## 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.

2009

2009

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Pa	art I	Annual Report I	Identification Informa	ation						
For	calend			01/01/200	)9	and ending	12/31/2	2009		
Α .	This ret	turn/report is for:	X single-employer plan		multiple-e	employer plan (not multiemployer)		one-participant plan		
		s return/report is for: first return/report final return/report								
			an amended return/repo	ort	short plar	n year return/report (less than 12 m	onths)			
C	^hack I	box if filing under:	☐ Form 5558	F	<u> </u>	extension	,	DFVC program		
	OHECK I	box ii iiiiig dilder.	special extension (ente	r descripti	1	o externolori		_ 5. vo program		
Do	r4 II	Pacia Blan Infor	<u> </u>		,					
	Nome	of plan	rmation—enter all reques	tea inform	nation		1h	Three-digit		
			IS PC RETIREMENT PLAN				"	plan number		
		a menon i i i i i i i i i i i i i i i i i i	OT OTTET TEMENT TEM					(PN) • 003		
								Effective date of plan		
								01/01/1993		
			dress (employer, if for single	-employe	r plan)		<b>2b</b> Employer Identification Number			
EKIN	51, 51	& MENON PHYSICIAN	N5, PC				20	(EIN) 13-3241941 Plan sponsor's telephone number		
	OX 17							718-960-2003		
BRO	NX, NY	′ 10451-1786					2d	Business code (see instructions)		
					. "0		01-	621111		
		dministrator's name and & MENON PHYSICIAN	d address (if same as Plan	sponsor, e D BOX 178		€″)	30	Administrator's EIN 13-3241941		
					10451-178	36	3c	Administrator's telephone number		
								718-960-2003		
						port filed for this plan, enter the	4b	EIN		
١	name, i	Elin, and the plan numb	per from the last return/repor	rt. Sponso	or s name		4c	PN		
5a	Totalı	number of participants a	at the beginning of the plan	year			. 5a	6		
<b>b</b> Total number of participants at the end of the plan year						5b	4			
С		·	• •			vear (defined benefit plans do not	0.5			
		· · ·					5c	4		
6a	Were	all of the plan's assets	during the plan year investo	ed in eligik	ole assets?	(See instructions.)		X Yes  No		
b						ndent qualified public accountant (l		X Yes ☐ No		
			•			ions.) SF and must instead use Form 5		A les [] No		
Pa	rt III	Financial Inform		not use i	01111 0000	or and must misteau use i orm c				
7		Assets and Liabilities				(a) Beginning of Year		(b) End of Year		
a					7a	6631	45	463214		
		plan liabilities			7b					
С	Net pl	an assets (subtract line	e 7b from line 7a)			6631	45	463214		
8		ne, Expenses, and Trans	•			(a) Amount		(b) Total		
а		ibutions received or rec				(4) 1 1111 61111		(ii) ve iiii		
	(1) E	mployers			8a(1)					
	(2) P	articipants			8a(2)					
	<b>(3)</b> O	thers (including rollover	rs)		8a(3)					
b	Other	income (loss)			8b	135	76			
С		, , ,	), 8a(2), 8a(3), and 8b)		8c			13576		
d		. `	t rollovers and insurance pr		04	2135	07			
е	•	,	ective distributions (see instr			2133	213507			
f			ers (salaries, fees, commiss	,						
		·	,	,						
g		•	, 8e, 8f, and 8g)					213507		
h i								-199931		
i		` , `	ne 8h from line 8c)see instructions)					-139901		
J		to thom, the plant (			··· 8j	1				

D ( IV/	DI	<b>O</b> L	
Part IV	Plan	Characi	reristics

SIGN HERE

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:

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

	7 11							
art	V Compliance Questions							
0	During the plan year:	Yes	No	Amount				
а	Was there a failure to transmit to the plan any participant contributions within the time peri			X				
h	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program							
D	<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions ron line 10a.)			Χ				
С	Was the plan covered by a fidelity bond?	10c	Χ				100000	
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was ca							
•	or dishonesty?			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 instructions.)		Χ					
f	Has the plan failed to provide any benefit when due under the plan?			Χ				
		101		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)							
"	2520.101-3.)			X				
i	If 10h was answered "Yes," check the box if you either provided the required notice or one							
	exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	<u> </u>							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instr					П үе	s X No	
12	Is this a defined contribution plan subject to the minimum funding requirements of section					☐ Ye		
-	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	412 of the code of se	CHOITC	02 01 1	LINIOA:	ш	о 🗀	
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan	year, see instructions,	and e	nter th	e date of th	ne letter	ruling	
	granting the waiver.			Day		Year		
-	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and	-	Г	40h				
	Enter the minimum required contribution for this plan year	⊢	12b					
	Enter the amount contributed by the employer to the plan for this plan year			12c				
a	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minumegative amount)			12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A	
art				L			<u>                                     </u>	
	Has a resolution to terminate the plan been adopted during the plan year or any prior year	2				Т	s X No	
-	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a				
b				ntrol				
	of the PBGC?	of the PBGC?						
С	If during this plan year, any assets or liabilities were transferred from this plan to another publish goods or liabilities were transferred (See instructions)	plan(s), identify the pla	n(s) to					
	which assets or liabilities were transferred. (See instructions.)					120	(2) DN(a)	
13c(1) Name of plan(s):				<b>13c(2)</b> EIN(s) <b>13c(3)</b> P				
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.								
SB o	er penalties of perjury and other penalties set forth in the instructions, I declare that I have ex r Schedule MB completed and signed by an enrolled actuary, as well as the electronic versi f, it is true, correct, and complete.							
SICI	Filed with authorized/valid electronic signature. 07/06/2010	ATHA MENON						
SIGI HER		Enter name of individu	ıal sinı	ning as	s plan admi	nistrator		
				٠,٠٠				

