

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.	OMB Nos. 1210-0110 1210-0089 <div style="border: 1px solid black; padding: 5px; text-align: center; font-weight: bold;">2009</div> This Form is Open to Public Inspection
---	---	---

Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>	
A This return/report is for:	<input checked="" type="checkbox"/> single-employer plan <input type="checkbox"/> multiple-employer plan (not multiemployer) <input type="checkbox"/> one-participant plan
B This return/report is for:	<input type="checkbox"/> first return/report <input type="checkbox"/> final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> short plan year return/report (less than 12 months)
C Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> DFVC program <input type="checkbox"/> special extension (enter description)

Part II	Basic Plan Information —enter all requested information		
1a Name of plan GREGORY N JOY MD PLLC DEFINED BENEFIT PENSION PLAN		1b Three-digit plan number (PN) ►	001
2a Plan sponsor's name and address (employer, if for single-employer plan) GREGORY N JOY MD PLLC 8280 WILLETT PARKWAY BALDWINSVILLE, NY 13027-0000		1c Effective date of plan 01/01/2006	
		2b Employer Identification Number (EIN) <u>04-3779182</u>	
		2c Plan sponsor's telephone number 315-698-8600	
		2d Business code (see instructions) 621111	
3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") GREGORY N JOY MD PLLC		3b Administrator's EIN 04-3779182	
4 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. Sponsor's name		3c Administrator's telephone number 315-698-8600	
		4b EIN	
		4c PN	
5a Total number of participants at the beginning of the plan year		5a	2
b Total number of participants at the end of the plan year.....		5b	2
c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).....		5c	
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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.).....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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
a Total plan assets	7a	327830	480300
b Total plan liabilities.....	7b	0	
c Net plan assets (subtract line 7b from line 7a).....	7c	327830	480300
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	100000	
(2) Participants	8a(2)		
(3) Others (including rollovers).....	8a(3)		
b Other income (loss).....	8b	88897	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		188897
d Benefits paid (including direct rollovers and insurance premiums to provide benefits).....	8d	36427	
e 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		36427
i Net income (loss) (subtract line 8h from line 8c).....	8i		152470
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics**9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1A

b 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 Questions**

	Yes	No	Amount
10 During the plan year:			
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 Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		X	
c Was the plan covered by a fidelity bond?	X		250000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
e 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.)		X	
f Has the plan failed to provide any benefit when due under the plan?		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)) ☒ Yes ☐ No

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .. ☐ Yes ☒ 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 instructions, and enter the 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 skip to line 13.

b Enter the minimum required contribution for this plan year.....	12b	
c 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 of a negative amount)	12d	

e Will the minimum funding amount reported on line 12d be met by the 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 or any prior year? ☐ Yes ☒ 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? ☐ Yes ☒ No

c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	08/02/2010	ASSOCIATED PENSION CONSULTANTS
	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

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan GREGORY N JOY MD PLLC DEFINED BENEFIT PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF GREGORY N JOY MD PLLC	D Employer Identification Number (EIN) 04-3779182
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500

Part I	Basic Information
1 Enter the valuation date: Month 01 Day 01 Year 2009	
2 Assets:	
a Market value	2a 327830
b Actuarial value	2b 327830
3 Funding target/participant count breakdown	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a 0 0
b For terminated vested participants	3b 1 23840
c For active participants:	
(1) Non-vested benefits	3c(1) 0
(2) Vested benefits	3c(2) 260051
(3) Total active	3c(3) 2 260051
d Total	3d 3 283891
4 If the plan is at-risk, check the box and complete items (a) and (b)	<input type="checkbox"/>
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 6.49 %
6 Target normal cost	6 99012

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		06/12/2010
ROBERT M HANESS	Signature of actuary	Date
HANESS & ASSOCIATES LLC	Type or print name of actuary	08-04945
PO BOX 836 ROCKLIN, CA 95677-0000	Firm name	Most recent enrollment number
	Address of the firm	916-435-9830
		Telephone number (including area code)

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9 Amount remaining (Item 7 minus item 8).....	0	0
10 Interest on item 9 using prior year's actual return of <u>-32.10</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		108141
b Interest on (a) using prior year's effective rate of <u>5.92</u> %		6402
c Total available at beginning of current plan year to add to prefunding balance		114543
d Portion of (c) to be added to prefunding balance.....		108141
12 Reduction in balances due to elections or deemed elections.....	0	15000
13 Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	0	93141

