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).

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

P	Complete all e	ntries in acco	rdance wit	h the instructions to the Form 550	0-SF.	•			
	art I Annual Report Identification Info								
For	calendar plan year 2010 or fiscal plan year beginning	11/01/20	10	and ending 1	0/31/2	2011			
Α .	This return/report is for: Single-employer pl	employer plan (not multiemployer)		one-participan	t plan				
	This return/report is for: first return/report								
	an amended returi	n/report	short plar	year return/report (less than 12 mo	nths)				
С	Check box if filing under:		automatic	extension		DFVC program	n		
	special extension	_							
Dr	art II Basic Plan Information—enter all re		,						
	Name of plan	equested inform	пацоп		1h	Three-digit			
	HARD J. HIRSCHMAN, MD, PC PROFIT SHARING F	PLAN & TRUS	Т		10	plan number	004		
						(PN) •	004		
					1c	Effective date of			
						11/01/19			
	Plan sponsor's name and address (employer, if for start JARD J. HIRSCHMAN, MD, PC	single-employe	er plan)		2b	Employer Identification (EIN) 13-27945			
KICI	IARD 3. HIROCHIMAN, MD, FC				2c	Plan sponsor's te			
	THIRD AVENUE					212-228-	-0471		
NEVV	/ YORK, NY 10003				2d	Business code (s	ee instructions)		
	5	D1	. "0	"	26	621111			
RICH	Plan administrator's name and address (if same as HARD J. HIRSCHMAN, MD, PC	247 THIRD	AVENUE		30	Administrator's E 13-2794			
		NEW YORK	K, NY 10003	3	3c	Administrator's te	lephone number		
						-0471			
	If the name and/or EIN of the plan sponsor has chang			port filed for this plan, enter the	4b EIN				
١	name, EIN, and the plan number from the last return	report. Spons	sor's name		4c PN				
5a	5a Total number of participants at the beginning of the plan year					a			
b							6		
C	Total number of participants with account balances				5b				
	complete this item)			` .	5c		6		
6a	Were all of the plan's assets during the plan year in	vested in eligi	ble assets?	(See instructions.)			X Yes No		
b	Are you claiming a waiver of the annual examination						X Vaa D Na		
	under 29 CFR 2520.104-46? (See instructions on w			,			Yes No		
Pa	If you answered "No" to either 6a or 6b, the plan art III Financial Information	i cannot use i	-OIIII 5500-	SF and must instead use Form 55	00.				
				(a) Benjanian at Year		. () (
7	Plan Assets and Liabilities			(a) Beginning of Year	5	of Year 2423787			
	Total plan liabilities		<u>7a</u>	2.0000					
b	Total plan liabilities			2488695	5		2423787		
<u>C</u>	Net plan assets (subtract line 7b from line 7a)		7с						
8	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	ſ		(a) Amount		(b) To	otai		
а	(1) Employers		8a(1)		ס				
	(2) Participants		8a(2)	()				
	(3) Others (including rollovers))				
b	Other income (loss)		8b	20092	2				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		8c				20092		
d	Benefits paid (including direct rollovers and insuran			95000					
	to provide benefits)			85000	_				
е	Certain deemed and/or corrective distributions (see	instructions)	8e		_				
f	Administrative service providers (salaries, fees, con	nmissions)	8f		_				
g	Other expenses		8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)		8h				85000		
i	Net income (loss) (subtract line 8h from line 8c)		8i				-64908		
j	Transfers to (from) the plan (see instructions)		8i						

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SIGN HERE Signature of plan administrator

Signature of employer/plan sponsor

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

b	If th	e plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	acteris	tic Co	des in	the instru	uctions		
art	٧	Compliance Questions							
0	Du	ring the plan year:		Yes	No		Am	ount	
а		as there a failure to transmit to the plan any participant contributions within the time period described in 0 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b		ere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported line 10a.)	10b		X				
С	W	as the plan covered by a fidelity bond?	10c	X					150000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud dishonesty?	10d		X				
е	ins	ere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, urance service or other organization that provides some or all of the benefits under the plan? (See tructions.)	10e		X				
f	Ha	s the plan failed to provide any benefit when due under the plan?	10f		X				
g	Dic	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
h		nis is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10h						
i		Oh was answered "Yes," check the box if you either provided the required notice or one of the ceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art		Pension Funding Compliance							
11	ls ti	his a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com				•		Yes	X No
2		this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X No
_		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	01 00	Otion	002 01	LIKIO/K.			ш
а	lf a	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrunting the waiver.							
lf y	-	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									
С	Ent	er the amount contributed by the employer to the plan for this plan year			12c				
d		otract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left gative amount)			12d				_
е	Wil	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	ı	No	N/A
art	VII	Plan Terminations and Transfers of Assets							
3а	Has	s a resolution to terminate the plan been adopted during the plan year or any prior year?		<u>-</u>				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 brought under the control of the PBGC?							X No	
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t ich assets or liabilities were transferred. (See instructions.)	he pla	n(s) to	1				
13c(1) Name of plan(s):				13c(2) EIN(s) 13c(3) P			PN(s)		
`au+	ion:	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	ום כפי	ادم اد	ostahl	ished			
		nalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret					icable	a Sche	edule
ВВ о	r Ścł	nedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return is true, correct, and complete.							
SIG	N F	Filed with authorized/valid electronic signature. 07/22/2012 RICHARD J HIR	SCHM	IAN					

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

Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Department of Labor Employee Benefits Security Administration 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.