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

## 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).

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 Pension Benefit Guaranty Corporation Part I Annual Report Identification Information For calendar plan year 2009 or fiscal plan year beginning and ending multiple-employer plan (not multiemployer) This return/report is for: single-employer plan one-participant plan This return/report is for: first return/report final return/report short plan year return/report (less than 12 months) an amended return/report Check box if filing under: Form 5558 DFVC program automatic extension special extension (enter description) Part II Basic Plan Information — enter all requested information 1 b Three-digit plan number (PN) 1 a Name of plan 003 ERNST, SY & MENON PHYSICIANS, PC RETIREMENT PLAN 1 c Effective date of plan 01/01/1993 2a Plan sponsor's name and address (employer, if for single-employer plan) 2 b Employer Identification Number (EIN) 13-3241941 ERNST, SY & PO BOX 1786 SY & MENON PHYSICIANS, PC 2c Plan sponsor's telephone number 718-960-2003 BRONX, NY 10451-1786 2d Business code (see instructions) 621111 3a Plan administrator's name and address (if same as Plan sponsor, enter 'Same') 3 b Administrator's EIN ERNST, SY & MENON PHYSICIANS, PC PO BOX 1786 BRONX, NY 10451-1786 13-3241941 3c Administrator's telephone number 718-960-2003 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4 b EIN Sponsor's name 4c PN **5a** Total number of participants at the beginning of the plan year..... 5 a 6 **b** Total number of participants at the end of the plan year..... 5b4 c Total number of participants with account balances as of the end of the year (defined benefit plans do not complete this item) . 5c4 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) 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. Part III | Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 7a a Total plan assets..... 663145 463214 7b **b** Total plan liabilities..... 463214 c Net plan assets (subtract line 7b from line 7a)..... 7с 663145 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: (1) Employers ..... 8a(1) 8a(2)(3) Others (including rollovers)..... 8a(3) **b** Other income (loss)..... 8b 13576 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)...... 13576 8с d Benefits paid (including direct rollovers and insurance premiums to 8d 213507 e Certain deemed and/or corrective distributions (see instructions).... 8e f Administrative service providers (salaries, fees, and commissions). 8f a Other expenses ..... 8g 213507 h Total expenses (add lines 8d, 8e, 8f, and 8g)...... 8h

8i

i Net income (loss)(subtract line 8h from line 8c).....

Transfers to (from) the plan (see instructions).

-199931

Form <b>5500-SF</b> 2009 Page	2					
Part IV Plan Characteristics			······			
9 a If the plan provides benefits, enter the applicable pension feature codes from the List of P						tions:
<b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the L the instructions:	ist of F	Plan C	Charac	teristic Co	des in	
Part V Compliance Questions						····
10 During the plan year:		Yes	No		Amount	t
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer 'Yes' for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		х			
<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include	100		^			
transactions reported on line 10a.).	10b		X			
c Was the plan covered by a fidelity bond?	10c	Χ			1	00000
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х			
<b>e</b> 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		Х			
f Has the plan failed to provide any benefit when due under the plan?	10f		X			
<b>g</b> Did the plan have any participant loans? (If 'Yes,' enter amount as of year end.)	10g	***************************************	X		Secolar Colors	
h If this is an individual account plan, was there a blackout period? (See instructions and						
29 CFR 2520.101-3.).	10h		X			
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 VI Pension Funding Compliance						
11 Is this a defined benefit plan subject to minimum funding requirements? (If 'Yes,' see instr Schedule SB (Form 5500)).	uctions	s and	comp	lete	. Nes	X No
12 Is this a defined contribution plan subject to the minimum funding requirements of section 302 of ERISA?	412 of	the c	ode o	section	. Yes	X No
(If 'Yes,' complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						· · · · · · · · · · · · · · · · · · ·
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan	year,	see ii	nstruc	tions, and	enter the o	date of
the letter ruling granting the waiver Month				Day	Year	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and s	•					
<b>b</b> Enter the minimum required contribution for this plan year						0
<b>c</b> Enter the amount contributed by the employer to the plan for this plan year			12c			0
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minuthe left of a negative amount)	s sign	to	12d			0
e Will the minimum funding amount reported on line 12d be met by funding 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 year on any prior year	?				Yes	X No
If 'yes,' enter the amount of any plan assets that reverted to the employer this year		[	13a			
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another punder the control of the PBGC?.	lan, o	r brou	ght		Yes	X No
c If during this plan year, any assets or liabilities were transferred from this plan to another p the plan(s) to which assets or liabilities were transferred. (See instructions.)	lan(s)	, iden	tify			<del></del>
13c(1) Name of plan(s):	13c(	2) EIN	(s)		13c(3	<b>3)</b> PN(s)
	*********					
Caution: A panalty for the late or incomplete filling of Abia and						
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless						ompleted
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, included and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and bel	ing, it ap	ipricable true, coi	rrect. ar	euule 3D 01 3 id complete.	Chedule MB C	ompieted

SIGN HERE Signature of employer/plan sponsor

Date

Date

Enter name of individual signing as employer or plan sponsor