Part III Funding percentages		
14 Funding target attainment percentage.....	14	115.48 %
15 Adjusted funding target attainment percentage.....	15	115.48 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	148.43 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/17/2009	20000	0			
05/29/2009	20000	0			
12/30/2009	20000	0			
02/23/2010	40000	0			
Totals ►			18(b)	100000	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	95144
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
c If 20a is "Yes," see instructions and complete the following table as applicable:		

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: 5.64 %	2nd segment: 6.40 %	3rd segment: 6.56 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 55
23 Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	99012
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	47169	7973
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	106985
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	15000
36 Additional cash requirement (item 34 minus item 35).....	36	91985
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	95144
38 Interest-adjusted excess contributions for current year (see instructions).....	38	3159
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	

[illegible][illegible]

Schedule SB, line 22 -
Description of Weighted Average Retirement Age
Gregory N. Joy, M.D., PLLC
04-3779182/001
For the plan year 1/1/2009 through 12/31/2009

The age reported is the average of the assumed retirement ages for all active participants as of the valuation date rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age as the assumed retirement age is the Valuation date. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

Schedule SB, line 32 - Schedule of Amortization Bases
GREGORY N. JOY, M.D., PLLC
DEFINED BENEFIT PENSION PLAN
04-3779182/001
FOR THE PLAN YEAR 01/01/2009 THROUGH 12/31/2009

Type of Base	Present Value of Remaining Instalments	Date Base Established	Years Remaining Amortization Period	Amortization Installment
Shortfall	47,169	01/01/09	7	7,973

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

► **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2009**This Form is Open to Public
Inspection**For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009► **Round off amounts to nearest dollar.**► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.**A** Name of plan
GREGORY N JOY MD PLLC DEFINED BENEFIT PENSION PLAN**B** Three-digit
plan number (PN) 001**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZGREGORY N JOY MD PLLC**D** Employer Identification Number (EIN)
04-3779182**E** Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B ☐ **F** Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500**Part I Basic Information****1** Enter the valuation date: Month 01 Day 01 Year 2009**2** Assets:

	2a	2b
a Market value	327,830	
b Actuarial value		327,830

3 Funding target/participant count breakdown

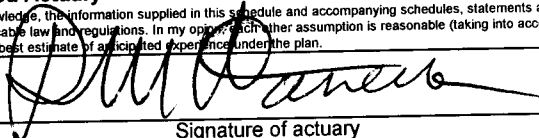
	3a	3b	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment		0	0	
b For terminated vested participants		1	23,840	
c For active participants:				
(1) Non-vested benefits	3c(1)			0
(2) Vested benefits	3c(2)			260,051
(3) Total active	3c(3)	2	260,051	
d Total	3d	3	283,891	

4 If the plan is at-risk, check the box and complete lines a and b ☐

	4a	4b
a Funding target disregarding prescribed at-risk assumptions		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor		

5 Effective interest rate 6.49**6** Target normal cost 99,012**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

**SIGN
HERE**

Signature of actuary

ROBERT M HANESS

Type or print name of actuary

HANESS & ASSOCIATES LLC

Firm name

PO BOX 836US ROCKLINCA 95677-0000

Address of the firm

Date

08-04945

Most recent enrollment number

(916) 435-9830

Telephone number (including area code)

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (item 13 from prior year)	0	0
8 Portion used to offset prior year's funding requirement (item 35 from prior year)	0	0
9 Amount remaining (item 7 minus item 8)	0	0
10 Interest on item 9 using prior year's actual return of <u>-32.10</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (item 38 from prior year)		108,141
b Interest on (a) using prior year's effective rate of <u>5.92</u> %		6,402
c Total available at beginning of current plan year to add to prefunding balance		114,543
d Portion of item (c) to be added to prefunding balance		108,141
12 Reduction in balances due to elections or deemed elections	0	15,000
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12).	0	93,141

Part III Funding percentages

14 Funding target attainment percentage	14	115.48 %
15 Adjusted funding target attainment percentage	15	115.48 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	148.43 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls**18** Contributions made to the plan for the the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/17/2009	20,000	0			
05/29/2009	20,000	0			
12/30/2009	20,000	0			
02/23/2010	40,000	0			
Totals ▶ 18(b)				100,000	18(c) 0

19 Discounted employer contributions -- see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contribution from prior years	19a	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	95,144