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

_	art I Annual Report Identification Information							
Foi	calendar plan year 2010 or fiscal plan year beginning	1/01/2	010 and ending		10/31/2011			
Α	This return/report is for: Single-employer plan	multiple-e	mployer plan (not multiemployer)	one-participant plan				
	This return/report is for: first return/report	final retur	n/report					
_	an amended return/report		year return/report (less than 12 mor	othe)				
_			Section to the section of the sectio	11115)				
С	Check box if filing under:	automatic	extension		DFVC program			
	special extension (enter description)	on)						
P	art II Basic Plan Information—enter all requested inform	ation						
1a	Name of plan			1b	Three-digit			
	RICHARD J. HIRSCHMAN, MD, PC				plan number			
	PROFIT SHARING PLAN & TRUST				(PN) 004			
				10	Effective date of plan			
20				11/01/1989				
Za	Plan sponsor's name and address (employer, if for single-employer RICHARD J. HIRSCHMAN, MD, PC	pian)		20	Employer Identification Number (EIN) 13-2794535			
				2c	Plan sponsor's telephone number			
	247 THIRD AVENUE				(212)228-0471			
				2d	Business code (see instructions)			
_	NEW YORK		NY 10003		621111			
3a	Plan administrator's name and address (if same as Plan sponsor, e SAME	enter "Same) ")	3D	Administrator's EIN			
				30	Administrator's telephone number			
				00	Administrator 3 telephone number			
4	If the name and/or EIN of the plan sponsor has changed since the la	st return/re	port filed for this plan, enter the	4b	EIN			
	name, EIN, and the plan number from the last return/report. Sponso	r's name						
			4c	PN 6				
5a	Total number of participants at the beginning of the plan year			5a				
b	Total number of participants at the end of the plan year			5b	6			
C	Total number of participants with account balances as of the end o		AND SAN THE DATE OF THE SAN TH	_				
	complete this item).	···		5c	6			
-	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indepe	ndent qualified public accountant (IQ	PA)	X Yes No			
	If you answered "No" to either 6a or 6b, the plan cannot use F							
P	art III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year			
а	Total plan assets	. 7a	2,488,69	5	2,423,787			
h	Total plan liabilities	7b		+				
c	Net plan assets (subtract line 7b from line 7a)	7c	2,488,69	5	2,423,787			
8		10	7.00	1				
a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	-	(a) Amount	+-	(b) Total			
u	(1) Employers			0				
	(2) Participants	8a(2)		ol				
	ζ/	(-)						
589	(3) Others (including rollovers)	8a(3)		ol				
h	(3) Others (including rollovers)		20.09	0				
b	Other income (loss)	. 8b	20,09	0	20.092			
C	Other income (loss)	. 8b	20,09	0	20,092			
	Other income (loss)	. 8b	20,09 85,00	-	20,092			
C	Other income (loss)	8b 8c 8d		-	20,092			
d	Other income (loss)	8b 8c 8d 8e		-	20,092			
c d e f	Other income (loss)	8b 8c 8d 8e 8f	85,00	-	20,092			
c d e f g	Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions) Other expenses	8b 8c 8d 8e 8f 8g	85,00	0				
c d e f	Other income (loss)	8b 8c 8d 8e 8f 8g 8h	85,00	0	85,000			
c d e f g	Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions) Other expenses	8b 8c 8d 8e 8f 8g 8h	85,00	0				

