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

 Complete all entries in accordance with the instructions to the Form 5500-SF **Annual Report Identification Information** For calendar plan year 2011 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: the first return/report **B** This return/report is: the final return/report an amended return/report a short plan year return/report (less than 12 months) DFVC program Form 5558 automatic extension C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number KHOZEM MASTERCPA MP FIDELITY DEFINED CONTRIBUTION (PN) ▶ 001 1c Effective date of plan 01/01/2001 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number KHOZEM MASTER CPA 11-3394289 (EIN) 2c Sponsor's telephone number 516-932-8506 32 HAVERFORD ROAD HICKSVILLE, NY 11801-3425 2d Business code (see instructions) 541211 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN 11-3394289 32 HAVERFORD ROAD KHOZEM MASTER CPA HICKSVILLE, NY 11801-3425 **3c** Administrator's telephone number 516-932-8506 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN Sponsor's name 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..... Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)..... **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 an independent qualified public accountant (IQPA) Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 235058 253513 Total plan assets..... 7a 7b Total plan liabilities..... 235058 253513 Net plan assets (subtract line 7b from line 7a)..... 7с Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 4464 8a(1) (1) Employers (2) Participants 8a(2) 0 (3) Others (including rollovers)..... 8a(3) 0 **b** Other income (loss)..... 8b 4464 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8с Benefits paid (including direct rollovers and insurance premiums 0 to provide benefits)..... 8d 0 Certain deemed and/or corrective distributions (see instructions) ... 8e 0 Administrative service providers (salaries, fees, commissions)....... 8f 0 Other expenses..... 8g Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h 4464 Net income (loss) (subtract line 8h from line 8c)..... 8i 0 Transfers to (from) the plan (see instructions)

5500	

Page	2	-	1		
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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

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 C	uestions								
10	During the plan year:			Yes	No	r	١mo	unt		
	Was there a failure to tr	ansmit to the plan any participant contributions within the time period described in See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X		<u>o</u>			0
b	•	mpt transactions with any party-in-interest? (Do not include transactions reported	10b		X					0
С	Was the plan covered	y a fidelity bond?	10c		X					0
d		, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud	10d		X					0
е	insurance service or oth	issions paid to any brokers, agents, or other persons by an insurance carrier, er organization that provides some or all of the benefits under the plan? (See	10e		X					0
f	Has the plan failed to p	ovide any benefit when due under the plan?	10f		X					0
g										0
h		count plan, was there a blackout period? (See instructions and 29 CFR	10h		X					
i		es," check the box if you either provided the required notice or one of the the notice applied under 29 CFR 2520.101-3	10i		X					
Part	VI Pension Fund	ing Compliance								
11	Is this a defined benefit	olan subject to minimum funding requirements? (If "Yes," see instructions and com						Yes	X	No
	If a waiver of the minime granting the waiver	or 12b, 12c, 12d, and 12e below, as applicable.) m funding standard for a prior year is being amortized in this plan year, see instruction								_
	•	ired contribution for this plan year		Γ	12b					0
	•	outed by the employer to the plan for this plan year			12c					0
	Subtract the amount in	ne 12c from the amount in line 12b. Enter the result (enter a minus sign to the left	of a		12d					0
е	,	g amount reported on line 12d be met by the funding deadline?		_		Yes X	N	lo	N	I/A
art		tions and Transfers of Assets			<u> </u>				<u>-</u>	
		ate the plan been adopted in any plan year?			П	'es X No				
		nt of any plan assets that reverted to the employer this year								
b		distributed to participants or beneficiaries, transferred to another plan, or brought			ontrol		П	Yes	×	No
С	If during this plan year,	any assets or liabilities were transferred from this plan to another plan(s), identify the swere transferred. (See instructions.)	ne pla	n(s) to)			100		110
1	3c(1) Name of plan(s):	s were transierred. (See instructions.)		13	c(2) EII	N(s)	T 4	13c(3)	PN((s)
					-	(-)				7
Caut	ion: A penalty for the la	te or incomplete filing of this return/report will be assessed unless reasonab	e cau	ıse is	establi	ished.				
		other penalties set forth in the instructions, I declare that I have examined this retuland signed by an enrolled actuary, as well as the electronic version of this return/								

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	08/22/2012	KHOZEM MASTER
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 sections 6057(b) and 6058(a of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the insts. to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