20 Quarterly contributions and liquidity shortfall(s):

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:	1st segment	2nd segment	3rd segment	<input type="checkbox"/> N/A, full yield curve used
a Segment rates:	5.64 %	6.40 %	6.56 %	
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 55
23 Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed -- combined <input type="checkbox"/> Prescribed -- separate <input type="checkbox"/> Substitute			

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	29
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	31	99,012
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	47,169	7,973
b Waiver amortization installment		
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	34	106,985
35 Balances used to offset funding requirement	Carryover balance	Prefunding Balance
		15,000
36 Additional cash requirement (item 34 minus item 35)	36	91,985
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c)	37	95,144
38 Interest-adjusted excess contributions for current year (see instructions)	38	3,159
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	39	
40 Unpaid minimum required contribution for all years	40	

Form 5500-SFDepartment of the Treasury
Internal Revenue ServiceDepartment 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.**OMB Nos. 1210-0110
1210-0089**2009****This Form is Open to Public
Inspection.****Part I Annual Report Identification Information**

For the calendar plan year 2009 or fiscal plan year beginning		2009-01-01	and ending	2009-12-31
A This return/report is for:	<input checked="" type="checkbox"/> single-employer plan	<input type="checkbox"/> multiple-employer plan (not multiemployer)		<input type="checkbox"/> one-participant plan
B This return/report is for:	<input type="checkbox"/> first return/report	<input type="checkbox"/> final return/report		
	<input type="checkbox"/> an amended return/report	<input type="checkbox"/> short plan year return/report (less than 12 months)		
C Check box if filing under:	<input checked="" type="checkbox"/> Form 5558	<input type="checkbox"/> automatic extension		<input type="checkbox"/> DFVC program
	<input type="checkbox"/> special extension (enter description)			

Part II Basic Plan Information --- enter all requested information.

1a Name of plan GREGORY N JOY MD PLLC DEFINED BENEFIT PENSION PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 2006-01-01
2a Plan sponsor's name and address (employer, if for single-employer plan) GREGORY N JOY MD PLLC 8280 WILLETT PARKWAY US BALDWINVILLE NY 13027-0000	2b Employer Identification Number (EIN) 04-3779182
	2c Plan sponsor's telephone number (315) 698-8600
	2d Business code (see instructions) 621111
3a Plan administrator's name and address (If same as plan employer, enter "Same") SAME	3b 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/report filed for this plan, enter the name, EIN and the plan number from the last return. Sponsor's Name	4b EIN
	4c PN
5a Total number of participants at the beginning of the plan year	5a 2
b Total number of participants at the end of the plan year	5b 2
c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	5c
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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
a Total plan assets	7a	327,830	480,300
b Total plan liabilities	7b	0	
c Net plan assets (subtract line 7b from line 7a)	7c	327,830	480,300
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	100,000	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	88,897	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		188,897
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	36,427	
e 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		36,427
i Net income (loss) (subject line 8h from line 8c)	8i		152,470
j Transfers to (from) the plan (see instructions)	8j		

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Form 5500-SF (2009)
v.092308.1

Part IV Plan Characteristics**9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:**1A****b** 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 Questions**

	Yes	No	Amount
10 During the plan year:			
a Was there a failure to transmit to the plan any participant contribution within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a	X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b	X	
c Was the plan covered by a fidelity bond?	10c	X	250,000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d	X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance services 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.)	10g	X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	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 VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)) ☒ Yes ☐ No

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ☐ Yes ☒ 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 instructions, and enter the 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 skip to line 13.

b Enter the minimum required contribution for this plan year	12b	
c 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 of a negative amount)	12d	
e Will the minimum funding amount reported on line 12d be met by the funding deadline? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted during the plan year or any prior year? ☐ Yes ☒ 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? ☐ Yes ☒ No

c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Signature of plan administrator	Date 2/22/10	Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date 7/22/10	Enter name of individual signing as employer or plan sponsor

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

► **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2009**This Form is Open to Public
Inspection**For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009► **Round off amounts to nearest dollar.**► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.**A** Name of plan
GREGORY N JOY MD PLLC DEFINED BENEFIT PENSION PLAN**B** Three-digit
plan number (PN) ► 001**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ

GREGORY N JOY MD PLLC

D Employer Identification Number (EIN)
04-3779182**E** Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B ☐ **F** Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500**Part I Basic Information****1** Enter the valuation date: Month 01 Day 01 Year 2009**2** Assets:

	2a	2b
a Market value	327,830	
b Actuarial value		327,830

3 Funding target/participant count breakdown

	3a	3b	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment		0	0	
b For terminated vested participants		1	23,840	
c For active participants:				
(1) Non-vested benefits	3c(1)			0
(2) Vested benefits	3c(2)			260,051
(3) Total active	3c(3)	2	260,051	
d Total	3d	3	283,891	

4 If the plan is at-risk, check the box and complete lines a and b ☐

	4a	4b
a Funding target disregarding prescribed at-risk assumptions		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor		

5 Effective interest rate **5** 6.49**6** Target normal cost **6** 99,012**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

**SIGN
HERE**

Signature of actuary

ROBERT M HANESS

Type or print name of actuary

HANESS & ASSOCIATES LLC

Firm name

PO BOX 836

US ROCKLIN

CA 95677-0000

Address of the firm

Date

08-04945

Most recent enrollment number

(916) 435-9830

Telephone number (including area code)

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (item 13 from prior year)	0	0
8	Portion used to offset prior year's funding requirement (item 35 from prior year)	0	0
9	Amount remaining (item 7 minus item 8)	0	0
10	Interest on item 9 using prior year's actual return of <u>-32.10</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (item 38 from prior year)		108,141
b	Interest on (a) using prior year's effective rate of <u>5.92</u> %		6,402
c	Total available at beginning of current plan year to add to prefunding balance . . .		114,543
d	Portion of item (c) to be added to prefunding balance		108,141
12	Reduction in balances due to elections or deemed elections	0	15,000
13	Balance at beginning of current year (item 9 + item 10 + item 11d - item 12).	0	93,141

Part III	Funding percentages			
14	Funding target attainment percentage	14	115.48	%
15	Adjusted funding target attainment percentage	15	115.48	%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	148.43	%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17		%

18 Contributions made to the plan for the the plan year by employer(s) and employees:

18 Contributions made to the plan for the the plan year by employer(s) and employees:						
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
04/17/2009	20,000	0				
05/29/2009	20,000	0				
12/30/2009	20,000	0				
02/23/2010	40,000	0				
			Totals ▶	18(b)	100,000	18(c)

19 Discounted employer contributions -- see instructions for small plan with a valuation date after the beginning of the year:

- | | | | |
|--|--|-----|--------|
| a Contributions allocated toward unpaid minimum required contribution from prior years | | 19a | |
| b Contributions made to avoid restrictions adjusted to valuation date | | 19b | |
| c Contributions allocated toward minimum required contribution for current year adjusted to valuation date | | 19c | 95,144 |

20 Quarterly contributions and liquidity shortfall(s):

- Quarterly contributions and liquidity shortfall(s):
- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:	1st segment	2nd segment	3rd segment	<input type="checkbox"/> N/A, full yield curve used
a Segment rates:	5.64 %	6.40 %	6.56 %	
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 55
23 Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed -- combined <input type="checkbox"/> Prescribed -- separate <input type="checkbox"/> Substitute			

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	29
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	31	99,012
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	47,169	7,973
b Waiver amortization installment		
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	34	106,985
35 Balances used to offset funding requirement	Carryover balance	Prefunding Balance
		15,000
36 Additional cash requirement (item 34 minus item 35)	36	91,985
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c)	37	95,144
38 Interest-adjusted excess contributions for current year (see instructions)	38	3,159
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	39	
40 Unpaid minimum required contribution for all years	40	

[illegible][illegible]

GREGORY N. JOY, M.D., PLLC
DEFINED BENEFIT PENSION PLAN

ATTACHMENT TO SCHEDULE B (FORM 5500)

PLAN YEAR ENDING December 31, 2009

ACTUARIAL ASSUMPTIONS AND METHODS

The normal cost and accrued liability are determined in accordance with the actuarial methods, factors and assumptions stated on the attached valuation report. Actuarial gains and losses are spread over remaining years of service.

ASSET VALUATION METHOD

Assets are valued at fair market value.

ELIGIBILITY AND BENEFIT PROVISIONS

The principal eligibility and benefit provisions are summarized on the attached valuation report.

VALUATION OF ANCILLARY BENEFITS

For purposes of determining costs and liabilities, hereunder only the normal retirement benefit and insurance policies used for providing insured death benefits have been taken into account. Other benefits provided upon death, disability, early retirement or severance of employment are assumed to be actuarially equivalent to the accrued liability.

DATA VERIFICATION

In preparing this valuation, reliance has been placed on employee census, contribution and asset information provided by the Plan Administrator. None of the data provided has been audited. It was assumed that all data and parameters defining the essential features of the plan were accurately coded into the computer and verified by the Plan Administrator or contract administrator.