	Form 5500-9F 2010 Page 2-L					-	
	10年前の日本大学の大学者の大学を表現を表現しています。 19年前には、19年前にはは、19年前には、19年前には、19年前には、19年前には、19年前には、19年前には、19年前には、19年前には、19年前に	north Parental Worker	v dnach stor	POWNER STREET	AND SECTION AND SECTION		(MASKA
Part	IV Plan Characteristics If the plan provides pension benefits, order the applicable pension feature codes from the List of Plan Char	ectern	Ric Co	des in l	the instruction	วาง:	
32	TE 3D	. sémal-	ila Mar	dae ha si	ha boureasie	inc'	
b	2E 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chart If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chart	CHETS	armenia en	montenania Media 11 : 11	in the same		elonove.
Part	V Compliance Questions		1	7			german's
J 89	The state of the s	(management)	Yes	No	£	Imount	ge scottered
a	Was there a failure to transmit to the plan any participant contributions within the time contributions within the time contributions and DOL is Voluntary Fiduciary Correction Program)	102	-	X		t producent delication account real recorded if the reason of which	p ; mage;
b	Were there any nonexempt transactions with any party-in-interest? (No not include transactions replants on line 10a.).	105	-	Х		والمراجع والمراجع والمرجع	-
C	Weathe plan covered by a fidelity bond?	10c	X	-	Mariano de la companya del companya de la companya del companya de la companya de	150,00	4
đ	Did the plan have a loss, whether or not relimbulsed by the plan's fidelity bond, that was caused by fraud or dishonesty?	100	- murrous	X	MARILLAND AND AND AND AND AND AND AND AND AND	2018年,1857年至1878年2月1日 2018年2月1日 2018年2日 2018年11月 2018年2月 2018年	, and
줬	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.)	106		×			SOMEON A
*	Has the plan falled to provide any benefit when due under the plan?	101]	K			
SI	Did the plan have any perticipant loans? (If "Yes," enter amount as of year end.)	103		X			
er Er	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2620.101-3.)	10h			AND STREET, ST	A Section of the Control of the Cont	
ž	If 10h was answered "Yes," theck the box if you either provided the required notice or one of the exceptions to providing the notice applies under 29 CFR 2520, 101-3.	101					
Sarr	Vi Pension Funding Compliance				722134		
11	is this a defined benefit plan subject to minimum funcing requirements? (If "Yes," see instructions and cor 5500))	10(4)	Sche	dule Si	I (Form	∏ Yes ⊠ N	VO.
12	Is this a defined contribution plan subject to the minimum runding requirements of section 412 of the Cod	o or s	ection	302 of	ERISA?	Yes X N	Vo.
	(if "Yee," complete 12g or 12b, 12c, 12d, and 12e below, se applicable.)						
3	If a weiver of the minimum functing standard for a prior year is being amortized in this plan year, see instru	otion(, and	enter ti	te date of th	o letter ruling	
15	granting the waiver	III.	7000	, Uay	MINERAL AND COMPANIES AND	1 Cal	
b			Γ	120			Comm
	© Enter the amount contributed by the employer to the plan for this plan year					CORE CONTRACTOR OF THE PROPERTY OF THE PROPERT	
		tora		12c 12d	-	manada yang tarapa terdakan di dibermakan pendakan d	class
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		-		Yes	No T N	À
Port	man bis bis bis man big bis and the second of the second	Anna Constitution	rydenia de de	Sharper of Cold	and the second second	CONTRACTOR OF THE PROPERTY OF THE PARTY OF T	others
and the same of	Has a resolution to terminate the plan been adopted during the plan year or any prior year?		18/50	Commence		Yes KIN	um.
11 13 15	If "Yes," enter the amount of any plan assets that revented to the employer this year.			139	STATES OF STATES	and was to see the land	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought			MATERIAL SALES	In the same of	AND SHAREST OF PROPERTY OF BUILDINGS	reami
	of the PBGC7	23218V2381	1) \$ > 2 : 2 * 2 *	*****		[] Yes ☒ N	lo
	which assets or liabilities were transferred. (See instructions.)					angueras and angueras angueras and angueras angueras and angueras angue	
	3c(1) Name of plan(s):		13	le(2) El	M(5)	13c(\$) FN(s	.)
TELEVISION OF	The state of the s	+	APP-PERSONAL PROPERTY AND ADDRESS OF THE PERSONAL PROPERTY ADDRE	in an a graphy physical	the address of the Sandarde	AND THE PERSON NAMED IN THE PERSON NAMED IN	i i i i i i i i i i i i i i i i i i i
		1					
Caut	ion: A penalty for the late or incomplete tiling of this return/report will be assessed unless reasonal	ole ca	use is	catabl	Iched.	erende ar estatur i alligh egy si necessarien antanio as Macones.	-
Unda SB o	ir penalties of perjury and other penalties set forth in the instructions, I declare that I have exemined this re if Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return, It is true, correct, and complete.	turn/re	gori. I	ncludin	g, if applical	ble, a Schedule nowledge and	
615	TOOK O S A SATURALMENNER WY 7/20/12 SICHARD I	HIR	SCAP	TAN	S	AND THE PERSON OF THE PERSON O	TO WARE
SIG	2. In the second of the second	-Auresah	NAME OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER,	THE PERSON NAMED IN	e nlan admir	nicirator	~~
SIG	TOTAL OLD N LLGINALIANO II THE TOOKS PROCESOR !	messans and	MATERIAL STATE OF STREET	State of the State	and an arrangement of the	10004 Ct U/S regulate Cultural and the compared to	#2.vi
	HERE Signature of employer plan appropries — Date Enter name of individual signing as employer or of				or plan sponsor		