACTOR			L		اممطمئا			
	on: A penalty for the late or incomplete filing of this return/report will be								
Under	penalties of perjury and other penalties set forth in the instructions, I declai Schedule NB completed and signed by an enrolled actuary, as well as the	re that I have exan electronic version	nined this return/rep of this return/report	oort, ir and	icludir to the	ng, it ap hest of	oplicable, a Sc f my knowledc	hedule ie and	
	it is true, correct, and complete.	**************************************	c. and retainmeport	,		2001 0	,	,	
	11111	1/23/12							
SIG		ate .	Enter name of ind	ividus	l siani	nn 25 r	nlan administr	ator	
	1 10 11 -	1/12/12	Lines marile of illu		. Jigili	. 15 as l	orari administra		
SIG		المراب المسلم							
HEI	Signature of employer/plan sponsor D	ate	Enter name of ind	ıvidua	ı sıgni	ng as	employer or pl	an sponsoi	•

Page **2-**

Form 5500-SF 2011