LEGAL COMPLIANCE

In preparing this valuation, reliance has been placed on the legal counsel for the plan with respect to issues of plan qualification. It was assumed that the plan has been amended to conform to TEFRA, DEFRA, REACT, TRA '86, OBRA, TAMRA and other applicable laws and regulations.

Schedule SB, line 22 -
Description of Weighted Average Retirement Age
Gregory N. Joy, M.D., PLLC
04-3779182/001
For the plan year 1/1/2009 through 12/31/2009

The age reported is the average of the assumed retirement ages for all active participants as of the valuation date rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age as the assumed retirement age is the Valuation date. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

Schedule SB, line 32 - Schedule of Amortization Bases
GREGORY N. JOY, M.D., PLLC
DEFINED BENEFIT PENSION PLAN
04-3779182/001
FOR THE PLAN YEAR 01/01/2009 THROUGH 12/31/2009

Type of Base	Present Value of Remaining Instalments	Date Base Established	Years Remaining Amortization Period	Amortization Installment
Shortfall	47,169	01/01/09	7	7,973

PLAN SPECIFICATIONS
GREGORY N. JOY, M.D., PLLC
DEFINED BENEFIT PENSION PLAN

FOR THE PLAN YEAR 01/01/2009 THROUGH 12/31/2009

TYPE OF ENTITY S corporation.

DATES Effective-01/01/2006 Valuation-01/01/2009 Eligibility-07/01/2009 Year-end-12/31/2009
Top Heavy Years - 2006, 2007, 2008, 2009

ELIGIBILITY Minimum age- 21 Months of service- 12 Maximum age- None
Age at last birthday.
Entry Age For Full Funding Limitation Calculation - as of date of hire.

HOURS REQUIRED FOR
Eligibility - 1000 Benefit accrual - 1000 Vesting - 1000

PLAN ENTRY - January 1 or July 1 immediately following satisfaction of eligibility requirements.

New participants are included in current year's valuation.

RETIREMENT NORMAL - Upon attainment of age 55, and completion of 5 years of participation.

EARLY - No provisions.

AVERAGE COMPENSATION -- (retrospective salaries)

FUNDING - 3 Highest consecutive years.
ACCRUED BENEFIT - 3 Highest consecutive years.
TOP HEAVY ACCRUED BENEFIT - 5 Highest consecutive top heavy years of participation.

PLAN BENEFITS

RETIREMENT-- 128.000% of average monthly compensation. Total benefit reduced by 1/25 for each year of participation less than 25 years.

415 Limits - Percent 100.00 Dollar - \$16,250

Minimum benefit - None Maximum benefit - None

Maximum 401(a)(17) compensation \$245,000

***** TOP HEAVY MINIMUM BENEFITS *****
TEFRA Minimum Benefit: 2.000% of compensation per year plan is top heavy, limited to 10 yrs of participation.
2.000% actuarially adjusted for normal form of benefit.

PLAN SPECIFICATIONS
GREGORY N. JOY, M.D., PLLC
DEFINED BENEFIT PENSION PLAN

FOR THE PLAN YEAR 01/01/2009 THROUGH 12/31/2009

NORMAL FORM Life Annuity.

DEATH BENEFIT Present value of accrued benefits.

ACCRUED BENEFIT Pro-rata based on participation (calculated as of beginning of plan year).

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is lesser amount computed using a) 2.870% interest and 94 GAR mortality unisex projected to 2002 or b) plan actuarial equivalence interest and mortality.

TERMINATION
BENEFITS 0% first year, 20% each additional year to a maximum of 100% after 6 years.
Service is calculated using all years of service.

CONTRIBUTIONS

EMPLOYEE REQUIRED -- None

EMPLOYEE VOLUNTARY -- None

ASSET VALUATION
METHOD

Market value.

PLAN SPECIFICATIONS
GREGORY N. JOY, M.D., PLLC
DEFINED BENEFIT PENSION PLAN

FOR THE PLAN YEAR 01/01/2009 THROUGH 12/31/2009

FUNDING METHOD As prescribed in IRC Section 430.