Part I Annual Report	Identification Information				
	scal plan year beginning $01/01/20$	011	and ending 12/31	/201:	1
A This return/report is for:	X a single-employer plan	a multiple	e-employer plan (not multi	employer	r) a one-participant plan
B This return/report is:	the first return/report		eturn/report		
	an amended return/report	a short pl	an year return/report (less	than 12	months)
C Check box if filing under:	X Form 5558		extension		DFVC program
Lead Light your yearing	special extension (enter description)				Патарыя
Part II Basic Plan Info	ermation enter all requested inform	nation	Biographic Committee		
1a Name of plan				1b Th	ree-digit
KHOZEM MASTERCPA	MP FIDELITY DEFINED	CONT	RIBUTION		in number
RETIREMENT PLAN					N) > 001
				,	ective date of plan
					1/01/2001
2a Plan sponsor's name and add	dress; include room or suite number (em	ployer, if f	or single-employer plan)		ployer Identification Number
KHOZEM MASTER CPA					N) 11-3394289
					onsor's telephone number
32 HAVERFORD ROAI	D		nuziphytys i 1960		516) 932-8506
					siness code (see instructions)
HICKSVILLE	1	IY :	11801-3425		11211
3a Plan administrator's name and	d address (if same as plan sponsor, ente	r "Same")			ministrator's EIN
SAME				11	1-3394289
				3c Adı	ministrator's telephone number
					516) 932-8506
4 If the name and/or EIN of the	plan sponsor has changed since the las	t return/re	port filed for this plan,	4b EIN	
enter the name, EIN, and the	plan number from the last return/report.				
a Sponsor's name				4c PN	
	at the beginning of the plan year			5a	1
b Total number of participants a	at the end of the plan year			5b	1
c Number of participants with a	ccount balances as of the end of the pla	n year (de	fined benefit		
plans do not complete this ite				5c	1
	during the plan year invested in eligible as				X Yes No
	he annual examination and report of an i				
	(See instructions on waiver eligibility and				
	her 6a or 6b, the plan cannot use Form	5500-SF	and must instead use F	orm 5500	0.
Part III Financial Inform	nation				
7 Plan Assets and Liabilities			(a) Beginning of Ye		(b) End of Year
		7a	235	058	253513
		7b	005	0.5.0	0
	7b from line 7a)	7c	235	58	253513
8 Income, Expenses, and Transa Contributions received or received			(a) Amount		(b) Total
(4) = .		0.41		161	
		8a(1)	4	464	
		8a(2)		0	
	s)	8a(3)		0	
	8a(2), 8a(3), and 8b)	8b 8c		0	4.4.6.4
	vers & insurance premiums to provide benefits)	-		0	4464
	ctive distributions (see instructions)	8d 8e		0	
	rs (salaries, fees, commissions)	8f		0	
	is (salares, lees, corringsions)	8g		0	
	8e, 8f, and 8g)	8h		U	0
	e 8h from line 8c)	8i			4464
i Transfers to (from) the plan (se		8i		0	4404

Form	5500	-SF	2011
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Page 2-	P	ag	е	2.
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Part IV	Plan	Characteristics

9a If the plan provides pension benefits, enter the applicable pension features 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:

	During the plan year:		Yes	NI-		
a			Yes	No	A	mount
	described in 29 CFR 2510.3–102? (See instructions & DOL's Voluntary Fiduciary Correction Program)	10a		v		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions	IUa		X		
	reported on line 10a.)	10h		v		
С	Was the plan covered by a fidelity bond?	10b		X		
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused	10c	20.02	Λ	MARKET A	2000 L
	by fraud or dishonesty?	104		v		
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance	10d		X		
	carrier, insurance service or other organization that provides some or all of the benefits under					
	the plan? (See instructions.)	100		v		
f	Has the plan failed to provide any benefit when due under the plan?	10e		X		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10f		X		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	10g		X		
	2520.101-3.)	401				
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the	10h		X	4	
	exceptions to providing the notice applied under 29 CFR 2520.101-3.	40.				
a	rt VI Pension Funding Compliance	10i				
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and					
	(Form 5500))	complet	e Sch	edule	SB	
	(Form 5500))				Y	es X N
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	FERISA?			Y	es X N
	If a waiver of the minimum funding standard for a prior year is being a standard for a prior year is					
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver.					of the lette
lf v	ruling granting the waiver	_	Day _		Year	
, h	of Schedule MB (Form 5500), and skip to line 1				_	
;	Enter the minimum required contribution for this plan was	3.				
	Enter the minimum required contribution for this plan year		_1	2b		
	Enter the minimum required contribution for this plan year Enter the amount contributed by the employer to the plan for this plan year		1			
	Enter the minimum required contribution for this plan year 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 result (enter a minus sign to the line)		1	2b		
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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).