INTEREST RATES Years 0-5 Segment rate 1 5.640%
 Years 6-20 Segment rate 2 6.400%
 Years over 20 Segment rate 3 6.560%

PRE-RETIREMENT MORTALITY TABLE -- 2009 Funding Target - Combined - IRC 430(h)(3)(A).
 TURNOVER/DISABILITY-- None
 SALARY SCALE -- None
 INTEGRATION LVL INCR- None
 BACKWARD SALARY PROJ. Based on increase of average earnings

POST-RETIREMENT MORTALITY TABLE -- 2009 Funding Target - Combined - IRC 430(h)(3)(A).
 EXPENSE LOAD -- None
 COST OF LIVING None

417(e)

PRESENT VALUE OF ACCRUED BENEFIT CALCULATIONS - Greater of 417(e) or Actuarial Equivalence

INTEREST RATES Years 0-5 Segment rate 1 5.440%
 Years 6-20 Segment rate 2 5.950%
 Years over 20 Segment rate 3 5.410%

MORTALITY TABLE -- 2009 Applicable Mortality Table for IRC 417(e) (Unisex).

Actuarial Equivalence

PRE-RETIREMENT INTEREST -- 5.000%
 MORTALITY TABLE -- None.

POST-RETIREMENT INTEREST -- 5.000%
 MORTALITY TABLE -- 1994 GROUP ANNUITY RESERVING Unisex Proj to 2002.

PLAN SPECIFICATIONS
GREGORY N. JOY, M.D., PLLC
DEFINED BENEFIT PENSION PLAN

FOR THE PLAN YEAR 01/01/2009 THROUGH 12/31/2009

ASSUMPTIONS FOR 410(b)/401(a)(4) CALCULATIONS

PRE-RETIREMENT:	INTEREST --	8.000%
POST-RETIREMENT:	INTEREST --	8.000%
	MORTALITY TABLE --	1994 GROUP ANNUITY RESERVING Unisex Proj to 2002 male rates.

PERMISSIVELY AGGREGATED PLANS: Not Tested as Single Plan.

COMPENSATION: Use Current Compensation to calculate the
Benefit Accrual Rate (Annual Method).

TESTING AGE: Normal Retirement Age.

VALUATION RESULTS
GREGORY N. JOY, M.D., PLLC
DEFINED BENEFIT PENSION PLAN
FOR THE PLAN YEAR 01/01/2009 THROUGH 12/31/2009

Rate segment 1	Rate segment 2	Rate segment 3
5.64	6.40	6.56

Effective Interest Rate: 6.49

A. Valuation Results

1.	Funding Target	283,891
2.	Target Normal Cost	99,012
3.	Assets	327,830
4.	Undeducted Contributions	0
5.	Carryover Balance (COB), unadjusted	0
6.	COB used to offset Funding Requirement	0
7.	COB adjusted to valuation date, if applicable	0
8.	Prefunding balance (PFB), unadjusted	108,141
9.	PFB used to offset Funding Requirement	15,000
10.	PFB adjusted to valuation date, if applicable	108,141
11.	Funding Target as if At Risk	NOT CALCULATED
12.	Target Normal Cost as if At Risk	NOT CALCULATED

B. Funding shortfall and shortfall amortization charge

Early Deemed Amortization Determination

1.	Funding Target (FT)	283,891
2.	Assets (A3)	327,830
3.	Carryover balance (A5) adjusted to valuation date	0
4.	Prefunding balance (A10) adjusted to valuation date	108,141
5.	Applicable Assets (IRC 430(f)(4)(B)(i) (B2 - B3 - B4))	219,689
6.	Funding Shortfall (IRC 430(c)(4) not less than zero) ((B1 - B5) If zero, all bases deemed to be fully amortized, B14 and B19 also zero)	64,202

Exemption from new shortfall amortization base

7.	Applicable Percentage (IRC 430(c)(5)(B)(ii))	94%
8.	FT for Shortfall (IRC 430(c)(3)) (B1 * B7)	266,858
9.	Assets (A3)	327,830
10.	Prefunding balance (A10) if election under IRC 430(f)(3), see (A9)	108,141
11.	Applicable Assets (IRC 430(f)(4)(A)) (B9 - B4 if B10 greater than zero)	219,689
12.	Funding Shortfall (B8 - B11 not less than zero) (if B12 is zero, exempt from new shortfall base)	47,169

Funding Shortfall Amortization Charge

13.	Funding Shortfall (B8 - B5 not less than zero)	47,169
14.	PV of prior years' shortfall Amortization Installments	0
15.	Shortfall amortization base (B13 - B14)	47,169
16.	Shortfall amortization factor	5.9164
17.	Shortfall amortization installment (B15 / B16)	7,973
18.	Shortfall amortization installments from prior years	0
19.	Total shortfall amortization installments (sum of B17 and B18)	7,973

VALUATION RESULTS
GREGORY N. JOY, M.D., PLLC
DEFINED BENEFIT PENSION PLAN
FOR THE PLAN YEAR 01/01/2009 THROUGH 12/31/2009

MINIMUM AND MAXIMUM CONTRIBUTIONS

C. Minimum required contribution

1.	Target Normal Cost (A2)		99,012
2.	Funding surplus. (B5 - A1) not < 0		0
3.	Reduced Target Normal Cost (C1 - C2) not < 0		99,012
4.	Shortfall amortization charge (B19)		7,973
5.	Waiver amortization charge		0
6.	Minimum Contribution (C3 + C4 + C5)		106,985
7.	Unpaid minimum contribution for all prior years		0
8.	Carryover balance & amount applied)	0	0 *
9.	Prefunding balance & amount applied	108,141	15,000 *
10.	Absolute minimum contribution (C6 + C7 - C8 - C9) not < 0	0	91,985

* Employer election required.

D. Maximum Contribution

1.	Funding Target (A1)	283,891
2.	Target Normal Cost (A2)	99,012
3.	50% of the funding target (A1)	141,946
4.	Increase in funding target due to salary increases	12,831
5.	Cushion Amount (D3 + D4)	154,777
6.	Total (D1 + D2 + D5)	537,680
7.	Funding Target as if At Risk (A9)	NOT CALCULATED
8.	Target Normal Cost as if At Risk (A10)	NOT CALCULATED
9.	Total (D7 + D8)	NOT CALCULATED
10.	Greater of D6 and D9	537,680
11.	Assets (A3)	327,830
12.	Undeducted Contributions (A4)	0
13.	Maximum Contribution (D10 - D11 + D12 not less than zero)	209,850
14.	Contribution to meet termination liability	29,305

VALUATION RESULTS
GREGORY N. JOY, M.D., PLLC
DEFINED BENEFIT PENSION PLAN
FOR THE PLAN YEAR 01/01/2009 THROUGH 12/31/2009

PRESENT VALUES

A. CURRENT LIABILITY

	#	FUNDING TARGET	RPA '94
1. BEGINNING OF PLAN YEAR			
RETIRED PARTICIPANTS AND BENEFICIARIES RECEIVING PAYMENTS			
(i) VESTED			0
(ii) TOTAL	0	0	0
TERMINATED PARTICIPANTS			
(i) VESTED		23,840	29,004
(ii) NON-VESTED		0	0
(iii) TOTAL	1	23,840	29,004
ACTIVE PARTICIPANTS			
(i) VESTED		260,051	298,210
(ii) NON-VESTED		0	0
(iii) TOTAL	2	260,051	298,210
GRAND TOTALS			
(i) VESTED		283,891	327,214
(ii) NON-VESTED		0	0
(iii) TOTAL	3	283,891	327,214
2. EXPECTED BENEFIT PAYMENTS			0
3. EXPECTED CURRENT LIABILITY INCREASE AS OF 01/01/2009			115,815

B. PRESENT VALUE OF VESTED BENEFITS (FUNDING TARGET) FOR PBGC
REQUIRED INTEREST RATE: 1st = 6.720% 2nd = 7.120% 3rd = 6.360%

1. RETIREES/BENEFICIARIES RECEIVING BENEFITS	0	0
2. PARTICIPANTS NOT RECEIVING BENEFITS	3	273,782
3. TOTAL	3	273,782

C. ACTUARIAL EQUIVALENCE BASIS	#	VESTED	NON-VESTED	TOTAL
1. ACTIVE	2	320,708	0	320,708
2. RETIRED	0	0	0	0
3. DEFERRED VESTED	1	36,427	9,107	45,534
4. POSTPONED RETIREMENT	0	0	0	0
5. TERMINATED VESTED	0	0	0	0
6. TERMINATED NON-VESTED	0	0	0	0
7. INACTIVE	0	0	0	0
8. TOTAL	3	357,135	9,107	366,242

VALUATION RESULTS
GREGORY N. JOY, M.D., PLLC
DEFINED BENEFIT PENSION PLAN
FOR THE PLAN YEAR 01/01/2009 THROUGH 12/31/2009

FUNDING TARGET ATTAINMENT PERCENTAGES (FTAP)

Actuarial value of assets (AVA)	327,830	Carryover balance (COB)	0
Market value of assets (MVA)	327,830	Prefunding balance (PFB)	108,141
Funding target (FT)	283,891	Shortfallbase (SB)	47,169
Vested funding target (VFT)	279,123		