▶ Complete all entries in accordance with the insts. to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

Part I Annual Report	Identification Information				
	scal plan year beginning $01/01/20$	011	and ending 12/31	/201:	1
A This return/report is for:	X a single-employer plan	a multiple	e-employer plan (not multi	employer	r) a one-participant plan
B This return/report is:	the first return/report		eturn/report		
	an amended return/report	a short pl	an year return/report (less	than 12	months)
C Check box if filing under:	X Form 5558		extension		DFVC program
Lead Light your yearing	special extension (enter description)				
Part II Basic Plan Info	ermation enter all requested inform	nation	Biographic Committee		
1a Name of plan				1b Th	ree-digit
KHOZEM MASTERCPA	MP FIDELITY DEFINED	CONT	RIBUTION		in number
RETIREMENT PLAN					N) > 001
				,	ective date of plan
					1/01/2001
2a Plan sponsor's name and add	dress; include room or suite number (em	ployer, if f	or single-employer plan)		ployer Identification Number
KHOZEM MASTER CPA					N) 11-3394289
					onsor's telephone number
32 HAVERFORD ROAI	D		nuziphytys i 1960		516) 932-8506
					siness code (see instructions)
HICKSVILLE	1	IY :	11801-3425		11211
3a Plan administrator's name and	d address (if same as plan sponsor, ente	r "Same")			ministrator's EIN
SAME				11	1-3394289
				3c Adı	ministrator's telephone number
					516) 932-8506
4 If the name and/or EIN of the	plan sponsor has changed since the las	t return/re	port filed for this plan,	4b EIN	
enter the name, EIN, and the	plan number from the last return/report.				
a Sponsor's name				4c PN	
	at the beginning of the plan year			5a	1
b Total number of participants a	at the end of the plan year			5b	1
c Number of participants with a	ccount balances as of the end of the pla	n year (de	fined benefit		
plans do not complete this ite				5c	1
	during the plan year invested in eligible as				X Yes No
	he annual examination and report of an i				
	(See instructions on waiver eligibility and				
	her 6a or 6b, the plan cannot use Form	5500-SF	and must instead use F	orm 5500	0.
Part III Financial Inform	nation				
7 Plan Assets and Liabilities			(a) Beginning of Ye		(b) End of Year
		7a	235	058	253513
		7b	005	0.5.0	0
	7b from line 7a)	7c	235	58	253513
8 Income, Expenses, and Transa Contributions received or received			(a) Amount		(b) Total
(4) = .		0.41		161	
		8a(1)	4	464	
		8a(2)		0	
	s)	8a(3)		0	
	8a(2), 8a(3), and 8b)	8b 8c		0	4.4.6.4
	vers & insurance premiums to provide benefits)	-		0	4464
	ctive distributions (see instructions)	8d 8e		0	
	rs (salaries, fees, commissions)	8f		0	
	is (salares, lees, corringsions)	8g		0	
	8e, 8f, and 8g)	8h		U	0
	e 8h from line 8c)	8i			4464
i Transfers to (from) the plan (se		8i		0	4404

Form	5500	-SF	2011
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Page 2-	P	ag	е	2.
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Part IV	Plan	Characteristics

9a If the plan provides pension benefits, enter the applicable pension features 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:

	During the plan year:		Vac	NI-		
a			Yes	No		mount
	described in 29 CFR 2510.3–102? (See instructions & DOL's Voluntary Fiduciary Correction Program)	10a		v		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions	IUa		X		
	reported on line 10a.)	10h		v		
C	Was the plan covered by a fidelity bond?	10b		X		
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused	100		Λ		200 p. 1
	by fraud or dishonesty?	104		v		
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance	10d		X		
	carrier, insurance service or other organization that provides some or all of the benefits under					
	the plan? (See instructions.)	100		v		
f	Has the plan failed to provide any benefit when due under the plan?	10e		X		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10f		X		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	10g		X		
	2520.101-3.)	401				
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the	10h		X	3. 新華	
	exceptions to providing the notice applied under 29 CFR 2520.101-3.					
)a	rt VI Pension Funding Compliance	10i				
-	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and of the contraction of t					
	(Form 5500))	complet	e Sch	edule	SB	
	(Form 5500))				Y	es X N
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	FERISA?			Y	es X N
a	If a waiver of the minimum funding standard for a price year in the control of the minimum funding standard for a price year.					
-	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	truction	s, and	enter	the date	of the lette
If v	ruling granting the waiver		Day _		Year	
ıı y h	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	•				
C	Enter the minimum required contribution for this at	3.				
	Enter the minimum required contribution for this plan year		1	12b		
1	Enter the minimum required contribution for this plan year Enter the amount contributed by the employer to the plan for this plan year		1			
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