TYPE OF FTAP		PERCENTAGE APPLICATION		
1. FTAP exempt		AVA /	FT	=> 94% 2009
		327,830 /	283,891 =	115.48% No Benefit restrictions
2. FTAP	(AVA - COB - PFB) /	FT		On schedule SB
	(327,830 - 0 - 108,141) /	283,891 =	77.38%	Notice to Participants
3. AFTAP (ADJUSTED)		2 yr. NHCE Annuity		
	(AVA - COB - PFB + Purchase) /	FT		< 60%
	(327,830 - 0 - 108,141 + 0) /	283,891 =	77.38%	Accruals restricted
				Lump Sum fully restricted
				< 80%
				Benefit increases restricted
				Lump Sum partially restricted
4. FTAP based no PFB		AVA /	FT	=> 94% 2009
		327,830 /	283,891 =	115.48% SB exemption
5. FTAP PFB offset	(AVA - PFB) /	FT		=> 94% 2009
	(327,830 - 108,141) /	283,891 =	77.38%	SB exemption when PFB offset minimum
6. FTAP shortfall				
	(AVA - COB - PFB) /	FT		=> 94% 2009
	(327,830 - 0 - 108,141) /	283,891 =	77.38%	No new SB
7. FTAP PBGC		MVA /	VFT	PBGC Variable
		327,830 /	279,123 =	117.45% premium

GREGORY N. JOY, M.D., PLLC

FOR THE PLAN YEAR 01/01/2009 THROUGH 12/31/2009

AGE AND SERVICE STATISTICS

WEIGHTED AVERAGE BY CURRENT EARNINGS

EES	EA	PA	AA	RA	PP	PS	FS	TS
2	23.4	43.7	46.6	55.0	2.9	23.2	7.4	30.6

ARITHMETIC AVERAGE

EES	EA	PA	AA	RA	PP	PS	FS	TS
2	28.0	40.5	41.5	55.0	1.0	13.5	12.5	26.0

SERVICE GROUPS BY AGE GROUPS

SERVICE GROUP	A G E G R O U P S												TOTAL
	0 TO 19	20 TO 24	25 TO 29	30 TO 34	35 TO 39	40 TO 44	45 TO 49	50 TO 54	55 TO 59	60 TO 64	65 TO 69	70 TO	
0													
1													
2													
3					1								1
4													
<hr/>													
0-4					1								1
5-9													
10-14													
15-19													
20-24							1						1
25-29													
30-34													
35-39													
40-													
TOTAL					1		1						2

GREGORY N. JOY, M.D., PLLC

FOR THE PLAN YEAR 01/01/2009 THROUGH 12/31/2009

ANNUAL EARNINGS BY AGE GROUP				ANNUAL EARNINGS BY SERVICE			
AGE GROUP	NUMBER OF PEOPLE	TOTAL ANNUAL EARNINGS	AVERAGE ANNUAL EARNINGS	SERVICE GROUP	NUMBER OF PEOPLE	TOTAL ANNUAL EARNINGS	AVERAGE ANNUAL EARNINGS
0-19				0			
20-24				1			
25-29				2			
30-34				3	1	9,217	9,217
35-39	1	9,217	9,217	4			
40-44				-----			
45-49	1	244,000	244,000	0-4	1	9,217	9,217
50-54				5-9			
55-59				10-14			
60-64				15-19			
65-69				20-24	1	244,000	244,000
70-				25-29			
				30-34			
TOTAL	2	253,217	126,609	35-39			
				40-			
				TOTAL	2	253,217	126,609

GREGORY N. JOY, M.D., PLLC

FOR THE PLAN YEAR 01/01/2009 THROUGH 12/31/2009

Line 8c - Schedule of Active Participant Data

		Years of Credited Service													
		Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29	
Attained		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.	
Age		No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.
Under 25															
25 to 29															
30 to 34															
35 to 39	1														
40 to 44															
45 to 49				1											
50 to 54															
55 to 59															
60 to 64															
65 to 69															
70 & up															

Attained Age	Years of Credited Service		
	30 to 34	35 to 39	40 & up
	Avg. No. Comp.	Avg. No. Comp.	Avg. No. Comp.
Under 25			
25 to 29			
30 to 34			
35 to 39			
40 to 44			
45 to 49			
50 to 54			
55 to 59			
60 to 64			
65 to 69			
70 & up			